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August 2018 Newsletter

Volume 24, Issue 3

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[2019 | TCT Transplantation and Cellular Therapy Meetings of ASBMT and CIBMTR](#)

By Tia Houseman



The TCT | Transplantation & Cellular Therapy Meetings of ASBMT and CIBMTR (formerly known as the BMT Tandem Meetings) is the combined annual meetings of the CIBMTR and ASBMT. The meetings have been North America's largest international gathering of blood and marrow transplant clinicians and investigators, laboratory technicians, advanced practice professionals, transplant nurses, pharmacists, administrators, and clinical research associates since 1999.

Leaders in the field of transplantation and cellular therapy from around the world will present the latest developments February 20-24, 2019, during the TCT Meetings at the Hilton Americas-Houston and George R. Brown Convention Center in Houston, Texas. The scientific program will consist of 5 plenary sessions, 9 concurrent sessions, 96 oral abstracts, and 2 poster sessions.

Meeting Topics

Meeting topics and special sessions include GVHD, CAR-T cell and gene therapy, HCT graftment, relapse after transplantation, transplantation of cord blood and

cord tissue, transplantation for hemoglobinopathies, toxicity of cellular therapies, transplant care delivery, patient-centered approach to transplant, haploidentical HCT, and multiple myeloma. In addition, the Mortimer M. Bortin Lecture, the E. Donnell Thomas Lecture, Late Breaking Abstracts, CIBMTR Working Committee Meetings, ASBMT Special Interest Groups, and Meet-the-Professor Luncheon sessions will be held. Along with advanced education offerings, industry-supported satellite sessions, product theaters, and exhibitors will broaden the scope of presentations even further.

Peripheral Sessions

In addition to an outstanding scientific program, the 2019 meetings offer peripheral sessions for advanced practitioners, HCT pharmacists, center administrators, clinical research professionals / data managers, coordinators, electronic medical record and HCT software vendors, IT practitioners, IT decision makers, IT stakeholders, informaticians, investigators, medical directors, and transplant nurses.

Registration, Abstracts, and Housing

The online registration, abstract, and housing website opens at the end of August. The early registration and abstract deadline is October 3. After registering, take advantage of special conference guest room rates offered at several hotels in the TCT Meetings housing block. All hotels within the housing block are located within 0.6 miles of the TCT Meeting venues. Do not forget to reserve your ticket to the Saturday evening TCT Reception to end a memorable week with colleagues and friends!

Support Opportunities

Questions regarding support opportunities at the 2019 TCT Meetings of ASBMT and CIBMTR may be directed to the TCT Meetings Conference Office at TCTMeetings@mcw.edu.

We look forward to seeing you in Houston, Texas! #TCTM19

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[Late Effects and Quality of Life Working Committee](#)

Committee Leadership

Co-Chairs:

- [Mary Flowers, MD](#), Fred Hutchinson Cancer Research Center, Seattle, WA
- [Minoo Battiwalla, MD](#), Sarah Cannon Research Institute, Nashville, TN
- [David Buchbinder, MD](#), Children's Hospital of Orange County, Orange, CA

Scientific Director:

- [Bronwen Shaw, MBChB, MRCP, PhD](#), CIBMTR Milwaukee

Statistical Director:

- [Ruta Brazauskas, PhD](#), CIBMTR Milwaukee

Statisticians:

- [Heather Tecca, MPH](#), CIBMTR Milwaukee
- [Stephanie Bo-Subait, MPH](#), CIBMTR Milwaukee

The Late Effects and Quality of Life Working Committee (LEWC) conducts clinical research on long-term survival after HCT, including chronic health conditions and psychosocial effects of transplantation. These issues continue to impact patients and families across the trajectory of HCT care. The LEWC takes advantage of the large and representative clinical database of the CIBMTR to characterize specific late effects and understand which HCT survivors are at greatest risk for the development of these complications. Better understanding of HCT-related late effects is important not only for surveillance in clinical practice but also for the development of strategies to decrease and/or prevent undesirable late complications of transplantation.

The full working committee meets annually in person at the TCT Meetings. The Chairs, CIBMTR Scientific Director, and statistician meet monthly by teleconference

to ensure timely completion of projects, reassess priority areas, and promote and develop the scientific agenda. More than 150 individuals attended the 2018 in-person Working Committee meeting in Salt Lake City, representing a 33% increase in attendance over the past two years. The productivity of the committee has resulted in positive evaluations by meeting attendees as well as the CIBMTR Advisory Committee, which conducts ongoing reviews of individual Working Committee meetings.

At the 2018 meeting in Salt Lake City, there were 7 presentations, including the first documentation of exciting advances in the collection of patient-reported outcome (PRO) data by the CIBMTR. Meeting attendees witnessed the feasibility of centralized collection of longitudinal PRO data by the CIBMTR. Access to self-reported quality of life data among >100 adult and >75 pediatric HCT survivors across the HCT trajectory represents a major advance supported by members of our committee. Future efforts are aimed at expanding this line of inquiry.

Our extensive portfolio comprises 10 protocols in development, studies in analysis, or manuscripts in preparation. These studies cover a wide range of topics relevant to the care of HCT survivors and their families, such as evaluation of subsequent cancers and late infectious complications in pediatric and adult survivors of HCT. The LEWC has also engaged in collaborative efforts between the CIBMTR and other organizations. As an example, members of the committee have developed a protocol that utilizes the United Network for Organ Sharing (UNOS) and CIBMTR to jointly evaluate outcomes among HCT survivors that require a subsequent solid organ transplant or vice versa. This year, the committee had the opportunity to select two new proposals for development and analysis, including one focused on the evaluation of late mortality among children and young adult survivors of allogeneic HCT and the other focused on the evaluation of return to work or school among adolescent and young adult survivors of allogeneic HCT. Both proposals represent important areas of exploration; results will be vital to the HCT community.

Lastly, the LEWC has been involved in other activities, including projects that led to several published reviews targeting areas of post-transplant late effects.

- [Neurocognitive dysfunction in hematopoietic cell transplant recipients: Expert review from the Late Effects and Quality of Life Working Committee of the CIBMTR and Complications and Quality of Life Working Party of the EBMT](#)
- [Neurocognitive dysfunction in hematopoietic cell transplant recipients: Expert review from the Late Effects and Quality of Life Working Committee of the Center for International Blood and Marrow Transplant Research and Complications and Quality of Life Working Party of the European Society for Blood and Marrow Transplantation](#)
- [Metabolic syndrome and cardiovascular disease following hematopoietic cell transplantation: Screening and preventive practice recommendations from CIBMTR and EBMT](#)
- [Metabolic syndrome and cardiovascular disease after hematopoietic cell transplantation: Screening and preventive practice recommendations from the CIBMTR and EBMT](#)
- [Secondary solid cancer screening following hematopoietic cell transplantation](#)

These projects have created opportunities for junior investigators and, recently, collaboration with the EBMT Complications and Quality of Life Working Party. The next review, which is almost complete, focuses on ocular GVHD and other ocular complications. This review highlights the multidisciplinary nature of our work, incorporating the expertise of not only HCT providers but also specialists in other fields, such as ophthalmology. Building on our strong history of international collaboration, we are working diligently with our EBMT colleagues to develop a process by which we can ensure rapid translation of ideas and resources in the development and dissemination of future clinical guidelines.

View planned, in-progress, and completed studies and publications on the [LEWC webpage](#). Engagement of participants is key to the LEWC's accomplishments.

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[Graft Sources and Manipulation Working Committee](#)

Committee Leadership

Co-Chairs:

- [Asad Bashey, MD, PhD](#), The Blood and Marrow Transplant Program at Northside Hospital, Atlanta, GA
- Ian McNiece, PhD, MD Anderson Cancer Center, Houston, TX
- [Claudio Brunstein, MD, PhD](#), University of Minnesota, Minneapolis, MN

Scientific Director:

- [Mary Eapen, MD, MS](#), CIBMTR Milwaukee

Statistical Director:

- [Mei-Jie Zhang, PhD](#), CIBMTR Milwaukee

Statistician:

- [Andrew St. Martin, MS](#), CIBMTR Milwaukee

The Graft Sources and Manipulation Working Committee (GSWC) addresses scientific questions related to the comparative effectiveness of the three most commonly used graft types, quality, and manipulation. It is one of the most active and prolific committees of the CIBMTR. The GSWC has collaborated with other registries, nationally and internationally, and resulting publications have led to practice changes with respect to graft choices when considering HLA-matched sibling and unrelated donor transplantations for leukemia, the use of T-cell depletion in reduced intensity transplants and pediatric cord blood transplants, selection of cord units, the use of cord blood as a stem cell source for patients with hematological malignancies, and the choice of alternative graft source in patients with acute leukemia. Our primary collaborators are Eurocord and the EBMT Acute Leukemia Working Party.

Committee membership is comprised of investigators of diverse backgrounds and experience in clinical transplantation and cell processing and manipulation, providing the opportunity for synergy in scientific interactions, stem cell technology development, and new ideas. The committee has a significant publication track record with 18 publications in the past 5 years, including several in high-impact journals.

The committee has a number of ongoing projects that address current issues related to donor and/or graft selection for allogeneic transplantation. In particular, several ongoing studies are examining outcomes of T-cell replete haploidentical transplants with post-transplant cyclophosphamide, including comparing myeloablative with reduced intensity conditioning, and the impact of race in the setting of haploidentical transplantation. With the increase in numbers of haploidentical transplants, the committee is addressing the relative merits of using a haploidentical donor compared to banked cord blood in adults with hematologic malignancies. The success of the committee is dependent on scientific interactions, new ideas, and active participation of junior and senior investigators. Please contact one of the GSWC Chairs or the Scientific Director to learn more about the committee or to discuss ideas and new projects.

View planned, in-progress, and completed studies and publications on the [GSWC webpage](#).

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CIBMTR Trivia

How many new patient-level summaries of CIBMTR research publications were posted on the Study Summaries for Patients webpage since the beginning of the year?

- A. 4
- B. 7
- C. 12
- D. 15

[Enter your answer online](#). If you answer correctly, you will be entered into a drawing to win a CIBMTR prize.

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By Amy Foley, MA

The BMT CTN, with its 37 Core / Consortia Centers and approximately 75 Affiliate Centers, has enrolled >10,300 patients. The Network was established in 2001 and renewed last year for a seven-year grant cycle by the NHLBI and NCI.

Collaboration on NCI National Clinical Trials Network (NCTN) Lymphoma Studies

There are two open lymphoma HCT studies in the BMT CTN portfolio. Both are led by the NCTN with BMT CTN collaboration:

- **Alliance A051301 / BMT CTN 1201:** A randomized double-blind Phase III study of ibrutinib during and following autologous stem cell transplantation versus placebo in patients with **relapsed or refractory diffuse large B-cell lymphoma of the activated B-cell subtype**
- **ECOG-ACRIN EA4151 / BMT CTN 1601:** A randomized Phase III trial of consolidation with autologous hematopoietic cell transplantation followed by maintenance rituximab vs. maintenance rituximab alone for patients with **mantle cell lymphoma in minimal residual disease-negative first complete remission**

The BMT CTN has endorsed these studies and will provide BMT CTN centers with BMT CTN accrual credit (in addition to NCTN Group credit). Alliance and ECOG-ACRIN manage these studies and all aspects of site participation. For more information, contact the study coordinators:

- Alliance A051301 / BMT CTN 1201: [Destin Carlisle](#)
- ECOG-ACRIN EA4151 / BMT CTN 1601: [Colin Burnett](#)

The BMT CTN encourages participation to help answer these important transplant questions.

Clinical Trials Open to Enrollment

The BMT CTN encourages widespread transplant community participation in clinical trials. If your center is interested in participating, visit the BMT CTN website.

There are nine trials open to accrual and seven in development.

BMT CTN Publications

The BMT CTN has published 92 articles, including 25 primary analyses. The following manuscripts were recently published:

- **Primary results:** Allen et al. [Reduced intensity conditioning for hematopoietic cell transplant for HLH and primary immune deficiencies: BMT CTN 1204](#). Blood. 2018 Jul 11. pii: blood-2018-01-828277. [Epub ahead of print]
- **Primary results:** Carpenter et al. [A Phase II/III randomized, multicenter trial of prednisone / sirolimus vs prednisone / sirolimus / calcineurin inhibitor for treatment of chronic graft-versus-host disease: BMT CTN 0801](#). Haematologica. 2018 Jun 28. pii: haematol.2018.195123. [Epub ahead of print]
- **Primary results:** Spellecy et al. [Easy-to-read informed consent form for hematopoietic cell transplantation clinical trials: Results from the BMT CTN 1205 study](#). Biology of Blood and Marrow Transplantation. 2018 Apr 18. pii: S1083-8791(18)30195-2. [Epub ahead of print]
- Khera et al. [Translation of clinical research into practice: An impact assessment of the results from the BMT CTN protocol 0201 on unrelated graft source utilization](#). Biology of Blood and Marrow Transplantation. 2018 Jun 30. [Epub ahead of print]
- Rashidi et al. [Association between recipient TNF rs361525 and acute GVHD: Results from analysis of BMT CTN-0201 samples](#). Bone Marrow Transplantation. 2018 Mar 7. [Epub ahead of print]

About the BMT CTN

The CIBMTR shares administration of the BMT CTN Data and Coordinating Center with National Marrow Donor Program/Be The Match® and The Emmes Corporation®. Together, these three organizations support all BMT CTN activities.

To get up-to-date information about BMT CTN studies, meetings, and news:



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[Resource for Clinical Investigation in Blood and Marrow Transplantation](#)

By Erin Leckrone

The RCI BMT specializes in design, execution, and data analysis for a variety of clinical trial programs by providing broad support via statistical, medical, and study management expertise. The RCI BMT currently oversees a clinical portfolio of 14 studies, 7 with patients in active recruitment / follow-up and 7 in active design or start-up.

As the RCI BMT has increased its full-scale support of prospective studies, the team has expanded its best-practice technology offerings to include the Medidata suite of resources, including a clinical trial management system (Edge CTMS), Rave EDC, and an electronic trial master file for regulatory document collection (Edge eTMF). The RCI BMT also has significantly grown its team of clinical research professionals over the last year. The team now consists of four project managers, five clinical research specialists, four clinical research assistants, a data manager, and the four-member Survey Research Group. By partnering with CIMBTR regulatory experts, biostatisticians, and physicians, the project management team is able to oversee on-time and on-budget study execution.

In the last year, the RCI BMT has also taken on active support of the BMT CTN via direct coordination of two studies in development and with the commitment to operationally manage regulatory document collection for additional studies.

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[Health Services Research Update](#)

By Linda Burns, MD, and Beth Murphy, EdD, RN

[Palliative Care for HCT Patients](#)

Palliative care has a significant impact on patient outcomes, yet it is not consistently integrated in HCT care plans across transplant centers. The Health Services Research Program collaborated with the ASBMT Palliative Care Special Interest Group to conduct a cross-sectional survey of transplant physicians in the US recruited from the ASBMT. Using a 28-item questionnaire, we examined physicians' access to palliative care services and perceptions and attitudes about palliative care. The study was led by Dr. Areej El-Jawahri from Massachusetts General Hospital and Dr. Thomas LeBlanc from Duke University.

A total of 277 of 1,005 (28%) eligible transplant physicians completed the questionnaire. A minority collaborated frequently with inpatient (44%) and outpatient (21%) palliative care services. The majority (76%) stated they trust palliative care clinicians to care for their patients, but 40% felt palliative care clinicians do not have enough understanding to counsel HCT patients regarding treatment options. Most endorsed that when patients hear the term 'palliative care', they feel scared (82%) and anxious (75%). Nearly half (45%) of physicians reported the service name 'palliative care' is a barrier to utilization. Physicians who had a positive attitude toward palliative care were more likely to be women and to have practiced 10-20 years. Physicians with a higher sense of ownership over their patients' palliative care issues were more likely to have a negative attitude towards palliative care. Results of the study were presented at the annual ASCO meeting, and the manuscript has been accepted for publication in Cancer. Planning for a patient-based survey to better understand HCT recipients' perceptions of palliative care is underway.

[Translation of HCT Research into Clinical Practice](#)

Barriers and facilitators to adoption of clinical interventions based on results of randomized clinical trials are substantial and poorly understood. In collaboration with Dr. Nandita Khera from the Mayo Clinic, Phoenix, we examined whether the 2012 results of the randomized, multicenter BMT CTN 0201 study comparing peripheral blood with bone marrow stem cells for unrelated donor HCT changed practice from peripheral blood to bone marrow graft utilization, and we explored factors that impact graft selection and translation of research results into practice. We examined differences between utilization of unrelated donor bone marrow and peripheral blood in the two years before and after publication of results in 2012 using observational data collected by the CIMBTR. We also conducted a web-based survey of US transplant physicians, using the ASBMT membership list, to understand the change in physician-reported personal and center preferred unrelated donor graft.

We found no significant change in utilization of bone marrow versus peripheral blood grafts occurred after 2012. While 92% percent of survey respondents,

representing 316 physicians from 108 transplant centers, were aware of the study results, less than a fifth of HCT physicians reported personal or center practice change in response to the BMT CTN 0201 results. Patient characteristics and the perception that engaging local champions can help increase the application of evidence from large studies to clinical practice were survey factors associated with personal or transplant center choice for bone marrow grafts as compared to peripheral blood. There is clearly a need to increase our understanding of the barriers to application of clinical research study results and to improve the process of uptake of evidence for clinically important practice changes. Complete details of the study are provided in the manuscript published online in [Biology of Blood and Marrow Transplantation](#).

For any questions about the Health Services Research Program, contact [Linda Burns, MD](#), Senior Scientific Director of Health Services Research or visit the [Health Services Research webpage](#).

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[Study Summaries for Patients](#)

Seven new patient-level summaries of CIBMTR research publications recently were posted on the [Study Summaries for Patients webpage](#):

- [Allogeneic transplants help some people with follicular lymphoma](#)
 - American and European doctors agree: Test for HLA type early.
- [Childhood transplants linked to slightly higher risk of heart problems and diabetes](#)
 - Scientists urge checkups for cholesterol and blood pressure.
- [Double transplants can be used to treat multiple myeloma](#)
 - People who got auto-allo transplants lived longer than those who got 2 auto transplants.
 - Ask your doctor what is best for you.
- [Early results suggest people live equally long after half-matched transplants using either peripheral blood or bone marrow](#)
 - Scientists followed people for two years after transplants for: Acute leukemias, myelodysplastic syndrome, and lymphomas.
- [Patients with myelodysplastic syndromes or acute myeloid leukemia may benefit from a standard preparative regimen](#)
 - Patients who got a standard preparative regimen were more likely to be cancer-free a year and a half after transplant than patients who got a reduced-intensity regimen.
- [Quick survey checks your quality of life](#)
 - Talk with your doctor about how you are feeling physically and emotionally.
- [Treatment helps children and teens with acute leukemia thrive after cord blood transplants](#)
 - The TCF treatment regimen before cord blood transplant helped young people with acute leukemia live longer.

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[Abbreviations](#)

Need an acronym defined? Review our [list of common abbreviations](#).

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