1. Introduction
The CIBMTR Hodgkin and Non-Hodgkin Lymphoma Working Committee was called to order at 12:15 pm on Thursday, February 21, 2019 by Dr. Mehdi Hamadani. Dr. Anna Sureda introduced the working committee leadership. Dr. Sureda also outlined the Working Committee goals, expectations, and limitations and provided an update on the Working Committee productivity including 5 publications, and 1 oral presentation at the 2019 EBMT meetings, and 3 poster presentations at American Society of Hematology, American Society of Clinical Oncology and 2019 TCT meetings. Dr. Timothy Fenske went over the seven studies in progress and reviewed the voting guidelines. The guidelines are based on a scale from 1 to 9; 1=high scientific impact, 9=low scientific impact. In addition, Dr. Fenske presented the future priority of our studies. Dr. Mehdi Hamadani explained the difference between the TED and CRF data collection forms, the study life cycle, disclosure of conflict of interest and the rules for authorship: 1) substantial and timely contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; 3) final approval for the version to be published. Dr. Hamadani emphasized that WC authorship is open to any LYWC Tandem Meetings attendees and encouraged junior faculty, fellows and assistant professors to collaborate actively with the Lymphoma Writing Committee.

2. Accrual summary
Dr. Timothy Fenske presented a slide with the accruals, highlighting a change in the past years. It was mentioned that the accrual summary was available in the LYWC materials, attachment 2.

3. Presentations, published or submitted papers
Dr. Timothy Fenske listed the presentations and publications during 2018, highlighting the great
productivity of the LYWC, including the following studies published or presented:


4. **Studies in progress**
Dr. Timothy Fenske presented the studies in progress and gave an overview of the current standing of each study.

7. **LY16-02** Comparison of alternative donor source stem cell transplant versus matched related donor stem cell transplant for Hodgkin lymphoma (S Ahmed/J Kanakry) Submitted

8. **LY17-01b** Clinical outcomes of patients age >=65 undergoing allogeneic hematopoietic cell transplant for non-Hodgkin lymphoma (N Shah) Manuscript Preparation

9. **LY17-02** Allografts in lymphoma following reduced intensity conditioning (N Ghosh/S Ahmed) Analysis

10. **LY18-01** Outcomes in b cell non-Hodgkin lymphoma patients who underwent autologous stem cell transplantation following rituximab containing conditioning regimens (D Jagadeesh/N Majhail/B Hill) Protocol Development

11. **LY18-02** Effect of time to relapse on overall survival in mantle cell lymphoma patients following frontline autologous stem cell transplant (P Riedell/S Smith) Protocol Development
12. **LY18-03** Does outcome after allogeneic hematopoietic stem cell transplant differ between patients with de novo diffuse large b-cell lymphoma and transformed diffuse large b cell lymphoma arising in the setting of indolent lymphoma (A Herrera) **Protocol Development**

13. **LY18-G1** Maintenance therapies for Hodgkin and non-Hodgkin lymphomas after autologous transplantation: a consensus project of ASBMT, CIBMTR and EBMT (M Hamadani) **Manuscript Preparation**

5. **Introduction to TED (Transplant Essential Data) vs CRF (Comprehensive Report Form)** (M Hamadani)

Dr. Mehdi Hamadani emphasized the difference between the TED and CRF databases. It was emphasized that CRF is a subset of the TED database, and that the CRF forms collect all disease specific information such as lines of therapy, extranodal involvement, and prior radiation. If a study needs any of this information, CRF level data is needed on the study.

6. **Future/proposed studies**

1. **PROP 1808-02** Evaluating the efficacy of high-dose therapy and autologous hematopoietic cell transplantation for gray zone lymphoma or aggressive B-cell lymphoma with features intermediate between diffuse large B-cell and Hodgkin lymphoma. (Kharfan-Dabaja, Ayala, Murthy) (Attachment 4) *The optimal treatment for GZL remains undefined. This concept intends to study outcomes of rare disease histology.*

2. **PROP 1809-01** Post-transplant cyclophosphamide-based haploidentical transplantation versus matched sibling or well-matched unrelated donor transplantation for peripheral T-cell Lymphoma: A CIBMTR Lymphoma working committee & EBMT Lymphoma working party analysis (Dreger, Hamadani) (Attachment 5) *This concept intends to compare outcomes for different donor types in PTCL, the most common indication for alloHCT in NHL.*

3. **PROP 1810-02/1811-56** Evaluating the impact of checkpoint inhibitor exposure on the outcomes of allogeneic hematopoietic cell transplantation in patients with Hodgkin lymphoma; Outcomes of allogeneic HCT in patients with Hodgkin lymphoma in the era of checkpoint inhibitors (Awan, Perales, Sureda) (Attachment 6) *This concept pretends to test if results of alloHCT for HL have improved in the recent era due to improvement of post-HCT outcomes through disease relapse, due to prior CPI.*

4. **PROP 1810-07** Autologous transplantation vs allogeneic transplantation in patients with angioimmunoblastic t-cell lymphoma (Epperla) (Attachment 7) *This concept intends to study outcomes of a rare histology of NHL, testing if allogeneic HCT provides durable remission compared to autoHCT.*

5. **PROP 1811-08/1811-191** An evaluation of the use and impact of post-transplant brentuximab vedotin in patients with classical Hodgkin lymphoma; The use of hematopoietic stem cell transplant for Hodgkin lymphoma: an analysis of treatment patterns in the modern era of novel agents (Cohen, Parsons, Kumar, Hahn; Smith) (Attachment 8) *This concept pretends to identify trends of HCT use, and determine if patients undergoing HCT for HL in the novel agent era have improved OS and DFS compared to prior era.*

6. **PROP 1811-19/1811-156** The impact of conditioning regimens on outcomes of autologous hematopoietic stem cell transplantation in peripheral T cell lymphoma; Impact of conditioning regimen on outcomes for patients with peripheral T-cell lymphoma undergoing high-dose therapy with autologous hematopoietic cell transplantation (Jagadeesh, Majhail, Hu; DHolaria, Savani, Kharfan-Dabaja) (Attachment 9) *This concept aims to evaluate the effect of conditioning regimen on survival of patients with PTCL.*
7. **PROP 1811-40** Hematopoietic stem cell transplantation for relapsed/refractory primary mediastinal b cell lymphoma (Mussetti, Sureda) (Attachment 10) *This concept intends to compare auto vs. alloHCT strategies in outcomes of a new subtype of DLBCL.*

8. **PROP 1811-89/1811-135** Determining the optimal conditioning regimen for patients with primary central nervous system lymphoma undergoing autologous hematopoietic cell transplantation; A comparison of thiotepa and busulfan (TB)-based vs. thiotepa and carmustine (TT-BCNU) conditioned autologous transplantation in the treatment of primary and secondary CNS lymphoma. (Scordo, Sauter; Wang, Jimenez) (Attachment 11) *This concept intends to describe the optimal conditioning regimen for primary CNS lymphoma patients.*

9. **PROP 1811-101** Outcomes in elderly patients (Age ≥ 70 years) received autologous hematopoietic stem cell transplant for non-Hodgkin lymphoma (Zhou, Rabinowitz, Nath) (Attachment 12) *This study aims to study outcomes in elderly NHL patients who received an autoHCT, in comparison with younger cohort.*

19 additional proposals were submitted to the committee but were not presented due to the following reasons:

1. **PROP 1811-06** Outcomes of patients with relapsed/refractory Hodgkin and non-Hodgkin lymphoma treated with radiotherapy in addition to high-dose chemotherapy and stem cell transplantation. *Dropped with current CIBMTR study.*

2. **PROP 1811-25** Rate of large granular lymphocytosis in SCT and effect on the long-term prognosis of post-transplant patients. *Dropped due to feasibility.*

3. **PROP 1811-37** Clinical outcome of patients 50 years and older with Hodgkin lymphoma receiving allogeneic hematopoietic stem cell transplantation. *Dropped due to feasibility.*

4. **PROP 1811-48** Evaluating the efficacy of high-dose therapy and autologous hematopoietic cell transplantation for primary effusion lymphoma. *Dropped due to feasibility.*

5. **PROP 1811-61** Impact of allogeneic hematopoietic cell transplantation on the outcomes of adult T cell Leukemia Lymphoma. *Dropped due to feasibility.*

6. **PROP 1811-65** Does BV maintenance after autoHCT decrease the chance and success of alloHCT in high risk HL patients. *Dropped due to feasibility.*

7. **PROP 1811-70** Role of consolidation therapy post auto transplant in T cell lymphomas. *Dropped due to feasibility.*

8. **PROP 1811-76** Outcomes of auto compared to allo transplants for diagnosis of high risk non-Hodgkin lymphoma. *Dropped due to feasibility.*


11. **PROP 1811-111** Clinical and pathologic factors predictive of refractoriness or early relapse (<12 months) to autologous stem cell transplant in patients with primary refractory DLBCL. *Dropped due to feasibility.*

12. **PROP 1811-122** The impact of adding Rituximab to BEAM conditioning for patients with DLBCL undergoing autoHCT. *Dropped due to overlap with current CIBMTR study (LY18-01).*

13. **PROP 1811-140** Donor and recipient t cell exhaustion markers before allogeneic transplantation in Hodgkin lymphoma. *Dropped due to feasibility.*

14. **PROP 1811-152** Survival after autologous and allogeneic stem cell transplantation in peripheral T-cell lymphoma. *Dropped due to overlap with current CIBMTR study (LY06-05).*
15. **PROP 1811-164** Outcomes of autologous hematopoietic stem cell transplantation in primary effusion lymphoma. *Dropped due to small sample size.*

16. **PROP 1811-181** Hematopoietic cell transplantation outcomes for cutaneous T cell lymphoma. *Dropped due to overlap with current CIBMTR study (LY06-05).*

17. **PROP 1811-182** For post-transplant cyclophosphamide-based GVHD prophylaxis, is survival after matched unrelated donor allogeneic transplantation better than haploidentical transplantation for relapsed lymphomas. *Dropped due to feasibility.*


19. **PROP 1812-11** To evaluate outcomes of HSCT with TBI vs. Flu/Mel conditioning in treatment of cutaneous T-cell lymphoma. *Dropped due to overlap with current CIBMTR study (LY17-02).*

7. **Other Business**

   After the proposals were presented, the voting process was reiterated, and each participant had the opportunity to rate each new proposal using paper ballots. Without additional comments, the meeting was adjourned at 1:52 pm.
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<th>Study number and title</th>
<th>Current status</th>
<th>Goal with date</th>
<th>Total hours to complete</th>
<th>Total hours to goal</th>
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<th>Hours allocated 7/1/2019-6/30/2020</th>
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