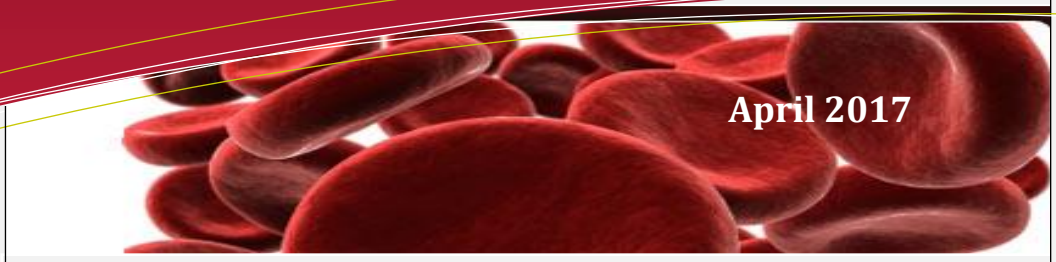
ASBMT eNews

American Society For Blood and Marrow Transplantation



Clinical Research

Posttransplant Cyclophosphamide Effective at Preventing GVHD

Posttransplant cyclophosphamide (PTCy) is effective as a single-agent graft-versus-host disease (GVHD) prophylaxis after myeloablative, HLA-matched related or unrelated donor transplantation, according to a new study appearing in *Blood*. The study included 339 T-cell-replete bone marrow transplantation recipients: 247 of the participants were administered busulfan/cyclophosphamide conditioning and 92 received busulfan/fludarabine conditioning. Approximately half of the matched related donor recipients and 30% of the matched unrelated donor recipients required no further immunosuppression beyond PTCy. Of the patients who developed GVHD, only one or two additional agents over a short time span were needed. Within one year after transplantation, most of the patients did not require any systemic immunosuppression. The probability of one-year survival ranged from 51%-61%, depending on whether or not the donor was related and the type of conditioning used, although the patients who received both a matched related donor transplantation and cyclophosphamide conditioning fared the best. Three-year survival probability was similar to the one-year survival results, ranging from 48%-56%. The researchers concluded that cyclophosphamide after transplantation reduces the burden of immunosuppression. More...

Preferred Donor Types for Poor-Risk AML Adult Patients in First Remission

A study published in *Blood Advances* confirms that matched related donors (MRD) and 10/10 HLA-matched unrelated donors (MUD) result in better transplantation outcomes for poor-risk acute myeloid leukemia patients in first complete remission than transplants with other donor types. This study included 6,545 patients who received a transplant from a MRD, 10/10 or 9/10 MUD, umbilical cord blood or a haploidentical (haplo) donor.

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Job & Fellowship Connections

BBMT Journal

ASBMT Home

A Word From President Krishna Komanduri, M.D.

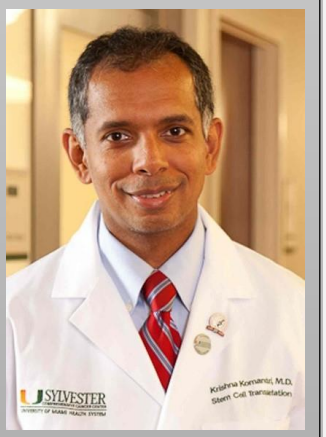
Dear Colleagues:

As I've been considering how to make the coming year a productive one for the ASBMT, I've been thinking a great deal about what defines our special community and society, and hope to share some of my thoughts in this column. I'm fortunate to be writing this from Marseille, where I attended the very successful European Society for Blood and Marrow Transplantation (EBMT) meeting. Given my experiences this week, not to mention the view from my window, I can't help but focus this column on globalism as it relates to the ASBMT.

At the introduction to the EBMT conference, President Mohamed Mohty, M.D., Ph.D., voiced the feelings of many of us when he noted that cancer is our common enemy, and that the transplant community has no borders. I couldn't agree more strongly with this perspective. Although the ASBMT has "American" in its name, we are truly an international society with a global membership, patient base and reach.

While many of our colleagues in hematology and oncology may feel the same, our use of international registries, the importance of scientific exchange, our role in maintenance of standards for accreditation (in part due to our strong ties to the Foundation for the Accreditation of Cellular Therapy, a longstanding partner of the Joint Accreditation Committee-ISCT & EBMT) and our close ties to the International Society for Cellular Therapy (ISCT), Worldwide Network for Blood and Marrow Transplantation (WBMT), World Marrow Donor Association, EBMT and other partners are critical to our success and mission. As a reminder, abstracts from 45(!) countries were presented at the BMT Tandem Meetings in Orlando. So, while individual countries may rely more, or less, on partnerships over time, it remains critical that the ASBMT advocate for the international freedoms essential for the success of the blood and marrow transplant community.

Earlier this year, I was privileged to attend the WBMT meeting hosted by a wonderful group headed by Mahmoud Aljurf, M.D., and his colleagues at the King Faisal Hospital in Riyadh. Given the location of the meeting in the Eastern Mediterranean, there was a focus on the unique needs of developing transplant programs in that region. I was fascinated to learn that programs in the region perform autologous transplantation without cryopreservation, due to either costs or instability of the electrical grid.



Later, at the meeting of our HCT Value and Health Economics Special Interest Group (SIG) steering committee at Tandem, I had the opportunity to interact with David Gómez-Almaguer, M.D. (co-recipient of the 2017 Distinguished Service Award from the Center for International Blood and Marrow Transplant Research). I was floored to hear Dr. Gómez-Almaguer tell us that due to the prohibitive cost of tyrosine kinase inhibitors (TKIs), the primary indication for allogeneic transplantation at his program in Monterrey, Mexico, is chronic myeloid leukemia (CML)!

For many of us in the United States, it may be easier to see what our international colleagues – who are developing younger programs – can gain from their interactions with us than to see what they may teach us in return. They may seek wisdom about how we approach transplantation in clinical scenarios where they lack personal experience. However, there is a

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PRESIDENT'S MESSAGE (CONTINUED FROM PAGE 2)

great deal that we can learn from our colleagues, who are often devising creative solutions tailored to individual bottlenecks in financial or clinical resources. Understanding how they provide optimal patient care can be valuable for all of us as we strive to improve outcomes in a financially sustainable framework. The lesson from our colleagues in Mexico should remind us that cost effectiveness is also a balance between the price and comparative effectiveness of transplantation and constantly evolving alternatives.

It is particularly important that we consider how the most promising scientific developments can be translated to the greatest number of patients, who deserve access to the most effective approaches. As a hematologist, it has been gratifying to see survival curves that have made transplantation unnecessary for most patients with CML; therefore, my reaction regarding the use of haploidentical transplants as frontline therapy in Monterrey was also one of sorrow that costs of TKIs were prohibitively high. We need to be mindful as we help to advance autologous immunotherapies that prohibitive costs might create a similar situation with these technologies in the future. Increasingly, we should be focused not only on developing scientifically sound and effective approaches, but also on ensuring that they reach the greatest numbers of patients worldwide.

It is critical for the ASBMT to facilitate sharing of these experiences across state, national and political boundaries as we advance the state of the scientific and clinical art. I look forward to working with our members with interests in these areas, including those involved in our health economics SIG and those engaged in global health activities, either individually or through formal activities with our partner societies. I look forward to hearing your thoughts and to facilitating your initiatives in this arena.

Before closing, I want to recognize two individuals making transitions. First, Michael Boo recently retired as chief strategy officer for the National Marrow Donor Program. In addition to contributing to the dramatic growth of our partner organization, Mike has been a trusted friend and partner of the ASBMT. We will continue to reach out to him despite his retirement, given his deep understanding of our field and his considerable talents. We wish him well.

I also want to congratulate Shakila Khan, M.D., who has been appointed to fill the ASBMT board of directors' seat vacated by our vice president Navneet Majhail, M.D., M.S. With Dr. Khan's perspectives as a pediatrician, palliative care physician and educator, we look forward to her contributions and service to the board in the coming year.

As always, I look forward to keeping in touch, and to hearing from more of you as I continue to understand how the Society can best serve your needs, and those of your patients.

All the best,

Krishna

BMT TANDEM MEETINGS

Do You Wish to Honor an Outstanding Person in the BMT Field?

Call for 2018 ASBMT Premier Award Nominations - Due by May 1

The ASBMT Board of Directors is pleased to request nominations for the Society's premier awards to be presented during the 2018 BMT Tandem Meetings in Salt Lake City, Utah.

The ASBMT has opened the 2018 "call for nominations" to recognize those individuals who have dedicated their time, knowledge and expertise to improve the work of the blood and marrow transplantation and cellular therapy community.

Past recipients of these prestigious ASBMT awards have included those who exhibited vast experience, critical knowledge, enhanced skills and unparalleled compassion in the blood and marrow transplant field.

The ASBMT Lifetime Achievement Award is presented to an exceptional physician or scientist who has made significant contributions to the field through advancement of knowledge in blood and marrow transplantation, via basic or clinical science.

The award includes a $1,000 prize and a plaque, plus expenses for the recipient and guest to attend the 2018 BMT Tandem Meetings.

The ASBMT Public Service Award recognizes an individual outside of the ASBMT membership who has advanced the interests of blood and marrow transplantation or given special service to the patients and families that we serve.

A plaque will be presented, plus expenses paid for the recipient to attend the 2018 BMT Tandem Meetings.

The ASBMT E. Donnall Thomas Lecture is presented in honor of Dr. E. Donnall Thomas, and recognizes an eminent physician or scientist, either a clinician or investigator, who has contributed to the advancement of knowledge in blood and marrow transplantation.

A plaque is presented, plus expenses for the recipient to attend the 2018 BMT Tandem Meetings.

Please click here to complete the nomination process. You will be asked to identify your nominee and the suggested award and include a brief statement of reasoning (approximately 300 words) for your nomination.

All nominations must be submitted by May 1, 2017.

Thank you for helping ASBMT continue to recognize leaders in Blood and Marrow Transplantation.

Recordings From the 2017 BMT Tandem Meetings

All available session recordings from the 2017 BMT Tandem Meetings can now be downloaded here in MP3 and MP4 formats.

If you need assistance, downloading instructions can be found here.

Association News

ASBMT-Gabrielle's Angel Foundation New Investigator Award

Hanna Arlene Knaus, M.D., has been selected as the recipient of the 2017-2018 ASBMT-Gabrielle's Angel Foundation New Investigator Award. Dr. Knaus, of Johns Hopkins University in Baltimore, will receive the first-year funding award in the amount of $30,000 for two years. The second year of funding is contingent upon progress.

"I want to express my sincere gratitude for being chosen as a recipient of the 2017 ASBMT-Gabrielle's Angel Foundation New Investigator Award, knowing that there were many qualified applicants," said Dr. Knaus. "Funding through this award allows me to pursue cutting-edge transplant immunology research while further developing my personal capabilities toward my goal of becoming an independent investigator in the field of bone marrow transplantation and hematologic malignancies."

The objective of her proposed research is to characterize and understand T-cell responses to AZA/pembrolizumab treatment and to develop immunotherapeutic strategies to overcome immune escape in patients who relapse after allogeneic hematopoietic cell transplantation.

"I am very grateful for the opportunity you are giving me to further pursue my research interests and to establish a translational, research-oriented, academic career," she said. "I am passionate about finding a potentially curative strategy for patients who relapse after alloHSCT."

The ASBMT and its partner, the Gabrielle's Angel Foundation, take great pride in presenting investigators with this opportunity to maintain focus on research. Congratulations to Dr. Knaus!

EBMT Meeting Attendees Learn About Practice Guidelines App at ASBMT Booth

The 43rd Annual Meeting of the European Society for Blood and Marrow Transplantation (EBMT) was recently held in Marseille, France. EBMT President Mohamad Mohty, M.D., Ph.D., announced that 5,047 people attended the meeting, a new record.

ASBMT's booth at the event was a popular place for people to learn about the ASBMT's new Practice Guidelines app. The app, which is available in Google Play and iTunes app stores, has now been downloaded more than 800 times.

To see photos and videos from the conference, visit twitter.com/TheEBMT or follow the twitter hashtag #ebmt17.

Dr. Karl-Walter Sykora, one of many visitors to the ASBMT's booth at EBMT, proudly displays his newly-downloaded ASBMT Practice Guidelines app.

ASSOCIATION NEWS (CONTINUED FROM PAGE 5)

Michael Boo Retires From NMDP/Be The Match

Michael Boo retired on April 3 from his position as chief strategy officer of the National Marrow Donor Program/Be The Match (NMDP), the national registry for the United States. He joined the NMDP in 2001.

His contributions included the redesign and implementation of a new strategic planning process that helped guide substantial growth at NMDP, the development of the Center for Cord Blood in 2003, and NMDP growth in cord blood in the United States from 15% of the market to over 90%. Boo also identified and developed new products and services that had significant bottom-line revenue impact and developed new relationships within the extensive NMDP network of national and international partners, which improved access to cell sources and markets worldwide.

Boo provided leadership and oversight for legislative activities, helped establish a new federal funding program for cord blood inventory growth, which has provided more than $100 million to date, and pursued other strategies to continue and expand government funding sources. More recently, he led a number of initiatives to address deficiencies in reimbursement for transplant-related costs by both public and private payers.

A retirement event was held in his honor on March 14 at NMDP. Jeffrey W. Chell, M.D., NMDP chief executive officer and executive director of the Center for International Blood and Marrow Transplant Research, spoke with much emotion about Boo's career and accomplishments.

"In addition to the dramatic growth of our partner organization, Mike has been a trusted friend and partner of the ASBMT," said ASBMT President Krishna Komanduri, M.D. "We wish him well."

Boo serves as president of the World Marrow Donor Association.

Prior to joining the NMDP, Boo served as vice president of strategic and corporate development, Allina Health System; associate general counsel, Health Central, Inc.; and general counsel, American Redevelopers, Inc.

Boo received his Juris Doctor at William Mitchell College of Law in St. Paul, Minnesota, and Bachelor of Arts, Urban Studies, at the University of Minnesota Duluth.

Annual Regional Conference for NPs, PAs and Fellows in October

Due to the resounding success of last year's regional conference in Minneapolis, the ASBMT Nurse Practitioner (NP)/Physician Assistant (PA) Special Interest Group, along with the National Marrow Donor Program, are excited to announce the "ASBMT Clinical Education Conference." The fourth annual regional conference for NPs, PAs and fellows has been scheduled for Oct. 26-28 at the Sheraton Seattle Hotel, and will offer continuing medical education credits.

For Pre-Registration, click here. Additional information will be posted to the ASBMT website as it becomes available.

ASSOCIATION NEWS (CONTINUED FROM PAGE 6)

Patient-Centered Outcomes Research (PCOR) Update

Our Patient-Centered Outcomes Research Institute (PCORI) supported project, *Engaging Patients in Developing a Patient-Centered HCT Research Agenda*, held its third and final symposium at the 2017 BMT Tandem Meetings. Six working groups outlined their final recommendations on research HCT-related questions that matter most to patients.

Unique to this symposium, working group co-chairs, patients and caregivers delivered joint presentations, providing unique and complementary perspectives. Research and funding opportunities within PCORI, the Blood and Marrow Transplant Clinical Trials Network and the Center for International Blood and Marrow Transplant Research (CIBMTR) were also presented, followed by a discussion of next steps in building an international collaborative PCOR community in transplantation. Stay tuned as results are disseminated later this year via webinars and publications.

New enduring activity: If you missed last fall's webinar on PCOR in HCT that featured the research programs of Heather Jim, Ph.D., Bill Wood, M.D., and the PRO pilot within CIBMTR as reported by Bronwen Shaw, M.D., Ph.D., you can view it here for 1 CME hour for physicians, allied health professionals and nurses.

April Highlights of ASBMT's Journal, *BBMT*

Check out the April 2017 issue of ASBMT's journal, *Biology of Blood and Marrow Transplantation!* Below are some highlights from Volume 23, Issue 4.

- **National Institutes of Health Hematopoietic Cell Transplantation Late Effects Initiative: The Patient-Centered Outcomes Working Group Report**
  Margaret Bevans, Areej El-Jawahri, D. Kathryn Tierney, Lori Wiener, William A. Wood, Flora Hoodin, Erin E. Kent, Paul B. Jacobsen, Stephanie J. Lee, Matthew M. Hsieh, Ellen M. Denzen, Karen L. Syrjala
  Full-Text HTML | PDF
- **Current Results and Future Research Priorities in Late Effects after Hematopoietic Stem Cell Transplantation for Children with Sickle Cell Disease and Thalassemia: A Consensus Statement from the Second Pediatric Blood and Marrow Transplant Consortium International Conference on Late Effects after Pediatric Hematopoietic Stem Cell Transplantation**
  Shalini Shenoy, Emanuele Angelucci, Staci D. Arnold, K. Scott Baker, Monica Bhatia, Dorine Bresters, Andrew C. Dietz, Josu De La Fuente, Christine Duncan, Javid Gaziev, Allison A. King, Michael A. Pulsipher, Angela R. Smith, Mark C. Walters
  Full-Text HTML| PDF
- **Medication Adherence in Hematopoietic Stem Cell Transplantation: A Review of the Literature**
  Caroline F. Morrison, Donna M. Martsolf, Nicole Wehrkamp, Rebecca Tehan, Ahna L.H. Pai
  Full-Text HTML| PDF

ASSOCIATION NEWS (CONTINUED FROM PAGE 7)

RITN Seeking Research Update Speakers for Workshop

The Radiation Injury Treatment Network (RITN) will present "Radiation and Nuclear Preparedness: Operationalizing Ten Years of Development" July 25-26 in Rockville, Maryland. The RITN is seeking speakers, particularly for research updates. Visit https://ritn.net/ for abstract submission forms, the speaker disclosure form and registration.

CLINICAL RESEARCH (CONTINUED FROM PAGE 1)

Preferred Donor Types (continued from page 1)

Comparing outcomes for these patients, researchers discovered similar two-year overall survival outcomes for the MRD, 10/10 MUD and haplo recipients, which were superior to the overall survival outcomes for the other donor-type recipients. In addition, nonrelapse mortality was lower after MRD allogeneic hematopoietic cell transplantation than alternative donor transplantation, leading researchers to conclude that MRD and 10/10 MUD transplants are the best options, but in the event of unavailability, alternative donor sources, especially haplo, are available. More...

Pediatric Severe Aplastic Anemia Patients Benefit From Haploidentical HCT

Haploidentical hematopoietic cell transplantation (HCT) was beneficial for nearly all of the newly diagnosed and refractory pediatric severe aplastic anemia patients included in a study appearing in a recent issue of *Bone Marrow Transplantation*. For the study, 52 children received a transplant using G-CSF-primed bone marrow with G-CSF-mobilized peripheral blood stem cells without in vitro T-cell depletion, as well as busulfan/cyclophosphamide and antithymocyte globulin conditioning. All but one of the children achieved primary engraftment, while one child died of regimen-related toxicity. Grade II-IV acute graft-versus-host disease (GVHD) occurred in 39% of the patients, nearly 14% of the patients developed grade III-IV acute GVHD, and the incidence of chronic GVHD was 34%. In addition, three-year overall survival was nearly 85% and failure-free survival was almost 83%. According to the study, outcomes were similar, regardless of whether patients received upfront or salvage therapy, suggesting that haploidentical HCT is an effective therapy for children with severe aplastic anemia, who do not have a matched sibling donor. More...

LEGISLATION & REGULATION

ASBMT Statements on American Health Care Act and Proposed NIH Budget Cuts

In March, the ASBMT released two separate position statements about the proposed National Institutes of Health (NIH) budget cuts and the (now withdrawn) American Health Care Act. To read the full statements, click here.

Policy Perspectives: The (Withdrawn) American Health Care Act

By Stephanie Farnia, ASBMT Director of Health Policy and Strategic Relations

There is a unique challenge associated with writing a monthly column on policy issues, as these issues move so quickly in seasons of active debate that hours of writing time evaporate in an instant. My original due date for this piece was the night before the expected vote on the American Health Care Act (AHCA), which was withdrawn from the floor on Friday, March 24. As I was planning to completely erase this column and move on to something else, it occurred to me that while the AHCA as it was drafted no longer seems an imminent threat, it is still useful to understand the impact it would have had on our field.

The AHCA was the first real vehicle the Republican Congressional leadership had in which to articulate their vision for health care policy in the United States and those views will likely not disappear alongside the bill.

"…while the AHCA as it was drafted no longer seems like an imminent threat, it is still useful to understand the impact it would have had on our field."

Separate from the individual views each of us may have, the ideas being moved forward by the legislation were problematic for the field of hematopoietic cell transplantation and the patients and families affected by hematologic malignancies.

The Patient Protection and Affordable Care Act (often referred to as the ACA or Obamacare) did not successfully address every health care challenge that our country faces – costs of care and insurance continue to be a substantial issue, the federal ruling in regards to Medicaid expansion created a gap in eligibility for individuals in certain states and the individual insurance markets struggle because young adults have not signed up for plans in the way that was hoped or predicted. That being said, there were many pieces of the law that truly created a sea change in the way that health insurance coverage functions. Going back to a United States in which individuals with a previous medical need are not able to secure future coverage, access clinical trials, or receive treatment after 'maxing out' their annual or lifetime benefits would be devastating. Even the original opponents of the ACA understand the importance of these provisions, as evidenced by the AHCA's lack of attempts to remove these protections.

There are several hard and fast parameters associated with providing a resource-intensive health care service like blood and marrow transplant, one of which is a patient's ability to access health insurance. Without insurance, it is extremely unlikely that an individual will be able to progress through the transplant process, even if they would otherwise be a good clinical candidate. Working from that basic premise, our community therefore needs to be concerned with changes to health care laws that impact the current historically high rate of individuals with insurance.

The AHCA contained several proposed actions that chip away at coverage. State Medicaid plans would have faced severe

Continues on page 10

LEGISLATION & REGULATION (CONTINUED FROM PAGE 9)

Policy Perspectives (continued from page 9)

funding limitations through per capita spending caps or block grants, as well as financial penalties if they attempted to retain expanded coverage eligibility parameters. The income-based federal subsidies for people purchasing individual and family plans were replaced by age-based tax credits, and insurers would have been allowed to adjust premiums by age. This kind of change in financial incentives could create a situation in which low-income working families also bearing the cost burdens of young children would be unable to afford to purchase insurance because of the low tax credits allocated due to their age.

At the other end of the spectrum, the more enhanced tax credits for older adults would almost definitely still be insufficient to offset changes to insurance pricing that would allow insurers to charge premiums at five times the cost of younger individuals. Finally, the bill proposed to eliminate the individual mandate and replace it with a plan that allows insurers to add a 30% surcharge to an individual's rate if one has a lapse of coverage for more than 63 days. For those individuals forced to let their insurance coverage lapse due to an inability to pay, this additional financial penalty would create additional barriers to reinstating coverage later.

One of the most frightening things just before the bill was pulled were reports that the Essential Health Benefits requirements, the 10 categories of care that all insurance products should cover, were under consideration for elimination in an attempt to gain the final votes needed for successful passage in the House. The loss of a requirement to cover these categories of care would absolutely make some insurance options cheaper – and it would also make them inadequate for treating the same unexpected illnesses for which they are theoretically purchased.

While there is no longer a current call for directed advocacy efforts on this bill, understanding the way that these kinds of changes could impact the field we care about will still be time well spent – this will not be the last time these issues are debated.

"…this will not be the last time these issues are debated."

As always, I am collecting names of ASBMT members interested in advocacy efforts during this time of legislative and policy change. Please send a short note if you are interested to StephanieFarnia@asbmt.org.

SIG SPOTLIGHT

ASBMT Pharmacy SIG Awards

The ASBMT Pharmacy Special Interest Group (SIG) would like to congratulate LeAnne Kennedy, Pharm.D., on receiving the 2017 ASBMT Pharmacy SIG Lifetime Achievement Award and Ashley Teusink-Cross, Pharm,D, M.B.A., for receiving the 2017 ASBMT Pharmacy SIG New Practitioner Award.

LeAnne Kennedy

Kennedy has been a clinical pharmacist at Wake Forest Baptist Health in hematopoietic cell transplantation (HCT) since 1995. She has contributed to over 20 publications and is a leader in ASBMT and other major pharmacy organizations.

Continues on page 11

SIG SPOTLIGHT (CONTINUED FROM PAGE 10)

ASBMT Pharmacy SIG Awards **(continued from page 10)**

Teusink-Cross is a clinical pharmacist at Cincinnati Children's Hospital Medical Center and has been in HCT since 2012. She has made significant contributions to the field of HCT, including publication, presentations and leadership. She also received the Pharmacy Best Abstract Award at the BMT Tandem Meetings this year.

Ashley Teusink-Cross

FACT UPDATE

Clarification of Implementation of Interim Standards

Accredited blood and marrow transplantation (BMT) programs that collect, administer or process immune effector cells must comply with version 6.1 of the Hematopoietic Cell Therapy Standards from the Foundation for the Accreditation of Cellular Therapy (FACT) and the Joint Accreditation Committee-ISCT & EBMT. These interim standards were developed to address patient safety issues reported with the use of immune effector cells.

Many of the interim standards are applicable only to immune effector cells. For these standards, compliance is only required to the extent that the BMT program is responsible for immune effector cells. Other services and departments that are not under the responsibility of a FACT-accredited BMT program are not required to comply in order for the program to maintain its accreditation. Those entities are encouraged to apply for initial accreditation under the stand-alone FACT Immune Effector Cell Standards.

A reorganized, concise list of interim changes to the 6th Edition Hematopoietic Cellular Therapy Standards can be found on the FACT website in the cellular therapy library. The changes are also listed in version 6.1 of the HCT Standards and Accreditation Manual in appendix V. Plans and Standard Operating Procedures complying with these changes must be in development; however, in some programs, complete implementation may not be practical. For example, the annual audit of safety endpoints and immune effector cellular therapy toxicity management must be incorporated into the audit schedule at this time. Completion of the audit must occur within the year. Other requirements, such as access to medications adequate to treat expected complications, must now be implemented.

Over the next few weeks, inspectors will expect to see that plans for complying with the interim standards are in place, patient safety has been prioritized and promptly addressed, and implementation is underway. BMT programs must demonstrate to inspectors a good faith effort to meet these new requirements for patient safety as soon as possible.

Download or purchase the interim Standards from the FACT Store.

FACT Update

Cord Blood Spotlight at ISCT Meeting is the Destination Event for Cord Blood Banks

This year's destination event for cord blood banks will be at the 2017 annual meeting of the International Society for Cellular Therapy (ISCT) in London. Two days prior to the meeting, leading cellular therapy organizations will convene to provide education to cord blood banks in one convenient location. Plan to attend this one-stop opportunity to learn from the Foundation for the Accreditation of Cellular Therapy (FACT), the Cord Blood Association (CBA), ISCT, ASBMT, and world-renowned cord blood scientists and transplant physicians.

FACT Cord Blood Inspection and Accreditation Workshop - May 2

This training workshop will assist your cord blood bank with meeting stringent quality standards. The agenda will address:

- the accreditation process;
- changes to the Standards and the online accreditation portal;
- NetCord's integration with the World Marrow Donor Association;
- challenging requirements for cord blood banks, including cryopreservation, stability studies and root cause analysis; and
- requirements for FACT inspectors, including a new inspector orientation.

Would you like to attend the workshop for FREE? Apply to be a FACT inspector. Approved inspectors attend educational activities at no cost.

View meeting details and register at factwebsite.org.

FACT-ISCT Cord Blood Quality Boot Camp - May 3

The boot camp will strengthen participants' quality assurance knowledge through pre-meeting exercises and an in-person workshop. Members of the FACT Quality Committee and the ISCT Planning Committee encourage everyone to review specific aspects of their cord blood banks' quality programs in the months leading up to the boot camp. During the boot camp, quality experts will present important concepts and lead roundtables where participants may ask questions and help each other reach their goals. Participants are strongly encouraged to register early and participate in the pre-conference assessment activities. Be sure to register for the boot camp AND complete the pre-conference informational survey.

Complete the Pre-Conference Survey
Register at ISCT2017.com

3rd ISCT-CBA Cord Blood Series, in Partnership with ASBMT - May 3

ISCT and the CBA, in partnership with ASBMT, are pleased to host the third Cord Blood Series as part of the Pre-Conference Day at ISCT 2017. Join Joanne Kurtzberg, M.D., and Elizabeth J. Shpall, M.D., for a full day of presentations and discussions with key leaders in the field about topics ranging from cell engineering to immunotherapy, and beyond.

Register at ISCT2017.com

Cellular Therapy Collection Workshop at 2017 ASFA Meeting - May 3

This training workshop to be held at the American Society for Apheresis annual meeting is designed to explain the requirements for FACT accreditation of cellular therapy programs, with special emphasis on apheresis collection facilities. The well-rounded agenda will address:

- Temperature and humidity control
- Performance audits for external vendors
- Equipment, reagents and supplies
- Common collection citations

View preliminary agenda
View meeting details and register

TRANSLATIONAL SCIENCE STUDIES

GVHD Causes Infertility in Female Mice

For the first time, researchers have demonstrated that graft-versus-host disease (GVHD) targets ovaries, impairing ovarian function and fertility, according to a study published in *Blood*. Researchers evaluated the ovaries of mice after allogeneic hematopoietic cell transplantation (HCT) and discovered that donor T-cell infiltration occurred near the apoptotic granulosa cells in the ovarian follicles, damaging follicular hormone production and ovarian follicle maturation. The researchers also learned that female mice recipients of allogeneic HCT had fewer babies than mice that received syngeneic cell transplants. However, adverse ovarian effects were avoided with the use of GVHD prophylaxis, which protected ovaries and preserved fertility, according to the study findings. More...

CYTH1 Required for Adhesion and Engraftment of HSPCs

Cytohesin 1 (CYTH1) plays a critical role in adhesion and engraftment in hematopoietic stem and progenitor cells (HSPC) after transplantation, reports a study appearing in *Blood*. Using an RNA interference screen, researchers discovered that CYTH1 regulates adhesive properties in HSPCs from human cord blood. However, adhesion to mesenchymal stroma cells was disrupted by CYTH1 knockdown. In addition, attachment to fibronectin and ICAM1, 2 integrin ligands, was impaired, as was the integrin β1 activation response in CYTH1-deficient cells, suggesting that CYTH1 mediates integrin-dependent functions. CYTH1 knockdown cells transplanted into immunodeficient mice lowered long-term engraftment levels because the transplanted cells were unable to home to the bone marrow. The researchers concluded that CYTH1 deficiency negatively impacts HSPC mobility and localization within bone marrow and impairs lodgment into the niche. More...

Highly Specific, Sensitive Test May Be Useful for Predicting Chronic GVHD

A urine test may be used to predict chronic graft-versus-host disease (GVHD), allowing for earlier treatment, according to results of a study from the journal *Leukemia*. Using capillary electrophoresis-mass spectrometry, researchers developed cGVHD_MS14, a urinary chronic GVHD-specific proteome pattern. The cGVHD_MS14 pattern was tested on samples from 412 patients to predict onset and severity of chronic GVHD, resulting in a specificity of 76% and sensitivity of 84% up to 55 days prior to diagnosis. Sensitivity increased to 93% when cGVHD-MS14 was combined with relevant clinical variables. These findings led researchers to conclude that cGHVD_MS14 is a highly sensitive and specific predictor of chronic GVHD with the potential to allow for early therapeutic intervention. More...

Calendar of Events

•April

American Association for Cancer Research
Annual Meeting
April 1-5
Washington, D.C.

Canadian Blood and Marrow Transplant Group
"Blood Banking in BMT" webinar
April 5

European School of Haematology
2nd Scientific Workshop – The Tumor Environment in Haematological Malignancies and Its Therapeutic Targeting
April 7-9
Berlin, Germany

American Society of Pediatric Hematology/Oncology
30th Annual Meeting
April 26-29
Montreal, Quebec, Canada

American Society of Transplant Surgeons
American Transplant Congress
April 29 - May 4
Chicago, Illinois

•May

The Myelodysplastic Syndromes Foundation
14th International Symposium
May 3-6
Valencia, Spain

International Society for Cellular Therapy
Annual Meeting
May 3-6
London, England

European School of Haematology
21st Training Course on Haemopoietic Cell Transplantation
May 4-6
Saggart (Dublin), Ireland

Oncology Nursing Society
42nd Annual Congress
May 4-7
Denver, Colorado

Canadian Blood and Marrow Transplant Group
"Empowerment" Themed Meeting Series
May 5-6
Winnipeg, Canada

International Society for Biological and Environmental Repositories
Annual Meeting
May 9-12
Toronto, Canada

•May

Canadian Blood and Marrow Transplant Group
"Novel Agents in the Treatment of Acute and Chronic GVHD" webinar
May 10

American Society of Gene and Cell Therapy
20th Annual Meeting
May 10-13
Washington, D.C.

American Society of Immunologists
Annual Meeting
May 12-16
Washington, D.C.

European School of Haematology
Clinical Updates on Multiple Myeloma
May 19-21
Paris, France

European Bone Marrow Working Group
XIII International Course and Workshop on Bone Marrow Pathology
May 27-30
Utrecht, The Netherlands

•June

American Society of Clinical Oncology
Annual Meeting
June 2-6
Chicago, Illinois

AABB
International Cord Blood Symposium
June 8-10
San Diego, California

Canadian Blood and Marrow Transplant Group
"Innovation in BMT" Themed Meeting Series
June 9-10
Calgary, Alberta

Federation of Clinical Immunology Societies
Annual Meeting
June 14-17
Chicago, Illinois

International Society for Stem Cell Research
Annual Meeting
June 14-17
Boston, Massachusetts

Fred Hutch
Infectious Disease in the Immunocompromised Host Symposium
June 19-20
Seattle, Washington
Travel Stipend Application Deadline: April 21

•June

European Hematology Association
22nd Congress
June 22-25
Madrid, Spain

•July

ASBMT/Clinical Research Training Course
July 12-17
Charlotte, North Carolina

Society for Cryobiology
CRYO 2017
July 20-24
Hefei, China

•August

International Society for Experimental Hematology
46th Annual Scientific Meeting
August 24-27
Frankfurt, Germany

Association of Physician Assistants in Oncology
20th Annual Conference
August 24-27
San Diego, California

•September

European Society for Medical Oncology
ESMO 2017 Congress
September 8-12
Madrid, Spain

Canadian Blood and Marrow Transplant Group
"Pre- and Post-Transplant Issues in BMT"
Themed Meeting Series
September 9-10
St. John's, Newfoundland, Canada

American Society for Histocompatibility & Immunogenetics
43rd Annual Meeting
September 11-15
San Francisco, California

European School of Haematology
3rd International Conference on New Concepts in Lymphoid Malignancies
September 15-17
Mandelieu, France

•2018

BMT Tandem Meetings
Combined ASBMT and CIBMTR Annual Meetings
February 21-25
Salt Lake City, Utah

The editor for ASBMT eNews is Jean Sanders, M.D. ASBMT eNews services provided by Lori O'Keefe.
Do you have news, responses or opinions to share with us? Please e-mail the association office at enews@asbmt.org.