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## May 2019



## May 2019 Newsletter

Volume 25, Issue 2

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## Cellular Therapy Research Initiatives

Cellular Immunotherapy Data Resource

## By Marcelo Pasquini, MD, MS

The CIBMTR launched the Cellular Therapy Registry in the summer of 2016. Since then, the CIBMTR received data from >200 centers for >2,000 patients who received cellular therapy. The registry includes patients who received cellular immunotherapy for cancer, including >600 patients who received CAR T cell therapy. The registry also includes patients who received cellular therapy for regenerative medicine indications (>200) and cellular therapies administered as either part or for treatment of complications of HCT, such as donor cellular infusions (>1,200).

In September 2018, the CIBMTR received funding from the National Cancer Institute to serve as the Cellular Immunotherapy Data Resource (CIDR). The CIDR was developed to support the biomedical community and the Immuno-Oncology Transplantation Network (IOTN). Both the IOTN and the CIDR are part of the Cancer Moonshot<sup>SM</sup> initiative to accelerate cancer research and make more therapies available to more patients.

The goal of the CIDR is to provide the academic community, as well as relevant pharmaceutical partners, with an infrastructure for collection of high-quality data. Data include patient demographics, tumor characteristics, course of cancer treatment, cellular product manufacturing details, toxicity, and outcomes. The CIDR includes patients who received cellular immunotherapy for cancer as part of clinical trials as well as those treated with FDA-approved agents.

The CIDR relies on the CIBMTR Cellular Therapy Registry infrastructure; however, it requires an independent governance structure to fulfill the objectives outlined in the program to interact with the IOTN and other stakeholders. The CIDR Executive Committee was created to provide oversight to all activities related to this program.

The CIDR governance structure included the development of a working committee to oversee the utilization of data for research purposes. The CIBMTR re-organized its current scientific working committee structure to create the Cellular Immunotherapy for Cancer Working Committee. (See next article for more information.) The CIBMTR Advisory Committee will share oversight responsibilities of this new working committee to provide the same performance metrics currently in place for all working committees.

The CIDR and its interaction with the IOTN and other Cancer Moonshot initiative programs represents an outstanding opportunity for the CIBMTR to expand its collaborations in research and maximize the utilization of this resource.

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#### Re-Organization of Scientific Working Committees

Cellular Immunotherapy for Cancer and Non-Malignant Diseases Working Committees

#### By Mary Eapen, MBBS, MS

The purpose of the CIBMTR's 15 Scientific Working Committees is to solicit input from the transplantation and cellular therapy community regarding how data submitted by the community is used to address important issues that will advance the field. Working Committees provide valuable insight regarding the issues the community thinks are most important, and they provide a broad range of expertise to guide CIBMTR studies to ensure they are of high scientific merit.

Working Committees are organized by subject area to reasonably distribute the workload, both statistically and administratively. With the recent award of the CIDR U24 grant, the CIBMTR re-organized the workload of two Working Committees.

The former Autoimmune Diseases and Cellular Therapies Working Committee is now the <u>Cellular Immunotherapy for Cancer Working Committee</u>. This committee will focus on the role of cellular therapy for cancer. Autoimmune diseases are being moved to a newly formed <u>Non-Malignant Diseases Working Committee</u>, which will replace the Primary Immune Deficiencies, Inborn Errors of Metabolism, and Other Non-Malignant Marrow Disorders Working Committee. The <u>Non-Malignant Diseases Working Committee</u> will have primary responsibility for studying the role of HCT and cellular therapy, and in particular gene therapy, for non-malignant diseases.

The <u>Non-Malignant Diseases Working Committee</u> will incorporate five broad disease groups:

- Autoimmune diseases
- · Inherited and acquired marrow failure
- Hemoglobinopathy
- Immunodeficiency diseases
- Inborn errors of metabolism

As its mission, the <u>Non-Malignant Diseases Working Committee</u> will study HCT and all modalities of cellular therapy as a curative treatment option within each disease or broad non-malignant disease group.

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# 2019 TCT | Transplantation and Cellular Therapy Meetings of ASBMT and CIBMTR

By Tia Houseman



The inaugural TCT Meetings of ASBMT & CIBMTR were held at the Hilton Americas - Houston and George R. Brown Convention Center in Houston, Texas, Feb. 20-24 and boasted 4,055 registered attendees. We had the highest international representation in BMT Tandem / TCT Meetings of ASBMT and CIBMTR history, with 45 countries represented. Countries with the highest attendance included the US, Canada, Brazil, Japan, Germany, Australia, and China.

Eighty-three participants took advantage of the TCT Meetings of ASBMT and CIBMTR live stream. These individuals also had the opportunity to earn continuing

education credits.

Program Co-Chairs Jane Apperley, MBChB, MD, and Gay Crooks, MBBS, along with the Scientific Organizing Committee put together an excellent program this year of 5 plenary sessions and 9 concurrent sessions. The meeting also included 3 breakfast symposia and 4 luncheon symposia, 13 oral abstract sessions with 90 abstracts presented, 7 product theaters, 2 poster sessions, 15 CIBMTR Working Committee meetings, 8 ASBMT Special Interest Group meetings, and 6 Meet-the-Professor sessions. In addition to an outstanding scientific program, parallel sessions were held for administrative directors, BMT CTN coordinators and investigators, clinical research professionals and data managers, information technologists, nurse practitioners, pediatric providers, pharmacists, and transplant nurses.



#### Awards

#### CIBMTR Distinguished Service Award: WBMT

The CIBMTR collaborates with the global scientific community to advance HCT and cellular therapy research worldwide. The purpose of the Distinguished Service Award is to recognize individuals who have made outstanding contributions to the CIBMTR's research mission in one or more of the following areas: Promoting HCT research and clinical care in developing countries, advancing the field despite unique challenges, expanding the availability of transplantation, disseminating research results to clinicians and patients to improve outcomes and quality of life, and collaboration with organizations to increase data exchange and research collaboration worldwide.

## ASBMT Lifetime Achievement Award: Helen Heslop, MD

ASBMT recognizes an individual who has made continuing contributions to the field of HCT, either in basic biology or clinical application.

## ASBMT Public Service Award: Jeff Haertling

ASBMT recognizes an individual outside of its membership who has advanced the interests of HCT or given special service to the patients and families they serve.

## Lectures

Mortimer M. Bortin Lecture: Paul Martin, MD - Treatment of chronic graft-versusthost disease: Progress to data and challenges aftead

The Mortimer M. Bortin Lecture commemorates the Founding Scientific Director of the International Bone Marrow Transplant Registry (IBMTR, forerunner of the CIBMTR), whose foresight and dedication were critical to the development of the CIBMTR as a global resource of HCT research. Lecturers are chosen based on their contributions to our understanding of graft-versus-tumor effects and/or the advancement of clinical HCT research.

# E. Donnall Thomas Lecture: Stephen Forman, MD - CMV: From lethal transplantation complication to potential anticancer therapeutic vaccine

In honor of Dr. Thomas, the E. Donnall Thomas Lecture recognizes an eminent physician or scientist, either a clinician or investigator, who has contributed meritoriously to the advancement of HCT knowledge.

#### Networking

Several networking opportunities were offered as part of the scientific program, including two poster sessions, a networking reception in the exhibit hall, and the TCT Meetings of ASBMT and CIBMTR Reception.

#### A new name for ASBMT!

During the 2019 TCT Meetings of ASBMT and CIBMTR, ASBMT announced the Board of Directors' recommended change of the society's name to the American Society for Transplantation and Cellular Therapy (ASTCT). The ASTCT name was chosen to acknowledge the rapid shift toward cellular therapies and to reflect the organization's 25 years of leadership in that field, along with transplantation. ASTCT is the professional home and community for healthcare providers, researchers, and other professionals who are dedicated to cures involving transplantation and cellular therapy.

#### See you in Orlando in 2020!

Watch for details on the 2020 TCT | Transplantation & Cellular Therapy Meetings of ASTCT and CIBMTR in the coming months. Contact Sherry Fisher at <a href="mailto:TCTMeetings@mcw.edu">TCTMeetings@mcw.edu</a> for information regarding support opportunities for next year's meeting.

On behalf of the TCT Meetings of ASTCT and CIBMTR Planning Team and the 2020 Scientific Organizing Chairs, Mary Flowers, MD, and Katy Rezvani, MD, PhD, we look forward to seeing you at the Marriott World Center in Orlando, Florida, February 19-23.

Join the conversation: #TCTM20

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## Introducing the Center Support Model

By Elleen Tuschi, DNP, RN

The CIBMTR is pleased to announce a new Center Support Model that enables us to deliver a more flexible and service-oriented experience for centers.

The platform, ServiceNow, replaces our current process for how you receive assistance from your assigned CRC.

The new Center Support Model will deploy on **Wednesday, May 22, 2019**. At that time, we will provide you with the link to ServiceNow.

### What is Different?

- Customer Service: Quality of customer service will increase with more transparency and improved turnaround time
- CRCs: Centers will no longer be assigned to a single CRC except for centers who have a CPI suspension or probation, failed audit, have new data managers, or are brand-new centers
- Self-Service: All questions and requests for customer service will be entered
  in a single location, making it easier for centers to manage. ServiceNow will
  offer a robust self-service capability with everything in one spot, including:
  - Knowledge-based articles
  - A link to the Forms Instruction Manual
  - The ability to ask a question or make a request
- Reporting: The CIBMTR will have the ability to track metrics and see trending questions or concerns, allowing us to proactively make beneficial changes to the system or processes.

#### What is the Same?

• Technical issues will continue to route through the NMDP IT Help Desk.

## **Upcoming Events:**

- TCT Meetings of ASBMT and CIBMTR Presentation: The new Center Support Model presented during the CRP/Data Management Conference on February, 20 2019, will be posted on the <u>CIBMTR website</u>. This recording will be available 6-8 weeks after the meetings.
- Lunch & Learns: Prior to Go-Live, the CIBMTR will schedule several Lunch & Learn sessions via WebEx to review how centers may utilize the new system.
- Go-Live: A Go-Live Command Center will be based out of the Minneapolis campus May 22-24, 2019, to provide additional support.

Please contact Eileen Tuschl (<a href="mailto:etuschl@mcw.edu">etuschl@mcw.edu</a>) or Angela Hauck (<a href="mailto:ahauck@nmdp.org">ahauck@nmdp.org</a>) with any questions regarding the new Center Support Model implementation.

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## Three New Patient-Level Research Summafles

Three new patient-level summaries of CIBMTR research publications are now available on the <u>Study Summaries for Patients webpage</u>:



#### Tailoring care plans for life long after transplant

A survivorship care plan includes possible health issues that can happen months and years after BMT, plus ways to watch for and prevent them.



# BMT in childhood linked with higher jobless rate in adulthood

In the US, survivors had unemployment rates of about 15%. Survivors who had BMT outside the US had even higher rates.



## Survivorship care plans help transplant survivors

Survivorship care plans helped survivors of blood or marrow transplant have a better quality of life, according to a study.

Summaries are created through a collaborative process involving CIBMTR Consumer Advocacy Committee members, CIBMTR Medical Writers and Communications Specialist; NMDP/Be The Match Patient Education Specialists, and CIBMTR Scientific Directors. Developing these summaries is one of the main initiatives of the Consumer Advocacy Committee.

The Consumer Advocacy Committee was created in 2005 as a subcommittee of the Advisory Committee to communicate CIBMTR research results and data to the non-medical community and to provide patient and donor perspectives during the development of the CIBMTR research agenda. Many members have personal experience as a donor, recipient, or family member.

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Like us on <u>Facebook</u> and follow us on <u>Twitter</u> to stay up-to-date with important news and events. We promote our publications, share important content from other organizations, and publicize our key meetings and events. Follow us today!



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twitter.com/CIBMTR (@CIBMTR)

## **Our Supporters**

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## **Abbreviations**

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

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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

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