May 2015 Newsletter

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Perspectives

By Paul Martin, MD

In 2014, the CIBMTR Working Committees (WCs) received 156 new proposals for consideration. Of these, only 35 were accepted during the recent BMT Tandem Meetings. At one time, CIBMTR studies might have been viewed as a relatively easy path toward publication and academic advancement, but current proposal success rates in the range of 20% are now approaching those with NIH grant applications and with manuscript publication in competitive journals. Hearing “no” is never easy and is always frustrating, whether with a CIBMTR study proposal, a grant application, or a manuscript submission.

About half of the proposals received during 2014 were accepted for presentation and discussion during the 2015 BMT Tandem Meetings. What happened to the rest? All new proposals are reviewed by WC Chairs before the meeting. This year, approximately one-third were not brought forward for discussion because the proposed study was clearly not feasible with data from CIBMTR case report forms, and another third were not brought forward because of overlap with a current study or a previous publication. About a quarter were dropped from consideration because extensive supplemental data would have to be collected from centers or because they were viewed as having low scientific impact. About 10% of the proposed studies were combined with other similar proposals.

During this year’s BMT Tandem Meetings, the WCs discussed 73 studies. The 48% success rate for studies presented this year was somewhat lower than the 62% and 68% success rates respectively in 2013 and 2014, and the total number of accepted new studies decreased from 46 in 2013 to 41 in 2014 and to 35 this year. The number of studies that the CIBMTR can accept is limited by the number of statistical staff available to assemble the data files and analyze the data. From fiscal year 2013 to fiscal year 2016, the number of available statistical hours for WC studies has increased by only 3%, or about 1% per year.

Before 2013, the CIBMTR Advisory Committee noted an increasing backlog of accepted studies at various stages in the work queue. This backlog caused delays in starting work on new studies and created pressure to drop studies that were previously accepted. To some extent, the reduced numbers of accepted studies

during the past three years represents an effort to correct this backlog, to ensure that work can begin promptly on new studies, and to decrease the number of accepted studies that have to be dropped later due to lack of progress. We would like to have all studies progress to manuscript publication within three years after acceptance of the proposal.

What are the take-home messages from this information? First, we hope that investigators whose studies were accepted will work diligently to complete the study as expeditiously and efficiently as possible, in order to make room for acceptance of new proposals in future years. Second, we hope that investigators whose studies were not accepted will gain some insight into the reasons and will not grow discouraged from trying again.

The CIBMTR website has excellent suggestions and guidance for investigators on how to prepare a successful proposal. Three critical elements should be checked before submitting a new proposal:

1. Do CIBMTR case report forms actually have the data needed to support the study?
2. Does the study fill a gap not addressed by other current or past CIBMTR studies?
3. Will results of the study provide information that could potentially improve transplant procedures or results?

A successful proposal requires unequivocal “yes” answers to all three questions.

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Autoimmune Diseases and Cellular Therapies Working Committee

Ian Lewis, MD, PhD, Chair **Stefanie Sarantopoulos, MD, PhD, Chair**

The Autoimmune Diseases and Cellular Therapy Working Committee (ACWC) was formed in 2014 via the merging of two existing committees, the Autoimmune Diseases WC and the Cellular Therapy WC. This created a unique committee with a broad scope and diverse applications. The unifying aspect of these two areas is the requirement of outreach to other specialties for collaboration in projects. Also, there is overlap with the use of cellular therapy for treatment of autoimmune diseases.

The ACWC’s mission is to promote studies of HCT and other cellular therapies for autoimmune disease and to investigate novel uses of cellular therapies for both malignant and non-malignant indications. The committee’s leadership is comprised of individuals with expertise in transplantation, cellular therapy, cell processing, and autoimmune diseases.

Committee Leadership

Co-Chairs:

- Mitchell Cairo, MD, New York Medical College, Valhalla, NY
- Ian Lewis, MD, PhD, Royal Adelaide Hospital, Adelaide, Australia
- David McKenna, MD, University of Minnesota Medical Center, Minneapolis, MN
- Stefanie Sarantopoulos, MD, PhD, Duke University Medical Center, Durham, NC

Scientific Director:

- Marcelo C. Pasquini, MD, MS

Statisticians:

- Ruta Brazauskas, PhD
- Jiaxing Huang, MS

Autoimmune Disease

Autoimmune disease remains an uncommon transplant indication. To date, physicians have primarily transplanted patients with multiple sclerosis (MS) and scleroderma but also transplanted patients with systemic lupus erythematous, inflammatory bowel diseases, autoimmune cytopenias, diabetes, and other diseases. Most transplants are autologous, which rely on immune-ablative regimens to control autoimmunity. Applications of allogeneic transplant remain mostly investigational. From 2008 to 2014, 148 autologous and 40 allogeneic HCTs were reported to the CIBMTR by 42 centers.

The main challenge for this committee remains the availability of disease specific data for more comprehensive studies. Disease assessment in autoimmune diseases is often complex and requires organ specific disability assessments, and input from disease specialties is ideal. Data collection for these diseases is different from other more common hematological or malignant disease transplant indications, in which disease specific information is readily available to data managers. The CIBMTR has undertaken several efforts to improve data collection, including simplifying report forms. For example, the committee reached out to the EBMT Autoimmune Working Party and harmonized the MS forms. Similar efforts on scleroderma forms are ongoing. Still, studies in this committee require additional active data collection to supplement information about disease status at transplant, disease response, and progression events after transplant.

One of the studies recently completed, AI 0901 (PIs: Paolo Muraro, MD, and Ricardo Saccardi, MD), was made possible by the collaboration of the EBMT Autoimmune Working Party and centers from Brazil with high activity in transplants for autoimmune disease. In this study, 283 autologous transplant recipients with MS were analyzed, making this the largest study with the longest follow-up to date. The analysis demonstrated that responses to transplant are long lasting and patients who receive transplants while in earlier and more inflammatory forms of the disease (relapsing remitting) have better disease control. This study emphasized the importance of transplant as a therapeutic option for MS patients and will lead to further studies, which are anticipated to result in a change in practice. Given the success of the MS study, the committee is focusing on similar collaborations to describe long-term outcomes of patients who receive transplants for scleroderma (AC 14-01 – PI: Dominique Farge, MD).

Cellular Therapy

Cellular therapy application is a rapidly emerging area with a very large scope. The CIBMTR initiated efforts to study the use of cellular therapy in 2008 through the SCTOD, which assessed alternate uses of hematopoietic cells but did not include promotion of hematopoietic cell engraftment. At that time, applications in cardiology were rapidly expanding the use of autologous stem cells with the intent to restore or heal cardiomyocyte, known as regenerative medicine. The CIBMTR Cellular Therapy Working Committee reached out to the cardiology community to establish this collaboration.

The CIBMTR also modified the data collection structure to accommodate collection of cellular therapy. This required the development of a structure that did not use transplantation as the main milestone for data collection, as these patients are not transplant recipients. Thus, patients who receive cellular product without the intent to establish hematopoiesis are directed to the cellular therapy track when completing the CIBMTR Identification Form (CRID form). The cellular therapy form, called Form 4000 or CTRM, is a single stand-alone form without follow-up. Its intent is to capture activity, and it incorporates limited outcome data related to infusion adverse events. Since its implementation, data for 534 patients who received cellular therapy for several indications were reported by 10 centers. The most common indication is the use of autologous cord blood unit for treatment of congenital neurologic disorders, mainly cerebral palsy and congenital hydrocephalus. However, this is not representative of all activity, as only a small number of centers report this data to the CIBMTR.

The cellular therapy field has evolved over the past five years, with the use of genetically modified cells for treatment of malignancy. These are mainly chimeric antigen receptors (CARs) in lymphocytes for cancer immunotherapy. The CIBMTR started to receive reports of CAR T cells for treatment of acute leukemia in the CTRM. The committee recognized a need to adapt to the evolving nature and practices on cellular therapy and developed a task force to revise the data collection practices and expand the focus of cellular therapy to include the use of treatment of malignancies. During the last in-person committee meeting, many committee members recommended expanding the activities of the committee to capture more details on these indications. After a large number of members volunteered to participate on the task force, the committee leadership decided to hold a forum on cellular therapy and data collection. The objectives of this forum are to revise the structure of data collection for cellular therapies by the CIBMTR, develop potential projects that could jump start the data collection, and network with the centers that are most actively involved in these therapies.

In parallel to studies of cellular therapy in the non-transplant setting, the CTWC investigates more frequent uses of cell therapy in allogeneic transplant. After allogeneic transplant, so called donor cellular infusion (DCI) is performed for treatment of disease relapse, falling chimerism, GVHD, infections, and other post-transplant issues. The transplant community is very interested in understanding indications and efficacies of DCI. The CTWC has two studies focusing on these indications:

- CT10-01, led by Noelle Frey, MD, and David Porter, MD, analyzed donor cellular infusion and second transplants for treatment of disease relapse. By applying a statistical model that started at the time of disease relapse using any treatment as a time-dependent covariate, the investigators were able to analyze both the activity and impact of these therapies on survival. The data revealed that the overall impact of these DCI and second transplants on post-transplant survival is small, highlighting the need for development of novel approaches for treatment of disease relapse. This study is currently in the manuscript development phase.
- CT13-01, led by Gorgun Akpek, MD, will look at the use of DCI for treatment of post-transplant infections. This DCI indication utilized non-manipulated lymphocytes, third party cytotoxic T lymphocytes, or genetic modified cells. The study will collect infection related outcomes on recipients of these cellular infusions.

In summary, the ACWC has a number of exciting projects. For both areas of focus, there is increasing activity, which the CIBMTR can assist in further advancements.

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Donor Health and Safety Working Committee

Paul O'Donnell, MD, PhD, FACP, Chair

Michael Pulsipher, MD, Chair

Galen Switzer, PhD, Chair

Deidre Kiefer, MPH, MS Statistician

The Donor Health and Safety Working Committee (DHSWC), now in its 10th year, is led by Chairs Paul O'Donnell, MD, PhD, FACP; Michael Pulsipher, MD; and Galen Switzer, PhD. The DHSWC's research priority is to understand the impact of donation on both related and unrelated hematopoietic stem cell donors. A number of important retrospective and prospective studies over the past five years are increasing our understanding of the medical and psychosocial risks involved in marrow or PBSC donation and have or are likely to change clinical practice in the management of adult and pediatric donors. Two recently reported studies found significant differences in the incidence and duration of adverse events following marrow vs. PBSC donation by volunteer unrelated donors, and a third study showed the impact of race and ethnicity on collection of PBSC from unrelated donors. With respect to related donors, the important RDSafe study, supported by the DHSWC and an RO1 NIH grant held by committee Chairs, Drs. Pulsipher and Switzer, is examining a number of aspects of the donation process on donor outcomes, including severity of adverse events and donor quality of life (QOL). Prior to the RDSafe study, no prospective study of a large cohort of related donors had been performed. This study completed accrual in 2014. Analysis is progressing, and results are being submitted for publication. In research published in 2010, a CIBMTR survey examining practice patterns of related donor care in US transplant centers raised issues of conflict of interest in the management of related donors and helped lead to a change in the 5th Edition of the FACT Standards. This encouraged the separation of care of related donors and recipients, a practice which has always been routine in the management of unrelated donors. A follow-up CIBMTR survey of donor practice patterns recently completed, and soon to be submitted for publication, documents a favorable change in the separation of donor-recipient clinical care at US transplant centers in response to FACT Standards, a change which is now mandatory in the current 6th Edition Standards.

Publications:

Pulsipher MA, Chitphakdithai P, Logan BR, Shaw BE, Wingard JR, Lazarus HM, Waller EK, Seftel M, Stroncek DF, Lopez AM, Maharaj D, Hematti P, O'Donnell PV, Loren AW, Leitman SF, Anderlini P, Goldstein SC, Levine JE, Navarro WH, Miller JP, Confer DL. **Acute toxicities of unrelated bone marrow versus peripheral blood stem cell donation: results of a prospective trial from the National Marrow Donor Program.** Blood. 2013 Jan 3;121(1):197-206. Epub 2012 Oct 29.

Pulsipher MA, Chitphakdithai P, Logan BR, Navarro WH, Levine JE, Miller JP, Shaw BE, O'Donnell PV, Majhail NS, Confer DL. **Lower risk of serious adverse events and no increased risk of cancer after PBSC versus bone marrow donation.** Blood. 2014 Jun 5;123(23):3655-63. Epub 2014 Apr 15.

Hsu JW, Wingard JR, Logan BR, Chitphakdithai P, Akpek G, Anderlini P, Artz AS, Bredeson C, Goldstein S, Hale G, Hematti P, Joshi S, Kamble RT, Lazarus HM, O'Donnell PV, Pulsipher MA, Savani B, Schears RM, Shaw BE, Confer DL. **Race and ethnicity influences collection of G-CSF mobilized peripheral blood progenitor cells**

from unrelated donors, a CIBMTR analysis. Biology of Blood and Marrow Transplantation. 2015 Jan;21(1):165-71. Epub 2014 Oct 12.

Studies in progress:

- RDSafe (PIs: M Pulsipher, G Switzer)
  - DS05-02a: Older adult related donors compared to adult related donors
  - DS05-02b: QOL for older adult related donors compared to younger adult related donors
  - DS05-02c: Acute toxicities of related adult donors compared to unrelated adult donors
  - DS05-02d: QOL for related adult donors compared to unrelated adult donors
  - DS05-02e: Acute toxicities for pediatric related donors compared to adult related donors
  - DS05-02f: QOL for pediatric related donors compared to normative pediatric cohort
  - DS05-02g: Late toxicities and SAE for related donors
- DS09-03: Effects of second donations on marrow compared to PBSC donors (PI: D Stroncek)
- DS09-04: Race / socioeconomic status and donor center size on bone marrow and PBSC donor experience (PI: M Pulsipher)
- DS13-01: Assessment of the potential impact of bone marrow quality on transplant outcomes (PI: N Prokopishyn)
- DS13-02: Clinical impact of ABO incompatibility on allogeneic transplantation (PI: B Shaw)
- DS14-01: Care and management of adult related donors in the US and European Union (PI's: C Anthias, B Shaw, P O'Donnell)

The DHSWC is pleased to see a steady increase in attendance at the committee meetings over the past three BMT Tandem Meetings. We encourage participation from the transplant community, especially new members, in ongoing studies or through the submission of new proposals.

The DHSWC would like to acknowledge the important contributions to the research focus and operations of the committee by Dennis Confer, MD, who guided the committee as Scientific Director from its inception in 2005 until recently taking the position of Ex Officio Senior Advisor of DHSWC. We would also like to thank Bronwen Shaw, MD, PhD, who succeeded him as Scientific Director of the committee and who previously served as a Chair of the committee until her recent appointment as Associate Scientific Director of the CIBMTR. We also want to acknowledge the essential contributions of the dedicated Biostatisticians who support this committee including Brent Logan, PhD; Pintip Chitphakdithai, PhD; and Deidre Kiefer, MPH, in the design, analysis, and publication of the committee's research.

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2015 BMT Tandem Meetings

By D'Etta Waldoch, CMP

Paul Veys, MD, and Krishna Komanduri, MD	Erik Bergman, MBA, MS, and Katherine Gee, PMP
Nancy King McLain - BMT's Longest Survivor	Navneet Majhail, MD, MS, and Roy Wu, PhD

The 2015 BMT Tandem Meetings held in San Diego, California, report another record-breaking registration: 3,132 representing 48 countries!

The 2015 BMT Tandem Meetings Chairs, Paul Veys, MD, for the CIBMTR and Krishna Komanduri, MD, for ASBMT, infused a lot of positive energy into this year's meeting, held February 11-15 at the Manchester Grand Hyatt Hotel in San Diego, CA. In addition to an outstanding scientific program, parallel sessions were held for BMT Pharmacists, BMT Center Administrators, Coordinators, Investigators, Medical Directors, Clinical Research Professionals / Data Managers, Transplant Nurses and Advanced Practitioners. The 2015 meetings appreciated 613 abstract submissions - our second highest number - from 28 countries.

For the first time, we combined awards and keynote lectures from the CIBMTR and ASBMT business meetings into a single session on Friday afternoon. We were delighted to have with us the longest transplant survivor, Nancy King McLain, who

received a transplant from her twin sister in 1963 for aplastic anemia, and her transplant physician, Robert Kyle, MD, a true pioneer. Also this year Bone Marrow Donors Worldwide celebrated their 25 million volunteer donors.

Yoshihisa Kodera, MD, PhD, was the recipient of the CIBMTR's Distinguished Service Award for 2015. Dr. Kodera received the award for his service and commitment to the CIBMTR, his work in establishing the Asia-Pacific Blood and Marrow Transplant Registry and the Worldwide Network for Blood and Marrow Transplantation, and his dedication to advancing the art and science of HCT throughout the world.

The 2015 Mortimer M. Bortin Lecture entitled, "MRD in AML: Much Ado about Nothing?", was presented by Robert Peter Gale, MD, PhD, DSc. Lecturers are chosen on the basis of their contributions to our understanding of graft-versus-tumor effects and / or the advancement of clinical HCT research.

More than 750 guests enjoyed the USS Midway during the Saturday evening BMT Tandem Meetings Reception. There was something for everyone from docent-led tours to dancing. Regionally-based food stations reflected the ship's earliest ports of call starting with October 1945 in the Caribbean, 1947 Mediterranean, 1959 Cuba, 1965 Far East, and 1992 final cruise to San Diego.

Once again, in addition to the printed program guide, attendees were able to download the BMT Tandem Meetings App, BMTTANDEM. The App allowed registered attendees access to the meeting program schedule and general information, session evaluations, speaker information, exhibit booth locations mapped out on the exhibit hall floor plan, messaging to other attendees, and the ability to create a personal schedule. This was the first year during which attendees could also use their smart phones as audience response devices, making use of efficient electronic meeting technology.

Keep an eye on www.cibmtr.org or www.asbmt.org as the 2016 program firms up over the upcoming months. Register and make housing reservations before the increased rates take effect on October 1, 2015. Don't forget to reserve your ticket to the Saturday evening, Tandem Reception in Hawaii!

Scientific Organizing Chairs, Corey Cutler, MD, MPH, for the CIBMTR and Pavan Reddy, MD, for ASBMT, look forward to seeing you at the Hawaii Convention Center in Honolulu next February 18-22, 2016!
To view more photos from the 2015 BMT Tandem Meetings, visit the CIBMTR Facebook page.

Mary Horowitz, MD, MS; thanking Celgene for their support.

Effie Petersdorf, MD; Sergio Giralt, MD; and Krishna Komanduri, MD

Yoshihisa Kodera, MD, PhD - CIBMTR's Distinguished Service Award Recipient

Robert Peter Gale, MD, PhD, (Mortimer Bortin Lecturer) and Paul Martin, MD

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Join the new CIBMTR Health Economics Interest Group

By Linda Burns, MD; Ellen Denzen, MS; and Beth Murphy, EdD, RN

Are you concerned about:

- How to control the cost of transplant while at the same time improve quality?
- Reimbursement, particularly with an increasing number of transplant recipients on Medicare?
- Determining the value of transplant and its value compared with non-transplant therapies?

If you answered "yes" to any of these questions, then we invite you to join the newly established Health Economics Interest Group.

The CIBMTR Health Services Research Program, in conjunction with NMDP/Be The Match Payer Policy, held the inaugural meeting of the Interest Group at the 2015 BMT Tandem Meetings in San Diego. Our goal was to bring together investigators interested in these topics and determine if there was enough enthusiasm to work towards developing a health economics research agenda in transplant.

Approximately 40 transplanters, researchers, and payer representatives attended the inaugural meeting. Michael Boo, JD, Chief Strategy Officer for NMDP/Be The

Match, opened the session by stressing the relevance of health economics in transplant and was followed by Navneet Majhail, MD, Director of the BMT Program at Cleveland Clinic and former Medical Director of the Health Services Research Program. Dr. Majhail provided an overview of the Program's accomplishments in economics research to date. Linda Burns, MD, the current Medical Director of the Health Services Research Program, then led the group in a lively discussion of the economic landscape and challenges in transplant.

Attendees voiced concerns regarding the numerous challenges facing our field, including increasing pressure to reduce the cost of transplants, improve quality, respond to the changing landscape of health care reform, optimize resource utilization, and justify transplant versus non-transplant therapies. Attendees from centers outside the US provided an international perspective on resource utilization. Payers explained they need evidence from transplant centers that they are providing the best outcomes for their patients while being transparent in all components of cost and cost allocation.

All present agreed there was considerable enthusiasm to continue to work together as an Interest Group. Next steps include a webinar later this year to enhance peer learning and promote standard investigational methodology in health economics. A follow-up meeting is planned in conjunction with a relevant professional society meeting (location and date to be determined). Stay tuned for more information, and if you'd like to join the Health Economics Interest Group in the meantime, send your contact information to Ellen Denzen, Health Services Research Program Senior Manager, at edenzen@nmdp.org. Looking forward to partnering with you!

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New Pre-TED Form Requirement for Autologous Transplant Recipients

By Janet Brunner-Grady, PA-C, and Marie Matlack

On March 31, 2015, the CIBMTR announced the requirement to complete a Pre-TED form for autologous transplant recipients who do not provide consent for research. This change will be implemented in mid / late May 2015 when the revised CRID (Form 2804) form is released in FormsNet.
This change applies to the forms required for autologous transplant recipients who do not give consent to participate in the Research Database protocol to ensure the continued epidemiological integrity of the CIBMTR outcomes registry and to meet our obligations to provide the US government with an accurate assessment of transplant activity.

The Pre-TED form may be submitted to the CIBMTR without the consent of the recipient because the CIBMTR meets the definition of a Public Health Authority (PHA) under the Health Insurance Portability and Accountability Act (HIPAA). In this capacity, the CIBMTR is authorized to collect individually identifiable health information without consent or authorization of the individual. The PHA designation also allows transplant centers, which fit the definition of covered entities, to disclose these data to the CIBMTR under 45 CFR 164.512 (Privacy Rule) without the direct consent or authorization of the recipient.

For autologous transplant recipients who do not provide consent for the CIBMTR Research Database, completion of forms other than the Pre-TED will not be required. Data collected on the Pre-TED forms will not be used in research. Important factors supporting this change include:

- These data are essential to maintain the epidemiological integrity of the outcomes registry by allowing us to confirm that transplant recipients reported in research studies are representative of all recipients transplanted.
- Pre-TED data will make the federally required annual Center Volumes Report more complete and better able to inform the public about the types of HCTs occurring in the US.

We thank you for approaching all HCT recipients at your center, regardless of their graft source, to ask them to consider participating in the CIBMTR Research Database protocol. The success of the CIBMTR research program is built on the dedicated contributions of our transplant centers.

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Blood and Marrow Transplant Clinical Trials Network

By Amy Foley, MA

The BMT CTN, with its 20 core and approximately 100 affiliate centers, has enrolled more than 7,700 patients since 2003. The CIBMTR shares administration of the BMT CTN Data and Coordinating Center with NMDP/Be The Match and The Emmes Corporation. Together, these three organizations support all BMT CTN activities.

The BMT CTN Steering Committee is currently under the leadership of Chair Fred Appelbaum, MD (Fred Hutchinson Cancer Research Center). Steve Devine, MD (Ohio State University Medical University) is now serving as Chair-Elect, and Rick Jones (Johns Hopkins University) started his term as Vice-Chair on January 1.

Clinical Trials: Open Enrollment

The BMT CTN encourages widespread transplant community participation in clinical trials. If your center is interested in participating, please visit the BMT CTN website.

There are nine trials open to accrual, three released to sites, and seven in development. The following BMT CTN trials are open or will soon be opened for enrollment.

- BMT CTN 07LT - Continued, long-term follow-up and **lenalidomide maintenance therapy** for patients who have enrolled on BMT CTN 0702
- BMT CTN 0903 - Phase II study for allogeneic transplantation for hematologic malignancy in **HIV+ patients**
- BMT CTN 1101 - Phase III study comparing HLA-haploidentical related donor bone marrow vs. double umbilical cord blood **(haplo vs. double cord)** with RIC for patients with hematologic malignancy
- BMT CTN 1102 - Biologic assignment trial comparing RIC HCT to hypomethylating therapy or best supportive care in patients aged 50-75 with intermediate-2 and high risk **myelodysplastic syndrome**
- BMT CTN 1202 - Prospective cohort of biologic samples for the evaluation of **biomarkers** predicting risk of complications and mortality following allogeneic HCT
- BMT CTN 1203 PROGRESS I - Randomized Phase II study of **novel approaches for GVHD prophylaxis** compared to CIBMTR controls
- BMT CTN 1204 - RIC for children and adults with **hemophagocytic syndromes or selected primary immune deficiencies**
- BMT CTN 1205 - **Easy-to-read informed consent** for HCT clinical trials
- BMT CTN 1301 PROGRESS II - Randomized, Phase III trial of **calcineurin inhibitor-free interventions for prevention of graft-versus-host disease**
- BMT CTN 1302 - Phase II double-blind placebo controlled trial of **maintenance ixazomib after allogeneic HCT for high risk multiple myeloma**
- BMT CTN 1304 / DFCI 10-106 - Phase III study comparing conventional dose treatment using a combination of lenalidomide, bortezomib, and dexamethasone (RVD) to high-dose treatment with peripheral stem cell transplant in the **initial management of myeloma** in patients up to 65 years (Note: this study is managed by Dana Farber Cancer Institute, but BMT CTN has endorsed the study and is providing accrual credit to BMT CTN centers)
- BMT CTN 1505 RECRUIT - Randomized intervention trial to increase **minority patient recruitment**

Upcoming Abstract Presentations

Support BMT CTN Investigators at these upcoming conferences:

American Society of Clinical Oncology Annual Meeting (May)

- Holstein et al. Updated analysis of CALGB / ECOG / BMT CTN 100104: Lenalidomide (Len) vs. placebo (PBO) maintenance therapy after single autologous stem cell transplant (ASCT) for multiple myeloma (MM)

Institute for Healthcare Advancement's Health Literacy Conference (May)

- Moore et al. Easy-to-read informed consent (ETRIC) forms for multi-center hematopoietic cell transplant clinical trials (BMT CTN 1205)

APOS/IPOS World Congress on Psycho-Oncology 2015 (July)

- Syrjala et al. Cancer and treatment distress measurement over time in a multicenter cohort of hematopoietic cell transplantation (HCT) recipients (BMT CTN 0902)
- Knight et al. Pre-transplant health-related quality of life factors as predictors of outcomes following hematopoietic cell transplantation (BMT CTN 0902)

BMT CTN Publications

There are 50 BMT CTN published articles, including 14 primary analyses. The following manuscripts were recently published.

- MacMillan ML, Robin M, Harris AC, DeFor TE, Martin PJ, Alousi A, Ho VT, Bolanos-Meade J., Ferrara JLM, Jones R, Arora M, Blazar, BR, Holtan SG, Jacobsohn D, Pasquini M, Socie G, Antin JH, Levine JE, Weisdorf DJ. **A refined risk score for acute graft-versus-host disease that predicts response**

to initial therapy, survival, and transplant-related mortality. Biology of Blood and Marrow Transplantation. 2015 Apr 1; 21(4): 761-767. Epub 2015 Jan 10.

- Holtan SG, Verneris MR, Schultz KR, Newell LF, Meyers G, He F, DeFor TE, Vercellotti GM, Slungaard A, MacMillan ML, Cooley SA, Blazar BR, Panoskaltsis-Mortari A, Weisdorf DJ. Circulating angiogenic factors associated with response and survival in patients with acute graft-versus-host disease: Results from BMT CTN 0302 and 0802. Biology of Blood and Marrow Transplantation. Epub 2015 Mar 3.

To get up-to-date information about BMT CTN studies, meetings, and news:

- Like us on Facebook: www.facebook.com/bmtctn
- Follow us on Twitter: @BMTCTN

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Join the CIBMTR on Facebook and Twitter

Did you know the CIBMTR is on Facebook and Twitter? Like us on Facebook and follow us on Twitter to stay up-to-date with important news and events. We promote our publications, share important content from other organizations, and advertise our key meetings and events. We recently added 75 photos of the 2015 BMT Tandem Meetings to our Facebook page. Join us today!

- Like us on Facebook: www.facebook.com/theCIBMTR
- Follow us on Twitter: @CIBMTR

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CIBMTR Advisory Committee

The Advisory Committee, made up of members from across the globe, maintains careful oversight of the CIBMTR research agenda. The 2015 committee members are listed on the CIBMTR website, and we are pleased to welcome the newest members of the committee:

- Mahmoud Aljurf - Vice-Chair (Asia / Africa / Australia)
- Charles Craddock - Vice-Chair (Europe)
- William Hwang - Member at Large (Non-North America)
- Steven Pavletic - Member at Large (North America)
- Marcel van den Brink - Member at Large (North America)
- Afonso Vigorito - Member at Large (Non-North America)
- Kirsten Williams - Member at Large (North America)

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Our Supporters

The CIBMTR is supported by Public Health Service Grant / Cooperative Agreement 5U24CA076518 from the NCI, NHLBI, and NIAID; a Grant / Cooperative Agreement 5U10HL069294 from NHLBI and NCI; a contract HHSH250201200016C with HRSA / DHHS; two Grants N00014-13-1-0039 and N00014-14-1-0028 from the Office of Naval Research; and grants from our corporate and private contributors, which are listed on the CIBMTR website.

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Abbreviations

Need an acronym defined? Review our list of common abbreviations.

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Last Updated: 6/23/2015 9:28 AM

CIBMTR® (Center for International Blood and Marrow Transplant Research®) is a research collaboration between the National Marrow Donor Program®/Be The Match® and the Medical College of Wisconsin