Association News

CAR-T Coding and Reimbursement Webinar

ASBMT invites you to register now for the webinar on CAR-T Coding and Reimbursement to be held Nov. 2 from 10 a.m.-11 a.m. CT.

Using chimeric antigen receptor (CAR) T cell therapy is one of the most promising new adoptive immunotherapy approaches for patients with certain types of leukemia and lymphoma. As the first products have been approved, clear coding and reimbursement challenges have been identified. The webinar will highlight these challenges and discuss ways in which ASBMT is advocating for solutions.

Goals of the webinar:
- Provide updated information on CAR-T access models
- Share ASBMT recommendations on coding for CAR-T
- Discuss concerns with CMS reimbursement for CAR-T

Speakers:
- Stephanie Farnia, ASBMT director of Health Policy and Strategic Relations
- Jugna Shah, M.P.H., a nationally recognized health care policy expert and president and founder of Nimitt Consulting Inc.
- Valerie A. Rinkle, M.P.A., a lead regulatory, reimbursement, Medicare and Medicaid specialist and instructor
- Jim Gajewski, M.D., ASBMT Practice Policy consultant

To register, click here. Upon completion of your registration, a link will be provided to sign up for the webinar. The webinar is FREE for ASBMT members and $75 for non-members. Join ASBMT today and we’ll deduct the $75 from your membership dues – good through 2018, the ASBMT’s 25th anniversary year. If you miss the webinar, don’t worry, a recording will soon be available for ASBMT members.
A Word From President Krishna Komanduri, M.D.

A Whirlwind Fall

Dear Colleagues,

I hope this message finds all of you doing well. After the tumultuous events of September (see my last ASBMT eNews column) I am pleased to say that the “whirlwind” in my title is entirely metaphorical. In Miami, with hurricane season thankfully fading, we continue to await the cooler and drier air that many of you have now experienced for two months. Instead, we have been experiencing ongoing summerlike heat and humidity. Fortunately, my trips to northern cities have proved a refreshing break, with the crisp notes of fall in the air and the glorious colors of fall foliage reaching their peak. Football season is now in full swing, which means my Vikings are off to their usual great start, although I fully expect this will only lead to greater suffering following their inevitable late season (or playoff) collapse. At home, our kids have ascended to new middle and high schools and are finally accommodating to the resultant increased responsibility and homework loads.

I am happy to report that the last two months have been an incredibly busy and productive time for the Society, and I am pleased to relay some of our recent and coming events and accomplishments. September kicked off with our first ever legislative advocacy day, organized in concert with our partner the National Marrow Donor Program (NMDP). A wide range of ASBMT members gathered in Washington, D.C., to hear updates about legislative and policy issues of concern to the Society, and then directly advocated for our members and patients to a large number of staffers and elected members of the House and Senate on both sides of the aisle. The event was a strong success, and we expect to continue this effort annually. Ultimately, we hope that this engages more of you as advocates at the local and national level, and also helps us to create a better grassroots response when new issues arise. I encourage all of you with interests in this arena to contact Stephanie Farnia to find out how you can get more involved in these advocacy activities.

September also brought together a revitalized and stronger ASBMT Corporate Council, consisting of industry partners with common interests in hematopoietic transplantation and cellular therapy. While we will not always side with our corporate partners, given our primary focus on the needs of our members and the patients we serve, it was clear that we have strong common goals in numerous areas. These include a focus on increasing access (e.g., the number of potential patients who can benefit from hematopoietic cell transplantation and cellular immunotherapy and who receive consultations), improving education and quality of care, and increasing accrual to clinical trials that can advance science and develop new therapies. We also agreed that we need to continue an honest dialogue about how we can assess the value of novel therapies, and ensure access and financial sustainability when the cost of therapies continues to increase.

Already in October we had our annual fall meeting of the Board of Directors, who also meet face to face at the Tandem Meetings. It was a great privilege to gather with the Board, who provided thoughtful and principled feedback about our current priorities and future goals. One of the topics discussed at length was the Society’s role in T cell engineered therapies, including our scientific, clinical and policy efforts. Given the approval just days later of a second CD19-directed CAR-T therapy for lymphoma, this discussion was particularly timely. We also thoughtfully discussed how we can improve our working leadership structure. Among the principles endorsed were a need to rethink our committee leadership structure to encourage more turnover of leadership and to formally engage more junior members of the

Continues on page 3
Society, and a greater role for Board members to promote crosstalk between leadership and our committees, task forces and special interest groups. We will work in the coming months to reaffirm these principles through process changes that we look forward to sharing with all of you. Last, but certainly not least, the Board worked with Mike Boo, J.D. (formerly chief strategy officer for the NMDP) to start a process of strategic reflection that will culminate in a revised Strategic Plan in 2018. We look forward to hearing from all of you to identify the key areas of priority that can inform this process.

Remarkably, October will also witness two additional ASBMT events, both taking place in Seattle: our biennial Cell Therapy Training Course (organized with our partner the International Society for Cellular Therapy (ISCT)) and the fourth annual Fall Clinical Education Conference directed at advanced practice professionals including nurse practitioners, physician assistants and fellows. I am extremely grateful for all the efforts of ASBMT and ISCT staff to organize these complex events, and am especially indebted to the training course chairs (former ASBMT President A. John Barrett and David DiGiusto of Stanford) and the education conference directors Carina Moravec, ARNP, and Shelly Mentzer, PA-C, for their incredible efforts. I am also grateful for the partnership of Cath Bollard (president) and Queenie Jang (CEO) of ISCT and to the faculty of the Fred Hutch, Seattle Cancer Care Alliance, sponsor of this year’s education conference.

As I hope you can see, your elected leadership and the staff of our Society have been busy. I am so grateful for the extraordinary group of individuals (far too many to name) who have voluntarily supported all the critical activities discussed here. I haven’t even touched on the ongoing efforts related to the 2018 BMT Tandem Meetings and look forward to telling you more about what will be a very exciting and well-attended meeting in next month’s report.

Until next month, I wish all of you well, and look forward to hearing from you with your feedback and ideas about how we can continue to improve our ongoing efforts.

Krishna

CLINICAL RESEARCH

Haploidentical Transplant is Viable Option for MDS Patients

Haploidentical transplantation with post-transplant cyclophosphamide (PT-CY) and reduced intensity conditioning may be a suitable option for myelodysplastic syndrome patients who lack an HLA-matched sibling donor, reports a study from the European Group for Blood and Marrow Transplantation appearing in a recent issue of Blood Advances. Researchers studied data from 228 patients who received an HLA-mismatched related donor transplant between 2007 and 2014. Among their discoveries, ex vivo T-cell depletion was used in 34 patients, 194 patients had a T-cell replete transplant and 102 patients were administered PT-CY to prevent graft-versus-host disease (GVHD). Comparing patients who received PT-CY to those who did not, researchers discovered that only 25% of PT-CY recipients developed acute GVHD vs. 37% of non-PT-CY recipients. However, the incidence of chronic GVHD was 37% in PT-CY recipients vs. 24% in other patients. Nonrelapse mortality was lower in PT-CY patients but was still 41% compared to 55% in patients who did not

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Haploidentical Transplant (continued from page 3)

receive PT-CY. In addition, three-year survival was 28% in patients who did not receive PT-CY compared to 38% in PT-CY patients. The researchers concluded that PT-CY may improve outcomes but that there is still room for improvement, particularly with nonrelapse mortality. More...

Phase 3 Trial of Rituximab for Mantle-Cell Lymphoma

Rituximab maintenance therapy prolongs survival from mantle-cell lymphoma after autologous stem cell transplantation, according to a study published in The New England Journal of Medicine. A phase 3 trial conducted on 240 patients under the age of 66 at the time of diagnosis randomly assigned half of the patients to receive rituximab maintenance (18 doses over three years) and the other half to observation after R-BEAM conditioning and autologous transplantation. The rate of overall survival was higher in the rituximab maintenance group than in the observation group. Four-year survival outcomes were better among the rituximab group compared to the observed group: event-free survival was 79% vs. 61%, progression-free survival was 83% vs. 64% and overall survival was 89% vs. 80%. More...

TMA Linked to Refractory Acute GVHD

Researchers have discovered a correlation between transplant-associated thrombotic microangiopathy (TMA) and refractory acute graft-versus-host disease (GVHD), according to a study of 771 allogeneic stem cell transplant patients. The study from Bone Marrow Transplantation reports that TMA and refractory acute GVHD were associated with biomarkers of endothelial damage obtained before transplantation, regardless of if patients received statin-based endothelial prophylaxis (SEP) or not. While only 5.3% of patients had TMA and 10% had refractory acute GVHD, 45% of the refractory GVHD patients had TMA compared to only 2.3% of all other patients. Elevated pretransplant suppressor of tumorigenicity-2 and nitrates, as well as high-risk variants of the thrombomodulin gene, increased the risk of TMA. However, SEP was effective at preventing negative outcomes for patients, lowering the risk of both TMA and refractory acute GVHD. These study results led researchers to conclude that patients at risk of developing TMA may benefit from pharmacological endothelium protection. More...

FACT UPDATE

ICCBBA Releases New ISBT 128 Cellular Therapy Audit Tool

A new audit tool was developed to provide a means of determining compliance with the ISBT 128 Standard for use by any cellular therapy facility around the world. ISBT 128 users should use this tool to confirm and demonstrate compliance with the ISBT 128 labeling standard. Programs are encouraged to provide a copy of the completed tool to the FACT inspector during the on-site inspection.

Key features of the tool include: the ability to scan and manually enter product information; an interactive user interface; links to helpful documents/databases; the ability to add notes during the audit; and a running tally to aid in audit “scoring.”

Read full news release
Learn more about the ISBT 128 Cellular Therapy Audit Tool
On Oct 2, the Centers for Medicare & Medicaid Services (CMS) implemented our new specialty designation for HCT physicians – hematopoietic cellular transplant and cellular therapy (HCTCT) physicians. Over the next 60 days, HCT physicians should contact their hospital billing offices to ask for this specialty change on CMS paper forms CMS 855I or CMS 855O or to do this electronically on the Internet Based Provider Enrollment, Chain and Ownership System (PECOS). This will alert the local Medicare administrative contractor to change specialty designation. Many have asked what the implications of the specialty change will do for HCT physicians. Some of the common questions have been:

**What are the implications under the Medicare Access and CHIP Reauthorization Act (MACRA) for a separate specialty designation?**

Under MACRA, physicians will be compared to physicians in the same specialty for costs per patient and outcomes. Without this change, HCT physicians will be compared to community practice hematology-oncology physicians whose patients rarely require long hospitalizations. This way HCT physicians will be compared to physicians managing similar populations of patients. Sadly, this will not be helpful for nurse practitioners and physician assistants as CMS does not designate those providers by specialty.

**Will this increase the value of the relative value units (RVUs) HCT providers earn for evaluation and management or procedural CPT?**

No. RVUs assigned to each CPT code are specialty neutral. Thus, there will be no change in RVU values for evaluation and management services.

**Will this help us doing same patient care visits with the doctor who referred patient for transplant or when we need a benign hematology consult?**

Yes. The problem has often been same day with two physicians from the same specialty. With HCT physicians now having a different specialty designation, this should be less of a problem.

**What are the implications if the Affordable Care Act (ACA) is preserved for separate specialty designation?**

ACA requires each insurance listed in the exchange to have physicians representing each specialty to provide care for patients. While most patients have had access to HCT physicians for transplant access, there has been access issues with patient post-HCT with transplant-related complications. This would require all plans to have a HCT physician in network. However, this will not require a facility to be in network.

**In the future, what are other anticipated benefits to the separate specialty designation?**

Facilities and commercial payers are trying to limit complex therapy to be provided by appropriately trained and credentialed physician providers. Many CAR T-cell manufacturers will want to limit their therapy to experienced providers. This will enable identification of such providers of HCT and cellular therapeutics in claims data. When the Foundation for the Accreditation of Cellular Therapy accredits a center, this will easily enable identification of

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Policy Perspectives (continued from page 5)

physicians performing hematopoietic cellular transplants and cellular therapeutics.

Will this mean HCT physicians will need a separate board exam to identify themselves as a member of this new specialty? Will HCT physicians need a new maintenance of certification process or exam to take?
No! CMS specialty designation is a self-description by physicians not linked to any board exam. Board certification and maintenance of certification will remain through traditional specialty boards sponsored by the American Board of Medical Specialties, American Board of Internal Medicine and American Board of Pediatrics. There will be no new HCT board exam or maintenance of certification exam as part of this process.

Should I list HCTCT as a primary or secondary specialty choice? If I list HCTCT what should I list as my secondary specialty choice?
With MACRA mechanisms of tracking cost of care per episode and ACA-sponsored insurance plans specialty access, the impact of secondary specialty for classification is unknown. The best suggestion we have at the moment is to list HCTCT as the primary specialty for MACRA and ACA. Secondary specialty could be listed as either hematology, hematology-oncology, medical oncology, internal medicine, pediatrics or left blank. Secondary specialty like primary specialty for Medicare is also a self-designation and does not need to be in designation of a physician’s passed and active board examination status. An advantage to listing internal medicine or pediatrics as secondary is some insurance plans want orders to be within the scope of practice. HCT physicians are often doing primary care orders for patients for general medical diseases like diabetes and hypertension and secondary designation as internal medicine or pediatrics. At the moment, option suggestions for secondary designation remain in flux.

If you have questions about this new specialty designation, please contact James Gajewski, M.D., at jamesgajewski@asbmt.org.

Policy Perspectives: CAR-T Coding
By Stephanie Farnia, ASBMT Director of Health Policy and Strategic Relations

New Resources:
• CAR-T Coding Guidance Document
• Advocacy website: http://asbmt.org/news-publications/advocacy
• ASBMT Webinar on CAR-T Coding and Reimbursement – Nov. 2, 10 a.m.-11 a.m. CT

(I have learned from previous columns not to bury key content!)
As you have read in previous columns, the approval of CAR-T products in 2017 has created several substantial streams of work on the reimbursement and coding side of the world. For the last several months, a small team has been working to assess which codes currently available in the various reimbursement systems would be usable for billing CAR-T services and, in a complementary fashion, to establish which new codes would need to be created.

To complicate matters, we need to think across several systems of codes due to the various aspects of the health care system they touch.
• ICD-10: Inpatient diagnosis and procedure billing

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- CPT: Outpatient billing, professional fee billing, hospital charge masters, payer authorizations
- HCPCS Level II: Specialized health care services, new technologies, private payers
- Revenue Codes: Hospital financial accounting

The result of the coding assessment effort is that we now know that there are multiple new codes needed across multiple coding systems. Each of these coding systems is governed by a different organization and has timelines and processes specific to that system. The common denominator is the expectation of a time lag between applying for the code and being able to utilize it, assuming the request is successful— the shortest delay between application and use is just over three months, with certain HCPCS codes, and the longest wait time is for CPT codes, where the process takes approximately three years in its entirety. In a future column, I will outline which specific new codes are being sought and the timelines for each.

While it is helpful to know that there will be new codes in the future, the issue of what codes to use today remains. To support that need, the ASBMT has worked to create a new CAR-T coding guidance document available on the ASBMT website. It is important to understand that this document is called a guidance document for good reason— unless the Centers for Medicare & Medicaid Services (CMS) or another regulatory body indicates otherwise, all coding of patient encounters should always be completed based on the clinical notes provided by physician or clinician providing the service, as they have the best knowledge of the events. Additionally, we acknowledge this document may not be in alignment with reimbursement guidelines issues by manufacturers. The assessment we performed included in-depth discussions with physicians, administrators and revenue cycle leaders, coding system experts and national payers. We feel strongly that the coding guidance provided in the document is the most appropriate given the current alternatives. This document will be updated when new codes become available and/or when other authoritative guidance is issued from CMS or the American Medical Association.

The coding guidance document is set up for three sections: the actual billing of the product, another that describes codes for use in the inpatient setting and a final one referencing the outpatient setting and physician professional fee billing. For a more in-depth discussion of the coding grid, Medicare payment issues and insight into the next phase of coding work, please register for and join us on the webinar ASBMT will be holding on Thursday, Nov. 2.

All of this work would not be possible without the assistance of an incredible core group of individuals willing to embrace the minutiae of the coding world: Jugna Shah, Valerie Rinkle and Amy Rinkle of Nimitt Consulting; James Gajewski, M.D., ASBMT Practice Policy consultant; and the members of the ASBMT Cell Therapy Coding and Reimbursement Task Force— Aaron Chrisman (chair), Rocky Billups, Colleen Dansereau, Clint Divine, Gary Goldstein, Helene Stephan, Angela Kopetsky, Susan Leppke and Carolyn Mulroney, M.D.

Questions? Contact StephanieFarnia@asbmt.org or follow @HCT_Policy on Twitter.
Getting to the 2018 BMT Tandem Meetings
Salt Palace Convention Center
Salt Lake City, Utah
Feb. 21-25, 2018

There are many wonderful hotels to choose from for the 2018 BMT Tandem Meetings in Salt Lake City. All hotel reservations for the 2018 BMT Tandem Meetings must be made online. Attendees must register for the event before making housing reservations. Be sure to book your hotel soon!

Hotel Options
Rates listed are single/double rates and do not include applicable taxes.

- Courtyard Salt Lake City Downtown - $159
- Fairfield Inn & Suites Salt Lake City Downtown - $139
- Grand America Hotel & Towers - $299 (executive suite)
- Hilton Salt Lake City Center - $210
- Holiday Inn Express Salt Lake City Downtown - $163
- Hotel Monaco - $239 (deluxe room)
- Hyatt House Salt Lake City/Downtown - $159
- Little America Hotel - $199 (tower room)
- Radisson Hotel Salt Lake City Downtown - $189
- Residence Inn City Center - $184-$212 (suites)
- Salt Lake City Marriott City Center - $205
- Salt Lake Marriott Downtown at City Creek - $239
- Salt Lake Plaza Hotel at Temple Square - $159
- Sheraton Salt Lake City - $159

Airfare Discounts
The BMT Tandem Meetings has partnered with various airlines to secure discounted air travel rates for meeting attendees.

The BMT Tandem Meetings has partnered with Delta Airlines to secure a discounted air travel rate for meeting attendees. By contacting Delta, 2018 BMT Tandem Meeting attendees can qualify for discounts of up to 10% of the published travel rate.

Beginning on Nov. 15, attendees of the 2018 BMT Tandem Meetings will receive a discount and bonus Rapid Reward points from Southwest Airlines through our SWABIZ account. Southwest Airlines is offering an 8% discount off its Anytime and Business Select fares and a 2% discount off select Wanna Get Away fares for travel to and from the conference. Book your travel between Nov. 15 and Feb. 3 to take advantage of the discounted rates.

The 2018 BMT Tandem meetings has also partnered with United Airlines to secure a discounted air travel rate of up to 10% for meeting attendees.

To get the promo codes for these airline discounts, click here to read more.
APC Honors Drs. Horowitz and Childs

Congratulations to chief scientific director of the Center for International Blood and Marrow Transplant Research (CIBMTR), Mary M. Horowitz, M.D., MACP, for receiving a Mastership from the American College of Physicians (ACP) in early October. Dr. Horowitz serves as professor of Medicine at the Medical College of Wisconsin where she is division chief of Hematology/Oncology in the department of internal medicine.

James Gajewski, M.D., enthusiastically nominated Dr. Horowitz for mastership status last year. “I have known Dr. Horowitz since 1986,” said Dr. Gajewski. “Her impact on health care is truly global in scope. Her work with CIBMTR has impacted stem cell transplant and hematologic malignancy practice worldwide. In this country, the experience and lessons learned from Dr. Horowitz’s work will be crucial as we implement changes and measures mandated with the MACRA legislation.”

Mastership status is the highest honor for an internal medicine boarded physician. Other ASBMT members who have been honored with ACP masterships in past years are Mahmoud Al-Jurf, M.D., M.P.H.; Sam Silver, M.D.; and Dr. Gajewski.

Richard W. Childs, M.D., was also honored with the ACP Award for Outstanding Work in Science as Related to Medicine. Dr. Childs, Rear Admiral, United States Public Health Service Commissioned Corps, and Assistant U.S. Surgeon General, is the clinical director of the National Heart, Lung, and Blood Institute’s Division of Intramural Research in the National Institutes of Health.

In the past three years, this award has gone to an HCT physician. A. John Barrett, M.D., received the honor in 2015, John A. Hansen, M.D. in 2016, and this year, Dr. Childs. “All in the field should feel proud of the recognition,” said Dr. Gajewski.

Pharmacy SIG Literature Updates

For the past few years, the Pharmacy Special Interest Group (SIG) has been preparing a literature update which is shared with our SIG members. To get the latest monthly literature summaries, click here. We hope that you will enjoy reading them.

SIG Spotlight: Nurse Practitioner and Physician Assistant SIG

The ASBMT Nurse Practitioner (NP)/Physician Assistant (PA) special interest group (SIG) provides a forum for advanced practice providers to exchange ideas and information and for promotion of the advanced practitioner role in the field of blood and marrow transplantation.

Since its inception, a keen focus of the SIG has been education. NP/PA SIG members have an active role in the planning of two major live educational programs each year: the Clinical Education Conference at the BMT Tandem Meetings and the regional ASBMT Clinical Education Conference. This year’s regional ASBMT Clinical Education Conference was held Oct. 26-28 in Seattle, Washington, in conjunction with The Fred Hutch BMT Program at Seattle Cancer Care Alliance. This was the fourth regional ASBMT meeting to be held and continues to be well-
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SIG Spotlight (continued from page 9)
received. The educational content of the regional meeting includes some topics presented at the BMT Tandem Meetings so that attendees may have an opportunity to hear key points presented at the BMT Tandem Meetings.

The Clinical Education Conference at the 2018 BMT Tandem Meetings will kick off on Thursday, Feb. 22, and continue through Saturday, Feb. 24. Go to the meeting home page and click on “agenda.”

The SIG website also includes important links to education and training resources for advanced practice providers. In addition, the website provides information for clinical practices and facilities regarding the role of advanced practice providers in the care of stem cell transplant patients and provides guidance on optimal work models. Lastly, through the SIG website, advanced practice providers seeking career opportunities in transplant can utilize the ASBMT’s Job Connection service. Likewise, facilities or practices looking to hire advanced practice providers may post opportunities through the Job Connection service as well.

We encourage all advanced practice providers who are actively engaged in caring for the stem cell transplant patient population to become members of the NP/PA SIG. Membership in the NP/PA SIG is free but SIG members must be members of ASBMT. For more information on joining ASBMT and the NP/PA SIG, please visit our website. We look forward to having you join our SIG and welcome your thoughts and ideas on future projects and initiatives.

ISCT Survey on Delivering Cell Therapy Products to Patients
The International Society for Cellular Therapy (ISCT) Business Models and Cost of Goods Subcommittee is conducting a survey with the goal of better understanding the activities and costs associated with final product storage, transport and administration of cell therapy products to patients.

In an effort to solicit additional responses that will serve as the basis of a webinar and white paper, the Subcommittee is requesting your support in completing the survey if you have not already done so. The Subcommittee also encourages you to forward this survey to any stakeholders you know who have knowledge or experience in cell product distribution and administration.

The survey data collected will be used to develop a white paper/road map outlining key considerations and cost drivers in this final segment of the cell therapy value chain. Resources of this nature are valuable to educate and motivate members of the translation community. All respondents will be provided with the summary of survey results once available.

The Business Models and Cost of Goods Subcommittee recently published the first segment of the cell therapy roadmap in Cytotherapy, which is focused on key considerations and cost drivers from cell acquisition, through processing, clinical development and storage of cellular therapeutics.

If you have any questions about the survey, please contact the ISCT Head Office (isct@celltherapysociety.org). We appreciate your support with this survey.

Click here to start the survey.
ASSOCIATION NEWS (CONTINUED FROM PAGE 10)

Mourning the Loss of Dr. Oliver 'Ollie' Press
Lymphoma physician-scientist, leader and mentor made lifesaving contributions to the development of targeted cancer therapies
By Susan Keown/Fred Hutch News Service

Oliver “Ollie” Press, M.D., Ph.D., a world-renowned blood cancer physician and scientist who made foundational contributions to the development of targeted cancer therapies, died Sept. 29 of complications from glioma. He was 65.

Press had an international reputation as a scientist and oncologist specializing in blood cancers, especially lymphoma. He was best known for his impact on the development of radioimmunotherapies, which direct high-powered radiation straight to tumors using cancer-targeting antibodies. He held a variety of leadership roles in his field and was known for his dedicated mentorship of younger investigators. His scientific impact spans the research spectrum, from fundamental science to large-scale clinical trials.

“Ollie was an extraordinary physician-scientist and leader of [Fred Hutchinson Cancer Research Center’s] Clinical Research Division [from 2013-2016]. He was an early pioneer in the use of monoclonal antibodies to target radionuclides to tumors, always keeping the immediate needs of cancer patients foremost in his translational science,” said Dr. Gary Gilliland, president and director of Fred Hutch.

“Perhaps most importantly, he was a truly remarkable mentor — his legacy and his work will live on through his many trainees. He will be dearly missed but will remain an inspiration and role model to us all.”

To read this entire article, click here.

NEWS FROM THE NMDP

New Podcast: Dr. Linda J. Burns on Clinical Decisions in AML

Recent research indicates that a variety of factors, including treatment timing, age and early risk stratification, can help clinicians facilitate the best therapeutic plan for patients with acute myeloid leukemia (AML).

The National Marrow Donor Program (NMDP)/Be The Match, recently released a podcast designed to help you facilitate the best therapeutic plans for patients with AML.

In this podcast Linda J. Burns, M.D., vice president and medical director of Health Services Research at NMDP/ Be the Match, discusses how recent advancements have impacted AML treatment decisions. This brief podcast features key findings covered in the NMDP AML CME webinar series, including:

- AML risk stratification
- Impact of AML treatment timing
- AML therapy options for older adults

To access the podcast, click here.
**Amy Strelzer Manasevit Research Program**

The Amy Strelzer Manasevit Research Program for the Study of Post-Transplant Complications (Amy Research Program) is one of the largest and most coveted grants in the field of transplantation. The grant supports the research endeavors of scientists and clinicians early in their careers. Its goal is to launch these young investigators on a lifelong journey to discover solutions to potentially life-threatening post-transplant complications such as infection or graft-versus-host disease.

The emphasis on early support attracts new talent to the field and encourages the researchers to focus on these complications throughout their careers. Amy Scholars receive a maximum of $240,000 divided over three years from the Be The Match Foundation. This crucial funding enables the researchers to continue with their projects consistently without having to stop and apply for further financial support.

Access the application for the 2018 Amy Research Program and application instructions here.

**FACT Events at the 2018 BMT Tandem Meetings**

FACT will host several popular events at the 2018 BMT Tandem Meetings in Salt Lake City, Utah. Join us for this educational programming to gain well-rounded knowledge about the FACT Standards and accreditation process.

**Cellular Therapy Inspection and Accreditation Workshop – Feb. 20**

The blood and marrow transplant field has been a leader in voluntarily improving quality, and accredited Clinical Programs are currently adapting to several new FACT Standards and procedural changes to the accreditation process. This workshop will provide background on these changes. The morning workshop sessions include major topics such as how to effectively transition to the 7th Edition Hematopoietic Cellular Therapy Standards, Center for International Blood and Marrow Transplant Research data audits, clinical outcomes including center reported causes of low survival, and the accreditation of immune effector cellular therapy programs.

The afternoon session includes two different tracks: New Inspector Training Orientation and Common Citations. The Inspector Training track includes sessions on the FACT accreditation process, what documents to review before an inspection, the ins and outs of performing an onsite inspection, how to conduct an exit interview, and finally, how to be reported to the Standards Steering Committee for review and consideration as it begins to draft the next edition. Your input helps maintain the clarity, usefulness, and relevance of the Standards. Responses will be accepted through Dec. 29, 2017. The seventh edition is scheduled for publication in October 2019.
FACT Events (continued from page 12)

make your case via the inspection report. The Common Citations track will review recent deficiencies and corrections related to commonly cited Standards in the areas of quality management, personnel, and donor information and consent to donate. Sessions are accompanied by exercises and group discussions to practically apply lecture concepts to real-world experiences.

Note: Inspector trainees are required to attend the New Inspector Training Orientation Track.

View meeting details and register here.

Cellular Therapy Leadership Course 101 – Feb. 20

Do you want to improve your leadership skills? Everyone wins when leaders get better, and this half-day course is designed for that outcome.

The course is open to anyone who has (or aspires to) a leadership position in cell therapy – whether you direct a transplant center or laboratory, lead a cell collection service or cord blood bank, head a staff of nurses or transplant coordinators, hold an office or board position in a volunteer organization, chair a committee, or have any position in which you are expected to motivate and lead a team.

View meeting details and register here.

Cellular Therapy Advanced Leadership Course 201 – Feb. 20

If you completed FACT’s Cell Therapy Leadership 101 course previously and want more, the 201 course is for you.

This advanced workshop drills deeper into organizational development and leadership skills. Topics include:

- Characteristics of a healthy organization
- Adapting an organization to a changing environment
- Multiplying and diminishing the effectiveness of a team
- Leading from where you are
- Servant leadership
- Effective governing boards
- Strategic planning with a focus on outcomes

Participants in the prerequisite Cell Therapy Leadership 101 course in the morning also are eligible to register for the 201 course in the afternoon.

View meeting details and register online.

Registration Open!

FACT-ASBMT Quality Boot Camp – Feb. 21

Join us for the FACT-ASBMT Quality Boot Camp at the 2018 BMT Tandem Meetings on Feb. 21 in Salt Lake City, Utah. This year’s boot camp will focus on topics identified by programs and FACT as challenging. The boot camp will strengthen your quality assurance activities through an in-person workshop. Members of the FACT Quality Committee and the ASBMT Administrative Directors SIG Quality Working Group encourage you in the months leading up to the BMT Tandem Meetings to review your quality program and identify strengths and weaknesses. Quality experts will present concepts and lead roundtables that provide participants an opportunity to ask questions and help each other reach their goals during the boot camp.

View meeting details and register online.
**New Discovery for Fanconi Anemia Patients**

For the first time, researchers have demonstrated that gene-corrected cells from Fanconi anemia patients are capable of repopulating and developing proliferation advantage. Researchers of the study published in *Blood* performed a short transduction protocol of granulocyte colony-stimulating factor plus plerixafor-mobilized CD34+ cells from Fanconi anemia patients with a therapeutic FANCA-lentiviral vector that corrects the phenotype of in vitro-cultured hematopoietic progenitor cells. Transduced CD34+ cells were transplanted into immunodeficient mice, which led to reproducible engraftment of myeloid, lymphoid and CD34+ cells. An increase in the proportion of phenotypically corrected, patient-derived hematopoietic cells was noted post-transplantation with respect to the infused CD34+ graft. This demonstrated the proliferative advantage of corrected Fanconi anemia hematopoietic repopulating cells. These results prompted researchers to conclude that clinical approaches for Fanconi anemia gene therapy like those used in this study will facilitate hematopoietic repopulation in Fanconi anemia patients with gene-corrected hematopoietic stem and progenitor cells, providing potential new gene therapy for Fanconi anemia patients. *More...*

**Del-1 Plays Prominent Role in HSC Niche**

Developmental endothelial locus-1 (Del-1), a secreted glycoprotein, is a component and regulator of the hematopoietic stem cell (HSC) niche, according to a study appearing in *The Journal of Clinical Investigation*. Researchers discovered that Del-1 is expressed by several cellular components of the HSC niche, including arteriolar endothelial cells, CXCL12-abundant reticular cells and osteoblastic lineage cells. Del-1 is critical to the function of the HSC niche because it regulates long-term HSC proliferation and differentiation toward the myeloid lineage. Del-1 deficiency in mice led to reduced long-term HSC proliferation and infringed preferentially upon myelopoiesis under both stressful and non-stressful situations. Del-1-induced HSC proliferation and myeloid lineage commitment were mediated by β3 integrin on hematopoietic progenitors. The previously unknown function of Del-1 in the HSC niche represents a juxtacrine homeostatic adaptation of the hematopoietic system in stress myelopoiesis. *More...*

**CAR-T Therapy for T-Cell Malignancies**

Anti-CD5 chimeric antigen receptor (CD5CAR) natural killer-92 (NK-92) cells have potent effects against T-cell leukemias and lymphomas, as well as primary tumor cells, reports a study from *Leukemia*. For the study, researchers transduced CD5CAR into the human NK cell line NK-92, which underwent stable expansion ex vivo. In addition, researchers used xenograft mouse models of T-cell acute lymphoblastic leukemia to inhibit and control disease progression. Researchers indicated that, based on these results, CAR redirected targeting for T-cell malignancies using NK cells may be a potential new therapy to improve patient outcomes. *More...*
CALENDAR OF EVENTS

• NOVEMBER
  Society for Immunotherapy of Cancer
  Annual Meeting
  November 8-12
  National Harbor, Maryland

  National Donor Marrow Program/Be The Match
  Council Meeting
  November 10-11
  Minneapolis, Minnesota

  Canadian Blood and Marrow Transplant Group
  “Quality and Accreditation” webinar
  November 15

  Memorial Sloan Kettering
  Clinical Application of CAR T Cells
  November 16-17
  New York, New York

  European Society for Medical Oncology
  Asia Congress
  November 17-19
  Singapore

• DECEMBER
  American Society of Hematology
  Annual Meeting
  December 9-12
  Atlanta, Georgia

• JANUARY
  Cell & Gene Therapy World
  January 22-25
  Miami, Florida

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

• MARCH
  Regenerative Medicine Workshop
  March 21-24
  Isle of Palms, South Carolina

  National Comprehensive Cancer Network
  23rd Annual Conference
  March 22-24
  Orlando, Florida

  American Association for Cancer Research Annual Meeting
  April 14-18
  Chicago, Illinois

  European School of Haematology
  Clinical Updates on CLL and Indolent Lymphoma
  March 2-4
  Paris, France

  European School of Haematology
  4th International Conference on Hematologic Malignancies at Older Age: Biology and Therapy
  March 9-11
  Mandelieu, France

  Association of Community Cancer Centers
  44th Annual Meeting
  March 14-16
  Washington, D.C.

• APRIL
  6th International Conference on Myelodysplastic Syndromes
  April 26-28
  Mandelieu, France