



contents

- 1 ▶ Perspectives: Support for MDS Coverage
- 2 ▶ International Studies Working Committee
- 2 ▶ Infection and Immune Reconstitution Working Committee
- 3 ▶ BMT Tandem Meetings Update
- 4 ▶ Health Services Research Program
- 5 ▶ SCTOD
- 6 ▶ BMT CTN
- 7 ▶ RCI BMT
- 7 ▶ Continuous Process Improvement
- 8 ▶ Our Supporters
- 8 ▶ Advisory Committee

Congratulations Dr. Horowitz!

CIBMTR recently received word that our Chief Scientific Director, Mary Horowitz, MD, MS, was chosen to receive the 2010 American Society of Hematology Mentor Award for Clinical Science. She was nominated for this prestigious award by several of her mentees for her outstanding work guiding, supporting and promoting their training and career development. The award will be presented at the 2010 ASH meeting in December.

NOTICE: CIBMTR SUMMARY SLIDES

As mentioned in the previous newsletter, we have responded to your request for accessible versions of the annual CIBMTR Summary Slides. As of July 2010, a downloadable PowerPoint version of the full set of CIBMTR Summary Slides is posted on our public website at <http://www.cibmtr.org/ReferenceCenter/SlidesReports/SummarySlides/index.html>

The Summary Slides are no longer being printed in this CIBMTR Newsletter. Please let us know at contactus@cibmtr.org if you have any questions or have a problem accessing the data slides you need.

CIBMTR HOPING TO ASSIST U.S. MEDICARE PATIENTS WITH MDS GET INSURANCE COVERAGE FOR HCT

by Stella Davies, MBBS, PhD, CIBMTR Advisory Committee Chair, Cincinnati Children's Hospital, Cincinnati, OH, USA

CIBMTR, in collaboration with NMDP and ASBMT, is embarking on a journey to help Medicare patients with myelodysplastic syndrome who receive insurance coverage through the U.S. Medicare system, get the transplant treatment that many of them need to be cured.

Data collected from transplant patients under age 65 reveal the positive impact that transplantation can have on this disease. Data on patients over 65 are scarce, however, for two reasons. Patients must have health insurance coverage, and Medicare and Medicaid does not provide this coverage at present. In addition, patients over age 65 were not typically considered transplant candidates until recently, when the introduction of reduced intensity conditioning regimens made transplant an option for older patients.

We know that 80% of people diagnosed with MDS are over the age of 65. Yet there is not a National Coverage Determination for this procedure to be covered for Medicare patients. Without an NCD, regional Medicare contractors can make their own coverage determination, and right now only 11 states have favorable policies.

The initial response from the Centers for Medicare and Medicaid Services was that there are not enough outcomes data demonstrating that HCT for patients over 65 is effective, nor are there sufficient clinical trial data comparing transplant to conventional therapies for patients in the 65+ age group.

ASBMT, NMDP and CIBMTR are working with the CMS to have this coverage policy reviewed, with a long-term goal of having transplant approved as a treatment option for Medicare beneficiaries with MDS.

The CMS has outlined a process for Coverage with Evidence Determination, by which these patients may be eligible for Medicare coverage of allogeneic HCT in clinical studies that provide high-quality evidence to facilitate future decision making.

CIBMTR responded to CMS that its existing infrastructure could be leveraged to launch a clinical study to secure the needed data, via the SCTOD and the BMT CTN, and submitted a protocol to CMS for consideration under the CED mechanism. The study will collect outcomes data on Medicare MDS transplant recipients and Medicare MDS non-transplant patients to perform a comparative analysis.

The first step will be single-arm data collection to show that transplanted patients over 65 have outcomes at day 100 post-transplant that are no worse than patients ages 50-65. The second study stage will compare patients over 65 who receive a transplant against those who don't. The third study stage will involve data collection on patient-reported quality of life.

>> continued on page 2

ABBREVIATIONS USED IN THIS NEWSLETTER:

AGNIS®	A Growable Network Information System
APBMT	Asia Pacific Blood and Marrow Transplantation Group
ASBMT	American Society for Blood and Marrow Transplantation
BMT CTN	Blood and Marrow Transplant Clinical Trials Network
CED	Coverage with Evidence Determination
CMS	Centers for Medicare and Medicaid Services
CMV	cytomegalovirus
CPI	Continuous Process Improvement
CRF	Comprehensive Report Form
EBMT	European Group for Blood and Marrow Transplantation
EMBMT	Eastern Mediterranean Blood and Marrow Transplant Group
GVHD	graft-versus-host disease
HCT	hematopoietic cell transplantation
HSR	Health Services Research
INWC	Infection and Immune Reconstitution Working Committee
ISWC	International Studies Working Committee
MDS	myelodysplastic syndrome
MED-A	Minimum Essential Data
NDC	National Coverage Determination
NMDP	National Marrow Donor Program
SCTOD	Stem Cell Therapeutic Outcomes Database
TED	Transplant Essential Data
WBMT	Worldwide Network for Blood and Marrow Transplantation

PERSPECTIVES: MDS MEDICARE COVERAGE SUPPORT

>> continued from page 1

We anticipate that this study will find MDS transplant patients have higher mortality up front, but better long-term outcomes. Non-transplant patients are more likely to relapse and need additional treatments.

We hope that in the long run, older MDS patients, who were previously denied access to transplant because it was not covered by Medicare, will gain access. And by leveraging the mandatory reporting mechanisms of the SCTOD, (see article on page 5) the study will allow transplant centers to increase the

number of HCT candidates and the number of procedures they perform.

CIBMTR is one of very few organizations with the expertise, networks and infrastructure to do a meaningful comparison study of this size. We are excited by this opportunity, and look forward to reporting in future newsletters on our progress with this important regulatory change.

Regards,
Stella Davies, MBBS, PhD

INTERNATIONAL STUDIES WORKING COMMITTEE

by Kathy Sobocinski, MA, Marcelo Pasquini, MD, MS, and Philip Rowlings, MD

The ISWC is a forum for encouraging investigators from outside North America and Western Europe, as well as a home for studies that compare HCT results and procedures worldwide. It provides scientific oversight for studies in patients predominantly transplanted in the Latin America, Asia-Pacific and Eastern Mediterranean regions.

The ISWC has evolved over several years, starting with a meeting of Latin American transplant physicians and researchers in Brazil in 2004. It was formally proposed to CIBMTR in 2005 by Sergio Giralte at the BMT Tandem meetings, and after informal “subcommittee” meetings at Tandem, the ISWC achieved full Working Committee status in 2008. The CIBMTR Advisory Committee sought regional leadership nominations, and the committee was allocated Statistical Center hours to develop protocols and perform analyses.

The international flavor of the ISWC is evidenced by its three chairs – each from a different part of the globe. Together, Philip Rowlings from Australia representing the Asia-Pacific Region, David Gomez-Almaguer from Mexico representing Latin America, and Mahmoud Aljurf of Saudi Arabia representing the Eastern Mediterranean, direct the committee’s research agenda.

The committee coordinates its research efforts wherever possible with the

WBMT, the APBMT and the EMBMT. Scientific Director Marcelo Pasquini and statisticians John Klein and Kathleen Sobocinski from the CIBMTR Statistical Center support the leadership team.

Transplant teams from outside North America and Western Europe have participated in and contributed to the CIBMTR research program for many years. The ISWC now gives investigators from a broader geographical region an opportunity to help lead the scientific output of CIBMTR and focus on regional issues such as different disease frequencies, stem cell sources and health care systems.

Research Agenda

As evidence of its productivity, the ISWC points to the following studies in progress:

- **IS08-01** Transplant Activity Survey in the Americas
- **IS09-02** Hematopoietic stem cell transplant in severe aplastic anemia: an international comparative study
- **IS09-04** Hematopoietic stem cell transplant in Latin America
- **IS10-01** Outcomes of hematopoietic stem cell transplant for ALL and AML: an international comparative analysis
- **IS10-02** Total body irradiation prior to hematopoietic stem cell transplantation: A pattern of care study.

INFECTION AND IMMUNE RECONSTITUTION WORKING COMMITTEE

by Marcie Tomblyn, MD, MS, Juan Gea-Banacloche, MD, Paul Szabolcs, MD, and Michael Boeckh, MD

Infection remains a primary cause of death in 15-20% of allogeneic and about 8% of autologous transplant recipients. Infection as a contributing, or secondary, cause of death is much higher, particularly in the setting of ongoing GVHD.

Since its first meeting at the 2005 BMT Tandem meetings, the INWC has been steadily growing. The committee, which is currently led by chairs Juan Gea-Banacloche, Paul Szabolcs, and Michael Boeckh, and Scientific Director Marcie Tomblyn, has focused on 1) Improving data collection by updating the CIBMTR research forms; 2) Supporting observational studies that will improve our understanding of risk factors for infection as well as the influence of infections (e.g. preexisting infections like HIV, hepatitis or prior fungal infection) on the outcomes of transplant; and 3) Supporting the publication of updated guidelines for preventing infection in HCT patients.

Immune reconstitution is essential for satisfactory outcomes after transplantation. However until now, the committee has been unable to study this aspect of transplant in the vast data from CIBMTR, since information on immune reconstitution was not captured until the FormsNet™2.0 release in December 2007. Now, we have nearly three year’s worth of immune reconstitution data waiting to be mined and correlated with infectious disease outcomes!

Recent INWC publications include an analysis of the outcomes of allogeneic transplant in patients with HIV:

- Gupta V, Tomblyn M, Pedersen TL, Atkins HL, Battiwala M, Gress RE, Pollack MS, Storek J, Thompson JC, Tiberghien P, Young JA, Ribaud P, Horowitz MM, Keating A. **Allogeneic hematopoietic cell transplantation in human immunodeficiency virus-positive patients with hematological disorders: A report from the Center for International Blood and Marrow Transplant Research.** Biol Blood Marrow Transplant, 2009 Jul; 15:864–871. PMID: PMC2881828.

>> continued on page 3

INFECTION AND IMMUNE RECONSTITUTION WORKING COMMITTEE

>> continued from page 2

A study looking at the impact of the activating KIR protein on infectious complications in unrelated donor transplant:

- Tomblyn M, Young JA, Haagenson MD, Klein JP, Trachtenberg EA, Storek J, Spellman SR, Cooley S, Miller JS, Weisdorf DJ, CIBMTR INWC. **Decreased infections in recipients of unrelated donor hematopoietic cell transplantation from donors with an activating KIR genotype.** *Biol Blood Marrow Transplant*, 2010. 16, 1155-161. Epub 2010 Mar 1. PMID: PMC2907526

And a survey to assess current prophylaxis strategies for herpes viruses and fungal infections:

- Pollack M, Heugel J, Xie H, Leisenring W, Storek J, Young JA, Kukreja M, Gress R, Tomblyn M, Boeckh M. **An international comparison of current strategies to prevent herpes virus and fungal infections in hematopoietic cell transplant recipients.** *Biol Blood Marrow Transplant*, 2010 Aug 7 [Epub ahead of print]. PMID not yet available.

In addition, an analysis of the impact of hepatitis B and/or hepatitis C in a recipient or donor in related allografts has been submitted.

Another notable publication that was coordinated by this committee was jointly published in *Biology of Blood and Marrow Transplant*, and *Bone Marrow Transplant* in October 2009:

- **Guidelines for preventing infectious complications among hematopoietic cell transplant recipients: a global perspective. Recommendations of the Center for International Blood and Marrow Transplant Research, the National Marrow Donor Program, the European Blood and Marrow Transplant Group, the American Society of Blood and Marrow Transplantation, the Canadian Blood and Marrow Transplant Group, the Infectious Disease Society of America, the Society for Healthcare Epidemiology of America, the Association of Medical Microbiology and Infectious Diseases Canada, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration.** [Preface: Tomblyn M, Chiller T, Einsele H, Gress R, Sepkowitz K, Storek J, Wingard JR, Young JA, Boeckh MJ]. *Bone Marrow Transplant*, 2009. 44, 453-455. PMID not available.]

There are nine active studies being conducted through the INWC. They include analyses designed to study risk factors for development of atypical mold infections, predictors of poor survival among CMV seropositive recipients as well as the impact of CMV donor serostatus, and the impact of pre-transplant fungal infections on transplant outcomes. The INWC welcomes new proposals any time.

ANOTHER SUCCESSFUL YEAR ANTICIPATED AS THE 2011 BMT TANDEM MEETINGS HOUSING PRE-SALE OPENS WITH A BANG!

by D'Etta Waldoch, CMP

February 17-21, 2011, will find authorities from around the world in Honolulu to present the latest developments in blood and marrow transplantation, during the BMT Tandem Meetings at the Hawaii Convention Center on the beautiful island of Oahu, Hawaii.

Without a doubt, 2011 promises to be another successful year for the meetings. The housing pre-sale opened in mid July and by the time conference registration opened online in August, a record 30% of the housing block was scooped up by attendees who took advantage of reduced room rates at 10 Waikiki area hotels.

What about the cost?

The cost of attending a meeting in Hawaii is not much different from other U.S. locations. Register and book your flights early to get the best discount airfares. Combine the scientific meetings with rest and recreation time on Oahu, or any of the neighboring islands. Depending on your location, airfare may be modestly higher, however...

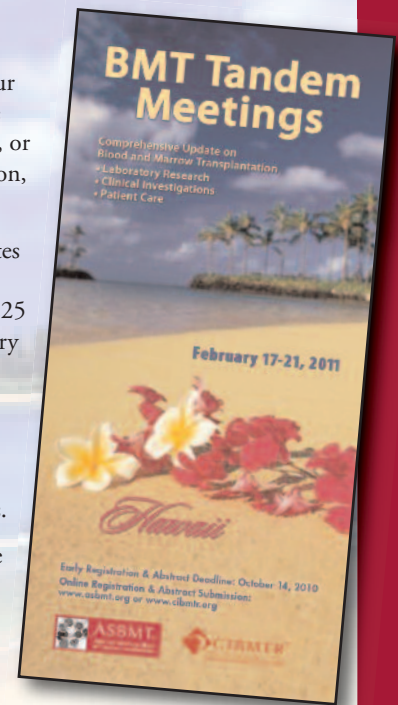
- Negotiated hotel costs are low, with average nightly rates ranging from \$119 at the Doubletree Alana Hotel Waikiki and \$125 at Sheraton Princess Kaiulani, to \$225 at the historical Moana Surfrider and \$230 at the luxury Royal Hawaiian resort.
- Although many hotels are within walking distance, complimentary shuttle buses will provide quick transportation between hotels and the Hawaii Convention Center for registered conference attendees.
- Breakfast and lunch are included in the registration fee for the five-day meeting.
- International travelers from Europe, Pacific Rim countries and elsewhere will appreciate that the dollar cost against most major currencies makes Hawaii a bargain destination to be appreciated by all.

What makes the BMT Tandem Meetings so special?

In addition to five days of scientific and clinical meetings, there are 10 related events, including the first Clinical Practice Forum designed for allied health professionals on Saturday, Feb. 19.

- FACT Workshops, Feb. 16
- BMT CTN Coordinators Conference, Feb. 17-18
- Clinical Research Professionals/Data Management Conference, Feb. 17-19
- BMT Center Administrators Conference, Feb. 17-19
- Pediatric BMT, Feb. 18
- Advanced Practice Professionals, Feb. 18-21
- BMT Pharmacists Conference, Feb. 19-20
- Transplant Nurses Conference, Feb. 19-21
- BMT Center Medical Directors Conference, Feb. 20

Detailed information will be continuously updated online on the CIBMTR (www.cibmtr.org) and ASBMT (www.asbmt.org) websites.





HEALTH SERVICES RESEARCH

By Tammy J. Payton, Shaveta Nayyar, BDS, Ellen M. Denzen, MS, Nancy A. Omondi, MBA, MS, Elizabeth A. Murphy, EdD, RN, Navneet S. Majhail, MD, MS

HSR is a multidisciplinary field that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately people's health and well-being.

Over the past year, this new program has successfully integrated CIBMTR resources and expertise in HCT-related research with the NMDP Office of Patient Advocacy's expertise in health services research, access to networks, and relationships with patients and providers. The HSR program complements research being conducted by the CIBMTR Health Policy Working Committee using existing data. The HSR group is currently involved in the following studies:

- **The sickle cell disease qualitative study.** This study is investigating barriers to clinical trial participation among African American/Black parents of children ages 2-16 diagnosed with sickle cell disease, and with pediatric patients ages 12-16 with sickle cell disease. Study partners include the University of Illinois at Chicago Medical Center, the Children's Medical Center of Dallas, and Emory University School of Medicine. A study abstract was submitted to the Annual Meeting of the Sickle Cell Disease Association of America.
- **Characteristics of non-respondents: increasing response rates in the patient satisfaction survey.** This project is studying differences between respondents and non-respondents to the NMDP OPA's Patient Satisfaction Survey, with the goal of increasing response rates and improving patient satisfaction. Two abstracts were presented at the 34th Annual Conference of the American Association for Public Opinion Research in May 2010.
- **Characteristics of non-respondents: increasing response rates in the Office of Patient Advocacy survey.** The OPA Survey assesses patient satisfaction with patient services coordination, and with materials and resources provided to patients, families and caregivers. This study is investigating whether the mode of contact they use (phone versus mail) and the use of various incentives impacts response rates.
- **Rural BMT health initiative.** This study explored barriers that affect post-transplant care for survivors living in rural areas. Findings were presented in a poster at the National Rural Health Association Annual Conference in June 2010.
- **The financial impact of allogeneic stem cell transplantation on patient and family: a pilot study.** In collaboration with the CIBMTR Health Policy Working Committee, this pilot study is examining the feasibility of collecting patient-reported out-of-pocket cost information over the first three months after allogeneic transplant. The University of Minnesota, Medical College of Wisconsin and Roswell Park Cancer Institute are also participating.
- **A longitudinal survey of U.S. allogeneic hematopoietic cell transplant center characteristics.** HCT center and provider-dependent characteristics ('center effects') can impact the organization and delivery of care after transplantation, and have the potential to impact overall patient outcomes. This study, which is under development, will improve our understanding of HCT center effects, and will help identify center-specific factors that could be modulated to improve outcomes.

System Capacity Initiative

The NMDP, in collaboration with other key academic organizations, experts and stakeholders, is planning to conduct a three-year series of symposia to evaluate and make recommendations for addressing workforce and infrastructure challenges for current and future appropriate utilization of HCT. The final product will explore future methods, technology, treatment, and services that drive the field of HCT, and identify new areas for health services research. To characterize system capacity challenges facing the HCT workforce, four surveys were administered via the Internet. The HSR group provided expertise on survey design and administration to symposia organizers. Data analysis is now being conducted and presentation of findings is planned.

Papers Published

- Majhail NS, Omondi NA, Denzen E, Murphy EA, Rizzo JD. **Access to hematopoietic cell transplantation in the United States.** *Biol Blood Marrow Transplant*, 2010. 16(8), 1070-1075, PMID not available
- Omondi NA, Denzen E, Jacobson D, Payton T, Pederson K, Murphy EA. **Evaluating patient satisfaction with the Office of Patient Advocacy.** *J Cancer Educ*. Sep 1, 2010. Epub ahead of print. PMID not yet available.

HSR Dissemination

In 2010, the HSR program focused on increasing its dissemination of research findings at state and national HSR conferences. Abstracts were accepted for presentation at the local level:

- Minnesota Health Services Research Conference, **Assessing patient satisfaction with blood and marrow transplant case management**

HEALTH SERVICES RESEARCH

>> continued from page 4

And at national research conferences:

- AcademyHealth Annual Research Meeting: **Racial differences in patient satisfaction with a blood and marrow transplant case management program** and **Educating blood and marrow transplant nurses on the National Marrow Donor Program's materials and resources**
- AcademyHealth Disparities Interest Group: **Racial differences in patient satisfaction with a blood and marrow transplant case management program**
- American Association for Public Opinion Research: **The effects of Tailored Design Method in a chronically ill population: results of a controlled experiment, and Do response rates really matter: results of a controlled experiment**
- National Rural Health Association: **Barriers to providing after-transplant care to rural marrow and cord blood transplant recipients**
- Sickle Cell Disease Association of America, abstract submitted: **Barriers to clinical trial participation for African-American and black youth and parents of youth affected by sickle cell disease.**

STEM CELL THERAPEUTIC OUTCOMES DATABASE*by Carol Doleys, BS, CPA and J. Douglas Rizzo, MD, MS*

The Stem Cell Therapeutic Research Reauthorization Act of 2010, the U.S. legislation that provides oversight and funding for the SCTOD, NMDP and the Be The Match Registry®, was signed in October and became Public Law #111-264 ensuring that these vital programs will continue into the future.

Recent SCTOD activity has focused on center-specific outcomes analyses, development of the related donor sample repository, cord blood outcomes reports, and potential use of data collected by SCTOD to fulfill criteria of the Center for Medicare and Medicaid Services (CMS) Coverage with Evidence Determination (CED) decision for elderly patients with myelodysplastic syndrome (see Perspectives on page 1). Following are highlights from the past few months.

Center Outcomes Forums

HCT outcomes reports for U.S. transplant centers are needed to provide information requested by patients, insurers and government agencies, and to comply with current laws.

The first Center-Specific Outcomes Analysis Forum in September 2008 included patient advocates, representatives of HCT centers, experts in center outcomes reporting not involved in HCT, statisticians, government project officers, and representatives of CIBMTR and NMDP. One forum recommendation was to periodically review center outcomes reporting methodologies. The first Center-Specific Outcomes Report that includes both related and unrelated HCT was prepared in September 2010.

CIBMTR and ASBMT hosted a second Outcomes Analysis Forum in September 2010. It reviewed the methods, processes and results for the 2010 outcomes report, considering revisions to methods, processes, and data elements collected by CIBMTR to support the outcomes analysis. A report on its recommendations will be posted on the CIBMTR website and made available to center directors.

Repository expansion to include related recipient-donor pairs

CIBMTR has expanded its pilot group of centers collecting related donor sample pairs to include BMT CTN Core centers (including Core Consortia members) participating in the unrelated donor repository operated by NMDP. The Related Donor Research Sample Repository presents a unique opportunity to build a collection of samples from related HCT recipients and donors. Because of their genetic similarity for HLA haplotypes, related recipient and donor samples greatly enhance the ability of researchers to conduct some immunobiologic studies without the confounding effects of HLA disparity. The expanded repository facilitates an organized approach to studying transplant biology across the full spectrum of allogeneic HCT.

The goal of the repository is to collect pre-transplant/pre-conditioning recipient and donor blood samples from all consecutive related HCTs performed by these centers. The samples will then be coupled to clinical data submitted to the SCTOD and available to the HCT research community for analysis. The repository will provide critical baseline recipient and donor blood samples to augment the substantial clinical data collected on BMT CTN study participants. Repository samples will be accessible for studies approved through the CIBMTR Working Committees.

Cord blood outcomes reporting

Substantial progress has taken place in recent months for cord blood reporting processes in the United States. Transplant centers are working hard at providing cord blood outcomes data. This results in more complete data available to researchers, and helps cord blood banks meet their reporting requirements. CIBMTR appreciates the substantial efforts centers have made to provide and maintain follow-up on this important group of HCT recipients. New FormsNet™2 functionality was introduced in July that will allow reporting of some cord blood HCT recipients on TED-level forms.

EBMT/AGNIS® Project

CIBMTR has enjoyed a productive, collaborative relationship with EBMT for many years. The organizations worked together to harmonize data collection instruments for the TED (CIBMTR) and MED-A (EBMT) forms. Because of this, identical basic HCT data is now being collected by both organizations. This approach established the standard for data collection for the HCT community to understand essential outcomes, and is the foundation for data sharing on collaborative studies.

>> continued on page 6

STEM CELL THERAPEUTIC OUTCOMES DATABASE

>> continued from page 5

CIBMTR is now working toward a more direct connection with the EBMT database using AGNIS, an open source, peer-to-peer messaging system for electronic exchange of clinical data. European centers that have an interest in sharing data with CIBMTR will be able to do so through a robust data connection. This connection will also allow centers who wish to report to both organizations to avoid double data entry. Outcomes data for recipients of cord blood units can also be exchanged using this path.

Data already collected by the EBMT, in some cases to fulfill national requirements, will be provided to CIBMTR for inclusion in the observational database once the AGNIS connection is completed. Substantial progress is being made; estimated completion of the first phase of this project is early 2011.

Coverage for allogeneic HCT for patients with MDS over the age of 65

As noted on page 1, U.S. Medicare patients with MDS often have difficulty obtaining coverage for allogeneic HCT. The CMS issued a decision August 4, 2010, outlining the CED process, whereby these patients may be eligible for Medicare coverage of allogeneic HCT, in clinical studies that provide high quality evidence to facilitate future decision making. CIBMTR submitted a protocol to CMS for consideration under the CED mechanism that leverages data already collected by transplant centers for the SCTOD to facilitate coverage of HCT for patients enrolled in the study. If CMS issues a favorable decision, this would be a significant and beneficial re-use of the data already collected by the SCTOD. CIBMTR is hoping to have more details about this project by November. Information can be found at: <https://www.cms.gov/mcd/viewtrackingsheet.asp?from2=viewtrackingsheet.asp&id=238&>

BLOOD AND MARROW TRANSPLANT CLINICAL TRIALS NETWORK

by Sarah Mull, Program Coordinator

TRIAL FOCUS: *The BMT CTN article in this newsletter will diverge from its usual format and present details of one study that is currently underway:*

A multi-center, randomized, double blind, phase III trial evaluating corticosteroids with mycophenolate mofetil vs. corticosteroids with placebo as initial systemic treatment of acute GVHD (BMT CTN protocol 0802).

As of October 1, 2010, 56 subjects were enrolled, 44 centers activated, and 10 more centers are pending activation. This is much faster than the BMT CTN had anticipated. Information about the study can be found at:

https://web.emmes.com/study/bmt2/protocol/0802_protocol/0802_protocol.html

Following are a few questions that have been asked about this trial.

Why is a phase III study needed in acute GVHD?

Corticosteroids have served as the primary therapy for acute GVHD for almost four decades. The long-term response rate to single-agent corticosteroid therapy, when analyzed in large retrospective reviews, is less than 50%. It is clear that new strategies are needed to help control GVHD with as little toxicity as possible.

Why was mycophenolate mofetil chosen for this phase III trial?

Based on the results of BMT CTN 0302 (a Phase II multi-center trial of etanercept, mycophenolate mofetil, denileukin difitox and pentostatin for the primary therapy of acute GVHD), mycophenolate mofetil was selected as the most promising agent to proceed in a phase III trial combined with steroids versus steroids with placebo. The primary objective of BMT CTN 0302 was to estimate the complete response rate at day 28 post randomization for each of the four agents, and evaluate secondary outcomes pertinent to the best agent for testing in a planned follow-up phase III trial against steroids alone.

The proportions of complete responses at day 28 post randomization were: mycophenolate mofetil 60%, denileukin difitox 53%, pentostatin 38% and etanercept 26%. Day 56 complete plus partial response rates were 78%, 68%, 71% and 59%, respectively.

What are the justifications for the primary endpoint and the many secondary endpoints?

The primary purpose of this study is to define GVHD-free survival by Day 56, without the need of further therapy, in both study arms. Besides obtaining information on complete response, it is very important to review other safety and efficacy parameters (the secondary endpoints). This is relevant because the study goal is to find an effective therapy for GVHD without excessive rates of the anticipated complications of infection, GVHD flare, chronic GVHD or early mortality.

Is there an IND for this trial?

No. Although the trial will use a mycophenolate mofetil dose that is higher than usual, it is not intended to support FDA approval of a new indication, a significant change in the product labeling, or advertising for the product. In addition, the study will be conducted in compliance with the requirements for IRB review and informed consent. All study sites obtain local IRB approval prior to initiation and all patients are required to provide informed consent to participate.

The BMT CTN is committed to including widespread transplant community participation in its trials. However, due to the limited resources, not all requests can be accommodated for each protocol. Center participation applications can be found on the BMT CTN website at <http://bmtctn.net>.

The Network thanks all of its centers for their continued commitment to all its trials!

RESOURCE FOR CLINICAL INVESTIGATION IN BLOOD AND MARROW TRANSPLANT

by Willis Navarro, MD and Rebecca Drexler

The RCI BMT offers prospective clinical trials infrastructure and support services for investigators to conduct smaller, phase I and II multi-center studies. These trials have external funding in collaboration with other researchers and groups.

Three RCI BMT studies are accruing patients and three more studies are under development. The Clinical Trials Advisory Committee met in August and recommended another myeloma trial should proceed, which will evaluate the utility of increasing the dose of an anti-myeloma drug after failure of low dose maintenance treatment. Work also continues on developing infrastructure for the RCI BMT collaboration with the Pediatric Blood and Marrow Transplant Consortium, funded by the St. Baldrick's Foundation.

Several inquiries have come in this year for possible RCI BMT trial collaborations, suggesting that the RCI mechanism is providing a valuable service to investigators in the field.

Study criteria for RCI BMT involvement include:

- A primary focus on HCT or cellular therapy;
- A multi-center approach. RCI BMT trials need independent funding, and CIBMTR collaborates with the study team to find fund sources. And, with resources such as specimen collection, health services research, and interview and survey services, the RCI BMT is an excellent fit for prospective studies of donors, quality of life, correlative science, and other studies not fitting the typical mold.

CONTINUOUS PROCESS IMPROVEMENT UPDATE

by Janet Brunner, PA-C, Kay Gardner, Marie Matlack, MT, and Sandra Sorensen

To improve the quality of the data used for HCT research, CIBMTR has established criteria for submitting Pre- and Post-TED forms as well as CRFs. CPI is the system that monitors how well these criteria are met. Recipient CPI reports are generated three times a year (January, May and September). To be compliant, centers must submit at least 90% of the forms due for the trimester. Recipient CPI had been on hold since the launch of FormsNet™2 in December 2007. Major repairs to the Forms Due Report have been completed and CIBMTR has been able to re-implement recipient CPI. The first CPI reports were generated on September 1, 2010. These reports applied to all allogeneic HCTs that took place from the start of FormsNet2 through April 30, 2010. Unrelated HCTs prior to FormsNet2 were also included.

Forms had to be submitted and in complete status (error free), by August 31, 2010, to be counted. The first CPI report did not include any autologous recipient forms or legacy related donor recipient forms from the time before FormsNet2. These forms will be included later. CIBMTR put together a contest with monthly themes as a motivational tool, to help center personnel get excited about completing data forms. Contest winners will receive Visa gift cards.

In addition to the CPI recipient forms program, CPI also exists for donor forms. The Donor Data Management Team oversees submission of these forms from NMDP donor, collection and apheresis centers. Donor CPI reports are generated four times a year (January, April, July and October). For centers to be compliant, they need to have submitted 100% of the forms required for the CPI period. **We are excited to report that in the last two quarters, all our centers met donor CPI standards –100% of the centers submitted 100% of their forms!**



BE  THE MATCHSM

3rd Annual Milwaukee Soccer Marrowthon

March 5 – 6, 2011

CIBMTR, in collaboration with NMDP and the Milwaukee Kickers Soccer Club, is hosting 24 hours of soccer matches for bone marrow transplant awareness, fundraising and donor recruitment.

We're kickin' it around the clock to save lives!

For more information, to sponsor a team or make a donation, please go to: www.bethematchfoundation.org/kickers



Our Supporters

The views expressed in these articles do not reflect the official policy or position of the National Institutes of Health, the Department of the Navy, the Department of Defense, or any other agency of the U.S. government. The CIBMTR is supported by Public Health Service Grant/Cooperative Agreement U24-CA76518 from NIH, NHLBI and NIAID; a Grant/Cooperative Agreement 5U01HL069294 from NHLBI and NCI; a contract HSH234200637015C with HRSA; Grants N00014-06-1-0704 and N00014-08-1-0058 from the Office of Naval Research; as well as grants from:

AABB

+ Amgen, Inc.

Anonymous donation to the Medical College of Wisconsin

Astellas Pharma US, Inc.

Be the Match Foundation

Biogen IDEC

+ BioMarin Pharmaceutical, Inc.
BloodCenter of Wisconsin
+ Blue Cross and Blue Shield Association
Bone Marrow Foundation
Buchanan Family Foundation
+ CaridianBCT
+ Celgene Corporation
CellGenix, GmbH
Children's Leukemia Research Association
ClinImmune Labs
CTI Clinical Trial and Consulting Services
Eisai, Inc.
Genentech, Inc.
+ Genzyme Corporation
Histogenetics, Inc.
HKS Medical Information Systems
Hospira, Inc.
Kirin Brewery Co., Ltd.
The Leukemia & Lymphoma Society
Merck & Company
The Medical College of Wisconsin
+ Millennium Pharmaceuticals, Inc.
Miller Pharmacal Group

+ Milliman USA, Inc.
+ Miltenyi Biotec, Inc.
National Marrow Donor Program
Nature Publishing Group
Novartis Oncology
Oncology Nursing Society
+ Osiris Therapeutics, Inc.
+ Otsuka America Pharmaceutical, Inc.
Pall Life Sciences
Pfizer Inc
Schering Corporation
Soligenix, Inc.
StemCyte, Inc.
StemSoft Software, Inc.
Swedish Orphan Biovitrum Inc.
Sysmex America, Inc.
+ THERAKOS, Inc.
Vidacare Corporation
ViraCor Laboratories
ViroPharma, Inc.
+ Wellpoint, Inc.

+Corporate Members

2010 CIBMTR Advisory Committee Members

*Jane Apperley, MD

Imperial College School of Medicine, London, England

Yoshiko Aisuta, MD, PhD

Nagoya University Graduate School of Medicine, Japan

*Robert Baitty, MPP

Health Resources and Services Administration
Bethesda, MD

*Richard Boyajian

Co-Chair, Consumer Advocacy Committee

*Mammen Chandy, MD

Tata Medical Center, Kolkata, India

*Jeffrey Chell, MD

NMDP, Minneapolis, MN

*Dennis Confer, MD

NMDP, Minneapolis, MN

*Stella Davies, MBBS, PhD (Chair)

Cincinnati Children's Hospital, Cincinnati, OH

Marcos De Lima, MD

MD Anderson Cancer Center, Houston, TX

*Nancy DiFronzo, PhD

National Heart Lung and Blood Institute
National Institutes of Health, Bethesda, MD

Peter Dreger, MD

University of Heidelberg, Germany

*Andrea Feldmar

Co-Chair, Consumer Advocacy Committee

Jürgen Finke, MD

Freiburg University Medical Center, Germany

*Corina Gonzalez, MD

Georgetown University Hospital, Washington, DC

*Shelley Grant, MPH

Health Resources and Services Administration
Bethesda, MD

*Linda Griffith, MD, PhD

National Institute of Allergy and Infectious Diseases,
National Institutes of Health, Bethesda, MD

*Robert Hartzman, MD, Capt. MC, USN (ret)

Office of Naval Research, Bethesda, MD

*Mary M. Horowitz, MD, MS

CIBMTR, Milwaukee, WI

Hillard Lazarus, MD

University Hospitals Case Medical Center, Cleveland, OH

*Alan Leahigh

Executive Administration, Inc., Chicago, IL; ASBMT

*John P. Klein, PhD

CIBMTR, Milwaukee, WI

Judith Marsh, MD

St. George's Hospital, London, England

*Paul Martin, MD

Fred Hutchinson Cancer Research Center, Seattle, WA

Jonas Mattsson, MD

Huddinge University Hospital, Sweden

Tracey O'Brien, MD

Sydney Children's Hospital, Australia

*Ricardo Pasquini, MD

Hospital de Clinicas, Universidade Federal do Parana,
Curitiba, Brazil

*David Porter, MD

Hospital of the University of Pennsylvania, Philadelphia, PA

*J. Douglas Rizzo, MD, MS

CIBMTR, Milwaukee, WI

Brenda Sandmaier, MD

Fred Hutchinson Cancer Center, Seattle, WA

*Raquel Schears, MD, MPH, FACEP

Mayo Clinic, Rochester, MN

Barl Scott, MD

Fred Hutchinson Cancer Research Center, Seattle, WA

*Nawraz Shawir, MBBS

Health Resources and Services Administration
Bethesda, MD

*Thomas Shea, MD

University of North Carolina at Chapel Hill, NC

*Edward Snyder, MD

Yale New Haven Hospital, New Haven, CT

Robert Soiffer, MD

Dana Farber Cancer Institute, Boston, MA

Koen van Besien, MD

University of Chicago Hospitals, Chicago, IL

*Daniel Weisdorf, MD

University of Minnesota, Minneapolis, MN

*Roy Wu, PhD

National Cancer Institute
National Institutes of Health, Bethesda, MD

* CIBMTR Executive Committee Members

Please address correspondence to:

CIBMTR Milwaukee Campus
Medical College of Wisconsin
Beverly Ventura, Editor

9200 W. Wisconsin Ave., Ste. C5500
Milwaukee, WI 53226 USA

Telephone: (414) 805-0700

Fax: (414) 805-0714

Website: www.cibmtr.org

Email: contactus@CIBMTR.org



CIBMTR Minneapolis Campus
National Marrow Donor Program

3001 Broadway Street
Minneapolis, MN 55413-1753 USA

Telephone: (612) 884-8600

Fax: (612) 884-8661

Website: www.cibmtr.org

Email: contactus@CIBMTR.org

