

ASBMT eNews

AMERICAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION

June 2012

CLINICAL RESEARCH

Study Examines Use of Lenalidomide After HSCT for Multiple Myeloma

This study from the *New England Journal of Medicine* examined 460 multiple myeloma patients with stable disease or a marginal, partial or complete response 100 days after undergoing stem-cell transplantation who were randomly assigned to lenalidomide or placebo, which was administered until disease progression. Twenty percent of patients who received lenalidomide and 44% of patients who received placebo had progressive disease or had died. In 128 patients who received placebo and who did not have progressive disease, 86 crossed over to lenalidomide. At a median follow-up of 34 months, 86 of 231 patients who received lenalidomide (37%) and 132 of 229 patients who received placebo (58%) had disease progression or had died. The median time to progression was 46 months in the lenalidomide group and 27 months in the placebo group ($P < 0.001$). Lenalidomide maintenance therapy initiated at day 100 after hematopoietic stem-cell transplantation was associated with more toxicity and second cancers but a significantly longer time to disease progression and significantly improved overall survival among patients with myeloma. [More...](#)

Lenalidomide Maintenance After Transplantation Benefits Myeloma Patients

This phase 3, placebo-controlled trial of 614 patients who had non-progressive disease after first-line transplantation investigated the efficacy of lenalidomide maintenance therapy after transplantation. According to the study published in the *New England Journal of Medicine*, lenalidomide maintenance therapy improved median progression-free survival (41 months vs. 23 months with placebo). This benefit was observed across all patient subgroups, including those based on the β_2 -microglobulin level, cytogenetic profile and response after transplantation. Median event-free survival (with events that included second primary cancers) was significantly improved with lenalidomide (40 months vs. 23 months with placebo). Lenalidomide maintenance after transplantation significantly prolonged progression-free and event-free survival among patients with multiple myeloma. Four years after randomization, overall survival was similar in the two study groups. [More...](#)

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BMT Tandem Meetings

Salt Lake City UTAH

February 13-17, 2013

Comprehensive Update on Blood & Marrow Transplantation
• Laboratory Research • Clinical Investigations • Patient Care

Early Registration and Abstract Deadline: October 11, 2012
Online Registration and Abstract Submission:
www.asbmt.org or www.cibmtr.org

ASBMT CIBMTR



A WORD FROM PRESIDENT ELIZABETH SHPALL, MD

ASBMT Forms Collaboration With Latin American Colleagues

We are excited to report on ASBMT's current initiative to strengthen our relationship with the stem cell transplant teams in Latin American (LA). "LA-ASBMT" is being formed initially in collaboration with our colleagues in Brazil with the plan to involve other Latin American countries in the coming months. We are working together to enhance interactions through our respective annual meetings, our journal, and in the future, through rotations, courses and projects involving both the clinical and translational aspects of stem cell transplantation and cellular therapy.

Latin America has a long track record of stem cell transplantation. The first stem cell transplant was performed in Colombia in 1976 for a woman with aplastic anemia who successfully received an allograft from her identical twin. Since 1989, more than 13,473 transplants have been reported from Latin America to the Center for International Blood and Marrow Transplant Research (CIBMTR). The CIBMTR estimates that there are approximately 200 teams performing transplants in Latin America, with the largest numbers being performed in Brazil, Argentina and Mexico. In the past, the majority of these transplants were performed either in the autologous setting or from allogeneic sibling donors. Increasingly, however, unrelated donor transplants are being performed, particularly with cord blood in pediatric patients with malignant disease.

Over the past decade, Brazil has established the first unrelated donor registry (REDOME) in Latin America which now includes more than 3 million donors and provides the majority of unrelated allograft for patients in that country. Mexico, Argentina and Uruguay also have unrelated donor registries which are growing rapidly and, with REDOME, will facilitate the speed and cost of doing unrelated donor

transplants in Latin America. There are 17 public Latin American cord blood banks including 12 banks in Brazil, three in Mexico, one in Chile and one in Argentina.

Although the majority of transplants for Latin American patients have come from Latin American donors or cord blood banks, global exchange of donors has begun. Between 2009 and 2011, the National Marrow Donor Program (NMDP) provided 147 allografts from outside Latin America to Argentina (n=47), Brazil (n=91), Colombia (n=3) and Mexico (n= 6). During that same time period, nine allografts were sent to countries outside of Latin America from Brazil (n=6) and Mexico (n=3).

Our partners at the Foundation for the Accreditation of Cellular Therapy (FACT) have also been working diligently to educate the transplant community in Latin America about the benefits of FACT accreditation and methods to improve quality at their stem cell transplant programs and cord blood banks. Accreditation of these centers will become increasingly important as products are distributed globally. Educational sessions have been conducted at the annual meetings of the Mexican Society of Hematology (MSH) and the International Society of Hematology (ISH). FACT has been invited by the Brazilian Association for Hematology (ABHH) to provide educational sessions at the Brazilian Society of Bone Marrow Transplant (SBTMO) meeting in August and the Brazilian Congress of Hematology, Hemotherapy and Cell Therapy (HEMO2012) meeting in November.

FACT's International Affiliations Committee includes Latin American representatives from Mexico, Argentina, Uruguay and Brazil. Several cell therapy programs and cord blood banks from Mexico and participating

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A WORD FROM THE PRESIDENT (CONTINUED FROM PAGE 2)

BrasilCord banks are in various stages of the FACT accreditation process. The vigorous competition among Latin American programs to be the first FACT-accredited center in their respective countries speaks to the dedication and value of improving quality for patients worldwide.

Given the increasing transplant activity in Latin America and the increasingly global reach of our field, particularly with the

international exchange of cord blood units, it is a great time to develop serious collaborations that will foster advances in stem cell transplant medicine. We look forward to developing LA-ASBMT.

I thank Michael Boo from the NMDP as well as Mary Horowitz and Marcelo Pasquini from CIBMTR for providing the information on the Latin American stem cell transplant activity.

-Elizabeth

BASIC SCIENCE STUDIES

Flora Manipulation May Improve Allogeneic BMT Patient Outcomes

This study published in *The Journal of Experimental Medicine* examined murine and human recipients of allogeneic bone marrow transplantation (BMT) and showed that intestinal inflammation secondary to graft-versus-host disease is associated with major shifts in the composition of the intestinal microbiota, which in turn, can modulate the severity of intestinal inflammation. These data show regulation of flora by intestinal inflammation and suggest that flora manipulation may reduce intestinal inflammation and improve outcomes for allogeneic BMT recipients. [More...](#)

SRSF2 Associated With Adverse LT Outcomes of MPN Patients

Leukemic transformation (LT) of myeloproliferative neoplasms (MPNs) is associated with a poor prognosis and resistance to therapy. In this study from *Blood*, the investigators performed high-throughput resequencing of 22 genes in 53 patients with LT after MPN to characterize the frequency of known myeloid mutations. In addition to JAK2

and TET2 mutations, which occur commonly in LT after MPN, they identified recurrent mutations in the serine/arginine-rich splicing factor 2 (*SRSF2*) gene (18.9%) in acute myeloid leukemia (AML) transformed from MPNs. This study suggests that *SRSF2* mutations are important in the pathogenesis of LT and may guide novel therapeutic approaches for MPN patients who undergo LT. [More...](#)

T Cells Modified to Secrete IL-12 Destroy Systemic Tumors

Adoptive cell therapy with tumor-targeted T cells is a promising approach to cancer therapy, according to a study appearing in *Blood*. However, a significant number of cancer patients cannot tolerate the preparative therapies needed for optimal T cell anti-tumor action. This study of CD19-specific, chimeric antigen receptor (CAR)-modified T cells that are further modified to constitutively secrete IL-12 showed that these cells are able to safely eradicate established disease in the absence of prior conditioning and that these IL-12-secreting, tumor-targeted T cells acquire intrinsic resistance to T regulatory cell-mediated inhibition. [More...](#)

ASSOCIATION NEWS

New Tools for Your Practice: ASBMT Practice Improvement Modules

Do you need to earn maintenance of certification credit? Are you looking for ways to improve your clinical practice? On June 1, the ASBMT Committee on Education introduced two Practice Improvement Modules (PIMs) for use "free of charge" to all ASBMT members within the Member Login section. Members will need their ID and password to access the PIMs. Focusing on the management of patients post transplantation, one PIM is on chronic graft-versus-host disease and the other on infection control.

Both PIMs are web-based self-evaluation tools that guide care providers through chart abstractions while supporting practice-based learning and improvement via links to educational materials and resources. The interactive personal summary report guides reflection on detailed performance data, selecting areas for improvement, and creating an improvement plan with goals and strategies.

The Chronic Graft-versus-Host Disease module is based on the NIH Consensus Development Project (Filipovich et al. *Biology of Blood and Marrow Transplantation* 2005; 11:945-955) and includes five measures for the management of disease. Six measures are included in the Infection Control module that is based on the Guidelines for Preventing Infectious Complications (Tomblyn et al. *Biology of Blood Marrow Transplant* 2006; 15:1143-1238).

Although the PIMS are designed for use by both adult and pediatric practitioners, maintenance of certification credit is currently

available only through the American Board of Internal Medicine. However, all physicians who complete a PIM earn 20 Category 1 CME credits. [More...](#)

New Online Membership Directory and Seminars

ASBMT is pleased to announce two new benefits for members only: the online Membership Directory and the online Seminars. Both are "free of charge" to all ASBMT members within the Member Login section. Members will need their ID and password to access these new benefits. [More...](#)

Be The Match Foundation

Be The Match Foundation, a nonprofit organization that secures support from the private sector on behalf of the National Marrow Donor Program, is currently seeking to recruit new members to its Board of Directors. Ideal candidates are individuals who, through a strong sense of social responsibility, wish to give back to the larger community through an organization with a national footprint and global reach. Specifically, candidates should have the ability to understand and communicate Be The Match's life-transforming mission. Additionally, they should be able to:

- understand and embrace the Foundation's mission, vision and values;
- advocate for the Foundation's mission within one's circle of influence;
- introduce prospective contributors from one's own network;
- facilitate those contacts and assist with the strategic planning for potential supporters;

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ASSOCIATION NEWS (CONTINUED FROM PAGE 4)

- provide strategic leadership to increase charitable revenue;
- make a personal contribution on an annual basis that exemplifies the Board member's commitment to Be The Match Foundation; and
- provide governance to the Foundation.

Interested candidates should contact: Christine Fleming, President, Be The Match Foundation, 3001 Broadway St. NE, Suite 601, Minneapolis, MN 55413, Office (612) 884-8608 Cell (612) 270-1095, www.bethematchfoundation.org.

HCT Reference Guide

The NMDP and the ASBMT are pleased to announce a new resource for transplant centers. The newly developed HCT Reimbursement Reference Guide Series begins with a first issue that focuses on Medicare Coverage for HCT. The document is available on the NMDP Reimbursement Resource Center website (www.marlow.org/reimbursement) and at this direct link for download: http://marrow.org/HD/Payor/NP00506_Medicare_Coverage_Payor_PDF.aspx

System Capacity Initiative

Approximately 20,000 patients receive autologous or allogeneic hematopoietic cell transplantation (HCT) in the United States each

year. The National Marrow Donor Program® (NMDP) estimates that the demand for unrelated donor HCT will double over the next decade. However, our healthcare system lacks the capacity to accommodate this projected growth. To better understand and address workforce and infrastructure barriers, the NMDP has organized a multi-year program in collaboration with the American Society for Blood and Marrow Transplantation (ASBMT) and other professional organizations called "Hematopoietic Cell Transplantation in 2020: A System Capacity Initiative" (SCI). [More...](#)

BBMT Website

The new www.bbmt.org website was recently launched. ASBMT members and individual subscribers receive online access to full text of articles with their print subscription. All you need to claim access is your ASBMT member number. Authors and reviewers can access the online submission system via a separate login at <http://ees.elsevier.com/ybbmt>. For more details, please visit <http://www.bbmt.org/content/additionalinformation>.

Job Connection Introduces New Features

The ASBMT Online Job Connection enables job seekers to more easily upload their resumes, while employers can now identify candidates using expanded search criteria. [More...](#)

CLINICAL RESEARCH (CONTINUED FROM PAGE 1)

Second ASCT is Safe and Useful Therapy for Progressive Multiple Myeloma

The role of a second autologous stem cell transplant (ASCT) as salvage therapy to treat progressive multiple myeloma (MM) is unclear. This study appearing in *Biology of Blood and Marrow Transplantation* retrospectively reviewed 81 MM patients who received a second ASCT as salvage therapy at a single center. All patients received re-induction therapy before the second ASCT. Complete

response, very good partial response, and partial response were seen in 7.7%, 39.7% and 50%, respectively, at day 100 post-ASCT. The median time to relapse after the second ASCT was 19 months. Second ASCT is a feasible and safe option for salvage therapy in MM. The best outcome was observed in patients whose time to progression was longer than 24 months after first ASCT, as these patients had a subsequent PFS lasting more than one year and an overall survival of almost six years. [More...](#)

CALENDAR OF EVENTS

•JUNE

American Society of Clinical Oncology
Annual Meeting
June 1-5
Chicago, Illinois

American Transplant Congress

American Society of Transplant
Surgeons/American Society of
Transplantation
June 2-6
Boston, Massachusetts

CRYO 2012

Society for Cryobiology, 49th Annual
Meeting
June 3-6
Rosario, Argentina

International Society for Cellular Therapy

18th Annual Meeting
June 5-8
Seattle, Washington

10th Annual International Cord Blood Symposium

June 7-9
San Francisco, California

Foundation for the Accreditation of Cellular Therapy

Cord Blood Inspection and Accreditation
Workshop
June 10
San Francisco, California

International Society for Stem Cell Research

10th Annual Meeting
June 13-16
Yokohama, Japan

Federation of Clinical Immunology Societies

Annual Meeting
June 21-24
Vancouver, British Columbia, Canada

•JULY

Radiation Injury Treatment Network
2012 Advance Training: Radiation Medical
Emergency Course
July 16-17
Oak Ridge, Tennessee

2012 Pan Pacific Lymphoma Conference

July 17-20
Maui, Hawaii

•AUGUST

The 30th World Congress of Biomedical Laboratory Sciences

August 18-22
Berlin, Germany

Society for Hematology and Stem Cells

41st Annual Scientific Meeting
August 23-26
Amsterdam, Netherlands

•SEPTEMBER

World Cord Blood Congress

September 20-21
Boston, Massachusetts

ESH-icMLf 14th International Conference

Chronic Myeloid Leukemia: Biology and
Therapy
14th International Conference
September 20-23
Baltimore, Maryland

European Society for Medical Oncology

37th Congress
September 28-October 2
Vienna, Austria

•OCTOBER

2nd World Congress on Controversies in Hematology

October 4-7
Istanbul, Turkey

American Association of Blood Banks

2012 Annual Meeting
October 6-9
Boston, Massachusetts

•OCTOBER (CONT.)

American Society for Histocompatibility and Immunogenetics

38th Annual Meeting
October 8-12
San Juan, Puerto Rico

European Society of Gene & Cell Therapy

20th Anniversary Congress
October 26-29
Versailles, France

•NOVEMBER

GVHD National Symposium

November 2
Independence, Ohio

National Institutes of Health

2nd International Workshop: Biology,
Prevention, and Treatment of Relapse After
Hematopoietic Stem Cell Transplantation
November 5-6
Bethesda, Maryland

2012 National Marrow Donor Program Council Meeting

November 8-10
Minneapolis, Minnesota

International Conference on Regenerative & Functional Medicine

November 12-14
San Antonio, Texas

Neoplastic Hemopathology Update

November 15-17
Palm Beach, Florida

European Association of Tissue Banks

21st Annual Congress of the Association of
Tissue Banks
November 21-23
Vienna, Austria

•2013

BMT Tandem Meetings

Combined ASBMT and CIBMTR Annual
Meetings
February 13-17
Salt Lake City, Utah

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Do you have news, responses or opinions to share with us?
Please e-mail the association office at enews@asbmt.org.