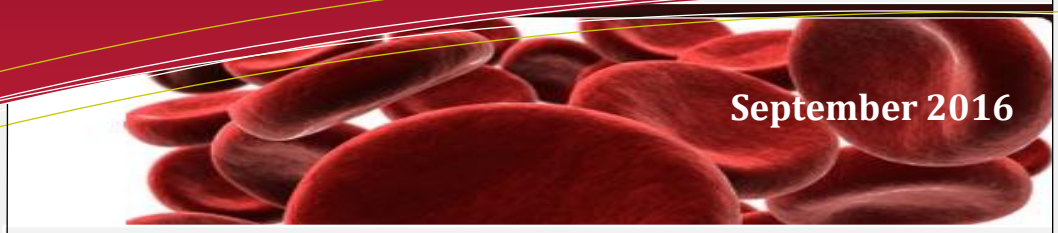
ASBMT eNews

American Society For Blood and Marrow Transplantation



Clinical Research

Matched, Unrelated Donors With KIR B Genotypes Benefit Non-Hodgkin Lymphoma Patients

Non-Hodgkin lymphoma (NHL) patients who receive an allogeneic transplant from a 10/10 HLA-matched, unrelated donor with killer immunoglobulin-like receptor (KIR) genotypes have better relapse and progression-free survival outcomes.

Appearing in a recent issue of *Biology of Blood and Marrow Transplantation*, the study included 614 NHL patients who received T-cell replete marrow or peripheral blood grafts from donors that were either 10/10 or 9/10 allele matched and had KIR B/x or KIR A/A genotypes. The patients who received 10/10 HLA-matched grafts from KIR B/x donors had a five-year relapse rate of 26% compared to 37% for the KIR A/A donor recipients. In turn, the KIR B/x cohort also had better five-year progression-free survival outcomes of 35% vs. 22% for the KIR A/A group. Multivariate analysis confirmed the relapse and progression-free survival advantages associated with KIR B/x. Mismatched transplant recipients did not benefit from KIR B/x donors, and the positive outcomes experienced by matched recipients were not linked to a specific KIR B gene. More...

Study Looks at Late Effects of Busulfan Conditioning on Young Children

The first-ever study to examine the late effects of busulfan-based myeloablative conditioning on infant and toddler umbilical cord blood transplantation recipients discovered that nearly all of the patients experienced at least one significant event at least five years after their transplant.

The study, published in *Biology of Blood and Marrow Transplantation*, examined outcomes of 102 children with a median age of 1 year at the time of transplant. Patients were treated for inherited metabolic diseases (59.8%), leukemia (17.6%), congenital immune deficiency (20.2%) bone marrow failure/myelodysplastic syndrome (3.9%) or hemoglobinopathy (2%).

Ten years post-transplantation, the overall survival rate for

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A Word From President Christopher Bredeson, M.D.

Greetings:

Finally! September! The summer, better known as the season of broken promises, has passed.

Perhaps it is a Canadian thing, or maybe as widespread as places with four seasons, but summer exposes our weaknesses: our "joie de vivre" overwhelms our "moral fortitude." Planning to eat fresh, healthy foods outside while practicing appropriate sun safety may have translated into a second burger and corn on the cob dripping with butter and our skin the color of freshly steamed lobster. Of course, local craft beer or, if desperate, a hard cider might have been the beverage of choice to relieve the heat of the sunburn. Regular exercise this summer meant cheering on the Olympians every day for two weeks; it was exhausting. Bring on the cool evenings and fall colors. And for those with children, the school routine and regular bedtime is back. Come on, admit it, we are all happier after Labor Day!

September begins a busy time for the ASBMT. First on the list will be identifying new members to participate in ASBMT efforts. There are committees to refresh and slates of candidates to put forth for election to ASBMT leadership positions. I guarantee our presidential and vice presidential candidates will be of better ilk than those running for a certain position in the U.S. this November.

I am particularly pleased to point out that with our new nomination system, well over a hundred people have been put forth for committees and elections. The ASBMT Nominating Committee will have a difficult time deciding between so many excellent volunteers.

September is also the time to begin planning for the 2017 BMT Tandem Meetings; registration is now open and abstract submissions are being accepted. Let's go fellows, clean that data!

In keeping with fall and back to school, the ASBMT will be sending out a few "quizzes" – okay, surveys – to help us better plan our activities and to assist in shaping our policies and initiatives. Please take the few minutes required to complete them when they arrive in your inbox. Completing the survey does not take much longer than deleting the email, and the warm glow you will feel after helping your Society will carry you through whatever boring administrative task you have to rush off to next.

Still with education, don't forget to consider attending the Third Annual Regional Conference for Nurse Practitioners (NPs), Physician Assistants (PAs) and Fellows. It will be held Oct 13-15 in Minneapolis. Check out the agenda and faculty here. This course reflects the efforts of our very dedicated and energetic NP/PA Special Interest Group. Effie Petersdorf, our past president, will be giving a “Best of Tandem” update. That alone is worth the trip.

I would be remiss if, before closing, I did not wish Bob Krawisz, our long-standing associate executive director, all things good as he moves on from the ASBMT to new adventures. Please look for a little more about his time with the ASBMT inside this *eNews*.

September, still warm enough for ice cream but with the promise of hot chocolate in the air...

Cheers,

Chris

Legislation and Regulation

MACRA – What It Means to You

Starting in 2017, a new alphabet soup of federal programs (MACRA, MIPS, APM) will affect the ASBMT community. The Medicare Access and CHIP (Children's Health Insurance Program) Reauthorization Act (MACRA) was passed in 2015 to reform health care payment. This plan will implement two pathways for physician payment through governmental payers (Medicare and Medicaid): 1) a merit-based payment incentive system (MIPS) and 2) alternative payment models (APMs).

MIPS will compensate physicians based on peer comparisons for both meeting quality measures and utilizing resources for every episode of care.

Alternatively, APMs are reimbursement models, featuring bundled payments per episode. This is similar to the commercial case rates currently used by many physicians within the blood and marrow transplantation (BMT) field for commercial payers of hematopoietic cell transplantation (HCT) services.

All Medicare and Medicaid services will be reimbursed by one of these two pathways by January 2019. Due to the mass confusion surrounding the implementation of MACRA and how it will impact our members, ASBMT is developing a webinar to educate the BMT community.

Given the magnitude of changes to be initiated within the payment system as MACRA is implemented, ASBMT is currently convening a strategic working group to meet with the Centers for Medicare and Medicaid Systems (CMS) to ensure that patients will retain continuity of access for HCT services and can continue to rely on their HCT providers for long-term follow up. James Gajewski, M.D., and others on the ASBMT board of directors are serving on several CMS advisory groups to monitor and offer input on MACRA implementation and provide strong advocacy for our membership.

ASBMT has been monitoring the forthcoming MACRA implementation, and in early 2016, asked CMS for separate specialty designation to ensure that HCT physicians are not measured against physicians practicing general hematology and medical oncology for resource utilization, but instead, are measured against each other. Additionally, ASBMT is strongly urging CMS to utilize acuity metrics for severity of illness and comorbidities to compare resource utilization.

ASBMT leaders are meeting with several national health policy experts to discuss best strategies for ensuring that our patients continue to have appropriate access to care. Among these efforts, ASBMT hopes to meet with CMS to discuss options.

Stay tuned to *ASBMT eNews* for updates on MACRA and the development and release of the ASBMT MACRA webinar.

Association News

ASBMT Partners With CBMTG to Join ABIM's *Choosing Wisely* Campaign

Choosing Wisely is an initiative of the American Board of Internal Medicine (ABIM) Foundation, developed to spark conversations between providers and patients to ensure the *right care* is delivered at the *right time*.

Choosing Wisely centers around evidence-based recommendations of "Things Providers and Patients Should Question." More than 70 specialty society partners have collaborated with the campaign and released

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Choosing Wisely (continued from page 3)

recommendations with the intention of facilitating wise decisions about the most appropriate care based on a patient's individual situation.

Through the efforts of the newly formed ASBMT *Choosing Wisely* Subcommittee, led by Navneet Majhail, M.D., ASBMT and the Canadian Bone Marrow Transplant Group (CBMTG) have partnered with *Choosing Wisely*, both in the U.S. and Canada, to develop an international *Choosing Wisely* blood and marrow transplantation initiative.

ASBMT committees are currently at work developing "don't" and "avoid" statements for the *Choosing Wisely* lists. We hope to have the ASBMT-CBMTG contribution prepared and ready to unveil at the 2017 BMT Tandem Meetings. This is an exciting joint effort by our two societies, and we thank Dr. Majhail and the *Choosing Wisely* co-chairs, Sita Bhella, M.D., and Matthew Seftel, M.D., for working so quickly to foster this important collaboration.

Goodbye and Thank You!

After more than 11 years serving as associate executive director of the ASBMT, Bob Krawisz has left the organization to pursue other opportunities.

Over the years, Bob has been a conscientious and hardworking staff member and has helped launch the Society's Corporate Council, staffed a number of key committees and special interest groups, and helped manage the past 11 Tandem meetings.

Before joining the ASBMT in 2005, Bob worked in both nonprofit and for-profit worlds. Besides working for such associations as the American Medical Association, the National Safety Council and the American Society for Quality, Bob volunteered on the boards of several nonprofits, most notably the Museum of Contemporary Art, where he helped obtain funding for the current building.

Bob will be missed, and we wish him well.

September-November: AML Webinar Series Explores Changing Landscape of Clinical Decision Making

From emerging molecular and cytogenetic alterations to treatment timing and improving outcomes for older patients, the landscape of treatment decision-making in acute myeloid leukemia (AML) is changing. Three upcoming live continuing medical education (CME) webinars will use case studies to provide clinicians with the latest research on key areas

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AML Webinar (continued from page 4)

affecting clinical decision-making for patients with AML.

During the first webinar on Thursday, Sept. 29, Clara D. Bloomfield, M.D., Jessica Altman, M.D., and Aaron Gerds, M.D., will discuss AML risk stratification and the influence of emerging cytogenetics and molecular markers on treatment decisions.

On Thursday, Oct. 20, Robert J. Soiffer, M.D., Ellen Ritchie, M.D., and Roland Walter, M.D., will share research on making AML therapy decisions at first remission, and how timing impacts outcomes.

On Thursday, Nov. 17, Fred Appelbaum, M.D., James Foran, M.D., and Laura C. Michaelis, M.D., will discuss patient comorbidities, disease factors and assessment tools that influence treatment decision-making for AML patients over age 60.

All webinars are scheduled from 4-5 p.m. (Central Time Zone). Find full details on the CME activities at BeTheMatchClinical.org, and share this information with your community hematologists/oncologists who could apply the information to their clinical practices. Attendees can register for all three free webinars or select the ones that fit their schedule.

This series is being sponsored by The National Marrow Donor Program/Be The Match.

October 13-15: 3rd Annual Regional Conference for NPs, PAs and Fellows Featuring *Best of Tandem*

This two-and-a-half-day continuing medical education program will update nurse practitioners, physician assistants, fellows and junior faculty on key findings presented at the annual BMT Tandem Meetings, as well as other timely and highly relevant research and clinical care topics in the field of blood and marrow transplantation (BMT). Through lecture and case-based presentations, specialists in the field will discuss current treatment challenges faced by clinicians involved in the care of both adult and pediatric transplant patients. The conference will also feature ample opportunity for interactive discussion and question-and-answer sessions. After this meeting, attendees will be able to:

- Assemble and integrate new knowledge and research findings into the evaluation and treatment of BMT patients.
- Develop skills that may help prevent burnout and inform peers how to manage challenges, such as high-acuity and emotionally demanding patients.

- Summarize current trends and describe new updates related to transplant medicine.
- Recognize current therapeutic options for specific conditions and complications associated with BMT, critical care management and chimeric antigen receptor T-cell therapies.

View meeting details and register online.

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ASSOCIATION NEWS (CONTINUED FROM PAGE 5)

Feb. 22-23: Beyond Fundamentals of HCT

This extensive training program provides practitioners with the skills required to care for patients undergoing hematopoietic cell transplantation (HCT), with a focus on pharmacotherapeutic management throughout the transplant process. Registration for this course includes access to the live two-day program with continuing pharmacy education, continuing medical education and nursing continuing education, as well as the comprehensive electronic course book containing more than 1,500 pages of rigorously peer-reviewed clinical information.

NEW TO THE LIVE PROGRAMMING… will be panel-based discussions about infectious complications and graft-versus-host disease, as well as sessions covering busulfan pharmacokinetics, pediatric HCT pharmacokinetics, and pediatric HCT and immune reconstitution.

The course will be offered in conjunction with the 2017 BMT Tandem Meetings. (Registration for Tandem 2017 is not required in order to register for the Beyond Fundamentals Conference). The target audience for this course includes pharmacists, physicians (including residents and hematology/oncology fellows), advanced practice providers and nurses. View meeting details and register online.

BMT TANDEM MEETINGS

Registration Now Open

Registration is NOW OPEN for the 2017 BMT Tandem Meetings. The 2017 event will take place at the Gaylord Palms Convention Center in Kissimmee (Orlando), Florida, Feb. 22-26. Additional details and registration information are available on the 2017 BMT Tandem Meetings website.

Call for Abstracts is Open – Oct. 3 Deadline

More than 100 abstracts will be selected for oral presentation during scientific sessions at the 2017 Tandem Meetings. Additional abstracts will be presented during parallel conferences, and more will be selected to be viewed as poster presentations. The deadline for submitting abstracts for consideration is Oct. 3.

Visit the ASBMT website for additional details. Visit the 2017 BMT Tandem Meetings website to submit your abstract.

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BMT TANDEM MEETINGS (CONTINUED FROM PAGE 6)

FACT Cellular Therapy and Accreditation Workshop at 2017 Tandem Meetings

This workshop is an opportunity to learn more about the Foundation for the Accreditation of Cellular Therapy's (FACT) standards and accreditation process. The agenda will focus on new developments for clinical cellular therapy programs, including clinical outcomes, data management and immune effector cell programs.

Two tracks will be offered: an applicant track and an inspector track. Sessions are accompanied by exercises and group discussions to practically apply lecture concepts to real-world experiences.

View meeting details and register online.
Visit the 2017 BMT Tandem Meetings website.

CLINICAL RESEARCH (CONTINUED FROM PAGE 1)

Busulfan Conditioning (continued from page 1)

those who were alive five years after transplant was 93%, but 98% of these patients had experienced at least one late effect. In addition, more than 83% of the patients had two or more late effects and nearly 65% experienced at least three late effects. The most common late effect experienced by patients was dental problems (92.2%), followed by short stature (55.9%), cognitive deficits (53.6%), pulmonary dysfunction (18.6%) and abnormal pubertal development (27.9%). More...

Treosulfan Conditioning Safe for Pediatric Granulomatous Disease Patients

A study appearing in *Blood* reports that treosulfan-based conditioning with allogenic hematopoietic cell transplantation is safe for children with high-risk chronic granulomatous disease.

Researchers studied the outcomes of 70 patients, 91% of whom had high-risk factors, such as infection and/or inflammation. Nearly three years after transplantation, the overall survival rate was 91.4% and event-free survival was 81.4%. Of the six patients who died, only two happened within the first 100 days after transplant, demonstrating the low toxicity of the regimens, according to the study.

The researchers also discovered that eight patients developed acute grade III-IV graft-versus-host disease (GVHD) and nine developed chronic GVHD. In addition, 80% of the surviving patients had at least 95% myeloid donor chimerism, and secondary grafts failed in 12% of the patients.

The researchers concluded that further studies are necessary to compare treosulfan-based conditioning to other regimens and to determine its long-term effects, especially on fertility. More...

TRANSLATIONAL SCIENCE STUDIES

New Tool Diagnoses Complications and Predicts Survival After Endothelial Cell Damage

Researchers of a study appearing in *Biology of Blood and Marrow Transplantation* have created a biomarker panel that can diagnose endothelial cell damage-related complications following allogeneic hematopoietic cell transplantation. The panel also is able to predict subsequent survival. For the study, researchers studied data from 188 transplant recipients and discovered a link between the onset of transplant-related complications and the peripheral blood levels of angiopoietin 2, C-reactive protein, D-dimer and thrombomodulin, which they used to create the biomarker panel. Patients were then divided into low-, intermediate- and high-risk groups. Five years after transplantation, the low-risk group had the best overall survival outcomes at 76.2%, followed by 54.9% for the intermediate-risk patients and 26.9% for the high-risk cohort. More...

Clinical-Grade CD-19-CAR T Memory Cells Produced by Researchers for B-Cell Malignancy Patients

Researchers have discovered a way to generate large quantities of clinical-grade CD19-specific chimeric antigen receptor (CD-19-CAR)-modified $CD8^+$ T memory stem cells (T_{SCM}) that are comparable to these cells naturally produced by the body, according to a study published in *Blood*. To genetically express a CD19 CAR, $CD8^+CD62L^+CD45RA^+$ naïve T cells enriched by streptamer-based serial-positive selection were activated by CD3/CD28 engagement in the presence of interleukin-7, interleukin-21 and the glycogen synthase-3β inhibitor TWS119. The engineered cells had better metabolic fitness and longer-lasting antitumor responses against systemic acute lymphoblastic leukemia xenografts than modified $CD8^+$ T cells currently used with clinical research. The researchers concluded that the newly created CD19-CAR-modified $CD8^+$ T_{SCM} have the capacity to be clinically tested in a phase 1 trial investigating their role in B-cell malignancies refractory to allogeneic hematopoietic cell transplantation. More...

IL-33 Transplant Contributes to Acute GVHD Protection

Peri-allogeneic hematopoietic cell transplantation (HCT) of interleukin-33 (IL-33) appears to increase the number of regulatory T cells (Tregs) that protect mice from developing acute graft-versus-host disease (GVHD), according to a study appearing in *Blood*. The researchers of the study discovered that IL-33-expanded Tregs prevented GVHD by controlling macrophage activation and stopping effector T cells from accumulating in GVHD-target tissue. In addition, IL-33 stimulated suppression of tumorigenicity-2 (ST2) on Tregs. This started p38 MAPK, causing the $ST2^+$ Treg subset to multiply. Other studies showed that expanding Tregs demonstrate IL-33-independent upregulation of ST2, and transferring $st2^+$ into mice facilitated GVHD protection. The study results led researchers to conclude that IL-33 can be used with Tregs to therapeutically prevent GVHD after allogeneic HCT or to induce tolerance in solid organ transplantation. More...

Calendar of Events

•September

European Association for Haematopathology
18th Meeting
September 3-8
Basel, Switzerland

European School of Haematology
2nd International Conference on New Concepts in B-Cell Malignancies
September 9-11
Estoril, Portugal

European School of Haematology
18th Annual John Goldman Conference on Chronic Myeloid Leukemia: Biology & Therapy
September 15-18
Houston, Texas

American Association of Tissue Banks
Annual Meeting
September 20-24
New Orleans, Louisiana

Association of Physician Assistants in Oncology
19th Annual Conference
September 22-25
Orlando, Florida

American Society for Histocompatibility & Immunogenetics
Annual Meeting
September 26-30
St. Louis, Missouri

Foundation for the Accreditation of Cellular Therapy
Cellular Therapy and Cord Blood Inspection and Accreditation Workshop
September 29
Memphis, Tennessee

National Comprehensive Cancer Network
11th Annual Congress: Hematologic Malignancies
September 30-October 1
New York, New York

•September

International Society for Cellular Therapy
North America Regional Meeting
September 30-October 2
Memphis, Tennessee

•October

European School of Haematology
3rd International Conference on Multiple Myeloma
October 7-9
Milan, Italy

European Society for Medical Oncology
Annual Congress
October 7-11
Copenhagen, Denmark

ASBMT
3rd Annual Regional Meeting for NPs, PAs and Fellows
October 13-15
Minneapolis, Minnesota

Histiocyte Society
32nd Annual Meeting
October 17-19
Dublin, Ireland

European Society for Gene & Cell Therapy
Annual Congress
October 18-21
Florence, Italy

Association of Community Cancer Centers
33rd National Oncology Conference
October 19-21
St. Louis, Missouri

AABB
Annual Meeting
October 22-25
Orlando, Florida

European School of Haematology
7th International Conference on Myeloproliferative Neoplasms
October 27-29
Estoril, Portugal

•November

Society for Immunotherapy of Cancer
Annual Meeting
November 9-13
National Harbor, Maryland

National Donor Marrow Program/Be The Match
Council Meeting
November 10-12
Minneapolis, Minnesota

European Association of Tissue Banks
25th Congress
November 23-25
Hannover, Germany

•December

American Society of Hematology
58th Annual Meeting
December 3-6
San Diego, California

European Society for Medical Oncology
Asia Congress
December 16-19
Singapore

•January

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

•February

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

•2018

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

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