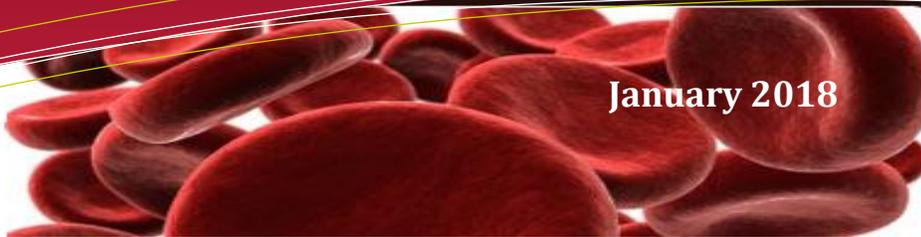


ASBMT eNews

AMERICAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION



January 2018

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BMT Tandem Meetings

February 21-25, 2018
Salt Lake City, Utah

Comprehensive Update on Blood and Marrow Transplantation
Early Registration & Abstract Deadline: October 3, 2017

• Laboratory Research • Clinical Investigations • Patient Care



ASSOCIATION NEWS

Celebrating 25 Proud Years of ASBMT

Happy new year! Do you know what happens in 2018? The ASBMT will celebrate its 25th Anniversary!

To celebrate throughout the year, each



monthly issue of *BBMT* will contain something special about ASBMT's anniversary, including histories, photos, and personal memories from those who were there when it all started.

Be sure to follow ASBMT on Facebook and Twitter for videos from ASBMT leadership – past and present – who will share stories about ASBMT's early years, and they will tell you why they are proud to be a member of ASBMT.

You are also encouraged to share your own video wishing ASBMT a happy anniversary or tell others

what ASBMT means to you! And of course, this February, drop by the ASBMT booth at the

2018 BMT Tandem Meetings in Salt Lake City to walk down memory lane and revisit some of the accomplishments ASBMT has helped to bring about since 1993. There will also be a plenary celebration which will include presentations about the Society's beginnings, critical advances in clinical research and transplantation immunology, and a brief look into the future. To learn more, visit [here](#).

CLINICAL RESEARCH

Ibrutinib for Chronic GVHD

Ibrutinib safely and effectively treats active chronic graft-versus-host disease (GVHD) when frontline corticosteroid-containing therapies fail reports a study appearing in *Blood*. For the study, 42 adult patients, who had as many as three failed corticosteroid treatments, took 420 mg of ibrutinib

daily. More than one year later, 67% of the patients had responded to the ibrutinib treatment. Of these patients, 71% had a response that lasted at least five months.

According to the study, the median corticosteroid dose decreased from

Continues on page 3

A WORD FROM PRESIDENT KRISHNA KOMANDURI, M.D.

New Year's Resolutions

Dear Colleagues,

I hope all of you had a very happy and joyful holiday season, and that those of you who weren't engaged in patient care or meeting research deadlines enjoyed some precious time off with your loved ones. After a whirlwind 2017



(much of it spent on airplanes) I had chance to decompress with my family at the end of the year. This included some time reading a couple of novels and catching up on TV and also video game schooling at the hands of our triplets (who just turned 15) and our 11-year-old son. I even picked up my (dusty) guitar and clarinet after several years, though for the sake of the sanity of my loved ones played mostly when others were sleeping.

Given the season, I've made some personal resolutions for the coming year. Most importantly, I will strive for better work-life balance, especially following the completion of my leadership term in February. I hope to restart music lessons and also to continue my recreational reading. Like many of you, I hope to eat better and to exercise more (especially given the need to work off those holiday pie slices). Since I'm a dreamer, I'm also hoping for that long elusive Vikings Super Bowl appearance, though the pragmatist in me knows that a late collapse is far more likely.

For our Society, 2018 will also be an important year for new directions. I am thrilled that Dr. John DiPersio will succeed me as our President. John's scientific insights, history of translational research accomplishments and his love for mentorship will serve the society well. In particular, I am certain he will strengthen the scientific impact of the Society through the quality of our meetings, collaborations and via our career development activities.

In one of the most important changes of the coming year, the ASBMT will also transition to a new association management company (AMC). For those who are unaware, our Society does not maintain an independent office, but like many other professional societies and nonprofit organizations relies instead on an AMC to facilitate its many core functions, from membership to support for our many committees, task forces and SIGS to other activities that include meeting planning and execution and communications functions (including *e-News*). Since 1996, the ASBMT relied on Executive Administration, Inc. (EAI) a Chicago-based firm.

In the 21 years since EAI assumed our management functions, the ASBMT has grown significantly in membership, impact and organizational complexity. In the past year, our Executive Committee and board, following input from a large number of members and partners, reassessed our management needs in light of this significant transformation. Following this careful self-reflection, we decided it was best to solicit new proposals from leading management organizations with strong experience serving as AMCs for health professional societies. Facilitated by an outside firm (Bloch and Reed) specializing in AMC transitions and relying on a task force led by ASBMT Past-President Fred LeMaistre, we narrowed a large field of possibilities to three leading firms that made *in person* presentations to our task force. Based on the strength of both written and oral presentations that reflected a clear understanding of our strengths and needs, our task force identified finalists that we felt could clearly meet the diverse challenges we are likely to face in upcoming years. These include an ability to address increasingly important health policy issues, to continue to improve internal and external communications and informatics capabilities and a general ability to evolve along with our Society. While our contract negotiations are not yet finalized, I am

Continues on page 3

PRESIDENT'S MESSAGE (CONTINUED FROM PAGE 2)

very confident that we will be able to name our new AMC by the 2018 Tandem Meetings in Salt Lake City.

What does this transition mean for our membership and our Society? First and foremost, we expect that our new AMC will bring new expertise and greater resources to address our current and future needs. Based on staffing plans submitted to our board, this transition will lead to better staffing and support for our SIGS, committees and task forces. Our new AMC will help us to complete our strategic planning process initiated this past fall and will work with all of you to define and realize a set of short- and long-term strategic goals that can further advance our field and increase the impact of the ASBMT. Finally, we expect this to improve our strategic partnerships with a broad range of organizations, including the CIBMTR, FACT, ISCT and Be the Match and other professional and scientific societies including ASH, ASCO and the ASGCT, among others.

While we hope to have our new AMC take over completely by late spring, we ask for your patience and cooperation as some bumps will inevitably be felt in the months ahead. I am

grateful for the cooperation of ASBMT Executive Director Ken Luurs and our staff members based with EAI for their gracious efforts to support this transition.

While it is unfortunately true that many resolutions will fade into unrealized aspirations, I have sincere hope for the new year and for the ASBMT. While 2017 was characterized by political uncertainty, a progressively warming climate and natural disasters that affected many of us, I hope that coming year will be characterized by peace and genuine goodwill locally and internationally. I expect we will continue to witness small and large miracles as the impact of our scientific and clinical accomplishments of ASBMT members continue to reach the patients and families we serve. The ASBMT will continue to do everything we can to facilitate your success in the coming year. I personally look forward to hearing from many of you to ensure we continue to do all we can to meet your needs in the coming months. And wish all of you and your loved ones a very healthy and happy 2018.

Best regards, *Krishna*

CLINICAL RESEARCH (CONTINUED FROM PAGE 1)

Ibrutinib for Chronic GVHD (continued from page 1)

.29 mg/kg per day to .12 mg/kg per day at week 49, and five of the patients were able to stop taking corticosteroids. The most common side effects associated with ibrutinib were fatigue, diarrhea, muscle spasms, nausea and bruising. In addition, plasma levels of soluble factors

related to inflammation, fibrosis and chronic GVHD significantly decreased because of the ibrutinib. This clinical trial was the premise for the drug being approved for this indication in the United States. [More...](#)

Rituximab-Based Therapy for Newly Diagnosed Chronic GVHD

A phase 2 clinical trial appearing in *Blood* has found that adding rituximab to corticosteroid and cyclosporine A is a safe and effective first-line method for treating newly diagnosed chronic graft-versus-host disease (GVHD). The study included 24 patients with

mild, moderate or severe chronic GVHD. All of the patients were given 375 mg/m² of rituximab weekly for four weeks. Patients with a partial response received a second course of rituximab one month later.

Continues on page 4

CLINICAL RESEARCH (CONTINUED FROM PAGE 3)

Rituximab-Based Therapy for Newly Diagnosed Chronic GVHD (continued from page 3)

One year after starting rituximab-based therapy, 83% of the patients had responded to the treatment and 74% were able to stop the corticosteroids. The one-year overall survival was 83% and nonrelapse mortality was only 14%. The researchers discovered that PD-L1^{hi} naïve B cells increased after anti-CD20 B-cell

depletion. However, activated ICOS^{hi} PD-1^{hi} circulating T follicular helper (Tfh) cells decreased after rituximab treatment, leading researchers to conclude that the safety and efficacy of rituximab-based treatment may be partially due to an effect on PD-L1^{hi} B and Tfh cells. [More...](#)

Sickle Cell Disease and Mixed Chimerism

Researchers have discovered a relationship between stable donor chimerism greater than 25% or hemoglobin S less than 50% is required for sickle cell disease patients to remain symptom free after hematopoietic cell transplantation, according to a study published in *Biology of Blood and Marrow Transplantation*. Researchers evaluated chimerism, hemoglobin S levels and symptomatic disease in 95 sickle cell disease patients 100 days, one year and two years after transplant. They discovered that 35 patients had full donor chimerism through the first two years after transplant. In addition, 13 patients had

donor chimerism of less than 10%, which resulted in graft failure. Mixed chimerism, ranging from 10% to 94%, was reported in 47 patients; the lowest chimerism without sickle cell symptoms was 26%. Twelve patients who survived experienced recurrent disease, which was identified by the presence of vaso-occlusive disease, acute chest syndrome, stroke and/or a hemoglobin S level greater than 50%. Three of the patients received a second transplant for graft failure but none of the patients were administered a donor leukocyte infusion to maintain mixed chimerism or prevent graft failure. [More...](#)

BMT Tandem Meetings

February 21-25, 2018
Salt Lake City, Utah



Salt Palace Convention Center
Salt Lake City, Utah
Feb. 21 –25, 2018

Registration is Still Open

The BMT Tandem Meetings are the combined annual meetings of the Center International Blood and Marrow Transplant Research and the ASBMT. Each year more than 3,000 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 and cell therapy.

Visit the [BMT Tandem Meetings 2018 website](#) for housing information and to register today.

BMT TANDEM MEETINGS (CONTINUED FROM PAGE 4)

Experience the 2018 BMT Tandem Meetings via Streaming Video!

If you can't get away to the 2018 BMT Tandem Meetings in Salt Lake City this year - but don't want to miss out on things your colleagues are experiencing, there is a way to experience the meetings via streaming video.

You can actively view numerous sessions right from your computer. We will be using a streaming platform this year – as opposed to last year's virtual program. You will see what the "in-person" attendees are seeing and hear what they hear in real time but the streaming video

software should be easier for most people to access.

Participants will have access to presentation slides and live audio, including an interactive chat platform for question and answer through session moderators. You will be able to select plenary sessions, concurrent sessions and symposia.

Best of all, just like in-person attendees, you can earn CME. Watch your email – more details will be released soon.

PosterCast® App to Allow Attendees to Hear Poster Presentations

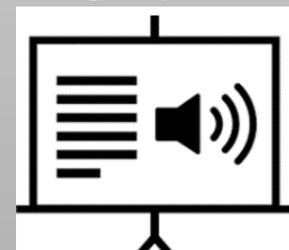
For the first time at BMT Tandem Meetings, in-person attendees will be able to listen to posters. Attendees will have access to PosterCast, a free downloadable platform that will store the audio presentations provided by each of the BMT Tandem Meetings Poster Presenters. It's a bit like using a self-guided audio tour at an art museum.

Listen to posters:

- Before a poster session to help you pick what to see.
- During viewing hours when presenters are not around.
- During a poster session when crowds make concentrating difficult.
- After a poster session to catch up on what you missed.

Are you presenting a poster at BMT Tandem Meetings this year?

In early 2018, ASBMT will email you a unique key that will allow you to quickly and easily create and upload a three-minute audio description of your poster. At the meeting, attendees will be able to scan a barcode on your poster and listen to your description.



PosterCast streaming is especially valuable during viewing hours, when posters are unattended by presenters. Learn more about PosterCast at postercast.com.

Getting to the Meeting

There are many wonderful hotels to choose from for the 2018 BMT Tandem Meetings. Be sure to book your hotel soon! To see a full list of your available options, to modify your reservation or to read the housing FAQ, [click here](#). Changes can be made online through Feb. 13, 2018. After that date, you will need to

contact your hotel directly.

The BMT Tandem Meetings has partnered with various airlines to secure discounted air travel rates for meeting attendees. To take advantage of the discounted airfare and car rental rates, [click here](#).

BMT TANDEM MEETINGS (CONTINUED FROM PAGE 5)

Travel Grant Winners Announced

Congratulations to the following fellows who have been awarded travel grants to attend the 2018 BMT Tandem Meetings Feb. 21-25 in Salt Lake City:

Yasuyuki Arai, M.D., Ph.D.
Bethesda, Maryland

Gaurav Nayyar, MBBS, Ph.D.
Valhalla, New York

Priscila Badía Alonso, M.D.
Cincinnati, Ohio

Sagar S. Patel, M.D.
Cleveland, Ohio

Jordan L. Baskett, Pharm.D.
Nashville, Tennessee

Neha R. Patil, M.D.
Detroit, Michigan

Pavan K. Bhamidipati, M.D.
Saint Louis, Missouri

Yara E. Perez, M.D.
White Plains, New York

Evan C. Chen, M.D.
Boston, Massachusetts

Shabnam Rehman, M.D.
Buffalo, New York

Andrew Ip, M.D.
Atlanta, Georgia

Sanket Shah, M.D.
Kolkata, India

Tania Jain, MBBS
Phoenix, Arizona

Celina Szanto, M.Sc.
Utrecht, Netherlands

Kevin C. Miller
Rochester, Minnesota

Brigitte van den Broek, M.D.
Utrecht, Netherlands

BMT Tandem Meeting Contact Information

If you have questions about the BMT Tandem Meeting 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

ASSOCIATION NEWS

Call for Survivorship Prospective Research Concepts – Deadline Jan. 15

We are delighted to announce the second annual meeting of the ASBMT HCT Survivorship Special Interest Group (SIG) will be held on Wednesday, Feb. 21, 7 a.m. – 8:30 a.m. during the BMT Tandem Meetings.

Shahrukh Hashmi, M.D. (SIG chair) and Linda Burns, M.D. (SIG co-chair) are soliciting

research concepts for presentation/discussion at the SIG meeting that focus on prospective research studies of any late effects/complications of autologous or allogeneic transplantation.

[Click here to download a PDF document](#) with information and instructions on preparing your

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ASSOCIATION NEWS (CONTINUED FROM PAGE 6)

Call for Survivorship Prospective Research Concepts (continued from page 6)

concept sheet. There is a two-page limit with a deadline for submission of Jan. 15, 2018.

Submit your concept via email

attachment to Shahrukh Hashmi, M.D., SIG chair, at Hashmi.Shahrukh@mayo.edu.

Meet Your Next ASBMT President, John F. DiPersio, MD, PhD

John F. DiPersio, M.D., Ph.D., chief of the Division of Oncology at Washington University School of Medicine in St. Louis, will become president of the ASBMT during the BMT Tandem Meetings in Salt Lake City next month. He has served on the ASBMT Board of Directors for several years.



Dr. DiPersio's clinical research focuses on fundamental and translational aspects of leukemia and stem cell biology. These studies include identification of genetic abnormalities in human leukemias, understanding processes involving stem cell and leukemia cell trafficking, and clinical and translational programs in both leukemia/myelodysplastic syndrome and stem cell transplantation.

Among his many accomplishments, Dr.

DiPersio was instrumental in developing a drug called plerixafor that was approved by the U.S. Food and Drug Administration in 2008 to help treat multiple myeloma and non-Hodgkin's lymphoma.

Dr. DiPersio is chair of the American Society of Hematology Scientific Committee on Hematopoiesis, a member of the Board of Scientific Counselors (Clinical Science and Epidemiology) for the National Cancer Institute, and the 2013 recipient of the Daniel P. Schuster Distinguished Translational Investigator Award from Washington University. He has authored or co-authored more than 230 publications.

Dr. DiPersio received his M.D. and Ph.D. from the University of Rochester and his B.A. in Biology (Magna Cum Laude) from Williams College.

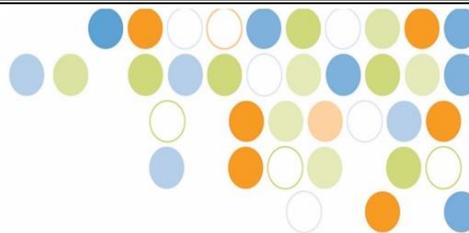
If you see him at the BMT Tandem Meetings, say "Hi!"

Interested in learning more about blood and marrow transplantation?

Join us at the 2018 Fundamentals of Hematopoietic Cell Transplantation (HCT) Training course. This course provides practitioners with the skills required to care for patients undergoing HCT, also referred to as blood or marrow transplant (BMT), with a focus on pharmacotherapeutic management through the transplant process.



This activity is eligible for 9 hours of ACPE credit; see final CPE activity announcement for specific details.



When: March 24-25, 2018; held immediately following the HOPA 14th Annual Conference

Where: Colorado Convention Center in Denver, CO

Cost: \$175 if registered by February 14
\$200 if registered after February 14



Register now at <http://bit.ly/Fundamentals18>

LEGISLATION & REGULATION

Policy Perspectives: New Year, Same Goals

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

As some of you are well aware, the start of a new year brings fresh starts, resolutions and...an ever-growing feeling of a generalized dread as the Tandem deadlines that were once far off are now just around the corner. The official medical term for this feeling is *Panic at the Disco* and the only real treatment is to carve out time to download all those vague, swirling ideas about your presentation, poster or committee materials into an actual usable format – an activity that is always easier said than done. (The good news is that one’s motivation tends to increase when the only other alternative is to attempt to chisel the ice from your driveway when the temperature is -5° F.) As I began stumbling through my Tandem preparations, it became clear that while we do have new areas of access and reimbursement issues to pursue, much of our focus this year will be on finishing what we have started – i.e. moving current initiatives from the halfway point to the finish line. A brief summary of these focus areas is below, and I will highlight Tandem sessions that plan to discuss these issues in more detail in February’s column. ***Finally – I listed a few articles and podcasts that I found particularly helpful recently at the end of the column.*** I will try to do the same thing in future months.



Hematopoietic Cell Transplantation

(HCT): 2018 will be heavily focused on pushing HR 4215 into legislative reality and on improving coverage of necessary indications for those Medicare beneficiaries needing HCT. The ASBMT will continue to work closely with the National Marrow Donor Program/Be The Match on these efforts and support their active efforts on the Hill to secure separate reimbursement for donor acquisition costs. If you have not submitted a

request to your Congressional representative, it is definitely not too late – the Hill will soon begin taking up discussion of a number of issues that were set aside in order to handle the tax bill. The Be The Match team has made it easy to send in your comments via [this link](#).

CAR-T: A primary focus for 2018 will continue to be working to improve Medicare reimbursement for CAR-T when it is provided in the inpatient setting. The ASBMT has arranged a series of calls between various Centers for Medicare & Medicaid Services (CMS)/Center for Medicare & Medicaid Innovation (CMMI) staff and clinical programs currently providing CAR-T, with the hope of partnering on a solution earlier than the beginning of the FY2019 payment year. On the coding front, as reported previously, the ASBMT has submitted requests for new current procedural terminology (CPT) codes for CAR-T to the American Medical Association. We are currently on the docket for the [February CPT meeting](#) and are awaiting comments from our application’s reviewers. If the comments warrant additional work, the codes may be moved to the May 2018 meeting. In either case, the codes are still within the 2020 coding cycle. Additionally, we expect that both Kite Pharma and Novartis have applied for CMS’ New Technology Add-on Payment (an additional temporary payment on top of the MS-DRG) for Fiscal Year 2019, which begins Oct. 1, 2018. CMS will be holding a public meeting to discuss the applications and receive public comments on the morning of Feb. 13, 2018. The meeting is [public](#) and can be joined in person (pre-registration required) or via [live stream](#).

Podcasts: For those of you that need a screen break or are trying to find a way to make your time on the treadmill go a bit faster, podcasts are a great way to get a more in-depth

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LEGISLATION & REGULATION (CONTINUED FROM PAGE 8)

Policy Perspectives (continued from page 8)

understanding of an issue. I've been turning to these far more often lately, so tweet me [@HCT_policy](#) if I missed a series that you really enjoyed.

- **Radiolab, Nov. 9, 2017 episode – [Match Made in Marrow](#):** A great special feature on the Be The Match registry, including insight from Steve Spellman of the Center for International Blood and Marrow Transplant Research.
- **Radio Times (WHYY), Aug. 31, 2017 episode – [Advances in Cancer Treatment](#):** A podcast featuring the University of Pennsylvania team just after the approval of Novartis' Kymriah.
- **[POLITICO Pulse Check](#):** Weekly in-depth discussions on health policy issues with guest experts. These podcasts usually outlive their publication date, so it's worth digging back in the archives for topics of interest.
- **[POLITICO Playbook Audio Briefing](#):** A two- to five-minute general daily update on the hottest topics of the day on the Hill.

Reading Round-up:

- Spark Therapeutics announced a price of \$850,000 for their newly approved gene therapy, along with [three new payment programs](#). These will be crucial to watch for potential rollover to other high cost therapies like CAR-T.
- *Harvard Business Review* provided an analysis of [how the tax bill will affect health care](#).
- A [New York Times piece](#) on the issues preventing passage of long-term extending funding for the CHIP program.
- [ACA enrollment numbers for 2018 are high](#), despite limited promotion and a shortened window to sign-up.
- Even those that only occasionally read about health economics likely recognize the name of Uwe Reinhardt, who passed away in November. His [obituary](#) in the *New York Times* outlined how his work and life impacted how we evaluate the costs of health care in both a local and global manner.

I wish you all the best of luck in your Tandem preparations – and in your avoidance of frozen driveways. As always, email me at StephanieFarnia@asbmt.org with any questions or concerns.

ASSOCIATION NEWS (CONTINUED FROM PAGE 7)

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. 22. If you did not receive your ballot instructions,

search your email inbox or spam/junk folder for an email from eBallot. (*Affiliate members and members-in-training are not eligible to vote.)



ASSOCIATION NEWS (CONTINUED FROM PAGE 9)

ASBMT Clinical Research Training Course – 2018

On Jan. 15, we will begin accepting applications for the 2018 Clinical Research Training Course, scheduled for July 11-16, 2018 at Hotel Park City, Park City, Utah.

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

Tuition, travel, housing and meal expenses

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

Applications will be accepted from Jan. 15, 2018 at 12:01a.m. (EST) to March 12, 2018 11:59:59 p.m. (PST).

Please visit the ASBMT website on Jan. 15 for full details and to submit your application.

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 at asbmt.org.

January ASBMT Self-Directed Learning Quiz

On behalf of the ASBMT Committee on Education, we are pleased to continue our monthly self-directed learning quiz "Basic Principles and Practices of Hematopoietic Cell Transplantation and Cell Therapy – Question and Answer Approach" for fellows in training, highlighting hematopoietic cell transplantation and cell therapy topics. Answers to each

question appear with evidence-based “non-exhaustive” peer-review commentary. Our aim is to provide you with a credible and freely available educational resource. Questions generated and reviewed by Syed Abutalib, M.D., Mark R. Litzow, M.D., and William A. Wood, M.D.

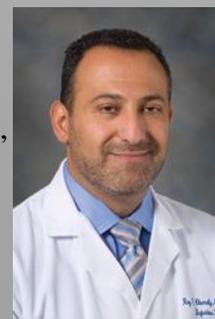
To take this month's quiz, [click here](#).

Transplant Infectious Diseases SIG Spotlight

The ASBMT Transplant Infectious Disease Special Interest Group (TID-SIG) was formally established in 2014 with a broad mission to pull together health care professionals with an interest in infectious diseases in recipients of hematopoietic cell transplantation (HCT) within the ASBMT. The TID-SIG strives to become the platform for an international forum for academic interactions and collaboration related to infectious diseases complications in HCT recipients.

The founding steering committee is led by Roy Chemaly, M.D. (chair, M.D. Anderson Cancer Center) and Dr. Michael Boeckh, M.D.,

Ph.D. (co-chair, Fred Hutchinson Cancer Research Center) and includes five founding members: Aliyah Baluch, M.D., M.Sc. (Moffitt Cancer Center), Kieren Marr, M.D. (John Hopkins), Janet Englund, M.D. (University of Washington), Ella Ariza, M.D. (M.D. Anderson Cancer Center), and Sherif Mossad, M.D. (Cleveland Clinic).



Dr. Chemaly

Continues on page 11

ASSOCIATION NEWS (CONTINUED FROM PAGE 10)

Transplant Infectious Diseases SIG Spotlight (continued from page 10)

Membership has grown over the past few years to more than 200 health care professionals, including physicians, pharmacists, physician assistants, nurse practitioners, fellows or trainees, and other related healthcare professionals.

Our achievements and current goals are numerous and are summarized below:

- The TID-SIG website page has been updated and the charter and other information are available on the ASBMT website
- Steady increase of new membership for the TID-SIG
- Increase in the number of abstracts under Infectious Diseases category were submitted for BMT Tandem Meetings. Forty were received in 2017 and 58 were submitted for the 2018 Meeting.
- Ten abstracts were selected for oral presentations during the 2017 meeting; including one out of three as best clinical abstracts (VZV vaccine phase III trial) and one for oral late breaker presentation (Phase III Letemovir trial). For the 2018 meeting, nine were selected for oral presentations, one awarded the 2018 BMT Tandem Meetings Best Abstract and 47 will be presented as posters.
- Commitment of one sponsor for a young investigator award
- LISTSERV was created as a way to increase communication between members and for discussion of stem cell transplantation/infectious disease-related cases or questions
- Creation of a CMV consortium with the first project in the making
- Initial meetings with the ASBMT Pharmacy and Cord Blood SIGs have led to increased research collaboration
- Publication of a paper discussing the price increase of aerosolized ribavirin in “Transplant Infectious Diseases” on behalf of the TID-SIG steering committee
- Increased advertisement for the SIG through the ASBMT website and other means
- Increased representation on the program committee as well as on the different working committees or task forces
- Continue to work with the ASBMT leaders to increase the educational opportunities during future BMT Tandem Meetings for the TID-SIG
- Enlist more pediatricians with interest in infectious diseases and HCT

Part of a major initiative, TID-SIG is actively participating in updating guidelines related to diagnostics and management of infections in HCT recipients (concerted effort with appropriate ASBMT SIGs). This major initiative will bring together experts from different part of the US and the world.

Finally, we are working towards further growth of our SIG, establishing bridges with different SIGs as well as being part of committees that advance our mission – which at the end is vital for our patients. Email addresses for the SIG co-chairs can also be found on the SIG website. If you are interested in joining the TID-SIG, or if you’d like to know more, [click here](#).

ASSOCIATION NEWS (CONTINUED FROM PAGE 11)

ASBMT Pharmacy SIG Chair Wins Best Practice Poster at ASHP

LeAnne Kennedy, Pharm.D., BCOP, CPP, FHOPA of Wake Forest Baptist University Medical Center, Winston-Salem, North Carolina was one of the Best Practice poster winners at the American Society of Health-System Pharmacists meeting in December.

Her poster, *Evaluation of a Pharmacist-Led Outpatient Autologous Hematopoietic Stem Cell Transplantation Program*, was co-authored by Ali Cook, Pharm.D.; Brandi Anders, Pharm.D., BCOP, CPP; Brian Marlow, Pharm.D., M.B.A.; and Dianna Howard, M.D.

“These notable practitioners are on the leading edge of pharmacy practice and patient care,” said ASHP CEO Paul W. Abramowitz, Pharm.D., Sc.D. (Hon.), FASHP. “The programs and tools developed by these talented teams will serve as models for other



Dr. Kennedy (center) stands in front of her poster with Brian Marlow, PharmD, and Ali Cook, PharmD.

pharmacists who are interested in expanding patient care services.”

Dr. Kennedy was interviewed by ASHP TV about her poster. The video can be viewed [here](#).

Course Focuses on Treatment of Radiologically Contaminated Patients

Advanced Hazmat Life Support (AHLS) for Radiological Incidents & Terrorism is a four-hour course with interactive lectures and tabletop exercises that trains healthcare professionals to evaluate and care for irradiated and radiologically contaminated patients.

Sponsored by the Radiation Injury Treatment Network (RITN), the course will be held Tuesday, Feb. 20 in Salt Lake City. The course fee is \$50.

AHLS for Radiological Incidents & Terrorism will help participants be better prepared to:

- Evaluate and manage patients who are externally and internally contaminated with radioactive materials or who are exposed to ionizing radiation without contamination.

- Identify the four subsyndromes of acute radiation syndrome.
- Use colony stimulating factors, such as filgrastim, pegfilgrastim, & sargramostim to treat patients with acute radiation syndrome.
- Use calcium DTPA and zinc DTPA as antidotes or countermeasures for internal contamination with plutonium, americium, or curium.
- Use Prussian blue as the antidote for internal contamination with cesium or thallium.
- Use potassium iodide as the antidote for internal contamination with radioactive iodine.

To register, [click here](#).

A promotional banner for the 44th Annual Meeting of the EBMT. The banner features a blue background with a globe graphic on the left and a photograph of a coastal town in Lisbon, Portugal, on the right. Text on the banner includes: '2018 EBMT European Society for Blood and Marrow Transplantation', '44th Annual Meeting of the EBMT', '18-21 March 2018 * Lisbon, Portugal', 'www.ebmt2018.org', and '#EBMT 18'.

FACT UPDATE

Prepare for the 7th Edition Hematopoietic Cellular Therapy Standards

The Foundation for the Accreditation of Cellular Therapy (FACT) is preparing for the 7th edition of the *FACT-JACIE International Standards for Hematopoietic Cellular Therapy Product Collection, Processing, and Administration*, and we are here to help you do the same! Several upcoming events will provide information regarding changes made and how to comply. The 7th edition will be published on March 1, 2018, and will become effective on May 30, 2018. At that time, FACT will also publish minimal changes to the FACT Immune

Effector Cell Standards, Version 1.1, in an effort to provide consistency and transparency among all sets of FACT Standards.

The following workshops will extensively discuss changes to the 7th edition:

[Cellular Therapy Inspection & Accreditation Workshop at the BMT Tandem Meetings](#)
[Cellular Therapy Collection Workshop at the ASFA Annual Meeting](#)
[Cellular Therapy Inspection & Accreditation Workshop at the ISCT Annual Meeting](#)

Immune Effector Cellular Therapy Inspector Requirements

Physicians wishing to train to become an inspector for the FACT Immune Effector Cell (IEC) Accreditation Program must meet prerequisite education and have experience in cellular therapy product administration, including experience with IEC administration. Following submission of a satisfactory inspector application, required training includes attendance at an in-person training workshop and completion of online training and testing.

If you are interested in training as a Clinical

Immune Effector Cellular Therapy Inspector, or any other type of inspector, please [submit an online application](#).

Physicians already serving as FACT inspectors for blood and marrow transplantation who are interested in performing IEC inspections must submit experience with IECs and complete an addendum to the inspector test they already completed as part of inspector training. If you are interested, contact the [FACT office](#) to begin the qualification process

QM Series 8: Staff Involvement in Document Control: Where Do YOU Fit In?

Join FACT on Jan. 10 at 11 a.m. (ET) for the second webinar in the Quality Management Series, Module 8: Document Control. Mary Ann Kelley, DFCl, Associate Director of Quality Assurance CMCF at Dana Farber Cancer Institute/Cell Manipulation Core Facility, will discuss how staff is critical in the

document control process, including developing, revising, reviewing, training, and accessing records. It will include information about protocols and how to give staff access if programs rely on protocols instead of programmatic SOPs.

[View meeting details and register](#)

FACT UPDATE (CONTINUED FROM PAGE 13)

FACT Events at the 2018 BMT Tandem Meetings

FACT will host several popular events at the 2018 BMT Tandem Meetings in Salt Lake City. 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, CIBMTR 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 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. 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 here.](#)

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. 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 here.](#)

TRANSLATIONAL SCIENCE STUDIES

Restoring Gut Microbiota Ecology

Researchers have discovered a new approach to restoring the intestinal microbial ecosystem in mice, according to a study appearing in a recent issue of the *Journal of Experimental Medicine*. Using the Wnt agonist R-Spondin1 (R-Spo1) or recombinant α -defensin, researchers were able to stimulate intestinal stem cells to differentiate to Paneth cells and

enhance luminal secretion of α -defensins, preventing intestinal microbiota induced by graft-versus-host disease. These results led researchers to conclude that administration of R-Spo1 or recombinant α -defensin is a novel therapeutic approach to restoring intestinal homeostasis. [More...](#)

Jagged-2 and Hematopoietic Recovery

Endothelial jagged-2 activates Notch2 signaling in hematopoietic stem and progenitor cells (HSPCs), promoting hematopoietic recovery, reports a study published in *The Journal of Clinical Investigation*. For the study, researchers demonstrated that the Notch2 ligand jagged-2 is differentially expressed in tissue-specific vascular beds. However, its expression is induced in hematopoietic vascular niches after myelosuppressive injury. Using mice, the researchers showed that jagged-2 was not necessary for HSPCs to maintain their ability to repopulate under steady-state conditions.

However, activating Notch2 contributed to the recovery of HSPCs response to myelosuppressive conditions. Engraftment and/or expansion of HSPCs depended on the expression of endothelial-derived jagged-2 following myeloablation. In addition, jagged-2 expressed in bone marrow endothelial cells regulated HSPC cell cycle and quiescence during regeneration. Endothelial-deployed jagged-2 triggered Notch2/Hey1 while tempering Notch2/Hes1 signaling in HSPCs. [More...](#)

Genetic Polymorphism Increase Risk of Severe Acute GVHD

A G/C polymorphism of rs2910164 within the microRNA-146a (miR-146a) gene of allogeneic hematopoietic cell transplant recipients increases the risk of developing severe acute graft-versus-host disease (GVHD), reports a study from the journal *Leukemia*. After discovering the genetic polymorphism in 289 patients, researchers conducted a study using mice. They learned that miR-146a deficiency in the hematopoietic system or transfer of recipient-type miR-146a^{-/-} dendritic cells enhanced GVHD. However, miR-146a mimic-transfected dendritic cells improved disease. Lack of miR-146a also enhanced JAK2-STAT1 pathway activity, which led to higher expression of class II-transactivator, and

increased MHCII-levels on dendritic cells. Inhibition of JAK1/2 or CIITA knockdown in dendritic cells prevented GVHD from worsening. Consistent with the findings in mice, patients with the miR-146a polymorphism in hematopoietic cells displayed higher MHCII levels on monocytes, which could be targeted by JAK1/2 inhibition. Researchers demonstrated that miR-146a acts as a central regulator of recipient-type dendritic cell activation during GVHD by reducing the pro-inflammatory JAK-STAT/CIITA/MHCII axis. This provides a scientific rationale for early JAK1/2 inhibition in some patients. [More...](#)

CALENDAR OF EVENTS

•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

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.

European Society for Blood and Marrow Transplantation

44th Annual Meeting
March 18-21
Lisbon, Portugal

Regenerative Medicine Workshop

March 21-24
Isle of Palms, South Carolina

National Comprehensive Cancer Network

23rd Annual Conference
March 22-24
Orlando, Florida

•MARCH

ASBMT/NMDP

Fundamentals of HCT Training Course
March 24-25
Denver, Colorado

•APRIL

American Association for Cancer Research

Annual Meeting
April 14-18
Chicago, Illinois

European School of Haematology

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

•MAY

The American Society of Pediatric Hematology/Oncology

Annual Conference
May 2-5
Pittsburgh, Pennsylvania

International Society for Cellular Therapy

Annual Meeting
May 2-5
Montreal, Canada

European School of Haematology

Clinical Updates on Acute Leukemias
May 4-6
Budapest, Hungary

American Association of Immunologists

Annual Meeting
May 4-8
Austin, Texas

American Society of Gene and Cell Therapy

Annual Meeting
May 16-19
Chicago, Illinois

•MAY

Oncology Nursing Society

43rd Annual Congress
May 17-20
Washington, D.C.

International Society for Biological and Environmental Repositories

Annual Meeting
May 20-24
Dallas, Texas

•JUNE

American Society of Clinical Oncology

Annual Meeting
June 1-5
Chicago, Illinois

American Society of Transplant Surgeons

American Transplant Congress
June 2-6
Seattle, Washington

Canadian Blood and Marrow Transplant Group

Annual Conference
June 7-9
Ottawa, Canada

Federation of Clinical Immunology Societies

Annual Meeting
June 14-17
Chicago, Illinois

European Hematology Association

23rd Congress
June 14-17
Stockholm, Sweden

International Society for Stem Cell Research

Annual Meeting
June 20-23
Melbourne, Australia