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CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

DATA MATTERS
TRAINING NEWSLETTER

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DBtC last updated Jan. 2015

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The call for data management abstracts for the 2015 CRP/DM Meeting in San Diego, CA was enthusiastically met with a total of 14 abstracts being submitted. From those 14 abstracts, the top three were selected for oral presentation. Our congratulations to Rakesh Goyal, MD of Children's Hospital of Pittsburgh for receiving first place for his abstract titled Grading Acute GVHD: Getting it Right Every Time! and to finalists Lindsay Dozeman of The University of Iowa Hospitals and Clinics and Melissa Yurch of Cleveland Clinic for their abstracts titled Faxing Physicians for Follow-up Information through Microsoft Outlook Using Access and Improving Internal CIBMTR Data Audits: Process Improvement and Time Saving.
The other 11 abstracts were presented as poster presentations.

Thank you to everyone who submitted an abstract. Both the oral presentations and poster presentations shared excellent ideas for improving data management practices and data quality.

Dr. Goyal with Kay Gardner, CIBMTR Supervisor

CIBMTR Data Operations

CIBMTR is a research collaboration between the NMDP/Be The Match and Medical College of Wisconsin.

NEW Learning Center

In collaboration with NMDP Education, we are pleased to introduce our new **Learning Center** which replaces the former Learning Management System (LMS) in name, functionality, and appearance. The new interface is easier to navigate and takes less clicks to enter the modules. The purpose is the same - to provide convenient, accessible, and repeatable network self-training. Detailed instructions for registration and login are posted on the CIBMTR website page Online Training. Under "Access to Learning Center", click on the link for the *Learning Center User Guide for Network Learners*. New and previously registered members will need to login and create a password.

NATIONAL MARROW DONOR PROGRAM® BE THE MATCH®

LEARNING CENTER

MY LEARNING	View By Due Date ▼	COURSE CATALOG	LEARNING PLANS
↕ Name	Due Date		
☐ DC Introduction to the Astellas Donor Sub-Study Course	—		
		75 Catalog Items *View All*	No Active Learning Plans *Status: --*
		HISTORY	LEARNING REFERENCES
		Baseline Form 2000 *Completed Date: 12-18-2014*	Staff User Guide *Launch Reference*
1 - 1 of 1 Courses			

HOT Topics Shared at the CRP/DM 2015 Meetings

CRID Assignment Form 2804 Changes - Adding NEW Indication Form 2814
In May, 2015, the current CRID assignment tool will be split into two forms - CIBMTR Research ID Assignment Form 2804, and Indication Form 2814. CIBMTR Research ID Assignment Form 2804 will capture only the necessary information needed to create a CRID, such as name, date of birth, sex, etc. There will also be new fields to capture outcomes registry IDs such as EBMT and USIDNET, as well as institution-specific IDs.

The Indication Form 2814 will capture why the CRID was initially created (HCT, CTRM, etc.) It will also be used to capture when a patient's indication changes (e.g. if a CTRM patient goes to transplant), and make the correct forms due. One new indication you will see on this form is "marrow toxic injury".

Splitting the CRID assignment tool into two separate forms will not only support collecting outcomes data on non-transplant therapies, but will also allow for easier updating as new indications for data collection arise in the future.

Radiation Injury Treatment Network (RITN)
The Radiation Injury Treatment Network (RITN) works in association with the NMDP, ASBMT, and US Navy in an effort to treat and evaluate victims of radiation exposure or marrow toxic injury. It is currently comprised of 72 centers from around the country, which are also associated with the CIBMTR/NMDP.

In November, 2015, new CIBMTR forms will be released to capture data on patients with marrow toxic injuries or radiation exposure, as part of the RITN effort. The new RITN forms include a Baseline Form 5000, RITN Follow-Up Form 5001, and RITN Contact Form 5002. These forms will be available in FormsNet, and will be triggered when a CRID is created with the indication of "marrow toxic injury". Data collected on the new forms will be used to develop treatment guidelines, coordinate medical responses in the event of a radiation incident, and improve outcomes for victims of marrow toxic injuries.

For more information on the RITN forms, or RITN participation for your center, please contact Alisha Mussetter at amussett@nmdp.org and Emilie Love at emeissne@nmdp.org.

Janet's Inbox

A popular favorite at the CRP/DM meetings was Janet Brunner-Grady's *Potpourri of Questions & Answers*. For those of you who were unable to attend, or need to have another chance to visit that content, here is a link to the presentation: Janet's Inbox The answers to the questions are also posted with the presentation.

Note:
An error was found on slide 58. The last line on that slide should read "24-hr urine M-protein = 195 mg/24 hours" instead of 210 mg/24 hours.

Data Managers Asked . . .

Question:
If a patient has MDS that transformed to AML prior to transplant, should AML or MDS be reported as the primary disease on the Pre-TED?

Answer:
The data manager should report AML (not MDS) as the primary disease for HCT. Once MDS has transformed to AML, the diagnosis remains AML no matter what the bone marrow biopsy shows after treatment. If the bone marrow documents MDS (without evidence of AML) following induction therapy for AML, then that's considered a "Primary Induction Failure" or PIF.

On the Pre-TED 2400 Form, the data manager should report the primary disease as AML. Q359 *Did AML transform from MDS/MPN?* Answer "yes". In addition, the MDS section Q480-527 should be completed.

Send your questions into CIBMTRTraining@nmdp.org The answer may be in a future newsletter.

Thank you to the contributors for this month's newsletter.
CIBMTR Training