ASBMT eNews

American Society For Blood and Marrow Transplantation

February 2017

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BMT Tandem Meetings

Attend the 2017 BMT Tandem Meetings Virtually!

If you can't get away to the **2017 BMT Tandem Meetings** in Orlando, Florida – but don't want to miss out on things your colleagues are sharing – there is now a way to participate **VIRTUALLY.**

For the very first time, you can actively participate in several of the sessions right from your computer – without traveling to Orlando.

For more information or to register for virtual attendance, click here.

Association News

ASBMT Official Statement Opposing Executive Order on Immigration

President Donald Trump has signed an Executive Order (EO) proposing a 90-day suspension of visas and other immigration benefits to all nationals of Iran, Iraq, Syria, Sudan, Yemen, Libya and Somalia, all countries with majority Muslim populations. We hope that this order does not evolve into a permanent ban.

The American Society for Blood and Marrow Transplantation (ASBMT) opposes this EO, because it is discriminatory, contrary to our national health and security interests, and as it imposes specific limits on communities that comprise our membership and are cared for by our membership.

Blood and marrow transplants are performed around the world, and the diseases treated by these transplants occur in patients regardless of their ethnicity, national origin or religious beliefs

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ASBMT American Society for Blood and Marrow Transplantation

YouTube

A Word From President Christopher Bredeson, M.D.

Greetings:

The end is nigh! Nothing seems to turn out the way one hopes (including the ending of *La La Land* – oh, how I cried), although the Toronto Maple Leafs are doing well. While all of this is true, context is important. Hockey fans know that "good" for the Leafs is relative to last year, when they were worst in the league. Regarding *La La Land*, well, I am a hopeless romantic who gets teary during Tim Horton commercials. As for "the end is nigh," I am referring to my presidency of ASBMT, not global geopolitics.

For anyone who attended the Tandem Meetings last year in Hawaii, you may recall when I became president, I reflected that my mum taught me to apologize and to thank people. It is time for a bit of both in this, my last President's Column.

My apologies are to the membership: I did not accomplish as much as I had envisioned and did not engage as many new people in the activities of the ASBMT as I had hoped. In my defense, though, the position is like cross-country skiing on a mountain without a map: it sounds reasonable until you are off trail, waist deep in snow, hoping for cell reception.

The list of who and what I am thankful for is rather long, and at the risk of owing a few more apologies for omissions, I am going to single some people out.

First my blood buddies in Ottawa. Despite referring to me as the visiting professor for the past year, they have allowed me to focus on the ASBMT and travel without worrying about what is happening to our program.

To the ASBMT office staff, particularly Ken Luurs and Maureen Knight, who held the front during a time of immense pressure as we reimagined the home office for the challenges and changes that the Society must be ready to address. I think all will agree we are well positioned for the future.

To the Executive Committee, Board members, and Special Interest Group and Committee chairs for their counsel and toil that keeps the Society moving forward toward our preferred future.

To our partners, specifically the Center for International Blood and Marrow Transplant Research, the National Marrow Donor Program, the Foundation for the Accreditation of Cellular Therapy and our corporate council, who have provided advice and assistance to our Society.

To Krishna Komanduri, your next president; rarely have I met such a thoughtful and gentle person. I have been rewarded with his friendship. The Society is in excellent hands and nobody need worry what *he* will tweet!

Last, of course, to my wife, Caroline, who has put up with me for 30 years; need I say more?

Now, looking ahead, please take time to see who will be joining the ASBMT Executive Committee and Board. Election results are reported inside this edition of *eNews*.

Also, if you have not yet booked your trip, there is still time to join us in Orlando for the BMT Tandem Meetings. The session topics look great. Personally, I am very excited about the late-breaking abstracts. Thank you to Marcel van den Brink and David Marks, the meeting co-chairs for putting the meeting together.

It has been quite a year.

Cheers,

-Chris

ASSOCIATION NEWS (CONTINUED FROM PAGE 1)

ASBMT Official Statement (continued from page 1)

Among other impacts, ASBMT members and their patients will be affected in the following ways:

- Patients from these countries, and caregivers or family members of United States citizens and residents, may be unable to travel to the United States for transplant care. Potential family donors for transplant patients in the United States may be unable to travel to donate lifesaving cells.
- Health care providers and researchers may be restricted in their ability to travel to and from affected countries to participate in medical conferences dedicated to the advancement of science and human health. These medical conferences are critical for the dissemination of scientific and clinical information and the education of health care providers and researchers in the field of transplantation and cellular therapy worldwide.

The ASBMT is a fundamentally apolitical and nonpartisan professional society. The decision to oppose this EO is based on our founding principles and our goal of advancing the scientific and professional interests of our members, and the health of our patients and their communities.

ASBMT Election of 2017-2018 Officers and Board Members

After a close race, we are excited to announce the following people have been elected to serve as our newest officers and board members:

- Vice President: Navneet Majhail, M.D., M.S.
- Secretary: Miguel Perales, M.D.
- Director, Laboratory Science: William Drobyski, M.D.
- Director, Clinical/Community Practice: John E. Wagner, M.D.
- Director at Large: Mary Flowers, M.D.

Many thanks to all of you who ran for your willingness to serve the Society.

Also, thanks to those Board members rotating off the Board, including Margaret L. MacMillan, M.D., M.Sc., Pavan Reddy, M.D., Richard A. Nash, M.D., and Juliet N. Barker, M.B.B.S. A special thanks also to Effie W. Petersdorf, M.D., who leaves the board as our immediate past president.

ASBMT Clinical Case Forum – Coming Back Soon …

Launched in February 2014, the ASBMT Clinical Case Forum served as a resource for blood and marrow transplantation specialists to collaborate with colleagues throughout the world. The Forum's intent was for members to be able to post challenging cases and obtain quick feedback from leading specialists and colleagues at other institutions.

Unfortunately, the company that had developed and hosted the site was no longer able to provide support for the program, effective Nov. 1, 2016. The good news is that we are in the process of launching a new version of the Forum through the ASBMT. We also hope to add some features so the Forum will be better than ever. Our goal is to have the Forum up and active in the spring. Stay tuned.

ASSOCIATION NEWS (CONTINUED FROM PAGE 3)

ASBMT Certification Survey Coming Soon

Some members may be receiving a survey in late February or early March regarding their opinion on blood and marrow transplantation certification.

Developed by the ASBMT Committee on Education's Task Force on Board Certification, chaired by Adriana Malone, M.D., the survey will help the ASBMT in its efforts to understand member interest in certification and standardization of requirements. Stay tuned!

ASBMT Clinical Research Training Course – 2017

Submit your Application for the 2017 Clinical Research Training Course, scheduled for July 12-17 at the Ballantyne Hotel & Lodge, Charlotte, North Carolina.

The ASBMT Board of Directors created the Clinical Research Training Course in 2006 because of concerns that clinical fellowship programs do not adequately cover the principles of research and how to take findings from the laboratory to the clinic. The course helps close the gap by addressing those deficiencies.

Tuition, travel, housing and meal expenses will be paid by the Society and corporate sponsors for up to 12 scholars to attend the course. Participants will be competitively selected. Preference will be given to fellows and faculty with no more than two years of blood and marrow transplantation experience, following training or a faculty appointment.

The application deadline is March 8. Please visit the ASBMT website for full details.

Rad/Nuke Preparedness: Operationalizing Ten Years of Development

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 seeks to increase awareness and understanding of the tremendous environmental, social and medical cost of a mass casualty incident resulting from a large-scale release of nuclear or radiological material from a deliberate attack or natural disaster complications. Several programs are aimed at improving national and local preparedness.

This workshop will engage attendees through discussions about recent developments in the topics to be discussed around the mitigation and treatment of radiation damage including: patient assessment; biomarkers and biodosimetry; suitability of animal models; small molecules; growth factors; cells as mitigators; mechanisms of action in radiation-damaged tissues; late effects of acute and prolonged exposure; survivorship issues; and future developments.

The abstract deadline is March 1 and the industry session proposal deadline is April 1.

Click on the link for abstract submission forms, the speaker disclosure form and registration.

Applications are Now Being Accepted for the 2017 ISCT-ASBMT Cell Therapy Training Course

The ISCT-ASBMT Cell Therapy Training Course will take place Oct. 23-27, 2017, in Seattle, Washington. **The deadline for applications is March 1.**

Tuition, travel, housing and meal expenses will be paid by the International Society for Cellular Therapy (ISCT), ASBMT and

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ASSOCIATION NEWS (CONTINUED FROM PAGE 4)

Cell Therapy Training Course (continued from page 4)

corporate sponsors for up to 12 scholars to attend the course. Participants will be competitively selected. Preference will be given to fellows and faculty with no more than two years of blood and marrow transplantation and cellular therapy experience, following training or a faculty appointment. For more information and to apply, please visit this website.

Cord Blood Spotlight at ISCT Annual Meeting: The Destination Event for Cord Blood Banks

This year's destination event for cord blood banks will be at the 2017 International Society for Cellular Therapy (ISCT) Annual Meeting 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 in meeting stringent quality standards. The agenda will address:

- the accreditation process;
- changes to the Standards, the online accreditation portal and NetCord's relationship 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 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 program 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

ASSOCIATION NEWS (CONTINUED FROM PAGE 5)

FACT and JACIE to Publish Interim Standards; FACT Publishes First Edition of Immune Effector Cell Standards

Through the work of the Immune Effector Cell Task Force, led by co-chairs Helen Heslop, M.D., EJ Shpall, M.D., and Michael Lill, M.D., the Foundation for the Accreditation of Cellular Therapy (FACT) will be publishing interim standards for the sixth edition *FACT-JACIE International Standards for Hematopoietic Cellular Therapy Collection, Processing, and Administration*. The interim standards are intended to promote quality in administration of immune effector cell products, such as chimeric antigen receptor T cells (CAR-T cells), natural killer cells, virus-specific T cells, therapeutic cellular vaccines and others. The requirements primarily highlight unique aspects of administration and toxicities of immune effector cells.

A separate but similar set of Standards, the first edition of the *FACT Standards for Immune Effector Cells,* will also soon be published. Transplant programs that also administer immune effector cells should refer to the *FACT-JACIE Hematopoietic Cell Therapy Standards for a complete set of requirements* pertaining to both hematopoietic progenitor cell transplant and immune effector cells. Stand-alone immune effector cell therapy programs should reference the FACT Immune Effector Cell Standards. Applications for accreditation of these programs will be accepted in February. More details will be forthcoming. In the meantime, a self-assessment tool will be published to help stand-alone programs prepare.

These requirements will become effective March 1. All FACT-accredited cellular therapy programs that administer immune effector cells must be in compliance with the new standards by this date. The updated Standards and accompanying Accreditation Manual and summary of changes summary of changes will be available on the FACT website for reference, and their availability will be announced via email (subscribe to FACT emails at www.factwebsite.org). Printed copies of the Standards and Accreditation Manual may be purchased from the FACT store.

The updated 6th Edition Standards and the FACT Standards for Immune Effector Cells are available in the FACT store.

Frequently Asked Questions

BMT TANDEM MEETINGS

Download the BMT Tandem Meetings Mobile App

Stay on top of the latest news and announcements, obtain easy access to the Tandem Meetings schedule, attendee list, and venue information, and participate via live polling, and more while you are at the meeting with the BMT Tandem Meetings smartphone app. Search for "BMT Tandem" in your app store, enter bmt2017 for access verification, and after downloading the app, enter the same email address used to register for the meeting for additional features.

After entering your email address, you will receive an email to verify your account.

The app is free for all registered attendees and with Wi-Fi available throughout all BMT Tandem meeting rooms, users can:

- view and search the meeting program schedule;
- vote and participate in interactive sessions;
- complete working committee surveys;
- search for speakers ;
- check out who is exhibiting and find their booth on a map;
- create a personal schedule; and
- message other attendees.

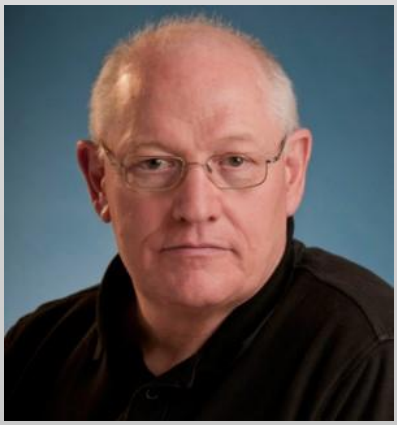
BMT TANDEM MEETINGS (CONTINUED FROM PAGE 6)

Combined Meetings and Awards

Once again, the ASBMT Business Meeting and Awards will be held in conjunction with the Center for International Blood and Marrow Transplant Research (CIBMTR) General Assembly, followed by the Mortimer M. Bortin and E. Donnall Thomas lectureships.
Join us on **Friday evening, Feb. 24**, to celebrate the winner of the ASBMT Lifetime Achievement Award, Hans Messner, M.D., Ph.D., FRCP, as well as recipients of the New Investigator and ASBMT/*BBMT* Editorial awards.

The *BBMT* editorial winner of the Biology Award (McCulloch and Till) is Ahmad Rayes, M.D., and the winner of the Santos Clinical award is Carmen Di Grazia, M.D.

We will end the evening with Jerome Ritz, M.D., who will present the 2017 E. Donnall Thomas Lecture, and Richard E. Champlin, M.D., who will present the Mortimer M. Bortin Lecture.



Hans Messner, M.D., Ph.D., FRCP
2017 ASBMT Lifetime Achievement Award Recipient

Announcing the Inaugural Survivorship Special Interest Group Meeting at Tandem

We are delighted to announce that ASBMT leadership has approved formation of a **Survivorship Special Interest Group (SIG)** under the leadership of Shahrukh Hashmi, M.D., and Linda Burns, M.D. The SIG will provide a national and international forum for the exchange of ideas, educational initiatives, research agenda setting, conducting collaborative research, and dissemination of information on issues of importance surrounding survivorship in hematopoietic cell transplantation.

Join us for the inaugural meeting during the upcoming Tandem Meetings **on Thursday, Feb. 23, 2017, 12:30 p.m.–2:15 p.m. ET**.

As part of this effort, we are soliciting research concepts to consider for facilitation by this SIG. The SIG will focus on prospective research studies of any late effects/complications of autologous or allogeneic transplantation. The concepts will be discussed at the SIG meeting on Feb. 23.

Click here to download a Word document with information and instructions on preparing your concept sheet. There is a two-page limit with a submission deadline of Feb. 13.

Contact Dr. Hashmi at Hashmi.Shahrukh@mayo.edu or Dr. Burns at lburns2@nmdp.org with any questions. See you there!

Special Tandem Meetings Session Joins Together HCT Value and Health Economics and Administrative Directors' SIGs

Mark your Calendar: The HCT Value and Health Economics Special Interest Group (SIG), in collaboration with the Administrative Director's SIG, will hold a combined session at the Tandem Meetings on **Friday, Feb. 24**, from 3 p.m.–6 p.m. ET. The agenda is an exciting one that incorporates outstanding speakers on a variety of topics that will appeal to everyone interested in addressing the numerous issues in quality and value that we are grappling with in hematopoietic cell transplantation (HCT).
Please mark your calendars and join us for an interactive and timely discussion.

Continuing medical education will be provided.

BMT TANDEM MEETINGS (CONTINUED FROM PAGE 7)

You're Invited to the BMT Tandem Meetings Reception

Join ASBMT President Christopher Bredeson, M.D., M.Sc., and the Center for International Blood and Marrow Transplantation Research Chair Paul J. Martin, M.D., for an enjoyable evening of conversation, complimentary beverages and cuisine, and dancing on **Saturday, Feb. 25**, at 8 p.m.

The evening will begin on the Coquina Lawn at the Gaylord Palms, then move into Wreckers Nightclub, just off the lawn, for dancing. Tickets are available online (during the registration process) and at the registration desk in Orlando until Thursday, Feb. 23 at 5 p.m., subject to availability. Attire is business casual, or resort wear is appropriate for the entire week at all events, including the reception.

To reserve a table at the BMT Tandem Meetings reception, please contact the BMT Tandem Meetings conference office at bmttandem@mcw.edu.

M.D./Ph.D.: $100 per ticket
Allied Health Professional: $85 per ticket
Fellows-in-Training: $50 per ticket
Spouse/Guest: $50 per ticket

Patient-Centered Outcomes Research Final Symposium

Mark your Calendar: The final patient-centered outcomes research (PCOR) symposium, "Building a PCOR Collaborative Community," will be held during the BMT Tandem Meetings on **Saturday, Feb. 25**, from 12:15 p.m.–4:45 p.m. ET. We need your input on the proposed research agenda for patient-reported outcomes in hematopoietic cell transplantation (HCT).

Based on the feedback received at the highly successful second symposium held Dec. 2, 2016, our six working groups will provide their final recommendations on research questions surrounding HCT that matter most to patients. Unique to this symposium, we've asked working group co-chairs to prepare joint presentations with patients/caregivers. Research and funding opportunities within the Patient-Centered Outcomes Research Institute, the Blood and Marrow Transplant Clinical Trials Network and the Center for International Blood and Marrow Transplant Research also will be presented, and we will discuss next steps in building a collaborative PCOR community in transplantation. Continuing medical education will be provided.

Cellular Therapy Inspection & Accreditation Workshop at 2017 BMT Tandem Meetings

The Feb. 21 Cellular Therapy Inspection & Accreditation Workshop is an opportunity to learn more about the standards and accreditation process of the Foundation for the Accreditation of Cellular Therapy. The agenda will focus on new developments for clinical cellular therapy programs, including clinical outcomes, data management, and immune effector cell programs.

View meeting details and register online.

BMT TANDEM MEETINGS (CONTINUED FROM PAGE 8)

Health Policy and HCT Cost Sessions at Tandem 2017

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

We are a few short weeks away from gathering in Orlando for the 2017 Tandem Meetings. As the meetings have grown, a number of parallel meetings and tracks have been added to the core scientific meeting agenda, each with its own focus and target audience. Even for experienced Tandem veterans, it can be overwhelming to dig through all the various tracks. To try to help you navigate all of the options, I compiled a list of the sessions from various tracks focusing on the cost, policy and/or value aspects of transplant as a therapy. All of these sessions are open to any registered Tandem attendees. To join the Twitter conversation during the meeting, please use **#BMTTandem17**. If you have any questions, please contact stephaniefarnia@asbmt.org or Twitter @HCT_Policy.

See you at the meeting!

Wednesday, Feb. 22:

- **10:30 a.m.-noon – NMDP Session: The Value of Emerging Cell Therapies** (Florida Hall E). Linda Burns, M.D., of the National Marrow Donor Program (NMDP) will discuss how to utilize health services research to determine the value of new technologies, including cell therapies. Laurel Todd, managing director, Reimbursement and Health Policy for the Biotechnology Industry Organization, will share how an organization that represents a broad spectrum of biotechnology companies determines which value assessment methodologies are most useful for new technology evaluations. I will be joining Laurel and Dr. Burns for a brief review of the positive and negative aspects of the payment and value assessment innovations being suggested alongside these new technologies.

Thursday, Feb. 23:
(Unless otherwise specified, all sessions below are in the BMT Administrative Directors Session, Sun A)

- **10:15 a.m.-11 a.m. – CMS Billing** Jugna Shah of Nimitt Consulting will review numerous changes in billing and coding implemented by Medicare since last year's Tandem session. ***Note:*** *Transplant programs will have the opportunity to receive their individual Medicare billing and coding performance data after the session. If you are unable to attend, please email Alicia.Silver@nmdp.org to request your copy.*
- **11:00 a.m.-noon – Best Abstracts** This will be a great session during which to gather practical ideas to bring home. Rocky Billups will share how the Sarah Cannon network designed and implemented a multicenter quality monitoring and improvement plan, Amy Emmert will provide an overview of how the Dana Farber Cancer Institute is preparing its administrative systems for engineered cellular therapy products, and Kathryn Tierney, Ph.D., will discuss Stanford's attempts to lower costs of care across the transplant episode.
- **2:45 p.m.-3:45 p.m. – Quality and Value in SCT Update** Ruth Brentari, executive director of Kaiser Permanente's National Transplant Services, will share highlights from the NMDP's Fourth Session on Quality and Value in HCT and talk about how the advisory group plans to move these initiatives into the broader hematopoietic cell transplantation (HCT) community.

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BMT TANDEM MEETINGS (CONTINUED FROM PAGE 9)

Health Policy (continued from page 9)

- **3:15 p.m.-4:15 p.m. – Pediatric BMT Program International Perspective: Check Please – Canadian and US Perspectives** (Osceola B)
  During this session, ASBMT President Chris Bredeson, M.D., and I will discuss the differences between financial policies that affect pediatric access to transplant in Canada and the United States.
- **4:45 p.m. – Administrative Directors Reception**
  This is a new event on the Admin track. Sponsored by Sanofi, it will give attendees in administrative roles a chance to connect, ask questions and share resources. First time attendees are highly encouraged to attend!

Friday, Feb. 24:

7:00 a.m.-8:00 a.m. While not directly focusing on cost, the **Breakfast Symposium on Utilizing CAR T Cells for Hematologic Malignancies** (Florida Hall E) will be a very useful session for understanding these new technologies. *Note: Another option is the Cellular Immunotherapies session at the Transplant Nursing Conference on Friday at 2:45 p.m.*

- **10:15 a.m.-11:15 a.m. – Business of HCT 1: MACRA, MIPS & QPP** (Sun A) Representing ASBMT, I will share an overview of the Centers for Medicare & Medicaid's newly implemented Quality Payment Program and narrow in on the most important aspects for HCT programs and physicians.
- **1:15 p.m.-2:15 p.m. – Business of HCT 2: Economics in HCT and Pharma** (Sun A) Alex Ganetsky, Pharm.D., will talk about the impact of pharmaceuticals on the total cost of the HCT episode.
- ****3:00 p.m.-6:00 p.m. – Health Economics Special Interest Group Session** (Sun A)
  This is a first-time special session with national experts discussing payer advocacy, drug pricing and reimbursement and medical tourism for HCT, as well as a special case study discussing Canada's recent issues with resource allocation and the resulting need to temporarily move patients to U.S. transplant programs. *Note: The Health Economics Steering Committee will remain after the session to talk to those interested in joining the SIG and/or starting specific projects or research studies.*

Saturday, Feb. 25

- **10:30 a.m.-noon – WBMT Joint International Session: Do Stem Cell Transplants Need to be So Expensive?** (Florida Hall D)
  Colleagues from Mexico and India will share perspectives on cost drivers in international transplant programs.
- **12:15 p.m.-4:45 p.m. – Building a Patient-Centered Outcomes Research Collaborative Community** (Sun A)
  The third and final special meeting in a series of NMDP meetings, sponsored through an award from the Patient-Centered Outcomes Research Institute, focuses on topics of sexual health, physical health and fatigue, emotional and cognitive health, financial burden, and survivorship care delivery. All attendees interested in these topics are welcome to attend.
- **6:45 p.m.-7:45 p.m. – Poster Session: Quality and Value in HCT** (Florida Hall B)
  Join your colleagues to review initiatives across a number of aspects of quality and value and ask the study authors questions. This is a great way to wrap up the meeting.

LEGISLATION & REGULATION

New Codes for Billing Work Outside of Patient Visits

By Stephanie Farnia, ASBMT Director of Health Policy and Strategic Relations, and James Gajewski, M.D.

Evaluation & Management (E/M) coding refers to billable services from provider-patient encounters that are submitted to a patient's insurer or payer. E/M services have been historically limited to the time during which the physician was physically in the room with the patient, discussing and taking action on any relevant concerns. Any additional care management that took place before and/or after the visit was not considered billable.

Over the last several years, physician societies from various specialties have become more vocal about finding a way to recognize the additional time it takes to manage complex patient cases outside of the in-person visit. In 2012, a coalition of specialty societies (including ASBMT) formed and proposed several care management codes to capture this extra-visit resource use. Significant work is performed outside of the patient's clinic visits in the hematopoietic cell transplantation specialty. Examples include:

- Review of extensive medical records before an initial transplant consultation.
- Coordination of care for donor and recipient care prior to transplant.
- Management of care post-allogeneic transplant, including planning and documenting immunosuppression, transfusion support, electrolyte replacement, infection pre-emption and treatment, hypertension and other complications of immunosuppression, comorbidity management, rehab services, and other services as needed.
- Complex first outpatient visit immediately after transplant hospitalization.
- Prolonged in-person visits, especially for patients needing discussion of relapse, graft-versus-host disease, chronic delirium, mental health issues and/or poor compliance.
- Long-term follow-up care coordination for former patients unable to travel back to the transplant center.
- End-of-life care and discussions with patients and family members and surrogate decisions makers.

Over the past two years, many new codes were added that will now recognize much of the work done during extended patient visits or outside of the patient encounter. ASBMT's participation on various policy committees, along with colleagues from the American College of Physicians and American Medical Association, persuaded the Centers for Medicare & Medicaid Services to recognize and value the new codes these services were assigned.

Available routine care codes:

- **99214** Level 4 outpatient follow-up **1.5 relative value units (RVUs)**
- **99215** Level 5 outpatient follow-up **2.11 RVUs**
- **99232** Level 2 inpatient follow-up **1.39 RVUs**
- **99233** Level 3 inpatient follow-up **2 RVUs**

Chronic care management (CCM) and transitional care management (TCM) codes:

- **99354** Prolonged face-to-face service: when an outpatient visit requires more than 35 minutes for a follow-up visit and more than 65 minutes for a new patient. **2.33 RVUs**
- **99355** Prolonged face-to-face service: when an outpatient requires more than 110 minutes for follow up and 140 minutes for a new patient, for each 30-minute increment. **1.77 RVUs**

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LEGISLATION & REGULATION (CONTINUED FROM PAGE 11)

New Codes (continued from page 11)

- **99356** Prolonged face-to-face service: when an inpatient visit requires more than 35 minutes for a follow-up visit and more than 65 minutes for a new patient. **1.71 RVUs**
- **99357** Prolonged service before or after an inpatient visit requiring time longer than 110 minutes for follow up and 140 minutes for a new patient, for each additional 30-minute increment **1.71 RVUs**
- **99358** Prolonged non-face-to-face service associated with an outpatient or inpatient visit when that time exceeds 35 minutes for a follow-up visit and 110 minutes for a new visit. **2.1 RVUs**
- **99359** Prolonged non-face-to-face service associated with an outpatient or inpatient visit when that time exceeds 65 minutes for follow up when 99358 is used and 140 minutes for a new visit when 99358 is used. **1 RVU**
- **99487** Complex chronic care management: management of two or more diseases expected to last at least 12 months or until death with either initiation of a new care plan or revision of a care plan, requiring supervision of 60 minutes of staff time (staff cannot be APP) **1 RVU**
- **99489** Complex chronic care management: management of two or more diseases expected to last at least 12 months or until death with initiation of a new care plan or revision of a prior care plan, requiring more than 60 minutes of staff time supervision for every 30-minute increment **0.5 RVU**
- **99490** Chronic care management: management of two or more diseases expected to last at least 12 months or more until death with initiation of a new care plan or revision of a prior care plan, requiring more than 20 minutes of staff time. **0.61 RVU**
- **99495** Transitional care: first outpatient visit after inpatient admission as long as patient is not in skilled nursing facility or rehabilitation hospital and when office visit is within 14 days of discharge and patient contact is documented at two days. Medication reconciliation is required after visit or at visit. **2.11 RVUs**
- **99496** Complex: first outpatient visit after inpatient admission as long as patient is not in skilled nursing facility or rehabilitation hospital, and when complexity of care requires office visit within seven days of discharge and patient contact is documented at two days. Medication reconciliation is required after visit or at visit. **3.05 RVUs**
- **99497** Advanced care planning: for discussion of an advanced directive, end-of-life discussions and planning with patient and family members. This can be done in addition to E/M service. First 30 minutes. **1.5 RVUs**
- **99498** Advance care planning for every 30 minutes beyond initial 30 minutes. **1.4 RVUs**

There has been quick adoption and voluminous use of the new CCM and TCM codes by many providers in the past two years. Due to this upsurge in volume, the Office of Inspector General (OIG) announced in the 2017 Work Plan that it will be investigating whether providers are using these codes as intended.

Because the codes often reflect a clinician's thinking and planning time, documentation requirements are not precise. Dr. Gajewski will be participating in a meeting in late January with OIG staff to discuss these codes, why they are important to ASBMT members, and how they reflect the real professional services we provide to our complex patients. After the OIG clarifies its position on these codes, the ASBMT will create publications to better inform our members about appropriately utilizing and documenting these codes.

Clinical Research

CMV Vaccine Safe and Effective in Healthy Adults

The first human clinical trial of Triplex, a modified vaccinia Ankara (MVA) encoded with cytomegalovirus (CMV) antigens, found the vaccine to be safe and effective against CMV in healthy adults, reports a study published in *Blood*. Triplex was developed with the ultimate goal of controlling CMV in hematopoietic cell transplantation recipients. This trial, however, included 24 healthy adults with or without immunity to CMV and previous smallpox vaccination. The study participants were divided into three groups of eight, with each group receiving a different dose level of the intramuscular vaccine, followed by identical booster injections 28 days and one year later. Regardless of the dose level, Triplex efficiently expanded CMV-specific T cells with the potential to control CMV. Triplex recipients who were CMV seronegative, as well as those who had previously been vaccinated for smallpox, also had positive CMV-specific T-cell responses. The results of this study, along with proven safety and immunogenicity results of MVA in allogeneic HCT recipients, have prompted a placebo-controlled trial of Triplex in HCT patients. More...

HCT Patient and Unrelated Donor MICA-129 Match Improves Outcomes

Matching hematopoietic cell transplantation (HCT) patients and unrelated donors for the major histocompatibility complex class 1 polypeptide-related sequence A (MICA)-129 genotype can improve survival and other outcomes. For the study appearing in *Blood*, researchers analyzed data from nearly 2,200 HCT recipients and their donors. They discovered that the more HLA-mismatched a recipient and donor were, the more likely they were to have MICA locus and MICA-129 mismatches. However, even a 10/10 HLA match did not protect patients from adverse overall survival outcomes if MICA-129 was mismatched between the patient and donor. In addition, higher rates of acute graft-versus-host disease were associated with MICA-129 mismatch. The researchers concluded that MICA-129 matching is an important factor for unrelated donor HCT and that prospective recipient and donor typing may help improve outcomes after HCT. More...

Plasma Biomarkers Used to Determine Post-HTC Survival

Findings from a Blood and Marrow Transplant Clinical Trials Network study published in *Blood* suggest that plasma biomarkers have the potential to improve diagnosis and treatment of complications after allogeneic hematopoietic cell transplantation (HCT). As part of a phase 3 clinical trial comparing tacrolimus/sirolimus to tacrolimus/methotrexate as graft-versus-host disease (GVHD) prophylaxis, researchers studied the connection between 10 previously validated plasma-derived biomarkers and outcomes after allogeneic HCT. Measuring biomarkers of plasma samples from 211 patients, researchers discovered that high suppression of tumorigenicity-2 and T-cell immunoglobulin mucin-3 28 days after HCT correlated with two-year nonrelapse mortality and overall survival. In addition, chemokine ligand 9 levels above the median were associated with chronic GVHD, and low levels of L-Ficolin were linked to hepatic veno-occlusive disease. More...

TRANSLATIONAL SCIENCE STUDIES

Combination Cyclophosphamide and Ixazomib Promising for GVHD Prevention

To address the challenges associated with the use of either cyclophosphamide or proteasome inhibitors to prevent acute graft-versus-host disease (GVHD) after allogeneic hematopoietic cell transplantation, researchers studied the effectiveness of a combined cyclophosphamide and ixazomib treatment. The study from *Biology of Blood and Marrow Transplantation* reports that mice treated with the combination regimen had better overall survival, compared to an untreated control group and groups that received either cyclophosphamide or ixazomib. In addition, cyclophosphamide prevented the surge of IL-1β, GVHD aggravation and sudden death linked to extended ixazomib treatment, while ixazomib administered before cyclophosphamide did not impair the depletion of proliferating, as opposed to resting, donor T cells. The researchers concluded that these findings warrant further studies. More...

Study Examines Aurora A and JAK2 Inhibition Effect

Blocking Aurora kinase A and Janus kinase 2 (JAK2) signaling prevents graft-versus-host disease (GVHD) while maintaining regulatory T cells (Tregs) as well as cytotoxic T lymphocyte (CTL) antitumor responses, according to a study appearing in a recent issue of *Science Translational Medicine*. Researchers discovered that preventing Aurora A and JAK2 signaling has an immunosuppressive effect but allows differentiated inducible Tregs that are hyperfunctional and CD39 bright. In addition, the study demonstrates that inducible Tregs efficiently scavenge adenosine triphosphate. While Aurora A blockade is primarily responsible for increased inducible Tregs, JAK2 blockade prevents T helper 17 differentiation. Inhibiting either Aurora A or JAK2 suppresses T helper 1 T cells, but CTL generated in vivo retains tumor-specific killing despite Aurora A and JAK2 blockade. These study results led researchers to conclude that preventing CD28 and interleukin-6 signaling not only prevents GVHD and preserves antitumor CTL, but also enhances the proportion of Tregs and conventional T cells. More...

X-Linked Chronic Granulomatous Disease Genetic Mutation Corrected

Using a DNA editing technology, researchers of a study published in *Science Translational Medicine* corrected a genetic mutation in the hematopoietic stem cells of patients with X-linked chronic granulomatous disease. Called clustered regularly interspaced short palindromic repeat (CRISPR)/CRISPR-associated 9 (Cas9), the editing technique was used to repair a mutation in the CYBB gene of $CD34^{+}$ cells. The researchers discovered that at least 20% of the cells were repaired, which restored nicotinamide adenine dinucleotide phosphate oxidase function and superoxide radical production in myeloid cells differentiated from the progenitor cells in vitro. The repaired cells were then transplanted into nonobese diabetic, severe combined immunodeficient $\gamma c^{-/-}$ mice, which led to engraftment and production of functional mature human myeloid and lymphoid cells for as long as five months. The researchers concluded that CRISPR editing should be considered for other chronic granulomatous disease mutations and hematopoietic monogenic disorders. More...

Calendar of Events

•February

European School of Haematology
Clinical Updates on Aggressive Lymphoma
February 15-17
Paris, France

Canadian Blood and Marrow Transplant Group
"CD19-CAR T Cell Therapies for Leukemia and Lymphoma" webinar
February 22

BMT Tandem Meetings
Combined ASBMT and CIBMTR Annual Meetings
February 22-26
Orlando, Florida

•March

Regenerative Medicine Workshop
Synergizing Science, Engineering and Clinical Translation
March 1-4
Hilton Head Island, South Carolina

European School of Haematology
Training Course on WHO Classification: Towards Personalized Medicine in Haematology
March 9-11
Saggart (Dublin), Ireland

National Comprehensive Cancer Network
22nd Annual Conference: Improving the Quality, Effectiveness and Efficiency of Cancer Care
March 23-25
Orlando, Florida

European Society for Blood and Marrow Transplantation
43rd Annual Meeting
March 26-29
Marseille, France

British Society for Haematology
Annual Scientific Meeting
March 27-29
Brighton, United Kingdom

Association of Community Cancer Centers
43rd Annual Meeting
March 29-31
Washington, D.C.

•April

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

•April

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

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.

•May

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

•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

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

•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.
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