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MINUTES AND OVERVIEW PLAN
CIBMTR WORKING COMMITTEE FOR PEDIATRIC CANCER
San Antonio, TX
Thursday, February 22, 2024, 1:00 – 3:00 PM CT

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1. Introduction

The Pediatric Cancer Working Committee (PCWC) meeting was called at 1:02 pm CST on Thursday, February 22, 2024, by Dr. Amy Moskop. The chairs, statistical team, and SDs, Rachel Phelan & Amy Moskop, were present at the meeting. Attendees were asked to have their Tandem name badges scanned at the front gate for attendance purposes and to maintain the committee membership roster. Virtual attendees were reminded that they are part of the committee membership roster as well.
Dr. Moskop welcomed the attendees on behalf of the working committee leadership and introduced herself as the SD who is overseeing PCWC for this year's meeting and she introduced the current WC leadership. Dr. Moskop thanked the leaving chair, Dr. Muna Qayed, for her contribution to the PCWC and welcomed Dr. Parinda Mehta and Dr. Christine L. Phillips as incoming chairs. Dr. Moskop disclosed the WC leadership COI and funding disclosures. Then, Dr. Moskop welcomed Dr. Qayed as the next speaker.

Dr. Qayed provided an overview of HCT, CT, and PRO data available in the CIBMTR database. She also shared CIBMTR resources, programs, and WC materials. Dr. Qayed provided details for Publicly Available Research Dataset, Early Career Investigators program (ECI), and Tandem Collaborative session. Dr. Qayed introduced Dr. Schultz as the next speaker.

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2. Accrual summary

Dr. Schultz introduced himself to the attendees and reminded them about WC participation, membership, and rules of authorship. He proceeded to take the attendees through the committee's goals, expectations, and limitations. He reminded the attendees of CIBMTR rules for authorship. Then he directed the attendees' attention to the accrual summaries included in the meeting materials. Dr. Schultz provided a concise summary of the pediatric data that is available in the CIBMTR database. Dr. Schultz introduced Dr. Sharma as the next speaker.

3. Presentations, Published or Submitted Papers

Dr. Sharma announced that PC20-01 was published as two papers. The first publication is a manuscript with focus on CNS Tumors; it was published in Bone Marrow Transplant. Second is a commentary with focus on Neuroblastoma which was published with TCT. He also announced that SC21-08 manuscript is under preparation after successful presentations at EBMT and ASPHO/PTCTC.

a. **PC20-01a** Knight TE, Ahn KW, Hebert KM, Atshan R, Wall DA, Chiengthong K, Rotz SJ, Fraint E, Rangarajan HG, Auletta JJ, Sharma A, Kitko CL, Hashem H, Williams KM, Wirk B, Dvorak CC, Myers KC, Pulsipher MA, Warwick AB, Lalefar NR, Schultz KR, Qayed M, Broglie L, Eapen M, Yanik GA. Effect of autograft CD34+ dose on outcome in pediatric patients undergoing autologous hematopoietic stem cell transplant for central nervous system tumors. **Transplantation and Cellular Therapy. 2023 Jun 1; 29(6):380.e1-380.e9. doi:10.1016/j.jtct.2023.03.024. Epub 2023 Mar 27. PMC10247464.**

b. **PC20-01b** Knight TE, Ahn KW, Hebert KM, Atshan R, Wall DA, Chiengthong K, Lund TC, Prestidge T, Rangarajan HG, Dvorak CC, Auletta JJ, Kent M, Hashem H, Talano JA, Rotz SJ, Fraint E, Myers KC, Leung W, Sharma A, Bhatt NS, Driscoll TA, Yu LC, Schultz KR, Qayed M, Broglie L, Eapen M, Yanik GA. No impact of CD34+ cell dose on outcome among children undergoing autologous hematopoietic stem cell transplant for high-risk neuroblastoma. **Bone Marrow Transplantation. 2023 Dec 1; 58(12):1390-1393. doi:10.1038/s41409-023-02092-3. Epub 2023 Sep 4**.

c. **SC21-08:** Optimizing Haploidentical Donor Selection for Pediatric HCT. (Liberio N/ Broglie L), **Presented at EBMT 2023 and ASPHO/PTCTC 2023. Manuscript in Preparation.**

4. Studies in Progress

Then, Dr. Sharma provided an overview of the WC portfolio of the active studies. Dr. Sharma introduced Dr. Mehta and Dr. Phillips as the next speakers for overview of studies in progress and Tandem proposal presentations.

a. **PC19-02:** Does mixed peripheral blood T Cell Chimerism predict relapse? (Prockop S/Boelens J/Peggs K), **Protocol Development.**
b. **PC19-03:** The impact of pre-transplant extramedullary disease on the outcome of Allogeneic Hematopoietic Cell Transplantation for Acute Myeloid Leukemia in Children. (Rangarajan H/ Satwani P/Chellapandian D), **Analysis.**
c. **PC20-02:** Germline genetics of pediatric Myelodysplastic Syndromes (MDS). (Poynter J/ Spector L), **Sample Typing.**
d. **PC22-01:** Impact of graft versus host disease following allogeneic hematopoietic cell transplantation on leukemia free survival in hematologic malignancies within the pediatric disease risk index risk stratification. (Bauchat A/Qayed M), **Protocol Development.**

e. **PC22-02:** Evaluating predictors of access and outcomes with hematopoietic cell transplantation in pediatric and adolescent patients with relapsed/refractory classical Hodgkin lymphoma after treatment on an initial cooperative group clinical trial. (Castellino S/Kahn J), **DUA and Protocol under Development.**
f. **SC21-08:** Optimizing Haploidentical Donor Selection for Pediatric HCT. (Liberio N/ Broglie L), **Manuscript in preparation.**
g. **PC23-01**: Post-transplant cyclophosphamide vs. TCR αβ/CD19+ deplete approaches for haploidentical transplant in pediatric patients with acute leukemias and myelodysplastic syndrome. (Li A/Rangarajan H/Satwani P), **Protocol Development.**
h. **PC23-02:** Comparison of Bone Marrow and Peripheral Blood Stem Cells as graft source in Children undergoing allogeneic Hematopoietic Stem Cell Transplantation for Hematological malignancies with unmanipulated haploidentical grafts utilizing post-transplant cyclophosphamide as GvHD prophylaxis. (Srinivasan A/ Krueger J), **Protocol Development.**

5. Future/Proposed Studies

Dr. Mehta welcomed the attendees and reminded them to remain involved in the PCWC ongoing studies. Then, she walked the attendees of the guidelines to submit Tandem proposals and the scoring logistics for the proposal presentations. She also reminded the presenters that each presentation duration is five minutes followed by five minutes for the Questions & Answers session. Dr. Mehta introduced Dr. Phillips as the next speaker to introduce each proposal title and the presenters to the audience in the following order.

a. **PROP 2310-91:** Evaluation of Allogeneic Hematopoietic Cell Transplantation Outcomes and Prognostic Factors in Acute Megakaryoblastic Leukemia: A CIBMTR and EBMT Joint Study, (Sharma A/ Bhatt N).

Dr. Bhatt presented the proposal on behalf of the group. The proposal hypothesizes that Allogeneic hematopoietic cell transplantation (Allo HCT) provides curative therapy for patients with Acute Megakaryoblastic Leukemia (AMKL), with improved outcomes in those who are transplanted in first complete remission.

<u>Comments from discussion:</u>

i. *There was a question from the group about distinguishing between the patients diagnosed with Down Syndrome vs the patients that don't have Down Syndrome diagnosis. Dr. Bhatt replied that this is a great question, adding that the proposal was submitted a couple of years prior to this presentation. He also stated that there were 22 patients with Down Syndrome in the previous proposal cohort that looked at the years between 2000 and 2022; he also added that most of these patients had an HCT prior to 2010. If the proposal is selected, the study team will investigate the number of patients with this diagnosis to stratify the study population accordingly.*
ii. *An attendee suggested using the Pediatric disease risk index (DRI) score since the data is going to be more contemporary. There is a limitation since this study focus is AMKL but cytogenetics is an important factor for this population. The attendee added that in recent years she gained knowledge from her pathologist colleague that RAM phenotype AML can be classified as AMKL but CIBMTR doesn't have that level of data which one of the study limitations. Dr. Bhatt added that CIBMTR doesn't have granular cytogenetics data on TED retrieval; NUP 98, or CBFA2T3 ‐ GLIS2 mutations are important but something to consider for the study population. Then the attendee added to consider that EBMT classification for cytogenetics is different than CIBMTR and EBMT doesn't use Pediatric DRI. Dr. Bhatt thanked the attendee for her input.*

b. **PROP 2310-60:** Transplantation and Cellular Therapy for Children and Young Adults with Down's Syndrome and Acute Leukemia, (Appell L/ Rotz S).

Dr. Appell presented the proposal on behalf of the group. The proposal hypothesizes that children and adolescent and young adult (AYA) patients with Down syndrome (DS) and Acute Leukemia will have improved hematopoietic cell transplantation (HCT) outcomes in the more recent era. Further, it hypothesizes that children and AYA with DS and relapsed/refractory Acute Lymphoblastic Leukemia (ALL) undergoing CAR T-cell therapies will have improved outcomes compared to those who underwent HCT.

<u>Comments from discussion:</u>

i. *A question if the patients who received both CAR-T and HCT are going to excluded from the study population. Dr. Appell replied that the goal is to compare CAR-T to HCT; but the study team will investigate the patients that had HCT after CAR-T treatment. The attendee asked if the team will look at patients who had HCT before and after CAR-T. Dr. Appell replied that one of the proposed study limitation is investigating many objectives. She added that one of these objectives is to investigate the patient who had HCT as a cohort and investigate the patients who had CAR-T as a cohort then compare the two cohorts. She added another objective of the study is looking at patients who are getting consolidative HCT. The attendee asked if the number of patients who received CAR-T before or after CAR-T is sufficient for a study (N= 37), Dr. Appell replied that she thinks there are enough cases but we will have statistical input regarding these analyses.*
ii. *There was a comment about the poor forecasted outcomes of leukemia patients with Down Syndrome which can result in difficult decision making in regards HCT vs CAR-T treatments. He added this study will answer an important question to improve supportive case for the patients.*
iii. *There was a comment about including both AML & ALL in the study and how the outcomes are too different to compare. The attendee added that CAR-T and Allo HCT are not comparable since these two treatments & their outcomes are different. She added that CAR-T is used to treat B ALL, but the real question is how to treat Down Syndrome patients using Allo-HCT.*
iv. *An attendee agreed with the previous point by stating that the study should not compare All HCT and CAR-T at all. Stating that CAR-T is considered for many patients; sometimes before and others after Allo HCT. He added that some centers still treat patients with good outcomes with HCT while other centers are treating them with CAR-T first. He suggested investigating sequential cases (CAR T to HCT, HCT to CAR T); if a patient relapsed to focus on the order of treatments, and subsequent outcomes. He added that including patients with only CAR-T will be a limitation for the study population. Dr. Appell stated that this will be this study's focus due to the lack of literature on the topic to support decision making for health care providers. The attendee added including as many MRD cases in the study as possible.*
v. *A comment that Pediatric Real World CAR-T Consortium's Holly Pacenta collected data for 50 patients with Down Syndrome and he suggested that this study team should consider collaborating the two studies to avoid redundant work. The attendee added that in Chromosome 21, 4 of the 6 interferon receptors are present, hence, Down Syndrome is being reconsidered as interferonopathy. He added to investigating the number of patients of samples associated with the interferonopathy; further investigating serum or peripheral blood. The attendee added that he is interested in collaborating with the study team to investigate these questions further.*
vi. *A comment that not all CAR-T data is reported to CIBMTR; This is another study limitation that the study team should consider when designing this study. Dr. Moskop addressed the comment by stating that 60-70% of CAR-T data is reported to CIBMTR.*

c. **PROP 2310-106:** Influence of Pre-Transplant Chemotherapy Cycles on Allogeneic Transplant Outcomes in Pediatric Acute Myeloid Leukemia Patients in Complete Remission, (Krieger E/ Hoover A).

Dr. Krieger presented the proposal on behalf of the group. The proposal hypothesizes that in pediatric AML patients undergoing HCT in CR1, ≥ 3 cycles of chemotherapy prior to HCT is associated with a decreased overall survival (OS) and higher treatment-related mortality (TRM) compared to patients who receive <3 chemotherapy cycles before HCT.

<u>Comments from discussion:</u>

i. *There was a comment to the study team about considering the effect of conditioning regimen since the study population is large. The attendee added the study team should consider Busulfan, Cytoxan, Treosulfan, vs others. He also suggested looking at TBI conditioning regimen and the number of chemotherapy cycles given to a patient before the disease status is complete remission. Dr. Krieger replied that the study team is trying to keep the study focused on a specific question, but the study team will propose these questions during protocol development. The attendee added that answering the proposed questions will help with patients' treatment and care.*
ii. *There was a comment about TACL team investigating a study similar to the proposed study that looks at the number of chemotherapy cycles to achieve complete remission. The attendee stated that this proposal is slightly different and he requested more details on the proposed study: He asked if the study team is proposing that 5% of patients were in complete remission? Dr. Krieger replied that the study population was stratified based on their remission and MRD status. The attendee added that these are primary refractory patients defined by the second cycle of chemotherapy. Dr. Krieger replied that these patients' disease status is CR1. The attendee replied that these cases are CR1 meaning a good percentage of these patients will be refractory and some will be cytogenetics driven. Dr. Krieger replied that the patient with high-risk cytogenetics will be excluded from the study population with a focus on patients who are in CR after 1 or 2 inductions. The attendee suggested that the study team investigate the cytogenetics risks.*
iii. *There was a comment about the practical importance of this study's question regarding COG protocol. These protocols are requesting that patients continue with chemotherapy while in CR and are otherwise ready for HCT. There is sometimes a need to remove these patients from COG protocol to move to HCT. If the proposed study results supports that these patients don't need to continue with chemotherapy therapy treatment will be helpful for the community.*
iv. *An attendee agreed with the pervious comment. He also recommended that the study team review and use COG high risk criteria to help guild the practice. Dr. Krieger stated that the study team assumed that the study population consist of patient in early CR, but the group will consider expanding the study population.*
v. *A comment that there is bias in the proposed study making it hard to change practice. The attendee added that she doesn't consider giving an extra cycle of chemotherapy for a patient who is MRD- and has a donor since there are infection or relapse concerns. She added that the study will not capture these patients since the study population consists of patients who proceeded to HCT. Dr. Krieger replied that answering the question about the patients who lack organ function needed for HCT requires collaboration between CIBMTR and COG. Dr. Krieger added that she isn't aware of such collaboration. The PCWC statistician replied by stating that there's an ongoing study that requires linkage between CIBMT and COG data. Dr. Krieger expressed her enthusiasm for such a study, adding the study she is proposing will consider patients that were treated at a COG centers and non-COG centers.*

vi. A question about the treatment for FLT3 mutation. He also asked about the effect of TKI duration on the outcomes. Dr. Krieger replied that the study team didn't consider FLT3 in the study design but that is a great question to consider.

vii. An attendee announced that there is an ongoing study with PTCTC similar to the proposed study and the possibility of future collaboration between CIBMTR and PTCTC.

d. **PROP 2310-170:** Comparison of total body irradiation vs chemotherapy-based conditioning regimens for infants with high risk KMT2A-rearranged infantile acute lymphoblastic leukemia undergoing allogenic stem cell transplantation, (Lake A/ Duncan C).

Dr. Lake presented the proposal on behalf of the group. The proposal hypothesizes that Chemotherapy-based conditioning regimens are non-inferior in survival and transplant related mortality compared with TBI-based regimens in infants with high risk (HR) KMT2A-rearranged (KMT2Ar) Infantile Acute Lymphoblastic Leukemia (ALL).

<u>Comments from discussion:</u>

i. There was a question if the study population includes AML and ALL cases. Dr. Lake replied that this study population consist of ALL cases only.

ii. There was a question about the data granularity relating to neurological issues like seizures, neuro cognitive delays, developmental delays. Dr. Lake replied that looking at neurological issues, besides seizures, will be difficult since CIBMTR doesn't collect this data. Dr. Lake added that there are studies looking into Neuro cognitive looking at TBI for infants but not through CIBMTR. PCWC SD added that CIBMTR recently started collecting seizure data on the CRF forms totaling 50 cases from this proposal cohort but this remains limited.

iii. There was a question if the study objective is to show that TBI is a better approach for infants. Dr. Lake replied that it is potentially a reasonable treatment to present to the patient's parents, providing the parents with more treatment options. Dr. Lake added that the study result may prove that TBI is superior to chemotherapy followed by HCT. He added that the relapse rate is high for the patients who received chemotherapy followed by HCT.

iv. There was a comment about the FORUM trial study resulted in a shift to give TBI to patients older than 4 years rather than at 2 years old. The attendee added that the study showed that patients between 2 and 4 years old had a significant decrease in overall survival rate. He added that the physicians are hesitant to use TBI especially for an infant, less than 1 or 2 years old. He expressed that the proposed study will be interesting, but he emphasized that if TBI is used then there is a reason for using it; adding such as the patients was high risk.

v. There was a comment about the proposed study's impact on the field. MRD is one of the main driving factors for HCT. If the proposed study outcomes show the impact of non-radiation conditioning regimen for patients who are MRD-. The attendee addressed the pervious comment stating that the age at diagnosis in the proposed study and FORUM study is very similar between the two study populations.

vi. There was a comment to agree with the previous two points adding that using TBI for infants is limited in practice to extreme cases. The attendee added if the proposed study results are favorable, there is a still a need for alternative chemotherapy agents. She added that it is difficult to retrieve neurological complications data from CIBMTR retrieval. This is a study limitation that can mislead the study results.

vii. There was a question about factoring CAR-T for the proposed study population. Dr. Lake informed the attendee that CAR-T isn't factored in this population. The attendee

added that care providers would choose CAR-T treatment when appropriate for a patient so it is important. Then, the attendee added that there's always a compelling reason for treating patients with TBI. She added that most providers follow recommendations from Japanese or BuFlu Thiotepa.

viii. *There was a comment about one third of patients in CR1 received TBI and TBI for patients in CR2 but that can be related to high-risk disease.*

e. **PROP 2310-233:** Transplant outcomes in pediatric, adolescent, and young adult patients with hypoplastic myelodysplastic syndrome.

Dr. Chakravarthy presented the proposal on behalf of the group. The proposal hypothesizes that certain patients with hypoplastic MDS may not require a myeloablative conditioning (MAC) regimen prior to hematopoietic cell transplant (HCT) and may receive a reduced intensity conditioning (RIC) with overall similar outcomes with less toxicities.

<u>Comments from discussion:</u>

i. *A question about disease biology regarding patients' ages; the attendee suggested restricting the study population to pediatrics patients. Dr. Chakravarthy agreed with the attendees.*
ii. *A comment from an attendee, a SD from CIBMTR, about the ongoing CIBMTR study that investigates AML and MDS for AYA, adolescent and young adult, which includes patients up to age 39 years old.*
iii. *An attendee expressed her concerns about the population's small size. Dr. Chakravarthy replied that this is a valid concern; adding that the presented table included data between 2013 and 2021; and the study team will consider expanding the years of HCT to 2008 to 2022, which should increase the population size.*
iv. *One of the PCWC leadership chairs expressed the possibility of collaborating with EBMT to complete compelling studies to benefit the field. He added that this collaboration will help with a study that has a small sample size but this does require more complexity in protocol development.*
v. *One of the PCWC leadership chairs addressed the question about combining adults and pediatrics in the proposed study population. Adding that not all adults diagnosed with MDS receive an HCT. She also added that including adults will address the population size concern, but the study team have to investigate how similar the adults/AYA patients and pediatric patients are, which may require an input from an AYA/adult provider.*
vi. *A comment about remaining cautious about combining pediatrics with AYA since young adults' biology can be similar to adults' biology. There is concern that there may be some patients (AYAs) with certain syndromes that were not previously captured in older CIBMTR data.*
vii. *A question about excluding patients who had a second HCT. Dr. Chakravarthy replied these patients are excluded due to the impact of second HCT on toxicity and type of conditioning regimen the patient would receive. The attendee asked if this would miss a relapse, graft failure or other endpoint from the first transplant. Dr. Chakravarthy replied with a yes.*
viii. *An attendee pointed out that the study population exclude patients with bone marrow failure disorders starting in 2008. He added that there is no certainty that these patients with bone marrow failure would be excluded from the study population due to how these data were collected in the past.*
ix. *An attendee announced that UCSF, Oakland is developing and MDS registry if the study team would like to explore this registry and possible collaboration.*

6. Dropped proposed studies

The committee received the following additional studies proposal, but these proposals were not selected for presentation at the Tandem meeting, for the reason outlined below.

a. **Prop 2309-18:** Determining the Optimal CD34+ Cell Dose and TNC Content in Pediatric Allogeneic Hematopoietic Cell Transplantation Performed for Malignant Diseases.
Dropped due to feasibility (few patients with both TNC and CD34 available).
b. **PROP 2310-43:** Risk Factors Associated with Late Disease Relapse Among Patients in Complete Remission at One Year after Tisagenlecleucel (Kymriah) therapy in Pediatric, Adolescent and Young Adult (AYA) Patients Treated for Relapsed or Refractory (r/r) B Cell Acute Lymphoblastic Leukemia (B Cell ALL).
Dropped due to feasibility (too few patients and events for analysis at this time).
c. **PROP 2310-68:** Does Augmenting Total Body Irradiation with a Cranial or Craniospinal Boost before Stem Cell Transplantation Protect Against Post-Transplant Central Nervous System Relapse in Pediatric Patients with Acute Lymphoblastic Leukemia?
Dropped due to feasibility (all times when radiation given is not collected).
d. **PROP 2310-81:** Validating the Disease Risk Stratification System (DRSS) in Pediatric Patients: A collaborative study between CIBMTR and EBMT.
Dropped due to overlap with a published study.
e. **PROP 2310-129:** Does radiation-based preparation improve transplant outcomes in pediatric AML patients with CNS involvement?
Dropped due to overlap with ongoing study.
f. **PROP 2310-131:** Post HCT outcomes for pediatric AML in remission with incomplete hematologic recovery prior to conditioning.
Dropped due to feasibility (data not collected by CIBMTR).
g. **PROP 2310-144:** Evaluating the Efficacy of Consolidative Allogeneic Hematopoietic Stem Cell Transplantation in Pediatric Pre B-ALL Patients Achieving CR with Tisagenlecleucel CAR T-cell Therapy.
Dropped due to overlap with ongoing study.
h. **PROP 2310-214:** Outcomes of autologous stem cell transplant for relapsed/refractory germ cell tumors in women**.**
Dropped due to feasibility (ovarian germ cell tumors are not currently collected as disease indication, forms to be updated).

7. Concluding Notes

The meeting was adjourned at 2:28 p.m. After the new proposals were presented, each attendee had the opportunity to vote using the Tandem mobile application or Tandem website. Based on the voting results, current scientific merit, and impact of the studies on the field, the PCWC leadership will determine which studies will move forward as the committee's research portfolio for the upcoming year.

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Working Committee Overview Plan 2024-2025		
Study Number and Title	**Current Status**	**Chairs Priority**
PC19-02: Does mixed peripheral blood T cell chimerism predict relapse?	Protocol development/ Data file preparation	2
PC19-03: The impact of pre-transplant extramedullary disease on the outcome of allogeneic hematopoietic cell transplantation for Acute Myeloid Leukemia in Children- A combined CIBMTR and EBMT analysis.	Analysis/ Manuscript preparation	1
PC20-02: Germline genetics of pediatric myelodysplastic syndromes.	Sample Typing/ Analysis	3
PC22-01: Impact of Graft Versus Host Disease following Allogeneic Hematopoietic Cell Transplantation on Leukemia free survival in Hematologic Malignancies within the pediatric disease Risk Index Risk Stratification.	Protocol development/ Datafile preparation	4
PC22-02: Evaluating predictors of access and outcomes with Hematopoietic Cell Transplantation (HCT) in pediatric and adolescent patients with relapsed/refractory classical Hodgkin Lymphoma (cHL) after treatment on an initial cooperative group clinical trial.	Protocol development/ DUA development	7
PC23-01: Post-transplant Cyclophosphamide vs. TCR αβ/CD19+ deplete approaches for Haploidentical Transplant in pediatric patients with Acute Leukemias and Myelodysplastic Syndrome: A CIBMTR/EBMT collaborative study.	Protocol pending	5
PC23-02: Comparison of bone marrow and peripheral blood stem cells as graft source in Children undergoing Allogeneic Hematopoietic Stem Cell Transplantation for Hematological malignancies with unmanipulated haploidentical grafts utilizing post-transplant Cyclophosphamide as GvHD prophylaxis.	Protocol pending	6

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Working Assignments for Working Committee Leadership (March 2024)	
Kirk Schultz	**PC19-02:** Does mixed peripheral blood T cell chimerism predict relapse? **PC19-03:** The impact of pre-transplant extramedullary disease on the outcome of allogeneic hematopoietic cell transplantation for Acute Myeloid Leukemia in Children – A combined CIBMTR and EBMT analysis. **PC23-01:** Post-transplant Cyclophosphamide vs. TCR αβ/CD19+ deplete approaches for Haploidentical Transplant in pediatric patients with Acute Leukemias and Myelodysplastic Syndrome: A CIBMTR/EBMT collaborative study.
Akshay Sharma	**PC20-02:** Germline genetics of pediatric myelodysplastic syndromes. **PC23-01:** Post-transplant Cyclophosphamide vs. TCR αβ/CD19+ deplete approaches for Haploidentical Transplant in pediatric patients with Acute Leukemias and Myelodysplastic Syndrome: A CIBMTR/EBMT collaborative study.
Parinda Mehta	**PC22-01:** Impact of Graft Versus Host Disease following Allogeneic Hematopoietic Cell Transplantation on Leukemia free survival in Hematologic Malignancies within the pediatric disease Risk Index Risk Stratification. **PC23-02:** Comparison of bone marrow and peripheral blood stem cells as graft source in Children undergoing Allogeneic Hematopoietic Stem Cell Transplantation for Hematological malignancies with unmanipulated haploidentical grafts utilizing post-transplant Cyclophosphamide as GvHD prophylaxis.
Christine Phillips	**PC22-02:** Evaluating predictors of access and outcomes with Hematopoietic Cell Transplantation (HCT) in pediatric and adolescent patients with relapsed/refractory classical Hodgkin Lymphoma (cHL) after treatment on an initial cooperative group clinical trial.