CIBMTR
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

Data Matters Training Newsletter

Greetings!

Planning for next year's Tandem has already begun. We're thinking about sunshine and the warm destination of Grapevine, Texas to take us away from the very long winter we have been having in Minnesota and Wisconsin! And . . .what we'll do when we get there.

Below are excerpts from the abstract finalists who were chosen to give presentations at the 2013 CRP/DM Tandem. Great ideas vent from every one. Such quality improvement strategies stimulate the audience to ask - what are we doing the old way that we should stop doing? Why don't we try that?

Let's have more skills and process enrichment through sharing with one another. You could be our astute presenter at the Texas Tandem. Submission for participation will be here before you know it. Consider topics now. Have you found a way to make data management work easier, more efficient, more accurate? Further contest details will come out later. But for now - think about what you or your center are doing great!

Best wishes for a pleasant Spring,
CIBMTR Training

QUICK LINKS

January 2013 Newsletter
February 2013 Newsletter
March 2013 Newsletter
April 2013 Newsletter

Next Tandem

GAYLORD TEXAN® RESORT & CONVENTION CENTER on Lake Grapevine

February 26 - March 2 2014

Abstract #1- Signature Authentication

MUSC MEDICAL UNIVERSITY of SOUTH CAROLINA Changing What's Possible®

Elizabeth Nista of the Medical University of South Carolina presented:

"How to stop chasing after your clinical staff for signatures."

Key benefits that Elizabeth shared about implementing digital signage were:

- Dramatically improves workflow
- Records are not lost or misplaced
- Staff flexibility is increased
- Clinical Staff say its as easy as answering email.

Presentation slides Elizabeth can be reached at nistal@musc.edu

Abstract #2 - Innovations ...

Jason Sabo of the Cleveland Clinic Taussig Cancer Institute gave an attractive Prezi presentation on their topic -

"Five Innovations in BMT Clinical Research Process."

This facility recognized that status quo processes that go unchallenged remain inefficient and costly, so they targeted Technology, Communication, Work Flow, Staffing, and Data Reliability.

Presentation and Handout PDF Jason can be reached at: saboj@ccf.org

The 2013 CRP/DM Best Abstract Award

Recipients were:

Nicolette Minas and Kathleen Ruehle

"A Culture of Continuous Quality Improvement Improves Registry Data"

Would you like to improve the accuracy of data and be better prepared for external audits? This center has implemented a way to do that, and was recognized for presenting the best abstract.

10 Commonly used CIBMTR Data Points on Audits . . . (slide 5)
Read more

Nicolette can be reached at: nminas@umm.edu / Kathleen at: kruehle@umm.edu

Data Managers Asked . . .

Question: Should we report biphosphonate therapy as 'planned therapy' on the pre-TED and post-TED forms?

No. We appreciate this question and chance to clarify a reporting decision. During a Tandem CRP/DM conference, it was mentioned that bisphosphonate therapy be included as 'planned therapy' on Form 2450 because some published data suggested that myeloma patients may have had a disease response while only getting bisphosphonate therapy. After further discussion with a broader range of myeloma experts, it was decided that bisphosphonate therapy would not be considered planned therapy.

Question: Shouldn't all molecular and cytogenetic/FISH test results be reported on the post-TED, even if they've always been negative?

No, and here's why. If there wasn't a molecular marker (e.g.,FLT3) or FISH abnormality (e.g.,t(8:21))present at diagnosis or any time prior to the start of prep in an AML patient, then one cannot use these tests to assess the patient's disease post-HCT. One cannot report 'no disease detected' as it is not applicable. Centers should be reporting 'no/not evaluated' in these cases. In order to assess the patient's disease after HCT, something had to be positive at some point. Centers should still obtain molecular markers or FISH/cytogenetics tests as appropriate, even if studies were negative at diagnosis, as the patient could relapse or evolve over time with new abnormalities.

Please keep in touch with CIBMTR Training. We look forward to getting your feedback and comments. Send in general Data Manager questions to CIBMTR Training. You may see your question and its answer in a future "Data Matters"

newsletter.

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Thank you to the contributors for this month's newsletter: Elizabeth Nista of MUSC Health, Jason Sabo of Taussig Cancer Institute, Nicolette Minas and Kathleen Ruehle of University of Maryland Marlene and Stewart Greenebaum Cancer Center, Mona Ayish of Stanford University School of Medicine, Janet Brunner of CIBMTR.
