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1.0 OVERVIEW

The CIBMTR® (Center for International Blood and Marrow Transplant Research®) collaborates with the global scientific community to advance hematopoietic cell transplantation (HCT) and cellular therapy research worldwide to increase survival and enrich quality of life for patients. A research collaboration between the National Marrow Donor Program® (NMDP)/Be The Match® and the Medical College of Wisconsin (MCW), the CIBMTR facilitates critical observational and interventional research through scientific and statistical expertise, a large network of transplant centers, and a unique and extensive clinical database.

Fifteen international Scientific Working Committees oversee most of the CIBMTR’s clinical outcomes research. Each committee focuses on a specific disease, use of HCT, or complication of transplant therapy (Table 1). This report details the Scientific Working Committee Research Portfolio as of July 1, 2016.

Table 1. Working Committee Focus Areas

<table>
<thead>
<tr>
<th>Working Committee</th>
<th>Scientific Focus</th>
</tr>
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<tbody>
<tr>
<td>Acute Leukemia</td>
<td>HCT for acute leukemia and pre-leukemia</td>
</tr>
<tr>
<td>Autoimmune Diseases and Cellular Therapies</td>
<td>HCT for autoimmune disorders and non-transplant uses of hematopoietic stem cells</td>
</tr>
<tr>
<td>Chronic Leukemia</td>
<td>HCT for chronic leukemias, myelodysplastic disorders, and myeloproliferative disorders</td>
</tr>
<tr>
<td>Donor Health and Safety</td>
<td>Donor safety and outcomes</td>
</tr>
<tr>
<td>Graft Sources and Manipulation</td>
<td>Graft types, composition, and manipulation techniques</td>
</tr>
<tr>
<td>Graft-versus-Host Disease</td>
<td>Biology, prevention, and treatment of graft-versus-host disease and its complications</td>
</tr>
<tr>
<td>Health Services and International Studies</td>
<td>Social and economic barriers to HCT access, including quality of care and the influence of psychosocial factors on transplant outcomes, as well as international issues and differences in HCT</td>
</tr>
<tr>
<td>Immunobiology</td>
<td>Histocompatibility and other genetic and immunologic issues related to HCT</td>
</tr>
<tr>
<td>Infection and Immune Reconstitution</td>
<td>Prevention and treatment of post-transplant infections and issues related to recovery of immune function</td>
</tr>
<tr>
<td>Late Effects and Quality of Life</td>
<td>Long-term survival after HCT, including clinical and psychosocial effects of transplantation</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>HCT for Hodgkin and non-Hodgkin lymphoma</td>
</tr>
<tr>
<td>Pediatric Cancer</td>
<td>HCT for childhood leukemias and other issues related to use of HCT in children</td>
</tr>
<tr>
<td>Plasma Cell Disorders and Adult Solid Tumors</td>
<td>HCT for multiple myeloma and other plasma cell disorders as well as solid tumors in adults</td>
</tr>
<tr>
<td>Working Committee</td>
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<tr>
<td>-------------------</td>
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<tr>
<td>Primary Immune Deficiencies, Inborn Errors of Metabolism, and Other Non-Malignant Marrow Disorders</td>
<td>HCT for congenital and acquired immune deficiencies, inborn errors of metabolism, aplastic anemia, congenital disorders of hematopoiesis, and other non-malignant hematopoietic disorders</td>
</tr>
<tr>
<td>Regimen-Related Toxicity and Supportive Care</td>
<td>Preparative regimens, prevention, and treatment of early non-graft-versus-host disease toxicities; supportive care in the early post-transplant period</td>
</tr>
</tbody>
</table>

1.1 Membership

Total Working Committee membership exceeds 2,300 researchers. Membership is open to any researcher willing to take an active role in developing and conducting studies that use CIBMTR data and/or resources. While most of these individuals are HCT clinicians, statisticians and basic scientists also participate. PhD statistical faculty and Master's-level statisticians from the CIBMTR Coordinating Center provide their unique expertise in data analysis. Basic scientists investigating human leukocyte antigen (HLA), immunogenetics, pharmacogenetics, stem cell biology, and other areas related to HCT provide essential expertise in their respective research areas. The Working Committee structure encourages a collaborative but rigorous methodological approach to all CIBMTR activities.

1.2 Leadership

Each Working Committee is staffed by at least one MS-level Statistician, a PhD Statistical Director, and an MD Scientific Director from the CIBMTR Coordinating Center. Each also typically has three to four Chairs who are appointed by the Advisory Committee.

1.2.1 Committee Chairs

Working Committee Chairs are appointed by the Advisory Committee to non-renewable five-year terms. Appointments are made each fall, with terms commencing on March 1 of the following year. Terms are staggered to facilitate succession and maintain continuity. Individuals may serve as Chair more than once but not consecutively for the same committee. Chairs participate in the nomination process for replacement positions and give special consideration to promising junior investigators, thus promoting ongoing leadership for the work of the CIBMTR.

Working Committee Chairs provide subject matter expertise in autologous and allogeneic transplantation as well as understanding of CIBMTR organization and procedures. They must be members of CIBMTR centers that submit comprehensive report form (CRF)-level data and are compliant with Continuous Process Improvement standards for data submission, unless an exception is granted by the Advisory Committee. Chairs are occasionally selected from outside these guidelines for their specific scientific expertise, for example, a scientist who directs a histocompatibility laboratory, apheresis center, or donor registry, who is committed to the CIBMTR and to the field of HCT.
Chairs monitor and facilitate the progress of studies in their Working Committee’s portfolio. They communicate with Principal Investigators (PIs) to address barriers and/or delays and participate in weekly CIBMTR Coordinating Center study critiques when studies in their portfolios are being discussed. In addition to chairing annual Working Committee meetings, Chairs meet by teleconference every four to six weeks with their committee’s Scientific Director and biostatisticians to review the progress of study proposals and ongoing studies. Chairs lead the annual Working Committee meeting, and, using input from that meeting, they prioritize studies and establish the research agenda for the following year.

1.3 Productivity

There are currently 185 studies in progress, 57 of which are collaborations with other organizations (Appendix A). For the 2016 BMT Tandem Meetings, the Working Committees reviewed 193 new study proposals, 91 of which were presented and 38 of which were approved. The prioritization and selection process (Figure 1) ensures the most important issues can be addressed in a timely manner.

During the past year, Working Committee study investigators published 44 manuscripts in peer-reviewed journals, about half of the total number of CIBMTR publications. An additional five manuscripts are in press. In each committee’s section of this report, publications since July 1, 2012, are listed (Sections 2.2-16.2). For a complete list of CIBMTR publications, visit the CIBMTR Publication List webpage (cibmtr.org/ReferenceCenter/PubList/Pages/index.aspx).

Working Committee study investigators presented 33 abstracts (20 oral and 13 poster) at national and international conferences this year. These presentations include 19 (11 oral and 8 poster) at the 2015 American Society of Hematology Annual Meeting and 10 (8 oral and 2 poster) at the 2016 BMT Tandem Meetings.

1.4 How to Get Involved

Working Committees are collaborative in nature, and all interested individuals are encouraged to participate:

- **Join a Working Committee.** Learn more about each committee on the CIBMTR Working Committee webpage (cibmtr.org/About/WhoWeAre/Committees/Working/Pages/index.aspx). To join a Working Committee, email contactus@cibmtr.org, contact the Working Committee leadership listed on the individual committee’s webpage, or attend a Working Committee Meeting at the BMT Tandem Meetings.

- **Attend a Working Committee Meeting at the BMT Tandem Meetings.** All BMT Tandem Meeting attendees may attend to learn more about the committee, its recent publications and current studies, and have the opportunity to learn about and provide feedback on new study proposals.

- **Participate in a Writing Committee.** When a draft protocol is approved by the Working Committee leadership and Coordinating Center, all Working Committee members on record are invited to participate in the study Writing Committee.
• **Propose a Study.** Anyone willing to follow the study development and management process (*Appendix B*) is eligible to propose a study to the Working Committees (*Figure 1*). Guidelines for CIBMTR study PIs, including hints and tips to make the study process as successful as possible, are provided in *Appendix C*.

For more information regarding participation in a Working Committee, access the “Learn more about how to get involved in a Working Committee” link on the CIBMTR Working Committee webpage (cibmtr.org/About/WhoWeAre/Committees/Working/Pages/index.aspx).
Figure 1. Working Committee Study Proposal Review Process

**Submission**
By mid-November, study investigator submits proposal to the CIBMTR Coordinating Center for consideration at the next BMT Tandem Meetings.

**Initial Review**
Working Committee Leadership reviews for feasibility with CIBMTR data, potential conflict with active studies, scientific merit, and ability to complete the study in a timely fashion. Researchers with similar concepts may be advised to combine their proposals.

**Preliminary Assessment**
If Working Committee Leadership clears the proposal to move forward, the MS-level Statistician contacts the study investigator and prepares a table of characteristics of patient data based on the population defined in the proposal.

**Presentation**
Study investigator presents the proposal at the Working Committee meeting at the February BMT Tandem Meetings.

**Voting**
Working Committee members vote for each proposal, assigning a scientific impact score to each.

**Final Approval**
Working Committee Leadership utilizes member feedback in determining which proposals to pursue. Advisory Committee approves the CIBMTR research agenda.

**Notification**
Working Committee Leadership contacts study investigator to notify of study approval / rejection by the end of April.
2.0 ACUTE LEUKEMIA WORKING COMMITTEE

2.1 Leadership

**Chair:** Marcos de Lima, MD, University Hospitals Case Medical Center  
Email: marcos.delima@uhhospitals.org

**Chair:** Brenda Sandmaier, MD, Fred Hutchinson Cancer Research Center  
Email: bsandmai@fredhutch.org

**Chair:** Hanna Khoury, MD, Emory University Hospital  
Email: hkhoury@emory.edu

**Scientific Director:** Daniel Weisdorf, MD, CIBMTR Minneapolis  
Email: weisd001@umn.edu

**Asst Sci Director:** Wael Saber, MD, MS, CIBMTR Milwaukee  
Email: wsaber@mcw.edu

**Statistical Director:** Mei-Jie Zhang, PhD, CIBMTR Milwaukee  
Email: meiji@mcw.edu

**MS Statistician:** Hai-Lin Wang, MPH, CIBMTR Milwaukee  
Email: hwang@mcw.edu

2.2 Recent Publications

2016


2015


2014


2013


2.3 Current Studies

LK13-01

Title: Evaluating outcomes of reduced intensity conditioning allogeneic HCT in older adult lymphoblastic leukemia patients reported to the CIBMTR and EBMT: Impact of age on transplant outcomes

PI(s): Ashley Rosko (Ohio State Medical Center) Veronika Bachanova (University of Minnesota Medical Center, Fairview)

Status: Submitted (as of July 1, 2016) Published (expected by June 30, 2017)

* Collaborative study with European Society for Blood and Marrow Transplantation (EBMT)

LK13-02

Title: Prognostic significance of cytogenetic abnormalities in patients with Philadelphia-negative acute lymphoblastic leukemia undergoing allogeneic HCT in complete remission

PI(s): Aleksandr Lazaryan (University of Minnesota Medical Center, Fairview) Veronika Bachanova (University of Minnesota Medical Center, Fairview)

Status: Data file preparation (as of July 1, 2016) Submitted (expected by June 30, 2017)
LK13-04
Title:  **Comparison of post allogeneic HCT outcomes after matched related donor versus matched unrelated donor HCT in adults with acute lymphoblastic leukemia**
PI(s): Eric Segal (Medical College of Wisconsin)
       Wael Saber (Medical College of Wisconsin)
Status: Manuscript preparation (as of July 1, 2016)
       Submitted (expected by June 30, 2017)

LK14-01
Title:  **Effect of post-remission consolidation chemotherapy prior to allogeneic HCT for acute lymphocytic leukemia in first complete remission: A CIBMTR Study**
PI(s): Aleksandr Lazaryan (University of Minnesota Medical Center, Fairview)
       Daniel Weisdorf (University of Minnesota Medical Center, Fairview)
       Nelli Benjanyan (University of Minnesota Medical Center, Fairview)
Status: Manuscript preparation (as of July 1, 2016)
       Submitted (expected by June 30, 2017)

LK14-02
Title:  **Prognostic factors in patients ≥60 years undergoing allogeneic HCT for acute myeloid leukemia in first and second complete remission**
PI(s): Fotios Vasilios Michelis (Princess Margaret Hospital)
       Vikas Gupta (Princess Margaret Hospital)
Status: Submitted (as of July 1, 2016)
       Published (expected by June 30, 2017)

LK15-01
Title:  **Allogeneic transplants versus other consolidation in elderly acute myeloid leukemia**
PI(s): Andrew Artz (University of Chicago Hospitals)
       Celestatin Ustun (University of Minnesota Medical Center, Fairview)
Status: Manuscript preparation (as of July 1, 2016)
       Submitted (expected by June 30, 2017)
* Collaborative study with Alliance for Clinical Trials in Oncology

LK15-02
Title:  **Impact of GVHD on outcome after allogeneic HCT for acute lymphocytic leukemia: A retrospective registry study**
PI(s): Moshe Yeshurun (Davidoff Cancer Center)
       Jacob Rowe (Rambam Medical Center)
       Martin Tallman (Memorial Sloan Kettering Cancer Center)
Status: Data file preparation (as of July 1, 2016)
       Submitted (expected by June 30, 2017)
**LK15-03**

**Title:** Comparison of outcomes of older adolescents and young adults with Philadelphia-chromosome/BCR-ABL1-negative acute lymphoblastic leukemia receiving post-remission consolidation chemotherapy with pediatric-inspired chemotherapy on CALGB 10403 or myeloablative allogeneic HCT

**PI(s):** Matthew Wieduwilt (University of California San Diego Medical Center)
Wendy Stock (University of Chicago Hospitals)

**Status:** Protocol development (as of July 1, 2016)
Analysis (expected by June 30, 2017)

* Collaborative study with Cancer and Leukemia Group B

**LK15-04**

**Title:** Outcome of HCT using total body irradiation-based versus chemotherapy-based full intensity conditioning regimens for adults with acute lymphoblastic leukemia

**PI(s):** Ibrahim Aldoss (City of Hope)
Vinod Pullarkat (City of Hope)
Stephen Forman (City of Hope)
Joseph Alvarnasce (City of Hope)

**Status:** Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

**LK15-05**

**Title:** Comparing outcomes with cord blood and matched related and unrelated donors in FLT3+ acute myelogenous leukemia

**PI(s):** Celalettin Ustun (University of Minnesota Medical Center, Fairview)
Daniel Weisdorf (University of Minnesota Medical Center, Fairview)

**Status:** Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)

* Collaborative study with EUROCORD

**LK16-01**

**Title:** Reduced intensity conditioning regimens for acute myeloid leukemia: A comparison of busulfan and melphalan based regimens from the CIBMTR database

**PI(s):** Zartash Gul (University of Kentucky Chandler Medical Center)
Gulrayz Ahmed (University of Kentucky Chandler Medical Center)
Muhammed Khan (Emory University Hospital)
Gerhard Hilderbrandt (University of Kentucky Chandler Medical Center)

**Status:** Draft protocol received (as of July 1, 2016)
Data file preparation (expected by June 30, 2017)
**LK16-02**

**Title:** Disease Risk Index-guided choice of conditioning intensity for allogeneic HCT in adults with acute myeloid leukemia and myelodysplastic syndromes

**PI(s):**
- Claudio Brunstein (University of Minnesota Medical Center, Fairview)
- Erica Warlick (University of Minnesota Medical Center, Fairview)
- Daniel Weisdorf (University of Minnesota Medical Center, Fairview)

**Status:**
- Draft protocol received (as of July 1, 2016)
- Data file preparation (expected by June 30, 2017)

---

**LK16-03**

**Title:** Allogeneic HCT to treat therapy related acute myeloid leukemia and myelodysplastic syndromes

**PI(s):**
- Natalie Callander (University of Wisconsin Hospital and Clinics)
- Leland Metheny (University Hospitals Case Medical Center)
- Marcos De Lima (University Hospitals Case Medical Center)
- Aric Hall (University of Wisconsin Hospital and Clinics)

**Status:**
- Draft protocol received (as of July 1, 2016)
- Data file preparation (expected by June 30, 2017)

---

**LK16-04**

**Title:** Comparing outcomes between HLA-haploidentical and matched sibling allogeneic transplants in patients with acute myeloid leukemia

**PI(s):**
- Rizwan Romee (Barnes Jewish Hospital)
- Armin Rashidi (University of Minnesota)
- Mehdi Hamadani (Medical College of Wisconsin)
- Wael Saber (Medical College of Wisconsin)

**Status:**
- Protocol development (as of July 1, 2016)
- Data file preparation (expected by June 30, 2017)
3.0 AUTOIMMUNE DISEASES AND CELLULAR THERAPIES WORKING COMMITTEE

3.1 Leadership

Chair: Ian Lewis, MBBS, PhD, Royal Adelaide Hospital  
Email: ian.lewis@health.sa.gov.au
Chair: David McKenna, MD, University of Minnesota Medical Center, Fairview  
Email: mcken020@umn.edu
Chair: Stefanie Sarantopoulos, MD, PhD, Duke University Medical Center  
Email: stefanie.sarantopoulos@duke.edu
Scientific Director: Marcelo Pasquini, MD, MS, CIBMTR Milwaukee  
Email: mpasquini@mcw.edu
Statistical Director: Ruta Brazauskas, PhD, CIBMTR Milwaukee  
Email: ruta@mcw.edu
MS Statistician: Khalid (Kyle) Bo-Subait, MPH, CIBMTR Milwaukee  
Email: kbosubait@mcw.edu

3.2 Current Studies

AD09-01
Title: Long-term outcomes after autologous HCT for severe multiple sclerosis  
PI(s): Paolo Muraro (Imperial College / Hammersmith Hospital)
Status: Submitted (as of July 1, 2016)  
Published (expected by June 30, 2017)
* Collaborative study with EBMT

CT10-01
Title: Donor leukocyte infusion versus second allogeneic HCT for disease relapse after first allogeneic HCT  
PI(s): Noelle Frey (Abramson Cancer Center University of Pennsylvania Medical Center)  
Alison Loren (Abramson Cancer Center University of Pennsylvania Medical Center)  
David Porter (Abramson Cancer Center University of Pennsylvania Medical Center)
Status: Manuscript preparation (as of July 1, 2016)  
Submitted (expected by June 30, 2017)
CT13-01

Title: Utility of donor leukocyte infusion for the treatment of drug-resistant viral or fungal infections in allogeneic HCT recipients: A CIBMTR analysis
PI(s): Gorgun Akpek (Rush University Medical Center and Banner MD Anderson Cancer Center)
Status: Data collection / data file preparation (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)

AC14-01

Title: Long term outcomes after autologous HCT for rapidly progressive systemic scleroderma
PI(s): Dominique Farge (Publique-Hôpitaux de Paris)
       Maria Carolina Oliveira (Mayo Clinic Jacksonville)
       George Georges (Fred Hutchinson Cancer Research Center)
Status: Protocol development (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)
* Collaborative study with EBMT

AC16-01

Title: Pattern of use and outcomes with donor lymphocyte infusion after HLA-haploidentical allogeneic HCT
PI(s): Eva Gupta (Mayo Clinic Jacksonville)
       James Foran (Mayo Clinic Florida)
       Vivek Roy (Mayo Clinic Florida)
Status: Protocol pending (as of July 1, 2016)
Analysis (expected by June 30, 2017)
4.0 CHRONIC LEUKEMIA WORKING COMMITTEE

4.1 Leadership

**Chair:** Edwin Alyea, MD, Dana Farber Cancer Institute  
Email: edwin_alyea@dfci.harvard.edu

**Chair:** Uday Popat, MD, MD Anderson Cancer Center  
Email: upopat@mdanderson.org

**Chair:** Ronald Sobecks, MD, Cleveland Clinic Foundation  
Email: sobeckr@ccf.org

**Scientific Director:** Wael Saber, MD, MS, CIBMTR Milwaukee  
Email: wsaber@mcw.edu

**Statistical Director:** Kwang Woo Ahn, PhD, CIBMTR Milwaukee  
Email: kwooahn@mcw.edu

**Statistical Director:** Ying Liu, PhD, CIBMTR Milwaukee  
Email: yiliu@mcw.edu

**MS Statistician:** Zhenhuan Hu, MPH, CIBMTR Milwaukee  
Email: zhu@mcw.edu

4.2 Recent Publications

**2016**


2014


2013


4.3 Current Studies

SC11-06
Title: Assessment of allogeneic HCT in Medicare beneficiaries with myelodysplastic syndrome and related disorders
PI(s): Ehab Atallah (Froedtert Memorial Lutheran Hospital)
J. Douglas Rizzo (Medical College of Wisconsin)
Status: Data collection / data file preparation (as of July 1, 2016)
Data collection / data file preparation (expected by June 30, 2017)

CK12-01
Title: A decision analysis of the optimal timing of allogeneic HCT in chronic myeloid leukemia in the era of tyrosine kinase inhibitors
PI(s): Hans Lee (M.D. Anderson Cancer Center)
Jorge Cortes (M.D. Anderson Cancer Center)
Marcos de Lima (University Hospitals Case Medical Center)
Status: Analysis (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)
* Collaborative study with M.D. Anderson Cancer Center
Title: **A retrospective assessment of outcomes of patients who have undergone allogeneic HCT for chronic lymphocytic leukemia based on histocompatibility leukocyte antigen type**
PI(s): Brian Hill (Cleveland Clinic Foundation)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)
* Collaborative study with National Institutes of Health

Title: **Allogeneic HCT for adult chronic myelomonocytic leukemia**
PI(s): Hien Duong (Cleveland Clinic Foundation)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)

Title: **Outcomes of umbilical cord HCT for myelodysplastic syndrome**
PI(s): Aaron Gerds (Cleveland Clinic Foundation)
Matt Kalaycio (Cleveland Clinic Foundation)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

Title: **Validation of Dana Farber Cancer Institute prognostic score for previously treated chronic lymphocytic leukemia patients who underwent reduced intensity conditioning allogeneic HCT**
PI(s): Jennifer Brown (Dana Farber Cancer Institute)
Haesook Kim (Dana Farber Cancer Institute)
Status: Data file preparation (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)
* Collaborative study with Dana-Farber Cancer Institute

Title: **Comparison of transplant versus non transplant therapies for myelofibrosis**
PI(s): Karen Ballen (Massachusetts General Hospital)
Ruben Mesa (Mayo Clinic Arizona and Phoenix Children’s Hospital)
Krisstina Gowin (Mayo Clinic Arizona and Phoenix Children’s Hospital)
Status: Data file preparation (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)
* Collaborative study with Duke University Medical Center, M.D. Anderson Cancer Center, Massachusetts General Hospital, Mayo Clinic Arizona and Phoenix Children's Hospital, and Vanderbilt University Medical Center
CK15-02
Title: **Comparison of outcomes after myeloablative versus reduced intensity conditioning for allogeneic HCT for chronic myeloid leukemia**
PI(s): Saurabh Chhabra (Medical University of South Carolina)
       Sandeep Jain (Medical University of South Carolina)
       Robert Stuart (Medical University of South Carolina)
Status: Data file preparation (as of July 1, 2016)
       Analysis (expected by June 30, 2017)

CK15-03
Title: **Outcome of allogeneic HCT in patients with acute myeloid leukemia with antecedent history of Philadelphia-negative myeloproliferative neoplasm**
PI(s): Vikas Gupta (Princess Margaret Hospital)
Status: Data file preparation (as of July 1, 2016)
       Manuscript preparation (expected by June 30, 2017)

CK16-01
Title: **Identification of germline predisposition mutations in young myelodysplastic syndrome patients**
PI(s): Lucy Godley (University of Chicago Hospitals)
Status: Draft protocol received (as of July 1, 2016)
       Data file preparation (expected by June 30, 2017)
* Collaborative study with University of Chicago

CK16-02a
Title: **Contemporary role of tyrosine kinase inhibitors post allogeneic HCT for advanced phase chronic myeloid leukemia**
PI(s): Zach DeFilipp (Massachusetts General Hospital)
       Richard Ancheta (Scripps Blood & Marrow Transplant Program)
Status: Protocol development (as of July 1, 2016)
       Data file preparation (expected by June 30, 2017)

CK16-02b
Title: **Donor lymphocyte infusion versus tyrosine kinase inhibitors in chronic myeloid leukemia post allogeneic HCT**
PI(s): Sara Schmidt (HCA Health Services of Oklahoma, Inc., University of Oklahoma)
Status: Protocol development (as of July 1, 2016)
       Data file preparation (expected by June 30, 2017)
5.0 DONOR HEALTH AND SAFETY WORKING COMMITTEE

5.1 Leadership

Chair: Galen Switzer, PhD, University of Pittsburgh Medical Center - Cancer Center  
Email: switzerge@upmc.edu  
Chair: Michael Pulsipher, MD, Primary Children's Hospital  
Email: michael.pulsipher@hsc.utah.edu  
Chair: Nirali Shah, MD, MHSc, National Cancer Institute - NIH  
Email: nirali.shah@nih.gov  
Scientific Director: Bronwen Shaw, MBChB, MRCP, PhD, CIBMTR Milwaukee  
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MS Statistician: Pintip Chitphakdithai, PhD, CIBMTR Minneapolis  
Email: pchitpha@nmdp.org

5.2 Recent Publications

2015


5.3 Current Studies

DS05-02a

Title: Older adult related donors compared to adult related donors
PI(s): Michael Pulsipher (Keck School of Medicine of University of Southern California and Children's Hospital of Los Angeles)
Status: Analysis (as of July 1, 2016)
Submitted (expected by June 30, 2017)
* Collaborative study with University of Utah
DS05-02b

Title: Quality of life for related older donors compared to related adult donors
PI(s): Galen Switzer (University of Pittsburgh Medical Center - Cancer Center)
       Michael Pulsipher (Keck School of Medicine of University of Southern California and
       Children's Hospital of Los Angeles)
Status: Manuscript preparation (as of July 1, 2016)
       Submitted (expected by June 30, 2017)
* Collaborative study with University of Utah

DS05-02c

Title: Acute toxicities of related adult donors compared to unrelated adult
PI(s): Michael Pulsipher (Keck School of Medicine of University of Southern California and
       Children's Hospital of Los Angeles)
Status: Analysis (as of July 1, 2016)
       Submitted (expected by June 30, 2017)
* Collaborative study with University of Utah

DS05-02d

Title: Quality of life for related adult donors compared to unrelated adult donors
PI(s): Galen Switzer (University of Pittsburgh Medical Center - Cancer Center)
       Michael Pulsipher (Keck School of Medicine of University of Southern California and
       Children's Hospital of Los Angeles)
Status: Analysis (as of July 1, 2016)
       Submitted (expected by June 30, 2017)
* Collaborative study with University of Utah

DS05-02e

Title: Acute toxicities for pediatric related donors compared to adult related donors
PI(s): Michael Pulsipher (Keck School of Medicine of University of Southern California and
       Children's Hospital of Los Angeles)
Status: Analysis (as of July 1, 2016)
       Submitted (expected by June 30, 2017)
* Collaborative study with University of Utah

DS05-02f

Title: Quality of life for related pediatric donors compared to normative pediatric cohort
PI(s): Galen Switzer (University of Pittsburgh Medical Center - Cancer Center)
       Michael Pulsipher (Keck School of Medicine of University of Southern California and
       Children's Hospital of Los Angeles)
Status: Submitted (as of July 1, 2016)
       Submitted (expected by June 30, 2017)
* Collaborative study with University of Utah
DS05-02g
Title: **Late toxicities and serious adverse events for related donors**
PI(s): Michael Pulsipher (Keck School of Medicine of University of Southern California and Children’s Hospital of Los Angeles)
Status: Analysis (as of July 1, 2016)
Submitted (expected by June 30, 2017)
* Collaborative study with University of Utah

DS09-03
Title: **Effects of second donation on marrow / PBSC donors**
PI(s): David Stroncek (National Heart Lung and Blood Institute - NIH)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

DS13-01
Title: **Retrospective examination of the role quantity of bone marrow harvests performed by a harvest center has on the overall quality of the harvested product: Assessment of the potential impacts bone marrow product quality has on utilization of bone marrow as a cell source for transplant**
PI(s): Nicole Prokopishyn (University of Calgary and Foothills Hospitals)
Status: Data file preparation (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)

DS13-02
Title: **A retrospective analysis to understand the potential mechanisms underlying the clinical impact of ABO incompatibility on allogeneic HCT outcomes**
PI(s): Bronwen Shaw (Medical College of Wisconsin)
Status: Protocol development (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)

DS16-01
Title: **Comparison between one and two day apheresis in unrelated donors**
PI(s): Jack W. Hsu (Shands HealthCare & University of Florida)
John W. Wingard (Shands HealthCare & University of Florida and LifeSouth Community Blood Centers)
Status: Draft protocol received (as of July 1, 2016)
Data file preparation (expected by June 30, 2017)
DS16-S1
Title: Evaluation of practice guidelines for the assessment and surveillance follow-up of pediatric HCT donors
PI(s): Lori Wiener (National Cancer Institute)
       Galen Switzer (University of Pittsburgh Medical Center - Cancer Center)
Status: Protocol pending (as of July 1, 2016)
       Submitted (expected by June 30, 2017)
* Collaborative study with National Institutes of Health and University of Pittsburgh

DS16-S2
Title: Survey of the screening and management for clonal disorders of hematopoiesis in related allogeneic donors
PI(s): Matthew Seftel (CancerCare Manitoba / University of Manitoba)
Status: Protocol pending (as of July 1, 2016)
       Submitted (expected by June 30, 2017)
6.0 GRAFT SOURCES AND MANIPULATION WORKING COMMITTEE

6.1 Leadership

**Chair:** Miguel-Angel Perales, MD, Memorial Sloan Kettering Cancer Center  
Email: peralesm@mskcc.org

**Chair:** Vanderson Rocha, MD, PhD, Churchill Hospital  
Email: vanderson.rocha@ouh.nhs.uk

**Chair:** Asad Bashey, MD, PhD, The Blood and Marrow Transplant Program at Northside Hospital  
Email: abashey@bmtga.com

**Scientific Director:** Mary Eapen, MD, MS, CIBMTR Milwaukee  
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**Statistical Director:** Mei-Jie Zhang, PhD, CIBMTR Milwaukee  
Email: meijie@mcw.edu

**MS Statistician:** Andrew St. Martin, MS, CIBMTR Milwaukee  
Email: astmartin@mcw.edu

6.2 Recent Publications

2015


2014


2013


2012

6.3 Current Studies

GS13-02
Title: Matching between umbilical cord blood units in double umbilical cord blood transplantation
PI(s): Claudio Brunstein (University of Minnesota Medical Center, Fairview)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

GS14-02
Title: Association between recipient and donor sex and clinical outcome after allogeneic HCT
PI(s): Philippe Armand (Dana Farber Cancer Institute)
Haesook Kim (Dana Farber Cancer Institute)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)

GS15-01
Title: Optimal graft and donor selection for patients undergoing T-cell replete haploidentical donor transplantation using post-transplant cyclophosphamide
PI(s): Ephraim Fuchs (The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins)
Status: Data file preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

GS15-02
Title: Long term outcomes of 100-day survivors of HCT by cell source
PI(s): William Hwang (Singapore General Hospital and Singapore Cord Blood Bank, Ltd.)
Claudio Brunstein (University of Minnesota Medical Center, Fairview)
Status: Protocol development (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)
6.0 GRAFT SOURCES AND MANIPULATION

2016 Scientific Working Committee Research Portfolio

WORKING COMMITTEE

GS15-03
Title: **Disease Risk Index-guided graft source selection for allogeneic HCT in adults with leukemia and lymphoma**
PI(s): Nelli Bejanyan (University of Minnesota Medical Center, Fairview)
       Daniel Weisdorf (University of Minnesota Medical Center, Fairview)
Status: Protocol development (as of July 1, 2016)
        Submitted (expected by June 30, 2017)

GS16-01
Title: **Bone marrow versus peripheral blood as graft source in haploidentical transplants**
PI(s): Asad Bashey (The Blood and Marrow Transplant Program at Northside Hospital)
       Mehdi Hamadani (Medical College of Wisconsin)
       Sameh Gaballa (Thomas Jefferson University Hospital, Inc. and M.D. Anderson Cancer Center)
       Omotayo Fasan (Levine Cancer Institute)
       Pashna Munshi (Georgetown University Hospital)
Status: Manuscript preparation (as of July 1, 2016)
        Submitted (expected by June 30, 2017)

GS16-02
Title: **Outcomes in haploidentical versus matched unrelated donor transplants in older patients**
PI(s): Miguel-Angel Perales (Memorial Sloan Kettering Cancer Center)
       Benjamin Tomlinson (University Hospitals Case Medical Center)
       Marcos De Lima (University Hospitals Case Medical Center)
Status: Data file preparation (as of July 1, 2016)
        Manuscript preparation (expected by June 30, 2017)

GS16-03
Title: **Donor selection for allogeneic HCT: A case-control comparison of children (using post-transplantation cyclophosphamide in GVHD prophylaxis) versus HLA-matched siblings**
PI(s): Ephraim Fuchs (The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins)
Status: Data file preparation (as of July 1, 2016)
        Data file preparation (expected by June 30, 2017)
* Collaborative study with EBMT
7.0 GRAFT-VS-HOST DISEASE WORKING COMMITTEE

7.1 Leadership

Chair: Daniel Couriel, MD, Utah Blood and Marrow Transplant Program  
Email: daniel.couriel@hci.utah.edu

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Email: aalousi@mdanderson.org

Chair: Joseph Pidala, MD, PhD, H. Lee Moffitt Cancer Center and Research Institute  
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Scientific Director: Mukta Arora, MD, MS, CIBMTR Minneapolis  
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Scientific Director: Stephen Spellman, MBS, CIBMTR Minneapolis  
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Statistical Director: Tao Wang, PhD, CIBMTR Milwaukee  
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Statistical Director: Ying Liu, PhD, CIBMTR Milwaukee  
Email: yiliu@mcw.edu

MS Statistician: Michael Hemmer, MS, CIBMTR Milwaukee  
Email: mhemmer@mcw.edu

7.2 Recent Publications

2015

2014


2012

7.3 Current Studies

GV11-02
Title: Acute and chronic GVHD after unrelated umbilical cord blood transplantation: Analysis of risk factors and outcomes
PI(s): Yi-Bin Chen (Massachusetts General Hospital)
Corey Cutler (Dana Farber Cancer Institute)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)

GV12-01
Title: Outcomes of grades 2-4 acute GVHD post-allogeneic HCT: How much progress was achieved?
PI(s): H. Jean Khoury (Emory University Hospital)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)

GV12-02
Title: Prognostic implications of acute upper gastrointestinal GVHD in patients undergoing myeloablative HCT
PI(s): Sarah Nikiforow (Dana Farber Cancer Institute)
Corey Cutler (Dana Farber Cancer Institute)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

GV13-01
Title: Impact of donor parity and donor type on outcomes of allogeneic HCT
PI(s): Anita Kumar (Tufts Medical Center)
Alison Loren (Abramson Cancer Center University of Pennsylvania Medical Center)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

GV13-02
Title: Tools for the precision medicine era, how to develop highly personalized treatment recommendations from cohort and registry data using Q-learning
PI(s): Elizabeth Krakow (Maisonneuve-Rosemont Hospital)
Erica Moodie (McGill University Health Centre – Royal Victoria Hospital)
Status: In press (as of July 1, 2016)
Published (expected by June 30, 2017)
GV14-01
Title: **Comparison of mycophenolate versus methotrexate in combination with a calcineurin inhibitor for GVHD prophylaxis in allogeneic HCT**
PI(s): Betty Hamilton (Cleveland Clinic Foundation)
Saurabh Chhabra (Medical University of South Carolina)
Navneet Majhail (Cleveland Clinic Foundation)
Luciano J. Costa (University of Alabama at Birmingham)
Robert K. Stuart (Medical University of South Carolina)
Dennis Kim (Princess Margaret Hospital, University of Toronto)
Olle Ringden (Karolinska University Hospital, Centre for Allogeneic Stem Cell Transplantation)
Status: Data file preparation (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)

GV14-02
Title: **Influence of recipient age on risk for acute and chronic GVHD in children receiving HLA-identical sibling bone marrow transplantation**
PI(s): Muna Qayed (Emory University Hospital and Children’s Healthcare of Atlanta at Egleston)
John T. Horan (Children’s Healthcare of Atlanta at Egleston)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

GV15-01
Title: **Impact of donor obesity and inflammation on acute and chronic GVHD among HCT recipients**
PI(s): Lucie Turcotte (University of Minnesota Medical Center, Fairview)
Michael Verneris (University of Minnesota Medical Center, Fairview)
Jennifer Knight (Medical College of Wisconsin)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

GV15-02
Title: **Do bone marrow grafts result in improved GVHD-free / relapse-free survival when compared to peripheral blood grafts in adults receiving allogeneic HCT from matched unrelated donors?**
PI(s): Amin Alousi (M.D. Anderson Cancer Center)
Shernan Holtan (University of Minnesota Medical Center, Fairview)
Daniel Weisdorf (University of Minnesota Medical Center, Fairview)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)
GV16-01

Title: **GVHD-free / relapse-free survival in alternative donor HCT**
PI(s): Rohtesh S. Mehta (M.D. Anderson Cancer Center)
Shernan Holtan (University of Minnesota Medical Center, Fairview)
Daniel Weisdorf (University of Minnesota Medical Center, Fairview)

Status: Protocol development (as of July 1, 2016)
Analysis (expected by June 30, 2017)

GV16-02

Title: **The impact of the graft T cell dose on the outcome of allogeneic HLA-matched PBSC HCT**
PI(s): Ayman Saad (University of Alabama at Birmingham)
Shahrukh Hashmi (Mayo Clinic Rochester)
Manish Sharma (Thomas Jefferson University Hospital, Inc.)
Lawrence Lamb (University of Alabama at Birmingham)

Status: Protocol pending (as of July 1, 2016)
Data file preparation (expected by June 30, 2017)
8.0 HEALTH SERVICES AND INTERNATIONAL STUDIES WORKING COMMITTEE

8.1 Leadership

Chair: Carmem Bonfim, MD, Hospital de Clinicas - UFPR  
Email: carmembonfim@gmail.com  
Chair: Jignesh Dalal, MD, University Hospitals Case Medical Center  
Email: jdalal2002@gmail.com  
Chair: Theresa Hahn, PhD, Roswell Park Cancer Institute  
Email: theresa.hahn@roswellpark.org  
Chair: Nandita Khera, MD, Mayo Clinic Arizona and Phoenix Children's Hospital  
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Scientific Director: Wael Saber, MD, MS, CIBMTR Milwaukee  
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Statistical Director: Ruta Brazauskas, PhD, CIBMTR Milwaukee  
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MS Statistician: Naya He, MPH, CIBMTR Milwaukee  
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8.2 Recent Publications

2016


2015


2014


2013


2012


8.3 Current Studies

IS10-01

Title: Outcomes of HCT for acute lymphoblastic leukemia: An international comparative analysis

PI(s): William Wood (University of North Carolina Hospitals)
Navneet Majhail (Cleveland Clinic Foundation)

Status: manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)
HS12-02
Title: Rates of transplantation in urban versus rural patients: Are rural patients less likely to receive an allogeneic HCT?
PI(s): Kristjan Paulson (Cancer Care Manitoba / University of Manitoba)
Matthew Seftel (Cancer Care Manitoba / University of Manitoba)
David Szwajcer (Cancer Care Manitoba / University of Manitoba)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)

HS13-01
Title: The effect of pre-transplant depression on outcomes of HCT for hematologic malignancies
PI(s): Areej El-Jawahri (Massachusetts General Hospital)
Yi-Bin Chen (Massachusetts General Hospital)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)

HS13-02
Title: Investigating inpatient health care utilization of matched sibling donor HCT for children with sickle cell disease
PI(s): Staci Arnold (Emory University Hospital)
Prakash Satwani (NYPH / Columbia University Medical Center)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)
* Collaborative study with Pediatric Health Information System

HS14-01
Title: Investigating clinical outcomes and inpatient health care resource utilization of HCT for children with acute leukemia
PI(s): Staci Arnold (Emory University Hospital)
Richard Aplenc (Children’s Hospital of Philadelphia)
Michael Pulsipher (Keck School of Medicine of University of Southern California and Children's Hospital of Los Angeles)
Prakash Satwani (NYPH / Columbia University Medical Center)
Status: Analysis (as of July 1, 2016)
Submitted (expected by June 30, 2017)
* Collaborative study with Pediatric Health Information System
HS15-01
Title: **Who is lost to follow-up in the CIBMTR registry?**
PI(s): David Buchbinder (Children's Hospital of Orange County)
      Theresa Hahn (Roswell Park Cancer Institute)
      Karen Ballen (Massachusetts General Hospital)
      Wael Saber (Medical College of Wisconsin)
      Susan Parsons (Tufts Medical Center)
Status: Protocol development (as of July 1, 2016)
       Manuscript preparation (expected by June 30, 2017)

HS15-02
Title: **Impact of socioeconomic status on pediatric HCT outcomes**
PI(s): Kira Bona (Dana Farber Cancer Institute)
      Joanne Wolfe (Dana Farber Cancer Institute)
      Christine Duncan (Dana Farber Cancer Institute)
      Leslie Lehmann (Dana Farber Cancer Institute)
Status: Protocol development (as of July 1, 2016)
       Analysis (expected by June 30, 2017)

HS16-01
Title: **Trends in utilization and outcomes of autologous and allogeneic HCT in racial and ethnic minorities**
PI(s): Nandita Khera (Mayo Clinic Arizona and Phoenix Children's Hospital)
      Theresa Hahn (Roswell Park Cancer Institute)
      Sikander Ailawadhi ( Mayo Clinic Florida)
      Wael Saber (Medical College of Wisconsin)
Status: Protocol pending (as of July 1, 2016)
       Data file preparation (expected by June 30, 2017)

HS16-02
Title: **The impact of marital status on HCT recipient outcomes: a surrogate for consistent caregiver**
PI(s): Sara Margaret Beattie (University of Ottawa)
      Jason Tay (University of Calgary)
      Christopher Bredeson (The Ottawa Hospital Blood & Marrow Transplant Program)
Status: Protocol pending (as of July 1, 2016)
       Data file preparation (expected by June 30, 2017)
HS16-03

Title: **Relationship of race / ethnicity and survival after single and double umbilical cord blood transplantation**

PI(s): Karen Ballen (Massachusetts General Hospital)

Status: Protocol pending (as of July 1, 2016)
Data file preparation (expected by June 30, 2017)
9.0 IMMUNOBIOLOGY WORKING COMMITTEE

9.1 Leadership

**Chair:** Michael Verneris, MD, University of Minnesota Medical Center, Fairview  
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**Chair:** Katharina Fleischhauer, MD, Universitätsklinikum Essen KMT  
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**Chair:** Katharine Hsu, MD, PhD, Memorial Sloan Kettering Cancer Center  
Email: hsuk@mskcc.org

**Scientific Director:** Stephanie J. Lee, MD, MPH, CIBMTR, Fred Hutchinson Cancer Research Center  
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**Scientific Director:** Stephen Spellman, MBS, CIBMTR Minneapolis  
Email: spellma@nmdp.org

**Statistical Director:** Tao Wang, PhD, CIBMTR Milwaukee  
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**MS Statistician:** Mike Haagenson, MS, CIBMTR Minneapolis  
Email: mhaagens@nmdp.org

9.2 Recent Publications

2016


2015


2014


2013


2012


9.3 Current Studies

R02-40 / R03-63d
Title: Acquisition of natural killer cell receptors in recipients of unrelated transplant
PI(s): Elizabeth Trachtenberg (Stanford University School of Medicine)
Status: Ongoing (as of July 1, 2016)
* Ongoing (expected by June 30, 2017)
* Collaborative study with University of Minnesota

R04-74d
Title: Functional significance of killer cell immunoglobulin-like receptor genes in HLA-matched and mismatched unrelated HCT
PI(s): Bo Dupont (Memorial Sloan Kettering Cancer Center)
Katharine Hsu (Memorial Sloan Kettering Cancer Center)
Status: Ongoing (as of July 1, 2016)
* Ongoing (expected by June 30, 2017)
* Collaborative study with International Histocompatibility Working Group
IB06-05
Title: Use of high-resolution HLA data from the NMDP for the International Histocompatibility Working Group in HCT
PI(s): Effie Petersdorf (Fred Hutchinson Cancer Research Center)
Status: Ongoing (as of July 1, 2016)
Ongoing (expected by June 30, 2017)
* Collaborative study with International Histocompatibility Working Group

IB07-04
Title: Employing advanced bioinformatics methods for predicting peptide specificities of HLA molecules in the characterization of permissible mismatches in hematopoietic cell transfer
PI(s): Soren Buus (University of Copenhagen)
Status: Ongoing (as of July 1, 2016)
Ongoing (expected by June 30, 2017)
* Collaborative study with International Histocompatibility Working Group

IB08-08
Title: Genome-wide association in unrelated donor transplant recipients and donors: A pilot study
PI(s): Rakesh Goyal (The Children's Mercy Hospitals and Clinics)
Tao Wang (Medical College of Wisconsin)
Mike Haagenson (NMDP/Be The Match)
Status: In press (as of July 1, 2016)
Published (expected by June 30, 2017)

IB09-01
Title: Clinical importance of minor histocompatibility complex haplotypes in umbilical cord blood transplantation
PI(s): Effie Petersdorf (Fred Hutchinson Cancer Research Center)
Status: Ongoing (as of July 1, 2016)
Ongoing (expected by June 30, 2017)
* Collaborative study with International Histocompatibility Working Group

IB09-03
Title: Clinical relevance of cytokine / immune response gene polymorphisms in umbilical cord blood transplantation
PI(s): Effie Petersdorf (Fred Hutchinson Cancer Research Center)
Status: Ongoing (as of July 1, 2016)
Ongoing (expected by June 30, 2017)
* Collaborative study with International Histocompatibility Working Group
IB09-04
Title: **D/R gene polymorphisms of drug metabolisms and innate immune response post allele matched unrelated donor HCT**
PI(s): Vanderson Rocha (Churchill Hospital)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

IB09-05
Title: **Identification of functional single nucleotide polymorphisms in umbilical cord blood transplantation**
PI(s): Effie Petersdorf (Fred Hutchinson Cancer Research Center)
Status: Ongoing (as of July 1, 2016)
Ongoing (expected by June 30, 2017)
* Collaborative study with International Histocompatibility Working Group

IB09-06b / RT09-04b
Title: **Genetic susceptibility to transplant-related mortality after unrelated donor HCT**
PI(s): Theresa Hahn (Roswell Park Cancer Institute)
Status: Manuscript preparation (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)
* Collaborative study with Roswell Park Cancer Institute

IB09-06c / RT09-04
Title: **A case-control genome-wide association study of acute myelogenous leukemia and myelodysplastic syndromes with the Genetics and Epidemiology of Myeloid Malignancies consortium**
PI(s): Kenan Onel (University of Chicago Hospitals)
Theresa Hahn (Roswell Park Cancer Institute)
Lara Sucheston-Campbell (Roswell Park Cancer Institute)
Status: Manuscript preparation (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)
* Collaborative study with Genetics and Epidemiology of Myeloid Malignancies Consortium

IB09-07
Title: **Clinical significance of genome-wide variation in unrelated HCT**
PI(s): Effie Petersdorf (Fred Hutchinson Cancer Research Center)
Status: Ongoing (as of July 1, 2016)
Ongoing (expected by June 30, 2017)
* Collaborative study with International Histocompatibility Working Group
IB11-01

Title: Analysis of the noninherited maternal antigen effect on the outcome of unrelated PBSC / bone marrow transplantation
PI(s): Gerhard Ehninger (Universitaetsklinikum Dresden)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)
* Collaborative study with Deutsche Knochenmarkspenderdatei GmbH (DKMS; German Bone Marrow Donor Center) and EBMT

IB11-05b

Title: Adaptive natural killer cells with low TIGIT expression are inherently resistant to myeloid-derived suppressor cells
PI(s): Erica Warlick (University of Minnesota Medical Center, Fairview)
Jeffrey Miller (University of Minnesota Medical Center, Fairview)
Status: In press (as of July 1, 2016)
Published (expected by June 30, 2017)

IB11-08

Title: Synergism between minor and major histocompatibility antigens
PI(s): Eric Spierings (University Medical Center Utrecht)
Status: Ongoing (as of July 1, 2016)
Ongoing (expected by June 30, 2017)
* Collaborative study with International Histocompatibility Working Group

IB12-03

Title: Effect of genetic ancestry matching on HCT outcomes
PI(s): Abeer Madbouly (NMDP/Be The Match)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

IB12-04a

Title: Determining the effects of HLA-C killer-cell immunoglobulin-like receptors ligand expression on outcomes of unrelated HCT
PI(s): Jeffrey Venstrom (University of California San Francisco Medical Center)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)

IB12-04b

Title: Effect of HLA-C allele matching in the context of recipient HLA-C-encoded killer-cell immunoglobulin-like receptors ligand grouping (C1 or C2) on the outcome of unrelated HCT
PI(s): Johannes Fischer (Universitatklinikum Dusseldorf Klinik fur Kinder and Dusseldorf Cord Blood Bank)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)
IB12-05 / RT10-01
Title: C-reactive protein to predict non-relapse mortality after allogeneic HCT
PI(s): Andrew Artz (University of Chicago Hospitals)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)

IB13-01
Title: Effect of allele-level HLA-matching after umbilical cord blood HCT for non-malignant diseases in children
PI(s): Paul Veys (Great Ormond Street Hospital for Children)  
Mary Eapen (Medical College of Wisconsin)
Status: Analysis (as of July 1, 2016)  
Manuscript preparation (expected by June 30, 2017)
* Collaborative study with EUROCORD

IB13-04
Title: Discrepancy analysis of microsatellite loci as a proxy measure for ancestral differentiation between donors and recipients: Correlation between high scores and poorer overall survival in high resolution matched unrelated donor transplantation
PI(s): John Harvey (British Bone Marrow Registry)  
Colin Steward (Bristol Royal Hospital for Children)  
Vanderson Rocha (Churchill Hospital)
Status: Sample typing (as of July 1, 2016)  
Sample typing (expected by June 30, 2017)

IB13-05
Title: The impact of major histocompatibility complex Class I chain-related gene: A donor-recipient mismatches and MICA-129 polymorphism on unrelated donor HCT for hematological malignancies
PI(s): Medhat Askar (Baylor University Medical Center)
Status: Manuscript preparation (as of July 1, 2016)  
Submitted (expected by June 30, 2017)

IB13-06
Title: Role of the complement system in GVHD
PI(s): Vahid Afshar-Kharghan (M.D. Anderson Cancer Center)
Status: Deferred (as of July 1, 2016)  
Deferred (expected by June 30, 2017)
IB13-07
Title: Impact of donor signal-regulatory protein alpha polymorphism on outcome of allogeneic HCT
PI(s): Adam Gassas (Hospital for Sick Children)
Status: Deferred (as of July 1, 2016)
Deferred (expected by June 30, 2017)

IB13-08
Title: Short and long term survival assessment of post-HCT transplantation using predictive modeling on a Bayesian network framework
PI(s): Reza Abdi (Dana Farber Cancer Institute)
Status: Analysis (as of July 1, 2016)
Submitted (expected by June 30, 2017)
* Collaborative study with Dana-Farber Cancer Institute

IB13-09
Title: The development of machine learning based classifiers to define the alloreactivity of HLA mismatches in unrelated donor HCT
PI(s): Yoram Louzoun (Bar-Ilan University)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

IB14-01
Title: Impact of human leukocyte antigen haplotypes on outcomes of allogeneic HCT for B cell non-Hodgkin lymphomas
PI(s): Basem William (Ohio State University Medical Center)
Marcos de Lima (University Hospitals Case Medical Center)
Marcelo Fernandez-Viña (Stanford University School of Medicine)
Brian Hill (Cleveland Clinic Foundation)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

IB14-02
Title: Structural / functional models of HLA for data mining of permissive mismatching in allogeneic HCT
PI(s): Loren Gragert (Tulane University Medical Center)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)
IB14-03
Title: **The prognostic impact of somatic mutations and levels of CXC chemokine ligands on post HCT outcomes in patients with myelodysplastic syndromes**
PI(s): Wael Saber (Medical College of Wisconsin)
          Coleman Lindsley (Dana Farber Cancer Institute)
          Benjamin Ebert (Brigham and Women’s Hospital Harvard Medical School)
Status: Manuscript preparation (as of July 1, 2016)
       Submitted (expected by June 30, 2017)

IB14-04
Title: **Assessing the similarity of the T-cell receptor repertoire in allogeneic HCT recipients with the same single human leukocyte mismatches**
PI(s): Everett Meyer (Stanford University School of Medicine)
Status: Analysis (as of July 1, 2016)
       Manuscript preparation (expected by June 30, 2017)

IB14-05
Title: **Mitochondrial DNA haplotypes and unrelated donor transplant outcomes**
PI(s): Michael Verneris (University of Minnesota Medical Center, Fairview)
          Julie Ross (University of Minnesota Medical Center, Fairview)
Status: Sample typing (as of July 1, 2016)
       Analysis (expected by June 30, 2017)
* Collaborative study with University of Minnesota

IB14-06
Title: **Donor-specific anti HLA antibodies, allele and antigen level HLA mismatches in the outcomes of transplantation of non-malignant diseases with unrelated donors**
PI(s): Marcelo Fernandez-Viña (Stanford University School of Medicine)
          Ann Woolfrey (Fred Hutchinson Cancer Research Center)
Status: Sample typing (as of July 1, 2016)
       Manuscript preparation (expected by June 30, 2017)

IB14-07
Title: **Indirectly recognizable HLA epitopes (PIRCHES): A retrospective validation study on the role of indirect recognition of mismatched HLA in HCT outcome**
PI(s): Eric Spierings (University Medical Center Utrecht)
Status: Manuscript preparation (as of July 1, 2016)
       Submitted (expected by June 30, 2017)
* Collaborative study with International Histocompatibility Working Group
IB14-08
Title: Development and validation of a clinical unrelated donor selection score
PI(s): Bronwen Shaw (Medical College of Wisconsin)
       Stephanie Lee (Fred Hutchinson Cancer Research Center)
Status: Analysis (as of July 1, 2016)
        Submitted (expected by June 30, 2017)

IB15-01
Title: The impact of single nucleotide gene polymorphisms in the gamma block of the major histocompatibility complex on unrelated donor HCT for hematological malignancies
PI(s): Medhat Askar (Baylor University Medical Center)
       Ronald Sobecks (Cleveland Clinic Foundation)
Status: Data file preparation (as of July 1, 2016)
        Manuscript preparation (expected by June 30, 2017)

IB15-02
Title: Natural killer cell genomics and outcomes after allogeneic HCT for chronic lymphocytic leukemia
PI(s): Veronika Bachanova (University of Minnesota Medical Center, Fairview)
       Jeffrey Miller (University of Minnesota Medical Center, Fairview)
       Daniel Weisdorf (University of Minnesota Medical Center, Fairview)
       Sarah Cooley (University of Minnesota Medical Center, Fairview)
Status: Sample typing (as of July 1, 2016)
        Analysis (expected by June 30, 2017)
* Collaborative study with University of Minnesota

IB15-03
Title: Killer-cell immunoglobulin-like receptor gene content and pediatric acute leukemia transplant outcomes
PI(s): Michael Verneris (University of Minnesota Medical Center, Fairview)
       Jeffrey Miller (University of Minnesota Medical Center, Fairview)
       Sarah Cooley (University of Minnesota Medical Center, Fairview)
Status: Protocol development (as of July 1, 2016)
        Sample typing (expected by June 30, 2017)
* Collaborative study with University of Minnesota
IB15-04
Title:  **Clinical outcomes among HCT recipients as a function of socioeconomic status and related transcriptome differences**
PI(s):  Jennifer Knight (Medical College of Wisconsin)
J. Douglas Rizzo (Medical College of Wisconsin)
Steve Cole (UCLA School of Medicine)
Status:  Protocol development (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)
* Collaborative study with Medical College of Wisconsin

IB15-05
Title:  **Secondary findings in exome sequencing data**
PI(s):  Sharon Savage (National Cancer Institute)
Status:  Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)
* Collaborative study with National Cancer Institute

IB15-06
Title:  **Donor telomere length and outcomes after HCT for acute leukemia**
PI(s):  Shahinaz Gadalla (National Cancer Institute)
Sharon Savage (National Cancer Institute)
Evangelos Hytopoulos (Genomic Health Inc.)
Sharon Savage (National Cancer Institute)
Status:  Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)
* Collaborative study with National Cancer Institute and Telomere Diagnostics, Inc.

IB15-07
Title:  **Functional genetic variants of the ST2 gene in pairs of recipient and donors for risk stratification of GVHD and transplantation-related mortality outcomes**
PI(s):  Sophie Paczesny (Indiana University Hospital / Riley Hospital for Children and Wells Center for Pediatric Research)
Stephen Spellman (NMDP/Be The Match)
Jamie Renbarger (Indiana University Health and Riley Hospital for Children)
Status:  Protocol development (as of July 1, 2016)
Analysis (expected by June 30, 2017)
IB16-01
Title: The role of HLA-E compatibility in the prognosis of acute leukemia patients undergoing 10/10 HLA matched unrelated HCT
PI(s): Chrysanthi Tsamadou (IKT Ulm)
       Daniel Furst (UCLA Health)
       Joannis Mytilineos (IKT Ulm)
Status: Protocol pending (as of July 1, 2016)
        Data file preparation (expected by June 30, 2017)

IB16-02
Title: Use of HLA structure and function parameters to understand the relationship between HLA disparity and transplant outcomes
PI(s): Lee Ann Baxter Lowe (Children’s Hospital of Los Angeles)
Status: Draft protocol received (as of July 1, 2016)
        Data file preparation (expected by June 30, 2017)

IB16-03
Title: Role of recipient and donor genetic polymorphisms in interferon lambda 4 on outcomes after unrelated allogeneic HCT
PI(s): Shahinaz Gadalla (National Cancer Institute)
       Ludmila Prokunina-Olsson (National Cancer Institute)
Status: Protocol development (as of July 1, 2016)
        Analysis (expected by June 30, 2017)
* Collaborative study with National Cancer Institute
10.0 INFECTION AND IMMUNE RECONSTITUTION WORKING COMMITTEE

10.1 Leadership

**Chair:** Jeffery Auletta, MD, Nationwide Children's Hospital
Email: jeffery.auletta@nationwidechildrens.org

**Chair:** Caroline Lindemans, MD PhD, University Medical Center Utrecht, Pediatrics
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**Chair:** Krishna Komanduri, MD, University of Miami
Email: kkomanduri@med.miami.edu

**Scientific Director:** Marcie Riches, MD, MS, University of North Carolina Hospitals
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**Statistical Director:** Soyoung Kim, PhD, CIBMTR Milwaukee
Email: skim@mcw.edu

**MS Statistician:** Min Chen, MS, CIBMTR Milwaukee
Email: minchen@mcw.edu

10.2 Recent Publications

2016


10.3 Current Studies

IN07-01 / IN11-01
Title: Early bacterial infection in patients undergoing allogeneic HCT
PI(s): Mark Robien (University of Minnesota Medical Center, Fairview)
Celalettin Ustun (University of Minnesota Medical Center, Fairview)
Jo-Anne Young (University of Minnesota Medical Center, Fairview)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

IN09-01
Title: Outcomes of allogeneic HCT for patients with hematologic malignancies with and without pre-existing fungal infections
PI(s): Richard Maziarz (Oregon Health and Science University)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)
IN13-01
Title: Bacterial and fungal infections in patients undergoing allogeneic HCT following nonmyeloablative and myeloablative regimens
PI(s): Celalettin Ustun (University of Minnesota Medical Center, Fairview)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

IN14-01
Title: Post allogeneic HCT Ebstein Barr virus related lymphproliferative disorder following conditioning with antithymocyte globulin or alemtuzumab
PI(s): Rammurti T. Kamble (Baylor College of Medicine Center for Cell and Gene Therapy)
Parameswaran Hari (Medical College of Wisconsin)
Seema Naik (Texas Transplant Institute)
Carlos Bachier (Sarah Cannon BMT Program)
Paul Shaughnessy (Texas Transplant Institute)
Status: Analysis (as of July 1, 2016)
Submitted (expected by June 30, 2017)

IN16-01
Title: Viral encephalitis in HCT recipients, 2007-2013
PI(s): Mhaeen Abidi (Medical College of Wisconsin)
Parameswaran Hari (Medical College of Wisconsin)
Status: Draft protocol received (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)

IN16-02
Title: Determination of the burden of mucosal barrier injury laboratory confirmed bloodstream infections in the first 100 days after HCT
PI(s): Christopher Dandoy (Cincinnati Children's Hospital Medical Center)
Paulina Daniels (Cincinnati Children's Hospital Medical Center)
Status: Protocol pending (as of July 1, 2016)
Data file preparation (expected by June 30, 2017)
11.0 LATE EFFECTS AND QUALITY OF LIFE WORKING COMMITTEE

11.1 Leadership

**Chair:** Bipin Savani, MD, Vanderbilt University Medical Center  
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**Chair:** Mary Flowers, MD, Fred Hutchinson Cancer Research Center  
Email: mflowers@fredhutch.org

**Chair:** Minoo Battiwalla, MD, MS, National Heart Lung and Blood Institute - NIH  
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**Scientific Director:** Bronwen Shaw, MBChB, MRCP, PhD, CIBMTR Milwaukee  
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**Statistical Director:** Ruta Brazauskas, PhD, CIBMTR Milwaukee  
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**MS Statistician:** Heather Millard, MPH, CIBMTR Milwaukee  
Email: hmillard@mcw.edu

11.2 Recent Publications

2016


2015


2014


2013

2012


11.3 Current Studies

SC09-05a
Title: Stem Cell Therapeutic Outcomes Database assessment of quality of life data
PI(s): J. Douglas Rizzo (Medical College of Wisconsin)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)
LE99-01
Title: Quality of life in late HCT survivors
PI(s): John Reid Wingard (Shands HealthCare & University of Florida and LifeSouth Community Blood Centers)
Status: Ongoing (as of July 1, 2016)
Ongoing (expected by June 30, 2017)
* Collaborative study with University of Florida

LE11-02
Title: Risk factors for development of secondary central nervous system tumors in survivors of pediatric HCT
PI(s): Melissa Gabriel (The Children's Hospital at Westmead)
Peter Shaw (The Children's Hospital at Westmead)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

LE12-02
Title: Late effects of children undergoing allogeneic HCT at a young age
PI(s): Lynda Vrooman (Dana Farber Cancer Institute)
Christine Duncan (Dana Farber Cancer Institute)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

LE12-03
Title: Solid organ transplantation after HCT
PI(s): Meera Gupta (Abramson Cancer Center University of Pennsylvania Medical Center)
Peter L Abt (Abramson Cancer Center University of Pennsylvania Medical Center)
Matthew Levine (Abramson Cancer Center University of Pennsylvania Medical Center)
Status: Data file preparation (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)
* Collaborative study with United Network for Organ Sharing

LE13-01
Title: Late cardiovascular morbidity and mortality following pediatric allogeneic HCT
PI(s): Christine Duncan (Dana Farber Cancer Institute)
K. Scott Baker (Fred Hutchinson Cancer Research Center)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)
**LE13-02**

**Title:** Risk factors for melanoma following allogeneic HCT

**PI(s):** Megan Herr (National Cancer Institute)
Lindsay Morton (National Cancer Institute)
Eric Engels (National Cancer Institute)
Margaret Tucker (National Cancer Institute)
Rochelle Curtis (National Cancer Institute)
Ruth Pfeiffer (National Cancer Institute)
David A Jacobson (Children’s National Medical Center)

**Status:** Data file preparation (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)

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**LE14-01**

**Title:** Risks and outcomes of new myeloid cancers after autologous HCT

**PI(s):** Shahrukh Hashmi (Mayo Clinic Rochester)
Robert Dean (Cleveland Clinic Foundation)

**Status:** Analysis (as of July 1, 2016)
Submitted (expected by June 30, 2017)

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**LE15-01**

**Title:** Non-relapse mortality and late effects among survivors of autologous HCT for Hodgkin and aggressive non-Hodgkin lymphoma

**PI(s):** Regina Myers (Morgan Stanley Children's Hospital of New York-Presbyterian - Columbia University Medical Center)
Brian Hill (Cleveland Clinic Foundation)
Prakash Satwani (NYPH / Columbia University Medical Center)
Mehdi Hamadani (Medical College of Wisconsin)

**Status:** Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

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**LE16-01**

**Title:** Analysis of late mortality from infections in allogeneic HCT recipients with hematologic malignances

**PI(s):** Maxim Norkin (Shands HealthCare & University of Florida and LifeSouth Community Blood Centers)
John Reid Wingard (Shands HealthCare & University of Florida and LifeSouth Community Blood Centers)
Juan Gea-Banacloche (NIH-NCI Experimental Transplantation and Immunology Branch)

**Status:** Protocol development (as of July 1, 2016)
Data file preparation (expected by June 30, 2017)
LE16-02

Title: An investigation of new malignant neoplasms in pediatric patients undergoing allogeneic HCT for non-malignant diseases

PI(s): Justine Kahn (Morgan Stanley Children’s Hospital of New York-Presbyterian - Columbia University Medical Center)
Prakash Satwani (NYPH/ Columbia University Medical Center)

Status: Protocol pending (as of July 1, 2016)
Data file preparation (expected by June 30, 2017)
12.0 LYMPHOMA WORKING COMMITTEE

12.1 Leadership

**Chair:** Sonali Smith, MD, University of Chicago Hospitals  
Email: smsmith@medicine.bsd.uchicago.edu

**Chair:** Anna Sureda, MD, Institut Catala d'Oncologia - IDIBELL  
Email: asureda@iconcologia.net

**Chair:** Timothy Fenske, MD, MS, Froedtert Memorial Lutheran Hospital  
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**Scientific Director:** Mehdi Hamadani, MD, CIBMTR Milwaukee  
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**Statistical Director:** Kwang Woo Ahan, PhD, CIBMTR Milwaukee  
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**MS Statistician:** Alyssa DiGilio, MS, CIBMTR Milwaukee  
Email: adigilio@mcw.edu

12.2 Recent Publications

2016


2015


2014


2013


2012


12.3 Current Studies

LY06-03

Title: HLA identical sibling transplantation versus HLA matched unrelated donor transplantation in patients with follicular lymphoma

PI(s): Anna Sureda (Institut Catala d’Oncologia- Hospital Duran I Reynals)
        Harry Schouten (Academische Ziekenhuis Maastricht)

Status: Manuscript preparation (as of July 1, 2016)
        Submitted (expected by June 30, 2017)

* Collaborative study with EBMT

LY14-03

Title: Multi-center retrospective study of outcomes of autologous HCT for patients with EBV-encoded RNA - in-situ hybridization / latent membrane protein positive relapsed / refractory Hodgkin lymphoma

PI(s): Prakash Satwani (NYPH / Columbia University Medical Center)

Status: Deferred (as of July 1, 2016)
        Deferred (expected by June 30, 2017)

LY15-03

Title: Does autologous HCT overcome the increased risk of death in patients with follicular lymphoma relapsing early after first line chemoimmunotherapy?

PI(s): Carla Casulo (Strong Memorial Hospital - University of Rochester Medical Center)
        Jonathan Friedberg (Strong Memorial Hospital - University of Rochester Medical Center)

Status: Data file preparation (as of July 1, 2016)
        Submitted (expected by June 30, 2017)
LY16-01
Title: Role of allogeneic HCT in natural killer cell/ T cell lymphoma
PI(s): Abraham Kanate (West Virginia University Hospitals, Inc.)
Status: Data collection / data file preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

LY16-02
Title: Alternative donor source HCT versus matched donor HCT for Hodgkin lymphoma
PI(s): Sairah Ahmed (M.D. Anderson Cancer Center)
Jennifer Kanakry (National Cancer Institute - NIH)
Status: Data file preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

LY16-03
Title: Haploidentical transplantation in diffuse large B cell lymphoma: A CIBMTR and EBMT collaborative study
PI(s): Anna Sureda (Institut Catala d'Oncologia- Hospital Duran I Reynals)
Peter Dreger (Universitaetsklinikum Heidelberg)
Status: Draft protocol received (as of July 1, 2016)
Data file preparation (expected by June 30, 2017)
* Collaborative study with EBMT

LY16-04
Title: Utility of autologous versus allogeneic HCT as first transplantation approach in follicular lymphoma patients with early chemoimmunotherapy failure
PI(s): James Godfrey (University of Chicago Hospitals)
Sonali Smith (University of Chicago Hospitals)
Status: Draft protocol received (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)

LY16-05
Title: Impact of rituximab in reduced intensity conditioning allogeneic HCT for B cell lymphoma
PI(s): Neren Epperla (Medical College of Wisconsin)
Status: Protocol development (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)
13.0 PEDIATRIC CANCER WORKING COMMITTEE

13.1 Leadership

Chair: Gregory Hale, MD, John Hopkins All Children’s Hospital
Email: ghale4@jhmi.edu
Chair: Parinda Mehta, MD, Cincinnati Children’s Hospital Medical Center
Email: parinda.mehta@cchmc.org
Chair: Angela Smith, MD, MS, University of Minnesota Medical Center, Fairview
Email: smith719@umn.edu
Scientific Director: Mary Eapen, MD, MS, CIBMTR Milwaukee
Email: meapen@mcw.edu
Statistical Director: Kwang Woo Ahn, PhD, CIBMTR Milwaukee
Email: kwooahn@mcw.edu
MS Statistician: Heather Millard, MPH, CIBMTR Milwaukee
Email: hmillard@mcw.edu

13.2 Recent Publications

2015

2014


2013


2012

13.3 Current Studies

PC14-01
Title: Autologous HCT for children with Wilm's Tumor
PI(s): Marcio Malogolowkin (University of California-Davis Cancer Center)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)

PC14-02a
Title: The CIBMTR experience in pediatric transplantation: Trends for malignant diseases over the past 5 years
PI(s): Pooja Khandelwal (Cincinnati Children's Hospital Medical Center)
Parinda Mehta (Cincinnati Children's Hospital Medical Center)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

PC14-02b
Title: The CIBMTR experience in pediatric transplantation: Trends in non-malignant diseases over the past 5 years
PI(s): Pooja Khandelwal (Cincinnati Children's Hospital Medical Center)
Parinda Mehta (Cincinnati Children's Hospital Medical Center)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

PC14-03
Title: Personalized prognostic information for pediatric leukemia survivors
PI(s): Menachem Bitan (Tel-Aviv Sourasky Medical Center)
Stella Davies (Cincinnati Children’s Hospital Medical Center)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

PC16-01
Title: Outcomes after second HCT for relapsed malignancy in pediatric patients
PI(s): Troy C. Lund (University of Minnesota Medical Center, Fairview)
Mary Eapen (Medical College of Wisconsin)
Status: Draft protocol received (as of July 1, 2016)
Analysis (expected by June 30, 2017)
14.0 PLASMA CELL DISORDERS AND ADULT SOLID TUMORS WORKING COMMITTEE

14.1 Leadership

**Chair:** Amrita Krishnan, MD, City of Hope National Medical Center  
Email: akrishnan@coh.org

**Chair:** Cristina Gasparetto, MD, Duke University Medical Center  
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**Chair:** Yago Nieto, MD, PhD, MD Anderson Cancer Center  
Email: ynieito@mdanderson.org

**Chair:** Tomer Mark, MD, New York Presbyterian Hospital at Cornell  
Email: tom9009@med.cornell.edu

**Scientific Director:** Parameswaran Hari, MD, MS, CIBMTR Milwaukee  
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**Asst Sci Director:** Anita D'Souza, MD, CIBMTR Milwaukee  
Email: anitadsouza@mcw.edu

**Statistical Director:** Raphael Fraser, PhD, CIBMTR Milwaukee  
Email: rfraser@mcw.edu

**MS Statistician:** Omar Dávila, MPH, CIBMTR Milwaukee  
Email: odavila@mcw.edu

14.2 Recent Publications

2016


2015


2014


2013


### 14.3 Current Studies

**MM08-02**

**Title:** **HLA-C*07:02 is associated with increased risk of multiple myeloma**  
**PI(s):** Meral Beksac (Ankara Cord Blood Bank, Ankara University Medical School / Ibni Sina Hospital)  
**Status:** In press (as of July 1, 2016)  
Published (expected by June 30, 2017)

**ST10-01**

**Title:** **The value of high-dose chemotherapy and autologous HCT as adjuvant treatment in patients with high risk inflammatory breast cancer after neoadjuvant chemotherapy**  
**PI(s):** Naoto Ueno (M.D. Anderson Cancer Center)  
Yee Cheng (Medical College of Wisconsin)  
**Status:** Manuscript preparation (as of July 1, 2016)  
Submitted (expected by June 30, 2017)

**MM11-02**

**Title:** **Waldenstrom’s macroglobulinemia: Retrospective analysis with HCT**  
**PI(s):** Robert Cornell (Vanderbilt University Medical Center)  
Veronika Bachanova (University of Minnesota Medical Center, Fairview)  
**Status:** Manuscript preparation (as of July 1, 2016)  
Submitted (expected by June 30, 2017)
MM13-02

Title: **Outcome of tandem autologous HCT in patients with abnormality in chromosome 1 and high-risk multiple myeloma**

PI(s): Emma Scott (Oregon Health and Science University)
       Manish Sharma (Thomas Jefferson University Hospital, Inc.)

Status: In press (as of July 1, 2016)
Published (expected by June 30, 2017)

MM14-01

Title: **High dose chemotherapy and autologous HCT for germ cell tumors**

PI(s): Muna Qayed (Emory University Hospital and Children’s Healthcare of Atlanta at Egleston)
       Thomas Olson (Children’s Healthcare of Atlanta at Egleston)
       Kuang-Yueh Chiang (Emory University Hospital and Children’s Healthcare of Atlanta at Egleston)

Status: Protocol development (as of July 1, 2016)
Analysis (expected by June 30, 2017)

MM14-02

Title: **Autologous HCT in patients with renal insufficiency**

PI(s): Anuj Mahindra (University of California San Francisco Medical Center)

Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

MM14-03

Title: **Trends in survival outcomes among patients relapsing early after autologous HCT for multiple myeloma**

PI(s): Shaji K. Kumar (Mayo Clinic Rochester)
       Angela Dispenzieri (Mayo Clinic Rochester)

Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

MM15-01

Title: **The impact of novel agent induction regimen choice on autologous HCT outcomes for newly diagnosed multiple myeloma**

PI(s): Robert Frank Cornell (Vanderbilt University Medical Center)
       Adetola Kassim (Vanderbilt University Medical Center)
       Luciano Costa (University of Alabama at Birmingham)
       Racquel Innis-Shelton (University of Alabama at Birmingham)

Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)
MM15-02
Title: Post-relapse survival rates after tandem autologous HCT versus autologous / allogeneic HCT in multiple myeloma
PI(s): Amrita Krishnan (City of Hope)
        Benedetto Bruno (San Giovanni Battista Hospital-University of Torino)
        Manish Sharma (Thomas Jefferson University Hospital, Inc.)
        Myo Htut (City of Hope)
Status: Manuscript preparation (as of July 1, 2016)
        Submitted (expected by June 30, 2017)

MM15-03
Title: Race and outcomes of autologous HCT for multiple myeloma in Hispanic patients
PI(s): Jeffrey Schriber (Cancer Transplant Institute at Virginia G. Piper Cancer Center)
Status: Manuscript preparation (as of July 1, 2016)
        Submitted (expected by June 30, 2017)

MM16-01
Title: Validation of R-ISS in real world population of multiple myeloma undergoing high-dose melphalan and evaluate outcomes of autologous HCT in patients with high risk multiple myeloma using the International Myeloma Working Group 2014 and 2015 criteria
PI(s): Sathish Kumar (Singapore General Hospital)
        Emma Scott (Oregon Health and Science University)
Status: Protocol development (as of July 1, 2016)
        Analysis (expected by June 30, 2017)

MM16-02
Title: Alternative donor allogeneic HCT strategies for multiple myeloma in adult patients: Comparing umbilical cord blood versus haploidentical related donor transplantation
PI(s): Abraham Kanate (West Virginia University Hospitals, Inc.)
        Nirav Shah (Medical College of Wisconsin)
        Qaiser Bashir (M.D. Anderson Cancer Center)
        Stefan Ciurea (M.D. Anderson Cancer Center)
Status: Protocol pending (as of July 1, 2016)
        Analysis (expected by June 30, 2017)
Title: Third stem cell transplant for multiple myeloma: An analysis from the CIBMTR database

PI(s): Rajneesh Nath (UMass Memorial Medical Center)

Status: Protocol pending (as of July 1, 2016)

Data file preparation (expected by June 30, 2017)
15.0 PRIMARY IMMUNE DEFICIENCIES, INBORN ERRORS OF METABOLISM, AND NON-MALIGNANT MARROW DISORDERS WORKING COMMITTEE

15.1 Leadership

Chair: Paolo Anderlini, MD, MD Anderson Cancer Center  
Email: panderli@mdanderson.org
Chair: Neena Kapoor, MD, Children's Hospital of Los Angeles  
Email: nkapoor@chla.usc.edu
Chair: Jaap-Jan Boelens, MD, PhD, University Medical Center Utrecht, Pediatrics  
Email: j.j.boelens@umcutrecht.nl
Chair: Vikram Mathews, MD, Christian Medical College Hospital  
Email: vikram@cmcvellore.ac.in
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Statistical Director: Soyoung Kim, PhD, CIBMTR Milwaukee  
Email: skim@mcw.edu
MS Statistician: Kyle Hebert, MS, CIBMTR Milwaukee  
Email: khebert@mcw.edu

15.2 Recent Publications

2015


**2014**


**2013**


15.3 Current Studies

ID10-02
Title: Outcomes of HCT for DNA repair disorders
PI(s): Andrew Gennery (Newcastle General Hospital / The Royal Victoria Infirmary)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)
* Collaborative study with EBMT

ID11-01
Title: Outcomes in allogeneic HCT for adrenoleukodystrophy
PI(s): Paul Orchard (University of Minnesota Medical Center, Fairview)
Status: Submitted (as of July 1, 2016)
Published (expected by June 30, 2017)
* Collaborative study with Duke University Medical Center and University of Minnesota

ID12-01
Title: Allogeneic HCT for combined immunodeficiency and common variable immunodeficiency
PI(s): Geoff Cuvelier (CancerCare Manitoba/University of Manitoba)
Greg Guilcher (Alberta Children’s Hospital)
Nicola Wright (Alberta Children’s Hospital)
Status: Data file preparation (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)

ID13-01
Title: Second and subsequent HCT for congenital neutropenia / Kostmann agranulocytosis
PI(s): David Dale (University of Washington School of Medicine)
Status: Analysis (as of July 1, 2016)
Submitted (expected by June 30, 2017)
* Collaborative study with Severe Chronic Neutropenia International Registry
AA13-01
Title: Correlation of levels of donor cell chimerism with hemoglobinopathy symptoms following allogeneic HCT
PI(s): Allistar Abraham (Children's National Medical Center)
Status: Manuscript preparation (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)

AA13-02
Title: Malignancies in patients with Fanconi anemia
PI(s): John Wagner (University of Minnesota Medical Center, Fairview)
Status: Analysis (as of July 1, 2016)
Submitted (expected by June 30, 2017)
* Collaborative study with National Cancer Institute

NM14-01
Title: An investigation of the long term neurological outcomes of HCT in boys with X-linked adrenoleukodystrophy
PI(s): Robert Wynn (Royal Manchester Children's Hospital)
Jaap Jan Boelens (University Medical Center Utrecht)
Paul Orchard (University of Minnesota Medical Center, Fairview)
Status: Data collection / data file preparation (as of July 1, 2016)
Data collection / data file preparation (expected by June 30, 2017)

NM14-02
Title: Outcomes of allogeneic HCT in patients with Shwachman diamond syndrome
PI(s): Kasianni Myers (Cincinnati Children's Hospital Medical Center)
Status: Protocol development (as of July 1, 2016)
Protocol development (expected by June 30, 2017)

NM14-04
Title: Outcomes in allogeneic HCT for sickle cell disease
PI(s): Eliane Gluckman (Hôpital Saint-Louis)
Mary Eapen (Medical College of Wisconsin)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)
* Collaborative study with EUROCORD and EBMT
NM15-01

Title: **Outcome of allogeneic HCT in erythropoietic porphyria**

PI(s): Ayman Saad (University of Alabama at Birmingham)
                   Hisham Abdel-Azim (Children's Hospital of Los Angeles)
                   Joseph Bloomer (University of Alabama at Birmingham)

Status: Data file preparation (as of July 1, 2016)
          Submitted (expected by June 30, 2017)

* Collaborative study with EBMT

NM16-01

Title: **Combined EBMT / CIBMTR retrospective study of allogeneic HCT outcomes in older patients (age > 50 years) with severe aplastic anemia**

PI(s): Carmel Rice (King’s College Hospital)
          Victoria Potter (King’s College Hospital)
          Ghulam Mufti (King’s College Hospital)
          Judith Marsh (King’s College Hospital)

Status: Protocol pending (as of July 1, 2016)
          Analysis (expected by June 30, 2017)

* Collaborative study with EBMT

NM16-02

Title: **Allogeneic HCT for primary immune deficiencies: Current patterns of practice and change over the last 10 years**

PI(s): Rebecca Marsh (Cincinnati Children’s Hospital Medical Center)

Status: Protocol pending (as of July 1, 2016)
          Analysis (expected by June 30, 2017)

NM16-03

Title: **Results of transplants from genetically-identical twin donors in persons with aplastic anemia**

PI(s): Robert Peter Gale (Celgene Cord Blood Bank)

Status: Protocol pending (as of July 1, 2016)
          Data file preparation (expected by June 30, 2017)
NM16-04

Title: The effect of conditioning regimen on clinical outcomes of allogeneic HCT in severe aplastic anemia

PI(s): Nelli Bejanyan (University of Minnesota Medical Center, Fairview)
Natasha Kekre (The Ottawa Hospital Blood & Marrow Transplant Program)
Daniel Weisdorf (University of Minnesota Medical Center, Fairview)
Joseph Antin (Dana Farber Cancer Institute)

Status: Protocol pending (as of July 1, 2016)
Analysis (expected by June 30, 2017)
16.0 REGIMEN-RELATED TOXICITY AND SUPPORTIVE CARE WORKING COMMITTEE

16.1 Leadership

Chair: Andrew Artz, MD, MS, University of Chicago Hospitals  
Email: aartz@medicine.bsd.uchicago.edu

Chair: Alison Loren, MD, MS, Abramson Cancer Center University of Pennsylvania Medical Center  
Email: alison.loren@uphs.upenn.edu

Chair: Shin Mineishi, MD, University of Alabama Hospital at Birmingham  
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Scientific Director: Marcelo Pasquini, MD, MS, CIBMTR Milwaukee  
Email: mpasquini@mcw.edu

Statistical Director: Brent Logan, PhD, CIBMTR Milwaukee  
Email: blogan@mcw.edu

MS Statistician: Xiaochun Zhu, MS, CIBMTR Milwaukee  
Email: xzhu@mcw.edu

16.2 Recent Publications

2015


2014


2013


2012

16.3 Current Studies

RT07-01b
Title: **Prospective validation of the impacts of the HCT comorbidity index, alone and combined with aging on HCT outcomes for non-malignant diseases**
PI(s): Mohamed Sorror (Fred Hutchinson Cancer Research Center)
       Monica Thakar (Medical College of Wisconsin)
Status: Analysis (as of July 1, 2016)
       Submitted (expected by June 30, 2017)

RT09-04b / IB09-06b
Title: **Genetic susceptibility to transplant-related mortality after unrelated donor HCT**
PI(s): Theresa Hahn (Roswell Park Cancer Institute)
Status: Manuscript preparation (as of July 1, 2016)
       Manuscript preparation (expected by June 30, 2017)
* Collaborative study with Roswell Park Cancer Institute

RT09-04 / IB09-06c
Title: **A case-control genome-wide association study of acute myeloid leukemia and myelodysplastic syndromes with the Genetics and Epidemiology of Myeloid Malignancies consortium**
PI(s): Kenan Onel (University of Chicago Hospitals)
       Theresa Hahn (Roswell Park Cancer Institute)
       Lara Sucheston-Campbell (Roswell Park Cancer Institute)
Status: Manuscript preparation (as of July 1, 2016)
       Manuscript preparation (expected by June 30, 2017)
* Collaborative study with Genetics and Epidemiology of Myeloid Malignancies Consortium

RT10-01 / IB12-05
Title: **C-reactive protein to predict non-relapse mortality after allogeneic HCT**
PI(s): Andrew Artz (University of Chicago Hospitals)
Status: Submitted (as of July 1, 2016)
       Published (expected by June 30, 2017)

RT12-03
Title: **Transplant in older adults: Is it feasible in those 70 years and older?**
PI(s): Lori Muffly (Stanford Health Care)
       Andrew Artz (University of Chicago Hospitals)
Status: Manuscript preparation (as of July 1, 2016)
       Submitted (expected by June 30, 2017)
RT13-01
Title: In-hospital mortality among allogeneic HCT recipients that develop critical illness in the early post-transplantation period - A nationwide temporal trend analysis (1998 - 2010)
PI(s): Sameer Kadri (National Heart Lung and Blood Institute - NIH)
Status: Data collection / data file preparation (as of July 1, 2016)
Data collection / data file preparation (expected by June 30, 2017)
* Collaborative study with United HealthCare

RT13-02
Title: Safety of high-dose total body irradiation followed by an allogeneic HCT for hematologic malignancies
PI(s): Mitchell Sabloff (University of Ottawa, The Ottawa Hospital Blood & Marrow Transplant Program)
Status: Data file preparation (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)

RT14-01
Title: Trends and risk factors for infant mortality following HCT: Case-control study
PI(s): Prakash Satwani (NYPH / Columbia University Medical Center)
Suhag Parikh (Duke University Medical Center; Pediatric Blood and Marrow Transplant)
Status: Protocol development (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)

RT14-02
Title: Endothelial injury complications after allogeneic HCT
PI(s): Sonata Jodele (Cincinnati Children's Hospital Medical Center)
Benjamin Laskin (Cincinnati Children's Hospital Medical Center)
Stella M Davies (Cincinnati Children's Hospital Medical Center)
Muthalagu Ramanathan (UMass Memorial Medical Center)
Wichai Chirratanalab (Vanderbilt University Medical Center)
Status: Data file preparation (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)
RT14-03
Title: Multicenter cohort identification of transplant-related risk-factors for infection, organ failure, and mortality among pediatric HCT patients requiring intensive care unit admission
PI(s): Matt Zinter (University of California San Francisco Medical Center)
Chris Dvorak (University of California San Francisco Medical Center)
Anil Sapru (University of California San Francisco Medical Center)
Status: Protocol development (as of July 1, 2016)
Manuscript preparation (expected by June 30, 2017)
* Collaborative study with Virtual PICU Systems

RT15-01
Title: Comparison of outcomes for myeloablative conditioning regimens combining busulfan with either cyclophosphamide or fludarabine
PI(s): Andrew Harris (Utah Blood and Marrow Transplant Program Pediatrics)
John Levine (Mount Sinai Medical Center)
Status: Manuscript preparation (as of July 1, 2016)
Submitted (expected by June 30, 2017)

RT15-02
Title: Association of anti-epileptic medication with outcomes after conditioning with targeted busulfan followed by cyclophosphamide before allogeneic HCT
PI(s): Paul J. Martin (Fred Hutchinson Cancer Research Center)
Jeannine S. McCune (University of Washington)
Status: Protocol development (as of July 1, 2016)
Data file preparation (expected by June 30, 2017)

RT16-01
Title: Effect of BEAM dose adjustments on the outcomes of patients with lymphoma or multiple myeloma
PI(s): Claudio Brunstein (University of Minnesota Medical Center, Fairview)
John Rogosheske (University of Minnesota Medical Center, Fairview)
Miguel-Angel Perales (Memorial Sloan Kettering Cancer Center)
Status: Protocol pending (as of July 1, 2016)
Data file preparation (expected by June 30, 2017)
RT16-02
Title: Evaluation of lung toxicity following allogeneic HCT with fludarabine / total body irradiation conditioning regimen
PI(s): Ayman Saad (University of Alabama at Birmingham)
        Kaentaro Mingawa (University of Alabama at Birmingham)
        Yoshinobu Kanda (Saitama Medical School)
        Shin Mineishi (University of Alabama at Birmingham)
Status: Protocol pending (as of July 1, 2016)
        Data file preparation (expected by June 30, 2017)
APPENDIX A: COLLABORATIVE STUDIES

Alliance for Clinical Trials in Oncology

- LK15-01: Allogeneic transplants versus other consolidation in elderly acute myeloid leukemia

Cancer and Leukemia Group B

- LK15-03: Comparison of outcomes of older adolescents and young adults with Philadelphia-chromosome / BCR-ABL1-negative acute lymphoblastic leukemia receiving post-remission consolidation chemotherapy with pediatric-inspired chemotherapy on CALGB 10403 or myeloablative allogeneic HCT

Dana-Farber Cancer Institute

- CK14-02: Validation of Dana Farber Cancer Institute prognostic score for previously treated chronic lymphocytic leukemia patients who underwent reduced intensity conditioning allogeneic HCT
- IB13-08: Short and long term survival assessment of post-HCT transplantation using predictive modeling on a Bayesian network framework

Deutsche Knochenmarkspenderdatei GmbH (DKMS; German Bone Marrow Donor Center)

- IB11-01: Analysis of the noninherited maternal antigen effect on the outcome of unrelated PBSC / bone marrow transplantation
  o Also in collaboration with the EBMT Transplantation

Duke University Medical Center

- CK15-01: Comparison of transplant versus non transplant therapies for myelofibrosis
  o Also in collaboration with M.D. Anderson Cancer Center, Massachusetts General Hospital, Mayo Clinic Arizona and Phoenix Children's Hospital, and Vanderbilt University Medical Center
- ID11-01: Outcomes in allogeneic HCT for adrenoleukodystrophy
  o Also in collaboration with University of Minnesota

European Society for Blood and Marrow Transplantation (EBMT)

- AC14-01: Long term outcomes after autologous HCT for rapidly progressive systemic sclerosis
- AD09-01: Long-term outcomes after autologous HCT for severe multiple sclerosis
- GS16-03: Donor selection for allogeneic HCT: A case-control comparison of children (using post-transplantation cyclophosphamide in GVHD prophylaxis) versus HLA-matched siblings
- IB11-01: Analysis of the noninherited maternal antigen effect on the outcome of unrelated PBSC / bone marrow transplantation
  o Also in collaboration with DKMS
- ID10-02: Outcomes of HCT for DNA repair disorders
• LK13-01: Evaluating outcomes of reduced intensity conditioning allogeneic HCT in older adult lymphoblastic leukemia patients reported to the CIBMTR and EBMT: Impact of age on transplant outcomes
• LY06-03: HLA identical sibling transplantation versus HLA-matched unrelated donor transplantation in patients with follicular lymphoma
• LY16-03: Haploidentical transplantation in diffuse large B cell lymphoma: A CIBMTR and EBMT collaborative study
• NM14-04: Outcomes in allogeneic HCT for sickle cell disease
  o Also in collaboration with EUROCORD
• NM15-01: Outcome of allogeneic HCT in erythropoietic porphyria
• NM16-01: Combined EBMT / CIBMTR retrospective study of allogeneic HCT outcomes in older patients (age > 50 years) with severe aplastic anemia

EUROCORD

• IB13-01: Effect of allele-level HLA-matching after umbilical cord blood HCT for non-malignant diseases in children
• LK15-05: Comparing outcomes with cord blood and matched related and unrelated donors in FLT3+ acute myelogenous leukemia
• NM14-04: Outcomes in allogeneic HCT for sickle cell disease
  o Also in collaboration with the EBMT

Genetics and Epidemiology of Myeloid Malignancies Consortium

• RT09-04 / IB09-06c: A case-control genome-wide association study of acute myeloid leukemia and myelodysplastic syndromes with the Genetics and Epidemiology of Myeloid Malignancies consortium

International Histocompatibility Working Group

• IB06-05: Use of high-resolution HLA data from the NMDP for the International Histocompatibility Working Group in HCT
• IB07-04: Employing advanced bioinformatics methods for predicting peptide specificities of HLA molecules in the characterization of permissible mismatches in hematopoietic cell transfer
• IB09-01: Clinical importance of minor histocompatibility complex haplotypes in umbilical cord blood transplantation
• IB09-03: Clinical relevance of cytokine/immune response gene polymorphisms in umbilical cord blood transplantation
• IB09-05: Identification of functional single nucleotide polymorphisms in umbilical cord blood transplantation
• IB09-07: Clinical significance of genome-wide variation in unrelated HCT
• IB11-08: Synergism between minor and major histocompatibility antigens
• IB14-07: Indirectly recognizable HLA epitopes (PIRCHES): a retrospective validation study on the role of indirect recognition of mismatched HLA in HCT outcome
• R04-74d: Functional significance of killer cell immunoglobulin-like receptor genes in HLA-matched and mismatched unrelated HCT

M.D. Anderson Cancer Center
• CK12-01: A decision analysis of the optimal timing of allogeneic HCT in chronic myeloid leukemia in the era of tyrosine kinase inhibitors
• CK15-01: Comparison of transplant versus non transplant therapies for myelofibrosis
  o Also in collaboration with Duke University Medical Center, Massachusetts General Hospital, Mayo Clinic Arizona and Phoenix Children’s Hospital, and Vanderbilt University Medical Center

Massachusetts General Hospital
• CK15-01: Comparison of transplant versus non transplant therapies for myelofibrosis
  o Also in collaboration with Duke University Medical Center, M.D. Anderson Cancer Center, Mayo Clinic Arizona and Phoenix Children’s Hospital, and Vanderbilt University Medical Center

Mayo Clinic Arizona and Phoenix Children’s Hospital
• CK15-01: Comparison of transplant versus non transplant therapies for myelofibrosis
  o Also in collaboration with Duke University Medical Center, M.D. Anderson Cancer Center, Massachusetts General Hospital, and Vanderbilt University Medical Center

Medical College of Wisconsin
• IB15-04: Clinical outcomes among HCT recipients as a function of socioeconomic status and related transcriptome differences

National Cancer Institute
• AA13-02: Malignancies in patients with Fanconi anemia
• IB15-05: Secondary findings in exome sequencing data
• IB15-06: Donor telomere length and outcomes after HCT for acute leukemia
  o Also in collaboration with Telomere Diagnostics, Inc.
• IB16-03: Role of recipient and donor genetic polymorphisms in interferon lambda 4 on outcomes after unrelated allogeneic HCT

National Institutes of Health
• CK12-02b: A retrospective assessment of outcomes of patients who have undergone allogeneic HCT for chronic lymphocytic leukemia based on histocompatibility leukocyte antigen type
• DS16-S1: Evaluation of practice guidelines for the assessment and surveillance follow-up of pediatric HCT donors
  o Also in collaboration with University of Pittsburgh

Pediatric Health Information System
• HS13-02: Investigating inpatient health care utilization of matched sibling donor HCT for children with sickle cell disease
• HS14-01: Investigating clinical outcomes and inpatient health care resource utilization of HCT for children with acute leukemia
Roswell Park Cancer Institute
- RT09-04b / IB09-06b: Genetic susceptibility to transplant-related mortality after unrelated donor HCT

Severe Chronic Neutropenia International Registry
- ID13-01: Second and subsequent HCT for congenital neutropenia / Kostmann agranulocytosis

Telomere Diagnostics, Inc.
- IB15-06: Donor telomere length and outcomes after HCT for acute leukemia
  - Also in collaboration with National Cancer Institute

United HealthCare

University of Chicago
- CK16-01: Identification of germline predisposition mutations in young myelodysplastic syndrome patients

University of Florida
- LE99-01: Quality of life in late HCT survivors

University of Minnesota
- IB14-05: Mitochondrial DNA haplotypes and unrelated donor transplant outcomes
- IB15-02: Natural killer cell genomics and outcomes after allogeneic HCT for chronic lymphocytic leukemia
- IB15-03: Killer-cell immunoglobulin-like receptor gene content and pediatric acute leukemia transplant outcomes
- ID11-01: Outcomes in allogeneic HCT for adrenoleukodystrophy
  - Also in collaboration with Duke University
- R02-40 / R03-63d: Acquisition of natural killer cell receptors in recipients of unrelated transplant

University of Pittsburgh
- DS16-S1: Evaluation of practice guidelines for the assessment and surveillance follow-up of pediatric HCT donors
  - Also in collaboration with National Institutes of Health

University of Utah
- DS05-02a: Older adult related donors compared to adult related donors
- DS05-02b: Quality of life for related older donors compared to related adult donors
- DS05-02c: Acute toxicities of related adult donors compared to unrelated adult
• DS05-02d: Quality of life for related adult donors compared to unrelated adult donors
• DS05-02e: Acute toxicities for pediatric related donors compared to adult related donors
• DS05-02f: Quality of life for related pediatric donors compared to normative pediatric cohort
• DS05-02g: Late toxicities and serious adverse events for related donors

United Network for Organ Sharing

• LE12-03: Solid organ transplantation after HCT

Vanderbilt University Medical Center

• CK15-01: Comparison of transplant versus non transplant therapies for myelofibrosis
  ○ Also in collaboration with Duke University Medical Center, M.D. Anderson Cancer Center, Massachusetts General Hospital, and Mayo Clinic Arizona and Phoenix Children’s Hospital.

Virtual PICU Systems

• RT14-03: Multicenter cohort identification of transplant-related risk-factors for infection, organ failure, and mortality among pediatric HCT patients requiring intensive care unit admission
# APPENDIX B: STUDY DEVELOPMENT AND MANAGEMENT PROCESS

This study development cycle pertains to studies for which CIBMTR provides data, scientific, and statistical support. Data sets are also made available to investigators who have their own statistical resources. Manuscripts resulting from these analyses are reviewed and approved by the CIBMTR prior to journal submission.

<table>
<thead>
<tr>
<th>STUDY DEVELOPMENT AND MANAGEMENT PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Planned</strong></td>
</tr>
<tr>
<td><strong>Draft protocol received.</strong> When a PI submits a draft protocol, Coordinating Center staff review it.</td>
</tr>
<tr>
<td><strong>Protocol development.</strong> During the development process, the Working Committee biostatisticians, Scientific Director, and Chairs refine the submission into a comprehensive study protocol. They add a table with a preliminary description of the proposed study population and present the draft protocol for discussion at a weekly Coordinating Center statistical meeting. When a protocol is approved, Coordinating Center personnel invite Working Committee members to participate in a Writing Committee.</td>
</tr>
<tr>
<td><strong>In Progress</strong></td>
</tr>
<tr>
<td><strong>Supplemental forms / data collection.</strong> Most studies use routinely-collected data. If necessary, Coordinating Center staff, in collaboration with the PI and relevant Working Committee Chairs, develop a supplemental form, which is approved prior to soliciting centers for additional data. Use of supplemental data (e.g., data not collected on standard CIBMTR data collection forms) is discouraged unless it will result in a particularly meaningful publication and/or external funding can support the extra burden placed on transplant centers and supplement forms reimbursement costs.</td>
</tr>
</tbody>
</table>
## STUDY DEVELOPMENT AND MANAGEMENT PROCESS

<table>
<thead>
<tr>
<th>Data file preparation.</th>
<th>The objective of data file preparation is to create a file of eligible subjects who are consecutively treated at participating centers with adequate follow-up, with minimal missing data fields, and in large enough numbers to give the analysis sufficient statistical power to meet the stated study objectives. This process involves a series of steps by the MS-level statistician – working with the Scientific Director, PI(s), and sometimes the Clinical Research Coordinator – to ensure data quality:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Verifying selection criteria</td>
<td></td>
</tr>
<tr>
<td>• Including and excluding patients so that the investigators can determine whether the final study population is representative of the target population</td>
<td></td>
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<tr>
<td>• Assessing follow-up</td>
<td></td>
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<tr>
<td>• Determining the extent and nature of missing values and their potential effect on the study</td>
<td></td>
</tr>
<tr>
<td>• Resolving and reconciling data discrepancies / outliers by examining data collection forms and communicating with centers and the PI</td>
<td></td>
</tr>
</tbody>
</table>

### In Progress (continued)

| Analysis in progress. | Analysis proceeds in several phases. The first generally includes a detailed description of the patient population and univariate and multivariate analyses of study endpoints. Study PI(s) and associated Working Committee Chairs present these data for discussion at a weekly Coordinating Center statistical meeting and then distribute them to Writing Committee members for suggestions and comments. The PI works with Coordinating Center staff in an iterative process to review comments from the Writing Committee. The process repeats until final analysis, which serves as the basis for the manuscript. |

### Ongoing

| A study in ongoing status is long-term and often involves multiple grants and/or renewals outside of the CIBMTR in order to reach its objectives. The study typically has its own Statistical Director for analysis, but it requires data from the CIBMTR, usually each year. |

## Preliminary Results

| Manuscript preparation. | The PI is primarily responsible for manuscript preparation and is expected to prepare a draft manuscript within 30 days of receiving analysis results. Study Leadership reviews and revises the document, ensuring that the description and interpretation of the statistical analyses are accurate and contribute to the fundamental message of the manuscript. The Coordinating Center then distributes the approved first draft to the Writing Committee and solicits feedback. The PI incorporates comments from the Writing Committee and creates a revised draft, which is reviewed in an iterative process by the Writing Committee until reaching a reasonable consensus on a final manuscript. |
| Preliminary Results (continued) | Submitted. The Coordinating Center staff is responsible for submitting the manuscript and corresponding with the chosen journal. The Working Committee Scientific Director often serves as corresponding author, and the study statistician forwards all editor and reviewer comments to the PI and Statistical Director. The PI is expected to prepare a response, working with Study Leadership who provides additional analyses of data, as needed. Coordinating Center personnel communicate with the journal, including re-submissions, in most cases. |
| In press. A publication is in press when it has been approved but does not yet have a citation. |
| Completed | Published. A manuscript is considered published when a citation is available, including a PMCID number, if applicable. |
APPENDIX C: GUIDELINES FOR STUDY PRINCIPAL INVESTIGATORS

The role of a Study Chair / PI is simple: always behave ethically and do whatever it takes to complete the study that answers your research question. It is easier to accomplish this task if you have an understanding of the CIBMTR study process, specifically where and when your efforts are most needed. The following document will explain the life-cycle of a CIBMTR observational study and review the responsibilities of a PI. Hints and tips to make the study process as successful as possible are noted with an arrow (→).

STUDY PROPOSAL

The PI is usually the first person who suggests the study and who prepares the Study Proposal (cibmtr.org/Studies/Observational/ProposeStudy/Pages/index.aspx). Ideally the PI presents his or her proposal in person to the appropriate Working Committee at a BMT Tandem Meetings. Some PIs view the CIBMTR presentation as a formality but, in reality, it is an important opportunity to convince the other Working Committee members that your study is more important, more feasible, and more likely to advance the field and be published in a high-profile journal than other studies being proposed. CIBMTR Working Committee hours and resources are limited, and not all good studies proposed can be supported.

→ Review the data collection forms (cibmtr.org/DataManagement/DataCollectionForms/Pages/Investigators.aspx) to ensure the data you wish to study are available for the timeframe you wish to study. Many people propose studies that require data not collected routinely by the CIBMTR. Studies that require additional data collection usually get greater scrutiny because of the extra time and effort required whenever centers have to be contacted for additional data. Additionally, the response rate to requests for supplemental data is often disappointing; ask your own data managers how difficult it is to go back and find data for patients transplanted years ago. The ability to collect supplemental data successfully depends on how complex and / or extensive the data are, the size of the study population, how far back in time the transplants were done, and whether you have resources (people or funds) to assist in the process.

→ Examine the late accrual tables for your proposed Working Committee to ensure there are sufficient data in the CIBMTR Research Database to answer your study questions. Accrual tables are provided in the meeting agenda for each committee’s annual in person meeting at the BMT Tandem Meetings under Attachment 2 (https://www.cibmtr.org/Meetings/Materials/WorkingCommittees/pages/index.aspx).

→ Review this report and / or the CIBMTR Publication List (cibmtr.org/ReferenceCenter/PubList/Pages/index.aspx) and Working Committee Study Lists (cibmtr.org/Studies/Observational/StudyLists/Pages/index.aspx) of planned, in progress, and recently published studies to ensure someone else has not already conducted the study you are proposing.

→ Note that study proposals may be submitted throughout the year. The vast majority are submitted just before the deadline, three months before the BMT Tandem Meetings. If you want your proposal to benefit from greater CIBMTR statistical and scientific input, then submitting your proposal far in advance is helpful. Proposals submitted throughout the year will be reviewed by the Working Committee Chairs and Scientific Director. They have the authority to approve a proposal based on the importance of the scientific question or they may elect to defer it until presentation at the Working Committee meeting.
PRIORITIZATION AND DISTRIBUTION OF STATISTICAL HOURS

After the BMT Tandem Meetings, the Working Committee Chairs, Scientific Directors, Statistical Director, and MS Statistician meet to discuss the results of the meeting and prioritize new and ongoing studies. Studies are assigned Coordinating Center hours according to their need and priority. In general, a study needs 40-80 hours of Statistical Staff time to finish the protocol document, 80-160 hours to prepare the data file (depending on whether additional data collection, follow-up, or excessive data cleaning is necessary), 80 hours for the analysis phase, and 40-60 hours for manuscript preparation. PIs are generally notified about Committee decisions (i.e., approval, prioritization, and assigned hours) regarding their proposals within one month after the meeting. At that time, PIs also learn which MS-level Statistician is assigned to their studies; this MS-level Statistician subsequently serves as the point person for communications regarding study issues.

→ PIs can increase the chance of their proposal being approved by carefully preparing the Proposal Form that is presented to the Working Committee. Discussion with Working Committee Leadership in advance of the Working Committee meeting may help clarify the study and address study design questions. Many great concepts fail because PIs do not consider available data, size of the available study population, power calculations, and other statistical issues. The Working Committee is much less receptive to studies that appear to have multiple unresolved issues at the meeting.

STUDY PROTOCOL

The next step in the study's life is generation of the study protocol. This is an important document that is first drafted by the PI and submitted to the MS-level Statistician. The draft study protocol should be completed within two months of concept approval notification. In preparing this document, it is crucial to carefully review the applied study selection criteria and description of patient, disease, and transplant characteristics. The PI must also carefully consider the variables to be included in the analysis because the MS-level Statisticians, Statistical Directors, and Scientific Directors use these documents to guide data collection and cleaning. Common pitfalls include failure to include important variables to address study hypotheses and failure to consider potentially confounding variables. After the initial draft is reviewed and approved by the Coordinating Center, it is circulated to the Working Committee for comment; at that time, Committee members may request to participate in the study and a Writing Committee is formed (see below). Individuals wishing to serve on the Writing Committee provide substantive comments on the study protocol. It is the PI's responsibility to collate and address these comments by either modifying the protocol or providing an explanation for not incorporating suggested changes. Since Writing Committee members earn their authorship by reviewing the study protocol, analyses, and manuscripts, the CIBMTR also keeps track of comments and contributions.

→ Each study protocol is reviewed at the weekly Coordinating Center conference call / meeting (held on Tuesdays, 9:30-10:30 am US Central Time) before distribution to the Working Committee; it is very helpful for the PI to join that meeting by phone and to participate in the discussion of the study's design and implementation. (Studies are again discussed at a Coordinating Center weekly meeting as they reach significant milestones. PI participation in each of these discussions is strongly encouraged.)
The most successful PIs respond to Writing Committee critiques as they do journal reviews — by carefully organizing them and responding to each. If a Writing Committee member brought up an issue, it is likely that a reviewer will also bring up the same points. It is expected that the PI will summarize and respond to these critiques within three weeks after the deadline for comments has passed.

PIs have a great deal of control over the interval between study proposal approval and the completion of a final study protocol. Timely submission of the draft protocol and response to Writing Committee comments can vault your study ahead of others in terms of Coordinating Center priority. If yours is ready to go and another is not, yours may be given priority, even if initially it was planned for the other study to be done first.

DATA COLLECTION

If supplemental data collection is needed for the study, approval from the Chief Scientific Director is required. The PI needs to provide the following information for the approval: 1) number of questions, 2) types of questions, 3) number of cases and 4) the study calendar. Once the request has been approved, the Forms Development Clinical Research Coordinator will prepare a supplemental form for review within one week. This draft form will be a Word document listing all the supplemental questions that are relevant, as well as the most frequent response options. This form will have input from the Scientific Director, PI, Study Statistician, Metadata and Data Operations Staff for clarity, length, internal consistency of response options, and feasibility of data retrieval. The form will be formatted to be consistent with other CIBMTR forms, and a table will be created in the database to receive the data. This step is very important for any study collecting additional data. If the form is long or leaves out critical variables, the ultimate study results could be compromised by missing data. The supplemental form will go to the Chief Scientific Director, Scientific Director, and PI for final approval. The Scientific Director and PI will prepare a letter detailing the importance of the data needed for the study with a copy to the Medical Director. This letter will be sent with the study request. If terms or concepts on the supplemental data collection form are unfamiliar to the data management teams, an instruction manual that describes the variable and provides examples of how data managers should interpret primary data will have to be written. Each study is assigned a Clinical Research Coordinator who communicates with centers to facilitate data submission. Most, but not all, centers are very responsive to these requests. If some centers are lagging behind in submitting extra forms, PIs may need to make personal email or phone appeals.

Providing the initial draft form and content for the instruction manual is the responsibility of the PI. Delay in putting it together can significantly delay initiating the data collection process. If the process is inordinately delayed so that the data needed for a study is not available in a timely manner, the study may be deferred to the next year.

For smaller studies, where every patient counts, personal appeals from the PI to the Transplant Center Director can sometimes be very effective.

DATA FILE PREPARATION

In this step, the MS-level Statistician prepares a data file using the finalized study protocol as guidance. Data interpretation issues may arise here, especially if uncommon variables are necessary for the study. Values for common variables have probably already been reviewed and, if missing or out of range or inconsistent, already clarified (data “cleaning”) for other studies. If
your study is the first to examine a particular variable or study population, then expect to do a lot of data cleaning.

→ The PI can accelerate this process by being available to the MS-level Statistician and Scientific Director as questions come up. The PI should also carefully review the frequencies of study variables for outliers and other clinical inconsistencies.

UNIVARIATE ANALYSIS

Once the data file is prepared, the MS-level Statistician performs as much of the analysis as possible before handing the data set to the Statistical Director assigned to the project. First, a table of study population characteristics and preliminary univariate analysis is prepared. This is reviewed by the PI and Scientific Director. When they are satisfied with the population, the study is scheduled for another Coordinating Center weekly meeting / conference call to confirm final composition of the population and study design and review the univariate analysis before multivariate analyses are performed. Relevant comments from the Coordinating Center review will be summarized by the MS-level Statistician or the Scientific Director and relayed back to the PI for comment if the PI cannot participate personally in the meeting.

→ As noted above, the PI is invited to participate in the CIBMTR Coordinating Center Meeting (Tuesdays) when his or her study is discussed. It is worth repeating that it is very helpful for the PI to participate since they can often address questions as they arise so that the statistical input is most helpful.

MULTIVARIATE ANALYSIS

Once the population characteristics and univariate analyses are approved, the data file is transmitted to the Statistical Directors for multivariate and more complex modeling. When completed, results are sent to the PI and Scientific Director who present them on a weekly Coordinating Center conference call. The PI and Scientific Director address comments provided at the meeting and then prepare a memo for circulation to the Writing Committee for comments. The comment period usually lasts two to three weeks. The PI summarizes the comments and prepares another memo for the Writing Committee within three weeks of the close of the comment period. If substantive issues arise, especially related to the study population or analyses, then a conference call involving the PI, Scientific Director, Statistical Director, and MS-level Statistician may need to be convened to plan an approach for addressing the comments.

→ The most successful PIs take advantage of the MS-level Statisticians’ and Statistical Directors’ familiarity with the project and the data to finish their analyses quickly. If extended time passes between each phase of the analysis, the Statisticians will have to re-familiarize themselves with the project and coding. A task that could take a couple of hours immediately after the initial results are completed may take much longer a month or two later (and the Statisticians understandably will be less excited about picking up the project again).

ABSTRACTS

Many PIs hope to submit abstracts to national and international meetings. Multivariate analyses must be complete with enough time to allow generation of an abstract. These abstracts must be circulated to the Writing Committee and reviewed by the Coordinating Center faculty and staff prior to submission. Please allow enough time to complete these steps before the abstract deadline. If the abstract is accepted for oral presentation, the Coordinating Center staff will also
need to review the slides, primarily for accuracy but sometimes also to make suggestions for clarity. The CIBMTR has a template for format and background that is required for all presentations.

→ Planning for meeting abstracts for the American Society of Hematology and other meetings happens immediately after the BMT Tandem Meetings. If you would like to submit your abstract to one of these meetings, an early declaration of your intentions and demonstrable effort in moving towards that goal will result in your study getting higher priority.

→ In general, studies are only submitted to one meeting; once submitted in abstract form, priority should be placed on writing and submitting the manuscript.

MANUSCRIPT

Once the analysis is completed, drafting the manuscript is the responsibility of the PI. A draft manuscript is expected within 30 days of the final analysis. The draft is circulated to the Writing Committee and comments are again summarized and incorporated. At least one round and sometimes up to three or more rounds are necessary to create a final manuscript. The CIBMTR will do the final formatting for journal submission, attach all the co-authors’ information (such as institution and contact information), collect any necessary signatures, and submit the paper. The CIBMTR has a long list of acknowledgment for funding sources that are attached to the paper.

→ The initial manuscript draft usually causes the greatest delay in study progress and is the step most directly under control of the PI. The most successful PIs recognize that publishing their study results is a critical measure of success for all involved parties - themselves, the CIBMTR and all the collaborators involved in the study. Working Committee Chairs have the authority to re-assign a study to a different PI if the delay in manuscript preparation is too long (>60 days).

ACCEPTANCE

Unless the paper is accepted on the first submission, it will need to be revised or resubmitted. If comments are straightforward, the PI can prepare a response to reviewers for circulation, along with the revised version. Some comments from reviewers require additional analyses or discussion at a Coordinating Center meeting prior to resubmission. The CIBMTR will assist with manuscript resubmission. Once the paper is accepted, the PI also handles proof review.

→ Unless a study is completed in record time, it will be “in progress” at the next BMT Tandem Meetings. PIs should plan to present a study update at the CIBMTR Working Committee meetings or designate another person on the Writing Committee to do this, as long as the study is active.

→ Any expected or unexpected deviations from the above timetable should be discussed between the PI and Working Committee Leadership. Sometimes unavoidable delays are due to either the CIBMTR or the PI. A proactive plan designed to keep the study moving forward should be devised. Generally, the CIBMTR expects studies to be completed within 18-24 months.
## APPENDIX D: GLOSSARY

<table>
<thead>
<tr>
<th>Abbreviation/Acronym</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
<td>acute lymphoblastic leukemia</td>
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<tr>
<td>AML</td>
<td>acute myeloid (myelogenous) leukemia</td>
</tr>
<tr>
<td>APL</td>
<td>acute promyelocytic leukemia</td>
</tr>
<tr>
<td>BEAM</td>
<td>carmustine (BCNU), etoposide, cytarabine, and melphalan</td>
</tr>
<tr>
<td>BMT</td>
<td>bone or blood marrow transplant</td>
</tr>
<tr>
<td>CALGB</td>
<td>Cancer and Leukemia Group B (member Alliance for Clinical Trials in Oncology)</td>
</tr>
<tr>
<td>CIBMTR</td>
<td>Center for International Blood and Marrow Transplant Research</td>
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<tr>
<td>CMV</td>
<td>cytomegalovirus</td>
</tr>
<tr>
<td>CNS</td>
<td>central nervous system</td>
</tr>
<tr>
<td>CR2</td>
<td>second complete remission</td>
</tr>
<tr>
<td>CRF</td>
<td>Comprehensive Report Form</td>
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<tr>
<td>DLBCL</td>
<td>diffuse large B-cell lymphoma</td>
</tr>
<tr>
<td>DNA</td>
<td>deoxyribonucleic acid</td>
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<tr>
<td>EBMT</td>
<td>European Society for Blood and Marrow Transplantation</td>
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<tr>
<td>EWOG-MDS</td>
<td>European Working Group of Myelodysplastic Syndromes in Childhood</td>
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<tr>
<td>FACT</td>
<td>Foundation for the Accreditation of Cellular Therapy</td>
</tr>
<tr>
<td>FL</td>
<td>follicular lymphoma</td>
</tr>
<tr>
<td>FLT3</td>
<td>FMS like tyrosine kinase 3</td>
</tr>
<tr>
<td>GVHD</td>
<td>graft-versus-host disease</td>
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<tr>
<td>HCT or HSCT</td>
<td>hematopoietic stem cell transplantation</td>
</tr>
<tr>
<td>HLA</td>
<td>human leukocyte antigen</td>
</tr>
<tr>
<td>JACIE</td>
<td>Joint Accreditation Committee – International Society for Cellular Therapy &amp; European Society for Blood and Marrow Transplantation</td>
</tr>
<tr>
<td>KIR</td>
<td>killer-cell immunoglobulin-like receptors</td>
</tr>
<tr>
<td>MCW</td>
<td>Medical College of Wisconsin</td>
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<tr>
<td>MDS</td>
<td>myelodysplastic syndrome</td>
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<tr>
<td>MDSC</td>
<td>myeloid-derived suppressor cells</td>
</tr>
<tr>
<td>MHC</td>
<td>major histocompatibility complex</td>
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<tr>
<td>NCI</td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td>NK</td>
<td>natural killer (cell)</td>
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<tr>
<td>NIH</td>
<td>National Institutes of Health</td>
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<tr>
<td>NMDP</td>
<td>National Marrow Donor Program</td>
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<tr>
<td>PBSC</td>
<td>peripheral blood stem cell</td>
</tr>
<tr>
<td>PBSCT</td>
<td>peripheral blood stem cell transplantation</td>
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<tr>
<td>Ph+</td>
<td>Philadelphia chromosome positive</td>
</tr>
<tr>
<td>PI</td>
<td>principal investigator</td>
</tr>
<tr>
<td>PICU</td>
<td>pediatric intensive care unit</td>
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<tr>
<td>PMCID</td>
<td>PubMed Central unique identifier</td>
</tr>
<tr>
<td>TBD</td>
<td>to be determined</td>
</tr>
<tr>
<td>Abbreviation/Acronym</td>
<td>Meaning</td>
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<td>----------------------------------------------</td>
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<tr>
<td>TBI</td>
<td>total body irradiation</td>
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<tr>
<td>TNFSF4</td>
<td>tumor necrosis factor superfamily member 4</td>
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<tr>
<td>TRM</td>
<td>transplantation-related mortality</td>
</tr>
<tr>
<td>US</td>
<td>United States</td>
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<tr>
<td>vs</td>
<td>versus</td>
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