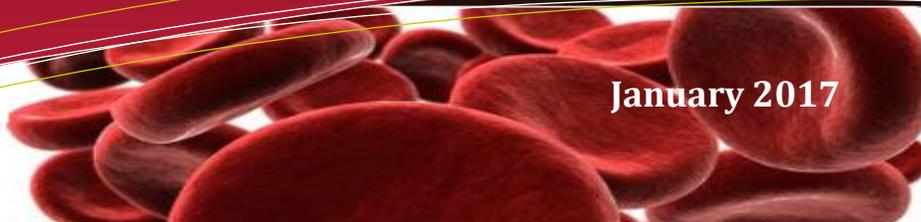


ASBMT eNews

AMERICAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION



January 2017

CLINICAL RESEARCH

BMT CTN Study Investigates Unrelated Donor Transplant for Children with Severe Sickle Cell Disease

A phase 2 trial studying unrelated donor marrow transplant outcomes for children with severe sickle cell disease had one-year event-free survival of 76%, which exceeded the goal of the study published in *Blood*. However, 62% of the patients developed chronic graft-versus-host disease (GVHD) within one year of transplantation and seven of the patients died from GVHD-related complications. The Blood and Marrow Transplant Clinical Trials Network (BMT CTN) study was conducted from 2008 to 2014 with 29 children ranging in age from 4 to 19 years. The children received reduced intensity conditioning with

alemtuzumab, fludarabine and melphalan, and GVHD prophylaxis that included calcineurin inhibitor, short-course methotrexate and methylprednisolone. At 100 days post-transplant, 28% of the patients had grade 2-4 acute GVHD. In addition, of the patients who had chronic GVHD one year after transplant, 38% were considered extensive cases. Although unrelated donor engraftment was successful, the researchers concluded that this regimen cannot be considered safe until adjustments are made to the GVHD prophylaxis. [More...](#)

Early Natural Killer Cell Reconstitution Leads to Better Patient Outcomes

A natural killer (NK) cell count higher than 150 cells/ μ L 30 days after T cell-replete allogeneic hematopoietic cell transplantation (HCT) was associated with better patient outcomes, including overall survival, reports a study appearing in *Biology of Blood and Marrow Transplantation*. Researchers reviewed data from 298 patients

who received HCT for acute myeloid leukemia, acute lymphoblastic leukemia and myelodysplastic syndrome. They discovered that, in addition to superior overall survival, patients who experienced early immune reconstitution were less likely to

Continues on page 3

IN THIS ISSUE

- 1, 3 Clinical Research
- 2 A Word From the President
- 3-7 Association News
- 7-10 BMT Tandem Meetings
- 11, 12 Legislation & Regulation
- 13 Translational Science Studies
- 14 Calendar of Events

SEE ALSO

[Job & Fellowship Connections](#)

[BBMT Journal](#)

[ASBMT Home](#)



A WORD FROM PRESIDENT CHRISTOPHER BREDESON, M.D.

Greetings:

Welcome to 2017!

In most of Canada (Lotus Land and environs excluded), we wake up Jan. 1, not with a hangover, as Canadians are not prone to excess, but with the stark realization that we still have 10-16+ more weeks of winter. That is when we really start packing on the blubber – hey, it works for whales! A parka and Sorel's are the great equalizers: everybody in Canada looks the same from mid-December through late March.

As with the rest of the world, we also like to start the new year with bold plans for improvement and lofty goals on what we will achieve. And then it came to me: in my lame duck session between now and Tandem, I would set some YUGE goals for Krishna, the ASBMT Executive, Board and office for 2017. So here we go:

1. Finalize the ASBMT office

reconfiguration. This is an easy one as we have already had Ken Luurs and Maureen Knight in place and brought on Stephanie Farnia as of Dec. 1. Since then we have hired Ulyana Fenyn into the administrative assistant position and Dan Kotheimer as our new communications officer. All that is left is to find the Austin Matthews of development. We are closing in there as well.

2. Revisit/refresh our Preferred Future mission and vision.

It seems hard to believe, but the effort led by Sergio Giralt and Fred LeMaistre is five years old. Much has changed in our world and it seems prudent to revisit this roadmap that guides the efforts of the Society. Look to see an updated version for commentary in the sweet season of post-slush, pre-mosquito.

3. Expanded and reinvigorated committees and special interest groups (SIGs).

Again, a bit of a softy. Through the leadership and vision of our past president Effie Petersdorf, we,

have added a very active SIG in Palliative Care. Similarly, Linda Burns, medical director of Health Services Research at NMDP/Be the Match, has spearheaded the development of a Survivorship SIG. Expect to hear more from both of these new SIG chairs in the coming months. I also anticipate that with the added staff, there will be a greater focus on moving initiatives along and more crosstalk between the various SIGs and committees. Follow *eNews* for a monthly profile of one group. Dare I say it, "We are going to make SIGs and committees great again!"

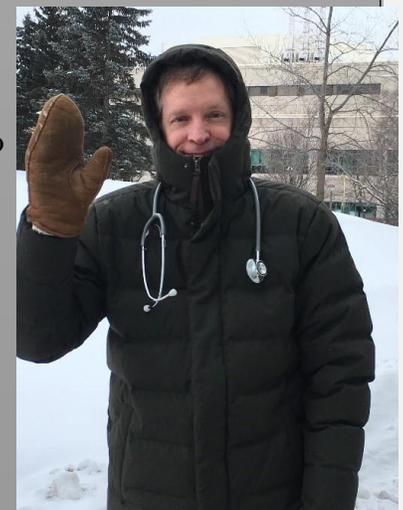
4. Membership.

Membership is the currency of a society. A growing and engaged membership means the Society must be doing some things well. Understanding your membership is critical to meeting their needs. In 2017 the ASBMT will be undertaking a membership review. Who are our members? Where are they? Are we represented at all transplant programs in North America? What is our footprint outside of North America? Do we have broad representation from our multi-disciplinary teams? Look for our membership report, "Faces of the ASBMT," this autumn.

Lastly, if you haven't already, register for the 2017 BMT Tandem Meetings in Orlando Feb. 22-26. Join the rest of the Canadian snowbirds in Florida, our winter nesting grounds.

Bundle up!

-Chris



CLINICAL RESEARCH (CONTINUED FROM PAGE 1)

Early Natural Killer Cell Reconstitution (continued from page 1)

have transplant-related mortality, life-threatening bacterial infections and viral infections, including cytomegalovirus, compared to patients without early NK cell immune recovery. These study results led

researchers to conclude that early recovery of NK cells appears to protect patients from adverse outcomes after T cell-replete HCT.

[More...](#)

ATG Conditioning Impacts Pediatric Cord Blood Transplant Results

Pediatric patients who received cord blood transplantation conditioning with minimal or no anti-thymocyte globulin (ATG) were more likely to have event-free survival and earlier CD4⁺ immune recovery than young patients who had conditioning that included ATG, according to a study published in *Blood*. The study included 137 patients with a median age of 7.4 years who received conditioning to prevent

graft-versus-host disease and graft failure. Of these patients, 82% received ATG. The patients who did not receive ATG had CD4⁺ T-cell counts higher than 50 x 10⁶/L twice within 100 days after transplant, which resulted in better event-free survival outcomes. The researchers suggested that customizing or omitting ATG from conditioning may improve the results of pediatric cord blood transplants. [More...](#)

ASSOCIATION NEWS

Palliative Care, an Unmet Need for Patients – January Survey!

We need your input! The delivery of effective palliative care is an unmet need for patients with hematologic diseases and those undergoing transplant. Health Services Research, in collaboration with the ASBMT Palliative Care Task Force under the leadership of Effie Petersdorf, M.D., and Thomas LeBlanc, M.D., is conducting a survey of physicians

regarding perceptions and availability/utilization of palliative care options for their patients to inform future work.

Be sure to watch your inbox in January for the survey – your input is invaluable in this critical area. While this survey is for physicians only, we plan to conduct future surveys of other providers, as well as patients and their families.

Online Voting for Officers, Directors

The annual election of ASBMT officers and directors is currently underway via online ballot. Members qualified to vote in the election were sent instructions via email in December. The

ballot deadline is Jan. 19. If you did not receive your ballot instructions, please contact mail@asbmt.org.

Renew Your ASBMT Member Dues

Now is a great time to renew your ASBMT dues to be sure you continue to receive ASBMT's journal, *Biology of Blood and Marrow Transplantation*. Your dues also help to

advance the important work of our organization and our profession. Consider paying online using our secure renew by credit card option [here](#).

ASBMT Clinical Research Training Course – 2017

Attend the 2017 Clinical Research Training Course July 12-17 at the Ballantyne Hotel & Lodge, Charlotte, North Carolina.

The application deadline is March 8. Please visit the [ASBMT website](#) for full details.

ASSOCIATION NEWS (CONTINUED FROM PAGE 3)

ASBMT Welcomes New Staff

Ulyana Fenyn, Administrative Coordinator

Ulyana has been working for ASBMT for several months on a part-time basis and recently agreed to join ASBMT full time. She will be working with Maureen Knight, helping with

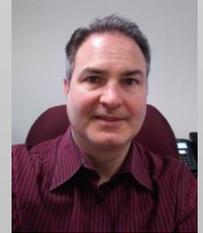


committee management and administrative activities. Originally from the town of Kolomiya in the Ivano-Frankivsk Province of Western Ukraine, Ulyana has her bachelor's degree in sociology and psychology

from DePaul University and previously worked at the American Society of Anesthesiologists. She enjoys designing unique flower arrangements, and she is passionate about improving the lives of orphans with special needs in Ukraine.

Dan Kotheimer, Communications Manager

Dan has worked in nonprofit and medical public relations for many years. Most recently, he was at the American Society for Clinical Pathology in Chicago. Dan will be developing ASBMT's social media, newsletter and website communications, and he is adept at media relations. Dan lives in the south suburb of Oak Forest with his wife, Tara, and their 6-year-old son, J.D. He enjoys reading, film, and playing piano.



Stephanie Farnia, Director of Health Policy and Strategic Relations

Stephanie is also new to ASBMT. See page 4 of the [November 2016 issue](#) of *ASBMT eNews* for details.

New Feature: SIG Spotlight

This month, ASBMT eNews is launching a new column, "SIG Spotlight," highlighting a different Special Interest Group (SIG) in each issue. This month, we focus on the ASBMT Pharmacy SIG.

Purpose

The Hematopoietic Cell Transplantation (HCT) Pharmacy Special Interest Group (SIG) provides leadership for pharmacists within the ASBMT and facilitates pharmacist representation on ASBMT committees, as appropriate.

Mission of the SIG Steering Committee

The Steering Committee is charged with coordinating the activities of the Pharmacy SIG.

Working committees

Working committees are determined by the Steering Committee to accomplish work of the SIG. These committees are evaluated by the Steering Committee annually. Members of the working committees must be members of the

ASBMT Pharmacy SIG.

Each working committee has its own separate charter.

Goals of the Pharmacy SIG

1. Develop sustainable processes to provide pharmacists with valued benefits to ASBMT membership, thus driving community growth while minimizing member burnout.
2. Develop a Pharmacy Young Investigator Award Research Grant.
3. Maintain the HCT Fundamentals Course, offered on a two-year cycle, and next offered at the 2017 Tandem BMT Meetings in Orlando, Florida.
4. Continue to offer the BMT Pharmacists Conference for the 2017 Tandem Meetings (and beyond).
5. Create a mentoring program for young members of the Pharmacy SIG.

Continues on page 5

ASSOCIATION NEWS (CONTINUED FROM PAGE 4)

SIG Spotlight (continued from page 4)

Leadership

Each working committee has a chair, chair-elect and immediate past chair. Members of each working committee have a two-year term, and terms end in a staggered fashion. This prevents members' terms from ending in the same year, aiding a smoother transition for new members joining the committee. The immediate past chair also helps with the transition process and provides mentorship for the new chair, regarding advice on implementing initiatives, etc.

For the Steering Committee, each working committee member is assigned a working committee to serve as a liaison. Liaisons participate in conference calls for the assigned working committee and update the Steering Committee on initiatives and progress.

The Steering Committee and working committees review and update their charters every year in March. Additionally, two to three goals are set by each working committee and are sent to the Steering Committee for approval each year in April or May.

The Steering Committee is responsible for taking applications for Steering Committee and working committee openings. The Steering Committee reviews all applications and CVs and helps assign applicants to working committees. Working committee application packets that are emailed include a "Fast Facts" summary of each committee, which highlights the purpose, responsibilities, duties and expected monthly time commitment of working committee members.

SIG mechanism for implementing initiatives

The Steering Committee members serve as a liaison to a working committee of their choice, which means they also participate in conference calls for that working committee in addition to the Steering Committee calls.

Working committee chairs or co-chairs also participate in Steering Committee meetings approximately every other month. They suggest ideas for initiatives and how to implement them. Once the Steering Committee signs off on an

initiative, it helps determine if other ASBMT SIGs can be involved. The Steering Committee or working committee chair or chair-elect then communicates with ASBMT to gain approval and to find ways to appropriately advertise the initiatives. By working closely with ASBMT, the Pharmacy SIG is able to send email blasts (beyond its own pharmacy listserv – if needed), include information in the monthly *ASBMT eNews* (if appropriate), send messages via Twitter, and post information on the Pharmacy SIG section of the ASBMT website.

Email listserv of the SIG

The Pharmacy SIG utilizes an email group in which members of the SIG can pose questions to assess what other centers do as best practice for different scenarios. For example, many members post questions regarding standards other centers use for antimicrobial prophylaxis, vaccine practices, etc. Once responses come through, the member who sent the original question compiles the answers and sends them as a concise summary to the SIG members.

New members to the SIG

All new members receive a welcome letter from the Pharmacy SIG Membership Working Committee, which highlights available resources from other Pharmacy SIG working committees on professional development, networking and volunteer opportunities.

A new Pharmacy SIG member recently listed the following expectations from the SIG:

- Keeping members up-to-date with important news from ASBMT and key literature updates pertinent to their practice.
- Networking opportunities.
- Continuing education offerings.
- Ability to participate in ASBMT committees.

Continues on page 6

ASSOCIATION NEWS (CONTINUED FROM PAGE 5)

SIG Spotlight (continued from page 5)

Another new member expressed interest in participating on the Pharmacy SIG by doing the following:

- Joining a working committee.

- Attending the annual Pharmacist's Conference at the BMT Tandem Meetings.
- Eventually chairing a working committee.

FACT's Latest Module in the Quality Management Series Focuses on Outcome Analysis

View the recording of the webinar on benchmarking one-year survival

This webinar was presented live on Nov. 30, 2016, by the Foundation for the Accreditation of Cellular Therapy (FACT). Dennis Gastineau, M.D., reviewed the requirements for meeting or exceeding expected one-year survival of HPC transplant recipients. The presentation shared information such as requirements for corrective action plans, actions that improved one-year survival for programs, and benchmarks for autologous and non-U.S. programs. This was the first webinar in Module 7 of the Quality Management Series. [View webinar recording](#)

effectively design outcome analyses that provide actionable data. By selecting appropriate variables and collecting adequate information, root cause analyses will not only show what outcomes were, but also offer clues regarding who in your patient population have undesirable trends and why. Asking these questions at the outset of the analysis will make root cause analysis and corrective actions more manageable. [View meeting details and register online](#)

Join FACT for the "Making Outcome Analysis Work for You" webinar

Join FACT for the third webinar in the Quality Management Series, Module 7, on Wednesday, Jan. 25, at 11 a.m. ET. George Selby, M.D., BMT program medical director at OU Medical Center Blood and Marrow Transplant Program, will describe how to

Learn how programs improved their clinical outcomes via the next virtual roundtable

This webinar will be held on Wednesday, Feb. 8, at 11 a.m. ET as a virtual roundtable that will consist of speakers from three accredited organizations who will share how they improved outcomes. The presenters will describe how they analyzed outcomes, what issues they found, and what they did to make improvements. This is the last webinar in the Quality Management Series, Module 7. [View](#)

New Webinar Collaboration Between ASGCT and FACT

In anticipation of the release of the FACT Immune Effector Cell Standards, the Foundation for the Accreditation of Cellular Therapy (FACT) is partnering with the American Society of Gene & Cell Therapy (ASGCT) on an upcoming webinar called "Back to Basics: Handling CAR T Cell Products."

The ASGCT's mission is to advance knowledge, awareness and education leading to the discovery and clinical application of gene and cell therapies to alleviate human disease.

This webinar will be held on Wednesday, Feb. 1, at 11 a.m. ET. Isabelle Riviere, Ph.D., and Xiuyan Wang, Ph.D., both of the Michael G. Harris Cell Therapy and Cell Engineering Facility at Memorial Sloan Kettering Cancer Center, will address CAR T cell product manufacturing and regulatory considerations, including handling procedures in the context of academic centers.

[View meeting details and register online](#)

ASSOCIATION NEWS (CONTINUED FROM PAGE 6)

Third ISCT-CBA Cord Blood Series in Partnership with ASBMT – May 3

The International Society for Cellular Therapy (ISCT) and the Cord Blood Association (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 or view the flyer [here](#).

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 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](#).

BMT TANDEM MEETINGS

Registration is Now Open

The BMT Tandem Meetings are the combined annual meetings of the Center for International Blood & Marrow Transplant Research (CIBMTR) and ASBMT. Investigators, clinicians, laboratory technicians, clinical research professionals, nurses, pharmacists, administrators and allied health professional attendees benefit from the full

scientific program that addresses the most timely issues in hematopoietic cell transplantation.

Visit the [2017 BMT Tandem Meetings website](#) for housing information and to register today for the meeting that will be held Feb. 22-26 in Orlando, Florida.

Attend Some of the ASBMT/CIBMTR Tandem Meeting Virtually

If you can't get away to the 2017 BMT Tandem Meetings in Orlando and don't want to miss out on what your colleagues are sharing, there will be a way to participate virtually. For the very first time, you will not need to be present to enjoy many of the benefits associated with attending the Tandem meetings – avoiding traveling and time away.

Using Second Life, an online virtual world where people are represented by characters (avatars) that interact with each other and the environment of the virtual world, you will see

what the regular Tandem audience sees and hear what they hear. Best of all, you can participate, ask questions and get answers – just as you would in person – at the same time as the participants in Orlando.

Virtual participants will have access to presentation slides and live audio, including interactive chat for questions and answers through session moderators. Plenary sessions and some of the concurrent sessions and

Continues on page 8

BMT TANDEM MEETINGS (CONTINUED FROM PAGE 7)

Virtual Tandem (continued from page 7)

symposia also are included in the offering.

NOTE: since these are simulcast sessions, they can only be participated in while the session is in progress.

Registration information for this program is available [here](#).

BMT Tandem Meetings Contact Information

If you have questions about the BMT Tandem Meetings or registration, please use the following email addresses:

- For registration:
bmttandemregistration@conferencedirect.com
- For general conference questions:
bmttandem@mcw.edu
- For housing questions:
bmttandem@conferencedirect.com

Travel Grant Winners Announced

Congratulations to the following fellows who have been awarded travel grants to attend the 2017 BMT Tandem Meetings Feb. 22-26 in Orlando:

- Brandon Blue, M.D.
St. Louis, Missouri
- Michael Chargualaf, Pharm.D.
Chapel Hill, North Carolina
- Hannah Choe, M.D.
New York, New York
- Coco deKoning, Ph.D. (International)
Utrecht, Netherlands
- Najla El Jurdi, M.D.
Cleveland, Ohio
- Jessica El-Asmar, M.D.
Cleveland, Ohio
- Narendranath Epperla, M.D.
Milwaukee, Wisconsin
- Nicholas Gloude, M.D.
Cincinnati, Ohio
- Brian Greenwell, M.D.
Atlanta, Georgia
- Ashish Gupta, M.B.B.S., M.P.H., FAAP
Cleveland, Ohio
- Patrick Hagen, M.D., M.P.H.
Maywood, Illinois
- Mary Christa Krupski, D.O.
Cincinnati, Ohio
- Hannah Major-Monfried
New York, New York
- Samip Master, M.B.B.S.
Shreveport, Louisiana
- Regina Myers, M.D.
Philadelphia, Pennsylvania
- Ioannis Politikos, M.D.
New York, New York
- Praveen Ramakrishnan Geethakumari, M.D.
Philadelphia, Pennsylvania
- Tahereh Rostami, M.D. (International)
Tehran, Iran
- Seth Rotz, M.D.
Cincinnati, Ohio
- Lyndsey Runaas, M.D.
Ypsilanti, Michigan
- Mithun Shah, M.D., Ph.D.
Houston, Texas
- Akshay Sharma, M.B.B.S.
Memphis, Tennessee
- Tamna Wangjam, M.D.
San Antonio, Texas

BMT TANDEM MEETINGS (CONTINUED FROM PAGE 8)

Register Today for Beyond Fundamentals of HCT Training Course

The ASBMT Pharmacy Special Interest Group and the National Marrow Donor Program (NMDP)/Be The Match are excited to offer the Beyond Fundamentals of Hematopoietic Cell Transplantation (HCT) Training Course again this year. This course will be held Feb. 22-23 in conjunction with the annual BMT Tandem Meetings in Orlando, Florida, offering 16 hours of pharmacy, nursing and continuing medical education credits. See the link below for the full agenda and additional information.



Course attendees will receive an electronic copy of the 23-chapter *Beyond Fundamentals* e-book that accompanies the course.

Updates to the course this year include an “Introduction to HCT” live webinar and expert panel discussions on the topics of graft-versus-host disease and infectious complications, as well as new lectures on busulfan pharmacokinetic monitoring, a review of hematopoietic cell transplantation (HCT) in pediatrics, and an immunology pharmacist/physician discussion. This is an excellent opportunity to learn more about pharmacotherapy in the HCT setting and network with practitioners in this specialized area.

Please pass along this information to other colleagues from all disciplines who could benefit from this course, which is an excellent source of high-quality, peer-reviewed information for physicians, advanced practitioners, nurses and pharmacists. To learn more and register, please click [here](#).

Please note that the registration fee for this course is separate from the fee to register for the 2017 BMT Tandem Meetings.

Continuing pharmacy education credit

Syntaxx Communications, Inc. is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. Syntaxx Communications has assigned 16 contact hours (1.60 continuing education units) of continuing pharmacy education credit for this knowledge- and application-based activity.

Continuing nursing education credit

The NMDP is an accredited provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Up to 16 contact hours may be claimed for this educational activity.

Accreditation statement for joint provider activities

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The Medical College of Wisconsin and ASBMT. The Medical College of Wisconsin is accredited by the ACCME to provide continuing medical education for physicians.

AMA credit designation statement

The Medical College of Wisconsin designates this live activity for a maximum of 16.25 AMA PRA Category 1 Credit(s). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

BMT TANDEM MEETINGS (CONTINUED FROM PAGE 9)

FACT-ASBMT Quality Boot Camp Preliminary Agenda Available

The FACT-ASBMT Quality Boot Camp will strengthen quality assurance activities through pre-meeting exercises and an in-person workshop. The Foundation for the Accreditation of Cellular Therapy (FACT) and ASBMT will encourage participants in the months leading up to the BMT Tandem Meetings to review specific aspects of their quality program. Quality experts will then

present important concepts and lead roundtables that allow participants to ask questions and help each other reach their goals during the boot camp. Participants are strongly encouraged to register early to participate in the pre-conference assessment activities.

[View meeting details and register online](#)
[Preliminary agenda](#)

Special Session at Tandem Meetings Joins Together the HCT Value and Health Economics and Administrators' SIGs

Save the date: The **HCT Value and Health Economics Special Interest Group (SIG)**, in collaboration with the **Administrative Directors SIG**, will hold a combined session at the BMT 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 are being grappled with in hematopoietic cell transplantation (HCT).

David Dickens, M.D., will speak on payer advocacy; Vinay Prasad, M.D., will provide his assessment of how drug pricing influences patient care; and Nathan Dowden will give the payer and biotechnology industry perspective on reimbursement and drug pricing. We're including international topics as well, such as exporting transplantation across national borders and medical tourism.

Please mark your calendars and join us for an interactive and timely discussion. Continuing medical education will be provided.

Final Patient-Centered Outcomes Research Symposium

Save the Date: 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**. Please attend to provide your needed input on the proposed research agenda for patient-reported outcomes in hematopoietic cell transplantation.

Six working groups focused on patient-centered topics – patient, caregiver and family education and support; physical health and fatigue; emotional, cognitive and social health; sexual health and relationships; models of care delivery/survivorship and late effects; and financial burden – will provide

their final recommendations on research questions. Unique to this symposium, we've asked working group co-chairs to prepare joint presentations with patients/caregivers.

Following the working groups' reports, research and funding opportunities within the Patient-Centered Outcomes Research Institute, Blood and Marrow Transplantation Clinical Trials Network and Center for International Blood and Marrow Transplantation Research will be presented, and the next steps in building a collaborative PCOR community in transplantation will be discussed. Continuing medical education will be provided.

While this is an open meeting, we request that you [pre-register](#) for planning purposes.

LEGISLATION & REGULATION

Policy Perspectives

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

Alphabet Soup: MACRA, MIPS and QPP. I know what you're thinking: "Do I care about any of these programs?" Yes, you do. You care about them in the same way that you care about broccoli and spinach – not very appealing, but supposedly good for you. The bottom line is that by 2022, 9% of your billed Medicare revenue will be at risk, based on your participation and score in the program.

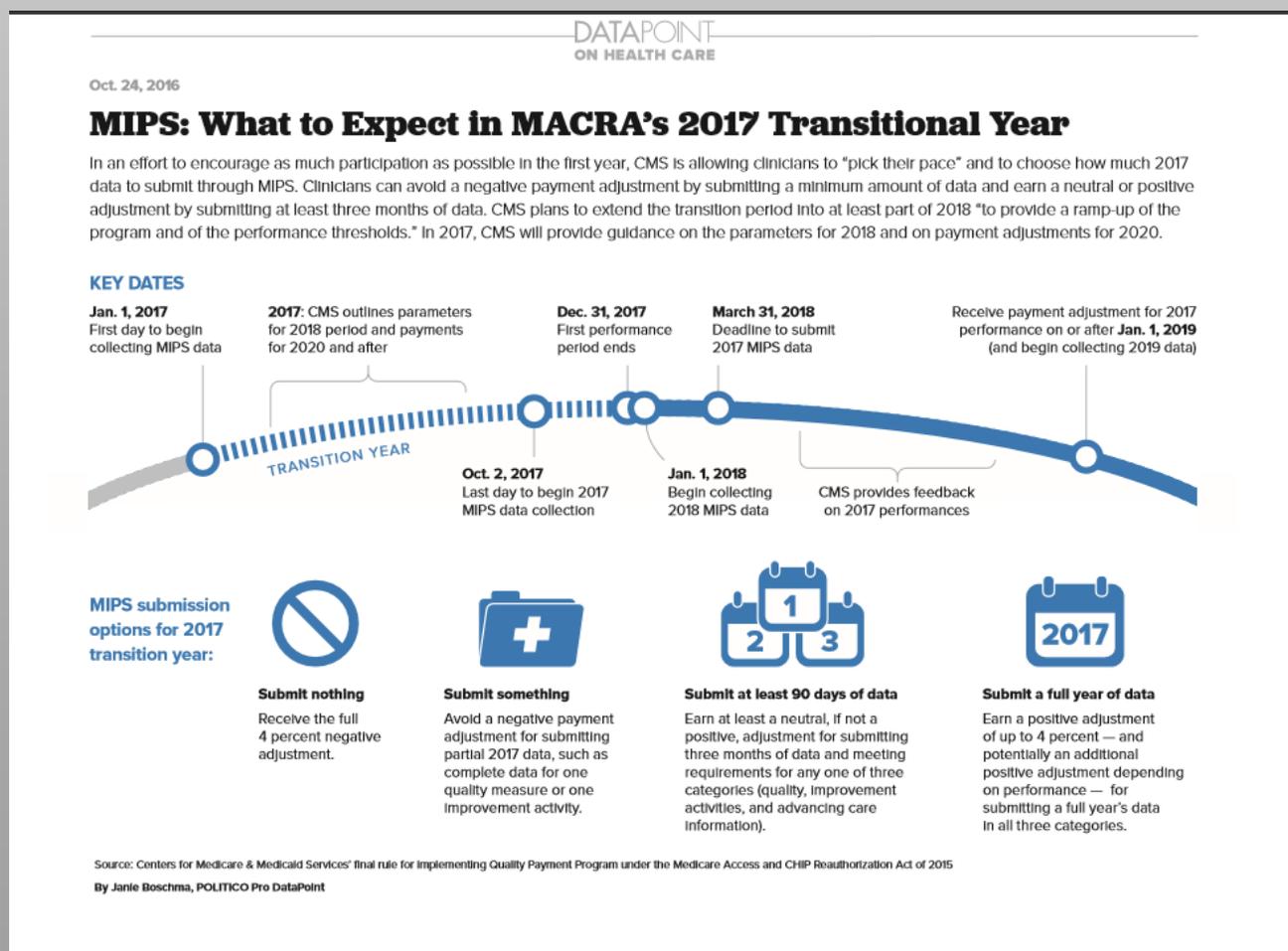
First, a few basic definitions:

- QPP: Quality Payment Program
- MACRA: Medicare Access and Chip Reauthorization Act of 2015

- Clinician: Physician, physician assistant, nurse practitioner, clinical nurse specialist
- MIPS: Merit-based Incentive Payment System
- APM: Advanced Alternative Payment Model
- OCM: Oncology Care Model

MACRA is the piece of legislation passed in April 2015 that created the broad QPP umbrella, which includes MIPS and several APMs, such as the OCM. The programs created by MACRA replaced others that had previously

Continues on page 12



LEGISLATION & REGULATION (CONTINUED FROM PAGE 11)

Policy Perspectives (continued from page 11)

applied – the Physician Quality Reporting System, the Value-Based Payment Modifier and the Electronic Health Records Incentive Program.

The four categories that will go into the MIPS composite score are quality, cost, clinical improvement activities and advancing care information. Medicare's overall goal with these programs is to tie 90% of its fee-for-service payments to value-based indicators by 2018. *(If you read that paragraph and have some grasp of it, you are already on the right track. If it was painful, review [this set of slides](#).)*

You are considered a MIPS-eligible clinician if you see more than 100 Medicare beneficiaries per year in the outpatient/clinic setting **and** bill more than \$30,000 in associated revenue

from those visits. MACRA will most likely expand the types of clinicians eligible for MACRA over the next few years. If you will be participating in MIPS, you can participate as an individual clinician or as part of a group, if you and other clinicians bill under the same tax identification number.

The ASBMT will be spending a substantial amount of time on MACRA/QPP this year as we learn about the expected impact and will advise the membership as needed. We anticipate the involvement of several of our special interest groups and committees and also welcome input from any of you that are particularly interested in this work. Please email me at stephaniefarnia@asbmt.org if you are interested in getting involved.

January's policy to-do list

1. Bookmark this page for reference: [CMS Quality Payment Program](#).
2. Ask your administrator, department chair or another responsible adult to find out if you are:
 - a. MIPS eligible as an individual or group
 - b. Participating in the [Oncology Care Model](#)
 - c. Participating in another alternative payment model
 - d. Eligible for exclusion at this time
3. If eligible, [pick your pace for the first year](#) or [apply for this alternate way to fulfill requirements](#) by **Jan. 31**.
4. Put our BMT Tandem Meetings MACRA session on your calendar – **Friday, Feb. 24, at 10:15 a.m. in Room Sun A**.
5. Watch the March *ASBMT eNews* for information about a MACRA webinar for those of you unable to attend the discussion at the BMT Tandem Meetings.

TRANSLATIONAL SCIENCE STUDIES

Donor Vitamin A Deficiency Linked to Reduction of GVHD

A new study from *Biology of Blood and Marrow Transplantation* suggests that mice that receive a hematopoietic cell transplant from donor mice chronically deficient in vitamin A have reduced likelihood or severity of graft-versus-host disease (GVHD). Researchers discovered that vitamin A deficiency altered the T cell compartment in donor mice, reducing the percentage of CD4⁺ T cells. This did not affect

donor T cell alloreactivity of individual cells, but it did lessen the proportion of CD4⁺ T cells in the bone marrow graft, which decreased the chances of severity of GVHD in the recipient mice. Researchers also demonstrated that using a pan-retinoic acid receptor (RAR) antagonist to prevent donor T-cell RAR signaling reduces T-cell alloreactivity and, thus, deadly GVHD.

[More...](#)

Timing of DR3 Signaling Related to Severity of Acute GVHD

Death receptor 3 (DR3) signaling that is activated after alloantigen exposure controls the immune phenotype and function of CD4⁺Foxp3⁺ regulatory T cells (Tregs) and the severity of acute graft-versus-host disease (GVHD) in mice, according to a study published in *Blood*. Researchers discovered that Tregs had mature immune phenotypes following DR3 signaling activation, and the CD25⁺Foxp3⁺ subpopulation in DR3-Treg

was effective at suppression in vivo. When researchers used prophylaxis to treat the agonistic antibody to DR3 in recipient mice, Tregs expanded and GVHD improved. However, DR3 activation in mice with ongoing GVHD promoted T-cell activation, leading researchers to conclude that, depending on the timing, DR3 signaling affects the role of Treg and T-cell activation. [More...](#)

Breakthrough Acute GVHD Controlled By Transcriptional Network

Transcriptional networks control breakthrough acute graft-versus-host disease (GVHD) with T-cell persistence, inflammation and skewing toward T helper (Th)/T cytotoxic (Tc)17 transcriptional programming. In addition, the transcription process for acute GVHD can be mapped and closely matches clinical disease, reports a study appearing in *Blood*. Comparing the transcriptional signature of T cells during immunoprophylaxis treatment of breakthrough acute GVHD in monkeys to that in undertreated or untreated hyperacute GVHD, researchers identified three unique characteristics about breakthrough acute GVHD: 1) T cells were continual rather than abundant; 2) transcriptional

programming was inflammatory; and 3) Th/Tc17 was skewed. In addition, the gene coexpression profiles from humans who received hematopoietic cell transplants and developed GVHD while on immunosuppressive prophylactic agents mimicked the patterns observed in the monkeys. The human gene coexpression profiles also became more inflammatory as more time passed after the transplant. These results demonstrate that both inflammatory and interleukin 17 play a role in GVHD immune pathogenesis, and provide the first map of this process in monkeys in a clinically relevant immune-controlled setting. [More...](#)

ASBMT eNews is sent as a membership benefit of the American Society for Blood and Marrow Transplantation. If you would prefer not to receive future issues and want to remove your name from our mailing list, please reply with the word "REMOVE" in the subject line.

CALENDAR OF EVENTS

•JANUARY

Phacilitate Leaders Forum/Cell and Gene Therapy World/Immunotherapy World
January 17-20
Miami, Florida

•FEBRUARY

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

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.

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

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.

•MAY

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

•JUNE

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

AABB

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

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

•2018

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