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Welcome to Barcelona

The Organizing Committee of the 8th Annual Meeting of ISCT (formerly ISHAGE) cordially invites you to join us May 25 - 28 in Barcelona, Spain.

We are delighted to have the chance to organise this meeting in Barcelona, one of the oldest Mediterranean cities, with its rich cultural background, entertainment opportunities, and mild climate. We will have the opportunity to share three days of plenary presentations as well as poster, workshops, and educational sessions. They will cover the most active and interesting areas of our field with the help of outstanding scientists who will present their latest research results.

Recent advances in stem cell biology will give us the opportunity to envisage new and broad future therapeutic applications.

Immunotherapy is already a real possibility for the treatment of cancer patients. This kind of therapy is demonstrating that some diseases can be controlled with biological tools. In addition, investigation and identification of new therapeutic targets will expand the possibilities of pharmacological, biological and genetic

approaches for the treatment of cancer and other diseases.

Hematopoietic transplantation is currently a major indication for the treatment of a number of hematopoietic, inherited, metabolic and malignant diseases. It will be of great interest to discuss the latest achievements in this area including the results of cord blood transplantation and the explosion of "non-myeoablative allogeneic transplants" as a platform of immunotherapy.

These and other developments require consistent high quality cellular products and their manipulation, driving us to the development of GMP processes and the implementation of international standards for accreditation that will also be covered by the educational sessions and training courses.

Catalonia is a beautiful state where historic vestiges coexist with modern cities. Both the mountains and the sunny sea side will give you the opportunity to enjoy our wonderful environs. We look forward to seeing you in Barcelona.

Joan García

Anniversary!

It's been 10 years! 2002 marks the 10th year anniversary of our Society. ISHAGE was formed in 1992 by a handful of dedicated people committed to furthering the fledgling field of stem cell engineering, processing, and transplantation. A decade later, with a new name, ISCT is a respected and truly international Society, co-founder of both FACT & JACIE, proud sponsor of several annual meetings, and founder of the scientific journal, Cytotherapy. Those members who have participated in the Society for 10 years will be recognized in the next issue of the Telegraft.

If you have any special memories you would like to pass along or kudos you would like to give to those who have helped make this Society, please forward them to us by fax (604.874.4378) or email (isct@celltherapy.org).

2nd Annual Somatic Cell Therapy Symposium

May 3-5, 2002 • Sanibel Island • Florida

ISCT is pleased to present the 2nd Annual Somatic Cell Therapy Symposium chaired by Dr. Steven Noga and Janice Davis-Sproul. This year the SCR_x meeting will explore the impact of current and proposed cell and tissue regulations on the field of somatic cell therapy as well as discuss the practical issues involved in translating research to pre-clinical mode and clinical trial. "We are excited about the way this meeting is being received", says Steve Noga, incoming ISCT President. "The meeting compliments other ISCT meetings such as the cGMP workshop and Annual Meeting, in that it addresses these specific issues in more depth and solidifies the Society's contributions on this end of the research-therapy continuum."

Good clinical practice (GCP) guidelines and current good tissue practice (cGTP) guidelines made their debut over a year ago. This year's conference will focus on SCR_x facilities' efforts to comply with these regulations and their impact (real and perceived) on the science of cellular therapy. The increased oversight of Institutional Review Boards by various regulatory agencies and their resultant actions will also be highlighted. Regulatory agencies will also have an opportunity to discuss any proposed changes, refinements and particular areas of concentration in the GTP/GCP regulations. This includes current plans for enforcement and how this will be accomplished. Scientists and regulatory colleagues will also have an opportunity to discuss how best to address the myriad of regulatory hurdles facing them in coming years.

This year's meeting will take advantage of panel discussions that will begin with a focused lecture from an expert in the field. The lecturer will then involve a diversified group of panelists and the audience in a discussion of key issues and controversies. This meeting will be valuable for laboratory directors, academic and pharmaceutical regulatory officials, scientists and other allied disciplines involved in the processing, manipulation or regulation of cellular therapies. Topics include:

- SCR_x: The Scientist's Viewpoint
- Progress on Regulations: The Role of the IRB
- Translating Gene Therapy Approaches from Lab to Clinic: Regulatory Issues
- Good Tissue Practice: Where are We?
- Good Clinical Practice Guidelines: Practical Issues
- IND and IDE Filings: Impact on Laboratories
- Release Tests for Novel Cellular Therapies

Chaired by Stephen Noga, MD, PhD, (Sinai Hospital of Baltimore) and Janice Davis-Sproul, MT(ASCP) SBB (Johns Hopkins), speakers/panelists include Dale Ando, MD (Cell Genesys), Liana Harvath, PhD (NHLBI NIH), Edwin Horwitz,

MD, PhD (St. Jude Children's), John McMannis, PhD (MD Anderson), Andrew Pecora, MD, (Progenitor Cell Therapy), Madhusudan Peshwa, MD (Dendreon), Scott Burger, MD (Merix Bioscience), Lisa Beth Ferstenberg, MD (StemCo Biomedical), Joyce Frey Vasconcells, PhD (CBER FDA), James Kenimer, PhD (Biologics Consulting), Barry Kobrin, PhD (NIH), Hayden Braine, MD (Harvard), Andrea Chamblee, Esq (BioWhittaker), Stewart Craig, PhD (Xcyte Therapies), and many others.

For more current program or registration information see the website at www.celltherapy.org. Contact the ISCT Head Office with any questions or for sponsorship/exhibitor inquiries.

2002 Corporate Members

ISCT wishes to thank its 2002 Corporate Members for their support. They are:

Amgen
Baxter
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Chimeric Therapies
Custom Biogenic Systems
Edwards Life Sciences Research Medical
Gambro BCT
Genentech / IDEC Pharmaceuticals
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Kirin Brewery Cell Therapy Group
Kirin Brewery Pharmaceutical Division
Miltenyi Biotec
MVE-Chart Industries
Oncosis
SEBRA
Sigma-Aldrich
StemCell Technologies
StemSoft Software
Therakos, a Johnson & Johnson Company
Titan Pharmaceuticals
Xcyte Therapies

ISCT 2002 Corporate Memberships are currently available. For further information on the benefits of membership, please see the ISCT website (www.celltherapy.org) or contact the ISCT Head Office by phone at 604-874-4366 or e-mail at headoffice@celltherapy.org.



From the President's Desk

Robert Negrin, MD

This continues to be a most exciting time in our field. We are proud to announce the change in the name of our society to the International Society of Cellular Therapy which, in my view, more accurately reflects the new horizons that our field will tackle. We look forward to celebrating this new name at our upcoming annual meeting in Barcelona in May. Please continue to check the website for future communications involving this exciting event.

As I wind down my two year tenure as President of the Society, I have paused to reflect upon the accomplishments of our society over the last several years. I hope that you agree that our society has established itself as a major voice in the field of processing, manipulation and

new therapeutic directions of cellular-based products. With the successful meeting in Quebec City and our upcoming expectations for the meeting in Barcelona, we hope to continue to provide a voice in the field, provide educational opportunities, explore new directions, and share technical expertise and discussion on how best to utilize cellular products for therapeutic interventions. As we move in new directions towards the use of stem cells for new concepts, T cells, NK cells, mesenchymal cells, as well as other cellular populations, we hope in the process that the common threads of how best to isolate and characterize these cellular products for various clinical applications will come to the fore while

enhancing our responsibility to provide a forum for education and discussion. I continue to welcome your collective participation in this process and thank the many people who have been instrumental in making this a very enjoyable two year term for me. I would particularly like to acknowledge the outstanding contributions of Lee Buckler at Malachite Management who has provided not only on-going and outstanding commitment to the Society but who has also provided expert advice. In addition, the invaluable counsel of Nancy Collins, Bob Preti, Allen Eaves, Rob Ploemacher, Edwin Horwitz, Steve Noga, as well as countless others, have made this not only a very enjoyable process but hopefully a productive one. I look forward to handing over the reins of this Society to Steve Noga in Barcelona whom I am certain will provide outstanding leadership in the new directions this society embarks upon. I look forward to seeing all of you in Barcelona!

Technologist Travel Awards

8th Annual Meeting · Barcelona, Spain · May 25-28, 2002

ISCT is pleased to announce that 10 Technologist Travel Awards of \$500 USD will be available for those wishing to attend the 8th Annual Meeting to be held in Barcelona in May. **The deadline for Travel Award applications is March 25, 2002.**

Who May Apply:

Medical and Laboratory Technologists who are ISCT Members.

Applications for Awards will be Accepted in the Following Categories:

1. Technologists who are abstract authors on a submitted abstract for this meeting should attach a copy of the abstract in support of their application. Technologists need not be first author to qualify.

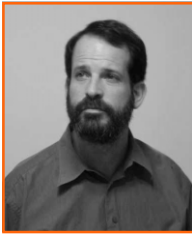
2. Technologists who are not abstract authors may still apply by submitting a brief (250 word maximum) explanation of his/her work and a letter of recommendation from an ISCT Member.

Award Process:

Applications will be reviewed by the ISCT Technologists' Committee. Travel award winners will receive notice of their award on or before April 12, 2002. Checks will be available for pick-up at the registration desk in Barcelona.

How to Apply:

Applications may be submitted by e-mail, fax or regular mail to: ISCT Head Office, 777 West Broadway, Suite 401, Vancouver, BC, Canada, V5Z 4J7. Phone: 604-874-4366; Fax: 604-874-4378; E-mail: headoffice@celltherapy.org



From the Editor's Desk

Scott Burger, MD

ISCTTelegraft is published by the International Society for Cellular Therapy.

EDITOR: Scott Burger, MD
 Merix Bioscience, Durham, NC, USA
 Fax: 919-287-6301; E-mail: sburger@merixbio.com

ISHAGE OFFICERS:

President: Robert Negrin, MD
President-Elect: Stephen Noga, MD, PhD
VP, Europe: Salvatore Siena, MD
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Ian Webb, MD
 Rob Ploemacher, PhD
 Malcolm Brenner, MB, FRCPath
 Nancy Collins, PhD and
 John Barrett, MD, FRCPath

ISCT Head Office:
 777 West Broadway, Suite 401, Vancouver, BC, Canada V5Z 4J7
 Phone: (604) 874-4366 Fax: (604) 874-4378 Email: headoffice@celltherapy.org

Website: www.celltherapy.org

American Society of Hematology Annual Meeting

December 7-11, 2001 • Orlando FL

When I agreed to write a summary of the 2001 ASH meeting from a technologist's viewpoint, I thought "how hard can it be?" Harder than I had imagined! As I began to review my conference materials and my notes it soon became apparent that my review could be noted more for what I didn't attend rather than what I did. This is a reflection of the sheer scope and size of the meeting, not because I spent the week with Mickey and Shamu. Reconstructing the meeting based on cryptic and only sometimes legible notes was quite a challenge. I also attempted to use the notes from one of my colleagues, which, not surprisingly, were harder to understand than my own. This was my second ASH meeting. In San Francisco last year I had learned (and apparently forgot) that the key to a productive meeting is planning each day's schedule ahead of time. Without a plan, you find yourself standing among huge crowds in front of the master schedule trying to decide which of the sometimes 20 simultaneous sessions to attend. And of course inevitably there are two sessions you want to attend that conflict and each is being presented for the final time. With that disclaimer the following is a summary of some of the more interesting sessions that I attended.

The Education Program **Immunotherapy of Non-Hodgkin's Lymphoma** consisted of reviews of the biology of monoclonal antibodies and a review of their use as therapy for NHL. A presentation by Dr. Timmerman of Stanford discussed the relative advantages and disadvantages of using either whole tumor or specific peptides as antigen for immunotherapy of cancer. Whole tumor probably leads to a more broadly reactive immunity, but immune monitoring is difficult because of the lack of specific, known targets. Specific peptides allow investigators to devise specific tests to monitor immune function, but tumors may employ strategies such as antigen downregulation to escape immune destruction, especially if the peptide is not critical to the tumor's survival. I learned from this session that there are at least two companies that are producing clinical grade, patient specific idiotype for use in clinical trials of NHL. Both companies incorporate the patient genes that encode for idiotype production into their unique cGMP production systems. One company even utilizes tobacco plants to produce large quantities of idiotype for clinical use. As one of the speakers noted, there is some irony in the fact that tobacco plants may actually be used to cure cancer.

The scientific committee session **The Immune Response to Transfusion** featured an excellent introduction by Dr. Walter Dzik describing what happens on a molecular level when apoptotic cells, as contained in transfused products, are infused. The expression of Phosphatidyl serine on apoptotic cells regulates cytokines that downregulate the immune

response. Dr. Don Siegel described the model of "epitope migration" and what that means to our classical definition of immunogenicity. The session ended with a talk by Dr. Jeffrey Ravetch describing the mechanism of therapeutic administration of IVIG.

A notable oral abstract presentation was #1822, Combining and Allogeneic Graft-vs Myeloma Effect with High-Dose Autologous Stem Cell Rescue in the Treatment of Multiple Myeloma, presented by Dr. Maloney, of The Fred Hutchinson Cancer Research Center. 41 patients received autologous PBSC transplants followed by allogeneic matched sibling PBSC transplants a median of 62 days later. Dr. Maloney presented overall survival data of 81% and a day 100 mortality of 6% at a median follow up of 328 days post allogeneic transplant. Also noteworthy was the median zero days of hospitalization, neutropenia, and thrombocytopenia.

Another poster I want to highlight is #1477 Dendritic Cells as Vaccine in BCR-ABL-Positive Chronic Myelogenous Leukemia - A Phase-I Study, by Westermann et al. This group showed that treatment of CML with autologous dendritic cells led to a decrease in the number of bcr/abl cells detectable by FISH in patient blood in 2 of 3 patients evaluated post treatment. The same group also had an abstract published that demonstrated their ability to freeze mature dendritic cells and maintain phenotype and function. (#3718) I must admit one of the reasons I found these two posters so interesting is that they are very similar to an ongoing clinical trial being conducted at the Mayo Clinic, also using fresh and frozen-thawed dendritic cells to treat CML. The German group's study is a little further along than Mayo's so the preliminary results are encouraging to us.

Finally, there were two very interesting posters presented at the Plenary abstract session, both dealing with Thrombotic Thrombocytopenic Purpura, (1818 and 1819). But, since this is the newsletter of a cell therapy organization, you'll have to find those abstracts yourselves on the web page of the American Society of Hematology (www.hematology.org). The web site contains links to all of the above mentioned abstracts in addition to summaries of the education sessions of the meeting.

Doug Padley



ISCT 2002
 EIGHTH ANNUAL MEETING OF THE INTERNATIONAL
 SOCIETY FOR CELLULAR THERAPY (FORMERLY ISHAGE)
 Barcelona, Spain, May 25-28

See page 8 for Schedule and Program Details

ISCT Name Change Update

The name change of ISHAGE to ISCT is official.

The Society's activities have grown, in recent years, to include mesenchymal stem cells, immunotherapies, dendritic cells, islet cells, gene therapy, and more. This reflects the scientific and clinical expansion of cell therapies beyond hematopoietic stem cell transplantation. ISCT is a new name to reflect these integral changes and the breadth of our Society and its members.

"The Society is pleased with its more inclusive title", states ISCT President, Robert S. Negrin, MD (Stanford). "We believe this name change will reflect the Society's current and intended future scope and activities, as well as solidify the Society's growing reputation as the leading Society in the field of cellular engineering and therapies. As such, we expect it will fuel the Society's growth and provide an important voice in the emerging field of cell based therapeutics."

The name-change received overwhelming support at a meeting of

the general membership, December 7, 2001, and is subsequently being met with enthusiasm. Corporate membership has already increased over 300% in 2002 over previous years, individual membership is growing steadily, and the breadth of activities being undertaken by the Society is quickly becoming solidified in some of the newest areas of cellular engineering and therapy. This expansion is also likely attributable, in part, to the Society's increased participation in very focused conferences and workshops on mesenchymal stem cells, somatic cell therapy, cGMP for Cell Processing Laboratories, etc.

We will celebrate the new name at the 8th Annual Meeting in Barcelona, Spain, May 25-28, 2002.

The names of ISCT's journal, *Cytotherapy*, happily coincide with the Society's new name. A new website will appear soon at www.celltherapy.org.

The Society intends to be everything it was created to be - and more. With strong roots in stem cell transplantation and laboratory practice,

the Society intends to build on its strengths not abandon them. Indeed various committees are now working harder than ever to bring basic education to the laboratory sector and increase its representation in BMT centers around the world. In addition, the Society is expanding its activities in nonhematopoietic sectors and working to represent those in these newer areas.

The Society continues to serve its members by publishing the latest news and information in the *Telegraft* as well as breaking research and cell-engineering practices in *Cytotherapy*. The journal will, in 2002 and 2003, increase its special issues focusing on topical themes.

To-date the response to the name-change has been overwhelmingly positive and is generating much new activity and interest in the Society particularly from those new sectors of cellular research the name-change was intended to reach.

Corporate sponsors of the name-change effort are Amgen, Chimeric Therapies, Gambro BCT, Sigma-Aldrich, and St. Jude Children's Research Hospital.

Notice to All ISCT Members - Elections 2002

Thank you for submitting your recommendations for nominations for the 2002 ISCT Elections. We have accepted nominations for the following seven positions:

President-Elect
Regional Vice President Elect for Europe
Regional Vice President for Australasia
Regional Vice President for Japan
Regional Vice President for South & Central America
Advisory Board Representative - MD/PhD
Advisory Board Representative - Technologist

Enclosed with this Telegraft is your elections package. All ballots must be received at the ISCT Head Office on or before May 10, 2002. The election results will be announced at the at the ISCT 2002 Annual Meeting in Barcelona.

New Logo Proposed for the ISCT



This is the original ISHAGE logo.



This is the “transition” logo the Society has been using since the name-change in December, 2001.

The society is considering gradually introducing a new logo to be used with the new name. We invite you to comment and vote on the draft logos below or submit suggestions for other logos or concepts you would prefer. See the website at www.celltherapy.org for further details on submitting your vote, comments and ideas. **Deadline: April 30, 2002.**



A gear is a single component structure that is only functional when paired with an energy source. This visual reference draws comparisons to the teamwork that is critical to the success of cellular therapy or cellular engineering.



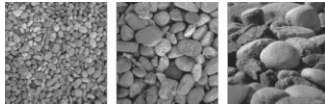
This mark is a strong literal depiction of cellular therapy. The manipulation of a stem cell creates a new cell structure with the ability to mature, reproduce and perform. The new cell structures are represented with colour to emphasize that cellular process.



The reference to circles overlapping creates a sense of energy and motion within this mark. The lines from the larger circle spill into the individual cells, releasing information. The use of a second colour emphasizes the result of the crossover which is the birth of an entirely new cell structure.



This mark is about connecting and working together. It speaks about the relationship between the Society and Physician, the Physician and Patient, the Researcher and Technician. The parallels for partnership and teamwork are endless. Energy created by these relationships swirl around the single cell structure which supports the purpose of the Society - to create that one new cell.



ISCT 2002

EIGHTH ANNUAL MEETING OF THE INTERNATIONAL SOCIETY FOR CELLULAR THERAPY (FORMERLY ISHAGE)
Barcelona, Spain, May 25-28

Proposed Schedule

	Saturday, May 25	Sunday, May 26	Monday, May 27	Tuesday, May 28				
07.00 19.00	Registration	Registration	Registration	Registration				
07.30 08.30		Subcommittees Meetings <i>Technical Breakfasts</i>	ISCT Executive Committee & Advisory Board Meeting <i>Technical Breakfasts</i>	Subcommittees Meetings <i>Technical Breakfasts</i>				
08.30 10.00	Training Courses	PS1 Stem and Mesenchymal Cells	PS2 Immunotherapy	PS3 Hemopoietic Transplants: New Strategies				
10.00 10.30		Coffee Break & Poster Viewing		Coffee Break & Poster Viewing				
10.30 12.30		PS1 Stem and Mesenchymal Cells	PS2 (A) Antibody-Based Immunotherapy	PS2 (A) Cellular Immunotherapy	PS3 Hemopoietic Transplants: Cord Blood			
12.30 14.30		Lunch & Posters "On Site" Discussion		Lunch & Posters "On Site" Discussion	Lunch & Posters "On Site" Discussion			
14.30 16.00		OP1 Stem Cells	OP2 Mesenchymal Cells	OP3 Cord Blood	OP4 Immunotherapy	OP5 Gene Therapy	OP6 MRD / Tumor Evaluation	Business Meeting
16.00 16.30		Coffee Break & Poster Viewing		Coffee Break & Poster Viewing	Goodbye!			
16.30 18.30	Subcommittees Meetings	SW1 Stem Cells	SW2 Mesenchymal Cells	SW3 Cord Blood	SW4 Immunotherapy	SW5 Gene Therapy	SW6 MRD / Tumor Evaluation	
18.30 20.30	Opening Ceremony Welcome Reception	Free		Free				
20.00 24.00			Gala Dinner					

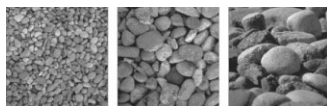
Dates to Remember

12 March 2002
Abstract deadline

27 March 2002
Hotel reservation deadline

1 April 2002
Early registration deadline
Flight registration deadline
Deadline for hotel cancellation
(Hotel cancellations after this date
will be debited full price)

17 May 2002
Deadline for late registration
(Registration cancellations after this date
will be debited full price)



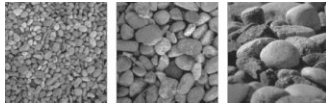
ISCT 2002

EIGHTH ANNUAL MEETING OF THE INTERNATIONAL SOCIETY
FOR CELLULAR THERAPY (FORMERLY ISHAGE)
Barcelona, Spain, May 25-28

Scientific Program (continued)

Monday, May 27

07.00 19.00	Registration		
07.30 08.30	ISCT Executive Committee and Advisory Board Meeting <i>Technical Breakfast</i>		
08.30 10.00	Plenary Session 2: Immunotherapy Chair: G. Kvalheim Speakers: J. A. Madrigal J. Molldrem J. Barret		
10.00 10.30	Coffee Break and Poster viewing		
10.30 12.30	Plenary Session 2: Immunotherapy PS2 (A): Antibody-Based Immunotherapy Chair: J. Sierra Speakers: W. Brugger A.J. Grillo-López J. Albanell Speaker to be confirmed		
		PS2 (B): Cellular Immunotherapy Chairs: G. Kvalheim & W. Brugger Speakers: F. Nestle P. Brossart F. Falkenburg L. Lamb	
12.30 14.30	Lunch and Posters "On Site" Discussion		
14.30 16.00	Oral Presentations OP4: Immunotherapy OP5: Gene Therapy OP6: MRD /Tumor Evaluation		
16.00 16.30	Coffee break and Poster viewing		
16.30 18.30	Subcommittees Workshops SW4: Immunotherapy SW5: Gene Therapy SW6: MRD /Tumor Evaluation Chair: F. Falkenburg Chair: H. Heslop Chair: K. Pantel		
18.30 20.00	Free		
20.00 24.00	Gala Dinner		



ISCT 2002

EIGHTH ANNUAL MEETING OF THE INTERNATIONAL SOCIETY
FOR CELLULAR THERAPY (FORMERLY ISHAGE)
Barcelona, Spain, May 25-28

Scientific Program (continued)

Tuesday, May 28

07.00 19.00	Registration	
07.30 08.30	Subcommittees Meetings. <i>Technical Breakfasts</i>	
08.30 10.00	Plenary Session 3: Hemopoietic Transplants: New Strategies Chairs: A. Grañena & R. Handgretinger Speakers: A. Velardi S. Slavin R. Storb	Plenary Session 4: Biological Targets for anticancer therapies Chairs: K. Pantel & J. Garcia Speakers: K. Pantel A. Nakeff
10.00 10.30	Coffee Break and Poster Viewing	
10.30 12.30	Plenary Session 3: Hemopoietic Transplants: Cord Blood Chair: P. Wernet Speakers: E. Gluckman E. Shpall G. Sanz A. Nagler I. Mc Niece	Plenary Session 4: Biological Targets for anticancer therapies Chairs: K. Pantel & J. Garcia Speakers: W. Fiedler A. Zippelius Speaker to be confirmed
12.30 14.30	Lunch and Posters "On Site" Discussion	
14.30 16.00	Business Meeting	
16.00 16.30	Good Bye!	

Notice

ISCT (formerly ISHAGE) Annual General Business Meeting

Invited: All 2002 ISCT Members
Date: May 28, 2002
Location: Barcelona Spain, World Trade Center
Time: 14:30 (local time)

All 2002 ISCT Members are invited to the ISCT Annual General Business Meeting to discuss the Society's business and other affairs, provide feedback to the leadership, and vote on changes to the Society's bylaws necessitated by the name-change (see enclosure for details and a copy of the Executive Committee Resolution).

Cytotherapy

Official Journal of ISCT (formerly ISHAGE)

International Society for Cellular Therapy
formerly ISHAGE



Best Paper Award (Volume 4 - 2002)

The Cytotherapy Best Paper Award is for the best overall original paper published in a given volume of Cytotherapy, the official journal of the International Society for Cellular Therapy (formerly ISHAGE).

The 2002 Cytotherapy Best Paper Award of \$2500 is supported by an educational grant from Miltenyi Biotec and will be awarded at the 9th Annual ISCT Meeting in Phoenix, Arizona, May 29-June 1, 2003.

Any paper published in Cytotherapy, volume 4, will be considered for the 2002 Award. The Award will be given to the author or co-authors of the paper. The ISCT Publications Committee will constitute the jury for the Award.

Judging criterion will include consideration of the paper's quality, the significance of the contribution to the field, originality, and the applicability of the science presented to improvements in processing or engineering cells for potential therapeutic purposes.

Cytotherapy Co-Editors:

Nancy Collins, MD & John Barrett, MD, FRCP

2002 Cytotherapy Best Paper Award Sponsored By:

Miltenyi Biotec

Cytotherapy News

You will have to register your subscription with Catchword to have full article access to Cytotherapy online. To register, go to www.dunitz.co.uk/cytotherapy. Click on "online edition". Click on "please register online". Choose "personal subscription". Complete the form and choose a user name and password of your choice. You will be given a catchword identification number (cid). Email this to "cytotherapy@celltherapy.org", specifying that you are requesting online access to Cytotherapy and giving your CID# as well as your ISCT (formerly ISHAGE) member number. In 1-2 days, you will receive an email informing you that your online access is ready for use.

Cytotherapy 4.1

IN FOCUS - CMV Therapy

Editorial

Adoptive T-cell therapy for CMV. John Barrett

Concise Review

Adoptive transfer of Ag-specific T cells to prevent CMV disease after allogeneic stem-cell transplantation. F van Rhee; J Barrett

Research Reports

IE1-pp65 recombinant protein from human CMV combined with

a nanoparticulate carrier, SMBV, as a potential source for the development of anti-human CMV adoptive immunotherapy. J Vaz-Santiago, J Luli, P Rohrlich, R Kravtsoff, E Le Roy, J-L Davignon, D Betbeder, C Davrinche

Clinical trials with CMV-specific T cells. KS Peggs, S MacKinnon

Flow cytometric quantitation and characterization of the T-lymphocyte memory response to CMV in healthy donors. N Hensel, JJ Melenhorst, K Bradstock, AP Schwarzer, R Eniafe, R Nakamura, AJ Barrett

HLA tetramers and anti-CMV immune responses: from epitope to immunotherapy. FE Chen, G Aubert, P Travers, IA Dodi, JA Madrigal

Induction of CMV-specific T-cell lines using Ag-presenting cells pulsed with CMV protein or peptide. H Einsele, G Rauser, U Grigoleit, H Hebart, C Sinzger, S Riegler, G Jahn

Original Articles

Assessment of G-CSF stimulated BM hematopoietic stem cells in normal donors. K-Y Chiang, L Lamb, J Clark, D Worthington-White, I Rich, PJ Henslee-Downey

Development of a closed-system process for clinical-scale generation of DCs: evaluation of two monocyte-enrichment methods and two culture containers. ECC Wong, SM Lee, K Hines, J Lee, CS Carter, W Kopp, J Bender, EJ Read

Continued on page 13

Continued from page 12

Workshop Summaries from ISHAGE 2001 (June 14-17)

Report of the Tumor Evaluation Committee workshops at ISHAGE 2001. A Ross, E Ruud, JG Sharp

Legal and Regulatory Affairs workshop summary. Donna Przepiorka

Workshop Summaries from the 3rd Bi-Annual Conference on Applications of Clow Cytometry in Blood and Marrow Stem Cell Transplantation: ISHAGE 2001 (June 14)

Applications of flow cytometry in blood and marrow stem-cell transplantation. LS Lamb Jr

Basic aspects of high-speed sorting for clinical applications. PA Lopez

Public Meeting and Workshop on 'Safety issues pertaining to the clinical application of flow cytometry to human-derived cells'. M Keane-Moore, D Coder, G Marti

Cell sorting for therapeutic applications - points to consider. AP Gee, AG Durett

Identification and isolation of Ag-specific T cells by flow sorting. Fritz van Rhee

Quantitative flow cytometry: history, practice, theory, consensus, inter-laboratory variation and present status. GE Marti, VE Zenger, R Vogt, A Gaigalas

Immunophenotypic and functional recovery following stem-cell transplantation. LS Lamb Jr

Detection of Ag-specific T cells by flow cytometry. K McKinnon

Forthcoming events

Cytotherapy 4.2

Editorial

The International Society for Cellular Therapy Honoring Both a New Mandate and Old Responsibilities (Break out the Iced Tea!). NH Collins

Original Articles

Ex vivo expansion of human cord blood primitive hematopoietic progenitors and transplantable stem cells using human primary bone marrow stromal cells and human AB serum. M Yamaguchi, F Hirayama, H Murahashi, H Azuma, N Sato, H Miyazaki, K Fukazawa, K Sawada, T Kioke, M Kuwabara, H Ikeda, K Ikebuchi

Selection of autologous CD4⁺ T-cells for adoptive T-cell substitution in patients with CD23⁺ B cell chronic lymphocytic leukemia. M Dettke, R Berger, S Jurko, G Mitterbauer, JD Schwarzmeier, P Hocker

The storage and re-infusion of autologous blood and bone marrow as back-up following failed primary haematopoietic stem cell transplantation-a survey of European practice. B Pottinger, M Walker, M Campbell, TL Holyoake, IM Franklin, G Cook

Isoplex 300i CD34-selected cells to support multiple cycles of high-dose therapy. HM Prince, J Bashford, D Wall, D Rischin, N Parker, GC Toner, JF Seymour, D Blakey, D Haylock, P Simmons, P Francis, M Wolf, EH Januszewicz, G Richardson, J Scarlett, P Briggs

CliniMACS CD34-selected cells to support multiple cycles of high-dose therapy. HM Prince, D Wall, D Roschin, GC Toner, JF Seymour, D Blakey, D Haylock, P Simmons, M Wolf, EH Januszewicz, D Westerman, G Richardson, J Scarlett, P Briggs

Viability of cryopreserved bone marrow (BM) progenitor cells stored for more than a decade. AD Donnenberg, EK Koch, DL Griffin, HM Stanczak, JE Kiss, TM Carlos, DM Buchbarker, AM Yeager

Immune escape mechanisms of childhood acute lymphoblastic leukemia and a potential countering role for dendritic-like leukemia cells. P Han, C Story, T McDonald, K Mrozik, L Snell

Brief Report: Use of selected CD34⁺ cells in the treatment of relapsed/progressive Hodgkin's lymphoma: a single center experience. J Lakota, V Ballova, L Drgona, P Durkovic, A Vranosky

Abstracts from the Therapeutic Products Innovation vs Quality Meeting (October 5-6, 2001, Adelaide, South Australia). Meeting Report by PG Dyson, S Niutta

Abstracts from the Bone Marrow Transplant Scientist's Association of Australasia (October 25, 2001, Rydges South Bank, Brisbane, Queensland, Australia) Scientific Summary by A Trickett

Forthcoming Meetings

Contributing Authors

Doug Padley, MT(ASCP)
Developmental Technologist
Mayo Foundation
Rochester, MN, USA

Terry Thomas, PhD
Director of Research & Development
StemCell Technologies
Vancouver, BC, Canada
Chair, ISCT Educational Affairs Committee

Current Good Manufacturing Practices

Workshop 2001

As a first time presenter and participant at the ISHAGE sponsored Current Good Manufacturing Practices Workshop this past December in Orlando, FL, I have been asked to share some of my observations and thoughts regarding this educational opportunity. As a supervisor of a cell processing laboratory, the topic of GMP is not new but, in this evolving field of cellular therapy, finding ways to integrate the principles of Good Manufacturing Practices into laboratory practice is a constant challenge. Overall, I found the workshop to be enlightening and beneficial. All presenters reviewed the Federal regulations and provided the audience with practical applications primarily drawn from their own experiences. This year a workshop binder and CD were provided in addition to the program binder. These resources and the workshop audiotapes are still available for purchase through the ISCT website.

As in the past, Janice Davis-Sproul, MAS, MT(ASCP) SBB organized the workshop, a task of daunting scope. The success and quality of the workshop owe much to Janice's efforts, and to the fine work of the ISCT head office staff. I know both participants and presenters appreciate the dedication of these wonderful people.

Presentations

“Introduction to cGMP and GTP” presented by Donna Przepiorka, MD, PhD

As the first speaker, Dr. Przepiorka provided the audience with a concise regulatory history of GMPs and GTPs. The evolution of industry standards (FACT) were also discussed. Dr. Przepiorka stressed that regulations, policies and procedures are all integrally linked to a Quality Management program. Copies of selected Guidelines as well as FDA Final and Proposed Rules were included in this section of the binder.

“Validation Overview” Scott R. Burger, MD

For many, just saying the word “validation” brings forth feelings of trepidation and angst. We all know that validation is something we all must do and that it ultimately results in a level of confidence that our processes work as intended. Dr. Burger provided definitions, procedures and practical examples of Installation, Operational and Performance Qualification studies. The document section for this presentation included examples of validation plans, performance qualification studies and information to consider for software validation.

“Facilities and Equipment” presented by Douglas Padley, MT (ASCP)

In this session, the participants were given information on facility design and construction. Doug Padley's recent experience

of designing and building a GMP facility was key to making this presentation very practical and informative. From facility layout, air handling systems and validation to environmental monitoring, Mr. Padley provided practical strategies, regulatory references and avoidance pitfalls for those of us who lack an engineering degree. Environmental monitoring, a relatively new concept for traditional cell processors, was discussed in detail including what to do with all the data after it is collected.

“Production and Process Controls” presented by Carolyn A. Keever-Taylor, PhD

Dr. Keever-Taylor discussed the process control elements of Standard Operating Procedures, processing worksheets and deviation reports. She presented an entire documentation basics course in a concise no frills format. This section of the binder/CD has excellent examples of forms and procedures that any laboratory could find useful. An example of the ‘famous’ SOP for SOPs is also included.

“Quality Control and Release Testing” presented by Janice Davis-Sproul, MAS, MT(ASCP) SBB

This presentation exemplified how far we have come from the days when product testing was primarily comprised of sterility and nucleated cell counts. Today QC begins with qualifying raw materials, vendors and incoming cells to in-process controls and finally lot release testing. Most useful were the practical applications of FDA requirements for lot release testing criteria for safety, purity, identity, potency and stability. Examples of Material Specifications, QC release forms and a SOP for performing an external vendor audit are included in this section.

Workshops

This year the format of the afternoon session was changed based on feedback from the GMP 2000 meeting. Instead of lectures about the implementation of GMP in either a hospital or commercial laboratory, three workshops were designed to integrate the morning lectures and the concepts of GMP with specific laboratory issues.

“Personnel Qualifications: Creating a Competency Program” a workshop facilitated by Elizabeth Read, MD and Carolyn A. Keever-Taylor, PhD

This workshop offered a brief review of the regulations and standards regarding personnel training as well as a discussion of the challenges faced in developing a training, proficiency and competency program. What I liked best were the many examples of training and proficiency forms and procedures that this

Continued on page 15

Continued from page 14

workshop provided.

“Deviations: Preparing a Deviation Tracking System” a workshop facilitated by Douglas Padley, MT (ASCP) and Diane Kadidlo, MT (ASCP), SBB

This workshop reviewed deviation management and documentation. Examples of deviations were presented and then the participants discussed and classified the deviations.

“Translational Development” a workshop facilitated by Robert Preti, PhD, Janice Davis-Sproul, MAS, MT (ASCP) SBB and Scott Burger, MD

This workshop briefly reviewed the relevant controls that need to be considered when integrating a new process into a clinical cell processing laboratory. Then, using an example involving transduction and cell selection, the participants started a development plan.

Conclusion

The GMP 2001 Workshop was very valuable mainly because an effort was made to incorporate regulations with practical applications. The binder/CD is filled with the speaker's presentation slides, full references, guidance documents and practical examples making it invaluable as a reference back home in the laboratory. This was also a wonderful opportunity to make connections with peers from all over the world. The bottom line is the realization that this field is constantly evolving and that no one person has all the answers or all the systems in place. Many participants commented that the meeting was 'too short' and that given the amount of information that was presented another half-day should be added to future conferences. We shall see!

Diane Kadidlo

Introducing BMTnet A New Portal to Resources on the Web

BMTnet is a new portal to blood and marrow transplantation resources on the World Wide Web.

The portal, or doorway, with links to multiple Web sites is a joint project of seven blood and marrow transplantation organizations, supported by an unrestricted educational grant from Pharmacia Corporation.

At a single web address (www.bmtnet.org) healthcare professionals, patients and the general public can find blood and marrow transplantation information and easily move back and forth among the Web sites of the seven participating organizations:

- American Society for Blood and Marrow Transplantation (ASBMT)
- Canadian Blood and Marrow Transplant Group (CBMTG)
- European Group for Blood and Marrow Transplantation (EBMT)
- Foundation for Accreditation of Cellular Therapy (FACT)
- International Bone Marrow Transplant Registry (IBMTR) and Autologous Blood and Marrow Transplant Registry (ABMTR)
- International Society for Cellular Therapy (ISCT)
- National Marrow Donor Program (NMDP)

In addition to direct access to the seven Web sites, **BMTnet** provides links to a directory of blood and marrow transplant centers, relevant meetings and conferences, periodicals in the BMT field, continuing education opportunities and other Web sites of interest.

The original concept for **BMTnet** was created by ASBMT and IBMTR/ABMTR and, for the past three years, has served as a joint portal to their two Web sites. Now, with the assistance of the grant from Pharmacia Corporation, the portal has been expanded to encompass the seven participating organizations.

ASME's 15th Annual Bioprocess Technology Seminars

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** *Sponsored by ISCT.* When registering, please be sure to mention that you are an ISCT member to receive the ASME member rate for this course!

For further information and to register, exhibit or sponsor please go to our website at: www.asme.org/education/techsem/bio.htm or contact: Brandy Smith, ASME International. Telephone: 212-591-7413; Email: smithb@asme.org

Educational Affairs Committee Update

The role of the Educational Affairs Committee is to facilitate transfer of technical/scientific information on graft engineering and cellular therapy to the ISCT membership. Functionally this breaks down in to four activities: defining the educational needs of the membership, determining the best source of information, finding effective methods to distribute educational material, and ensuring the information flow actually happens.

In the past, the Education Committee has relied on meeting evaluations, suggestions from the Scientific Committees and comments from individual members as indicators of what the membership is looking for in terms of technical and scientific information. This fall, we took a more structured approach and posted an "educational needs" survey on the web. Respondents were asked to indicate their preferred mechanism for receiving information as well as the technical/scientific topics they would like covered. The survey was filled in by 152 people. The regional distribution of the respondents closely reflected the ISCT membership with a slightly higher rate of response from the Technologists compared to PhDs/MDs. Storage of cell products, dendritic cells, and mesenchymal cells received the greatest number of requests for information. When respondents were asked to rank topics, there was definite interest shown in cGMP and graft evaluation in addition to the top three topics listed above. The delivery mechanisms of choice were internet/website and the Journal of Cytotherapy. This final statistic may not be representative of the entire society membership as the survey itself was posted on the web and notice of the survey sent by email. The members responding to this survey must be a frugal bunch as they favoured the use of the Internet as opposed to more expensive options such as mailouts and regional meetings. Finally, the

survey confirmed that there is still a great deal of interest in our annual meetings. Only 6% of survey respondents indicated that they do not plan to attend the annual meetings.

The Society's annual meeting has been the primary mechanism for sharing technical and scientific information among the membership. The Education Committee continues to make suggestions on session topics, meeting focus and workshop formats to better serve the membership. In an effort to reach the ISCT members who do not attend the annual meetings, slide/text summaries of a number of the technical breakfast sessions from the 2001 annual meeting will be posted on the ISCT web site. We are hoping to do the same for the breakfast sessions and the subcommittee workshops at the 2002 annual meeting in Barcelona.

The results of the educational survey suggest that members are looking for basic, up to date educational information on dendritic and mesenchymal cells. The members of the education committee felt that a short 2-5 page document with a couple of figures and reference to three good review articles would be the most useful format. We have approached the Immunotherapy and Mesenchymal Cell Scientific Committees and hope to have these scientific notes available by May (watch for them on the website and at the annual meeting).

ISCT has a very diverse membership and the field of graft engineering and cell therapy is advancing at a frantic rate. Distribution of scientific and technical information is critical to our society. If you have any suggestions for the Education Committee please don't hesitate to contact us.

Terry Thomas

Chair - ISCT Educational Affairs Committee

2nd Annual Meeting on Mesenchymal and Nonhematopoietic Stem Cells Focus on Adult Stem Cells

Date: September 26-28, 2002

Location: New Orleans, Louisiana, USA

Program Chairs: Dr. Edwin Horwitz
Dr. Darwin Prockop
Dr. Armand Keating
Dr. Brian Butcher
Dr. Malcolm Brenner

For further information contact:

Edwin Horwitz, MD, PhD
St. Jude Children's Research Hospital
332 North Lauderdale
Memphis, Tennessee, USA, 38105
Tel: 901-495-2746; Fax: 901-495- 2176
Email: edwin.horwitz@stjude.org

Sponsored by Tulane University Health Sciences Center, St. Jude Children's Research Hospital and the International Society for Cellular Therapy (ISCT) (formerly ISHAGE)

Regulation of Embryonic Stem Cell Research Update

Since the December 2001 issue of the *Telegraft* focusing on embryonic stem cell research, the following events have taken place on the regulatory or policy level:

Canada

In what is being described as a classic Canadian compromise between UK and USA policies on public funding for embryonic stem cell guidelines, the **Canadian Institutes of Health Research** (CIHR) released guidelines allowing publicly funded stem cell research on “surplus” embryos created at fertility clinic and donated with “informed consent” of the donors. Creating embryos for research will not be allowed in publicly funded research. These guidelines are issued in a vacuum of legislation on reproductive technologies which remains pending though promised later this spring. Alan Bernstein, CIHR President, stated, however, that the guidelines were “in line” with the draft legislation as it currently stands. The guidelines, effective March 4, 2002, will apply to researchers and institutions that receive funding from CIHR. For more information visit the CIHR web site at www.cihr.ca.

Australia

The Australian NSW Premier, Bob Carr, is on record as backing wide-ranging research on human embryonic stem cells, including their extraction from surplus Australian IVF embryos. Describing federal cabinet moves to support a ban on embryo harvesting as a “bad, short-term decision,” he said he would strongly urge other states to take a similar stance to NSW at the premiers’ conference in April. A final decision on the Commonwealth position will not be taken until the Prime Minister, John Howard, has discussed the issue with scientists.

United Kingdom

On the recommendation of the House of Lords, Britain’s Medical Research Council (MRC) says it is proposing to set up the world’s first human stem cell bank. In a statement posted on its web site (www.mrc.ac.uk), it said that the National Stem Cell Bank was likely to hold both adult and embryonic stem cell lines. Last year Britain became the first country explicitly to allow the creation of embryos as a source of stem. The regulations were held up by a court ruling in November. Prime Minister Tony Blair’s government rushed through revised legislation and an appeal court upheld the new laws last month, but research was effectively put on hold until Wednesday’s announcement by the Lords’ committee.

The first two licences allowing scientists to use stem cells from human embryos to study possible new treatments for serious illnesses have been awarded by Britain’s fertility watchdog. The Human Fertilisation and Embryology Authority

(HFEA) said that studies will begin at the Centre for Genome Research at Edinburgh University and at Guy’s Hospital, which is part of King’s College London. The Edinburgh group, led by Austin Smith, will use embryonic stem cells from spare IVF embryos to develop treatments for disorders such as Parkinson’s disease, while the scientists at Guy’s will research the causes of infertility and miscarriage, as well as stem cells’ possible role in nerve disorders and heart disease. Both groups will use only spare test-tube embryos less than 14 days old, which would otherwise be destroyed. They will aim to establish lines of embryonic stem cells that they will deposit in a national stem cell bank. Regulations passed last year enabled scientists to use embryonic stem cells for purposes other than fertility and reproduction.

United States

The NIH is implementing a policy permitting Federal funding of research on existing human embryonic stem (ES) cell lines that fulfill President Bush’s eligibility criteria.

Links to human ES cell research information are given on the NHLBI web site at: www.nhlbi.nih.gov/funding/policies/escells.htm.

Current NHLBI grantees may request administrative supplements to enable the incorporation of human embryonic stem cell work into active research projects with one or two years of funding remaining. If you wish to apply for an administrative supplement to your grant, contact the NHLBI program officer: <http://www.nhlbi.nih.gov/funding/policies/escells.htm#contact>.

The NHLBI program announcement on administrative supplements for human embryonic stem cell research is listed at: grants.nih.gov/grants/guide/notice-files/NOT-HL-02-009.html.

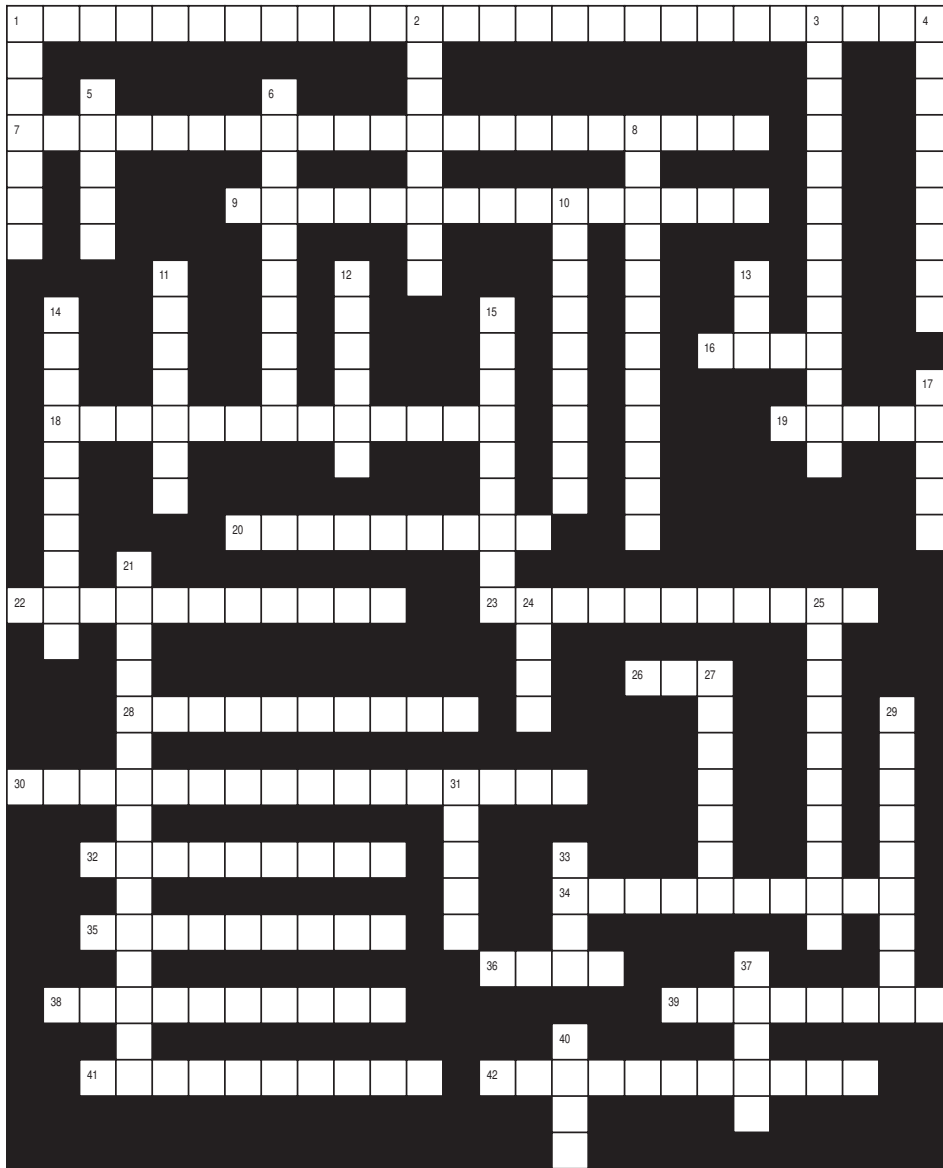
A number of initiatives are available to support research or training in this area. These include:

- Short-Term Courses In Human Embryonic Stem Cell Culture Techniques (grants.nih.gov/grants/guide/pa-files/PA-02-054.html)
- Career Enhancement Award For Stem Cell Research (grants2.nih.gov/grants/guide/pa-files/PAR-02-069.html)
- Additional Information For Par-02-023, Human Embryonic Stem Cell Research Resource Infrastructure Enhancement Award (grants2.nih.gov/grants/guide/notice-files/NOT-RR-02-006.html)
- Plasticity Of Human Stem Cells In The Nervous System (grants.nih.gov/grants/guide/pa-files/PA-02-025.html)

Tech Talk... Spring Fever!!!



Tired of winter? Can't seem to focus on your job? Had enough of validation, personnel issues and quality initiatives? This issue we have decided to take a mental respite from the technical issues that we face every day and have some fun. Call it spring fever, call it monotony, but all work and no play is no good. Enjoy!



Across:

- 1. Recipe
- 7. Documenting criteria for acceptance
- 9. Basic immunotherapy treatment
- 16. _____ or fiction
- 18. Belly button addendum
- 19. Generous benefactor
- 20. 21 FDA 610.12
- 22. Stem cell source
- 23. Pan leukocyte antigen
- 26. FDA's rules
- 28. Ultimate spin cycle
- 30. Provides confidence
- 32. Special label; quarantine
- 34. Cannot be shared
- 35. Oops!
- 36. T cell issue
- 38. "Cell" phones and cybernet
- 39. Safety study
- 41. Stem cell infusion
- 42. Evaluation of ability

Down:

- 1. lin-, Dr-, 34+
- 2. Good for roses, in times of old
- 3. "If it wasn't written down, it wasn't done"
- 4. Hoods, freezers, pipettes
- 5. Measure of cell stamina
- 6. Related
- 8. Underpaid, under appreciated
- 10. Makes you feel secure
- 11. Conformance of a product
- 12. Measure of success!
- 13. Are you my "type"?
- 14. Standard
- 15. The "ultimate hostess"
- 17. Causative agent in CJD
- 21. The buck stops here
- 24. Derived from wood pulp
- 25. Proving it works
- 27. Label: unique number, product name
- 29. Media exchange
- 31. Blood type
- 33. Cell shower
- 37. Critical information
- 40. Therapeutic quantity

For extra fun, unscramble the following letters: shamylnmcee

Clue: precursor for fat, cartilage, bone

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Solution on page 20

Updated FACT Standards

The Second Edition of the FACT Standards were printed in February 2002. The new standards are effective May 1, 2002. All accredited programs and applicant facilities will receive a copy of the new Standards upon publication. Additional copies can be ordered from the FACT Office.

Inspector Continuing Education

A FACT Inspector continuing education course highlighting the new edition of the Standards will be offered at the annual IBMTR/ASBMT Tandem BMT Meeting in Orlando, Florida on February 27, 2002. Both current and prospective inspectors are invited to attend. To register for the workshop, please contact the FACT Office at 402-561-7555.

Program Completes Renewal Accreditation

The Texas Transplant Institute in San Antonio under the direction of C. Fred LeMaistre, MD is the first transplant program to complete a three-year renewal cycle. The Texas Transplant Institute received reaccreditation for allogeneic and autologous marrow and peripheral blood progenitor cell transplantation, including collection and laboratory processing.

Accredited Facilities

Sixteen additional BMT centers have gained FACT accreditation since the last issue of the *Telegraft*. FACT has now accredited 101 centers. There are 100 other centers in various stages of application, inspection or accreditation pending.

The latest facilities to gain voluntary accreditation, along with their Program Directors are listed in the categories below:

Autologous peripheral blood progenitor cell transplantation, including collection and laboratory processing:

- Baptist Medical Center, Jacksonville, FL. Program Director: Robert Joyce, MD
- Blood and Marrow Transplant Program, Cancer Centers of the Carolinas and Bon Secours/St. Francis Health System, Greenville, SC. Program Director: Gary Spitzer, MD
- Boston Medical Center, Boston, MA. Program Director: Daniel Wright, MD
- Peripheral Blood Stem Cell Transplant Program, Oncology Specialties, PC of Comprehensive Cancer Institute, Huntsville, AL. Program Director: John Waples, MD
- Raleigh Hematology Oncology Associates Stem Cell Transplant Program, Raleigh, NC. Program Director: Alan Kritiz, MD

Allogeneic & autologous peripheral blood progenitor cell transplantation, including collection and laboratory processing:

- Jackson Memorial Hospital Transfusion Medicine Services, Miami, FL. Program Director: Sherry Shariatmader, MD

Just the FACTs



Allogeneic & autologous marrow and peripheral blood progenitor cell transplantation, including collection and laboratory processing:

- Children's Hospital Los Angeles, Los Angeles, CA. Program Director: Robertson Parkman, MD
- Johns Hopkins Hospital, Baltimore, MD. Program Director: Richard Jones, MD
- Loyola University Medical Center Cardinal Bernardin Cancer Center, Maywood, IL. Program Director: Patrick Stiff, MD
- Medical College of Wisconsin BMT Program Froedtert Hospital and Children's Hospital of Wisconsin, Milwaukee, WI. Program Director: Mary Horowitz, MD
- St. Joseph's Hospital and Medical Center, Paterson, NJ. Program Director: Arnold Rubin, MD
- University of Illinois at Chicago Medical Center Stem Cell and Bone Marrow Transplant Program, Chicago, IL. Program Director: Steven Devine, MD
- University of Mississippi Medical Center, Jackson, MS. Program Director: Joe Files, MD
- University of Texas Health Science Center, San Antonio, TX. Program Director: Cesar Freytes, MD
- West Virginia University Hospitals, Inc./Mary Babb Randolph Cancer Center, Morgantown, WV. Program Director: Solveig Ericson, MD, PhD

Autologous peripheral blood progenitor cell collection and processing:

- American Red Cross - Carolinas Blood Services Region, Charlotte, NC. Program Director: John Armitage, MD

For a complete list of accredited facilities, please visit the FACT website.

Linda Miller

fact

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www.fahct.org

Facilities Registered	201
Facilities Inspected	140
Accredited	101
Inspected/Pending Accreditation	39
Inspections in Process	17
Facilities Completing Checklists	44
Inspectors Trained	306

The Williamsburg BioProcessing Foundation

Upcoming Conferences

For information regarding any of these conferences, please contact: **The Williamsburg BioProcessing Foundation**, Telephone: 757-423-8826; Fax: 757-423-2065; E-mail: wbf@wilbio.com; Website: www.wilbio.com.

The Waterside Conference - Monoclonal & Recombinant Antibodies

May 19-22, 2002
Savannah, Georgia

Transgenics BioProcessing

May 23-24, 2002
Savannah, Georgia

Raw Materials & Contract Services for Mammalian Cell Products

June 24-26, 2002
Salt Lake City, Utah

Cell & Tissue BioProcessing (Cellular Therapy & Tissue Engineering)

September 30 - October 3, 2002
Santa Barbara, California

Cell & Gene Therapy: Clinical Trial & Practice Applications for Physicians & Medical Professionals

October 4-5, 2002
Santa Barbara, California

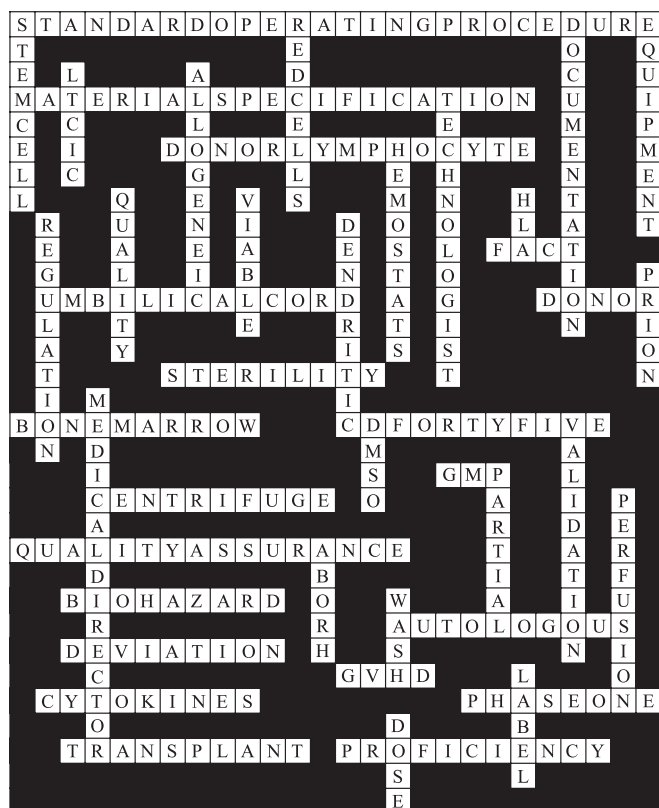
Facilities for Mammalian Cell Products

October 21-24, 2002
Seattle, Washington

Viral Vectors & Vaccines

November 11-14, 2002
New Orleans, Louisiana

Solution to Tech Talk Crossword (from page 18)



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ISCT Head Office
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SUNDIAL RESORT

Sanibel Island, Florida



International Society for Cellular Therapy 
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Meeting sponsored by ISCT and supported by American Association of Blood Banks (AABB) and Sinai Hospital.

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Abstract deadline extended to March 1, 2002

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The Stem Cell Engineering and Cryopreservation Laboratory is seeking a highly motivated, detail oriented individual to join our rapidly expanding program.

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Stem Cell Processor I Therapeutics Production & Quality/Human Applications Laboratory (Job Code: ISCT-3396SR)

Performs activities related to processing, cryopreservation, and storage of hematopoietic progenitor cells. Experience in hematopoietic cell processing or blood banking preferred.

BS degree or equivalent in Medical Technology preferred; BS in related biological science. Two years full-time experience in hematopoietic cell processing preferred. (Four years other laboratory experience may be acceptable. Medical Technologist experience preferred). TN State Licensure Eligibility preferred.

St. Jude Children's Research Hospital offers an excellent salary and fringe benefits package. For more information or to submit a resume, contact **St. Jude Children's Research Hospital, Human Resources Department (include JOB CODE), 332 North Lauderdale, Memphis, TN 38105. Fax: 901-495-3123. E-mail resume, including JOB CODE in subject line, to: research.careers@stjude.org**

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Market Analysis Report

Tissue Engineering

Technologies, Markets, and Opportunities, 3rd Edition

By Pamela Bassett, D.M.D., M.B.A. • Report #9042 • 500+ Pages • 80+ Exhibits • 30+ Company Profiles

D&MD's **Tissue Engineering** Report provides answers to the following pertinent industry questions:

- What are the benchmark values for recent development and commercialization alliances?
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- What will the market impact of tissue engineering technologies really be on the healthcare industry?

The total market for the regeneration and repair of tissues and organs is estimated to be \$25 billion worldwide.

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Head Office
777 West Broadway, Suite 808
Vancouver • BC • Canada • V5Z 4J7
Tel: (604) 877-0713
Fax: (604) 877-0704
N.A. Toll Free Tel: 1-800-667-0322
N.A. Toll Free Fax: 1-800-567-2899
E-mail: info@stemcell.com

European Office
29 Chemin du Vieux Chêne
Z.I.R.S.T.
38240 • Meylan • France
Tel: 33 4 76 04 75 30
Fax: 33 4 76 18 99 63
E-mail: info@stemcellfrance.com

www.stemcell.com