

SCT Program Hematology Nijmegen JACIE 2015 /2016



Department of Hematology Radboud University Medical Centre Nijmegen



SCT activities (1)

- **SCT program since 1981**
- **Patient care**
 - 60-70 allogeneic SCT's /yr (team)
 - 80-90 autologousSCT's /yr (team)
- **Research**
 - 1 Phase II Conditioning (PLMA 34)
 - 3 Phase I DC trials (PSCT 16-19-20)
 - 1 Phase I NK cel trial (PLMA25)
 - 1 fase I GVHD trial (XEN/TG-001, T-guard)
 - 4 PhD students
 - 1 Phase II HOVON 115 Double Cord Blood SCT
 - HOVON 134 SCT trial in Myelofibrosis (in preparation)
 - HOVON MM SCT trial in development
 - Participation in retrospective EBMT studies (14 publications 2014-2015)

SCT activities (2)

- **Education**
 - Fellows Internal Medicine / Fellows Hematology (team)
 - Medicine: elective course SCT, (Course coordinator)
 - Participation in NVvH program commission DHC 2015 / 2016 /2017
 - Educational program Hematology nurses.
- **Management, logistics and Quality insurance**
 - JACIE (P. Van Uden => Nick van Sinderen + Steering Committee)
 - Hematologists: (B. Bär and M. Schaap)
 - Clinical Program director (M. Schaap + Kernteam)
 - Case Managers SCT consultants / (M. Lucassen, E. Odding, Kira Lamkamp, Hanneke van Schadewijk, Birgit Vullings)

SCT activities (3)

- **Participation in National Initiatives**
 - HOVON SCT working party
 - HOVON HLA working party
 - Hematon Patient Representative Group / medical advisor
 - “Matchis” National Stem Cell donor Bank / supervisory board
- **Participation International**
 - EBMT (incl. Working Parties)
 - IBMTR
 - WMDA

Collaboration

- Outpatient clinic Hematology
- Day-care Hematology E10
- Clinical department Hematology E00
- Apheresis department Hematology
 - apheresis for dept Hematology
 - Collection Centre for Matchis Dutch stem cell donor bank
- Matchis Dutch stem cell donor bank

- Laboratory Hematology
- Laboratory Medical Immunology
- Laboratory Medical Microbiology
- Clinical Pharmacy

- Supporting medical departments

Allogeneic Program

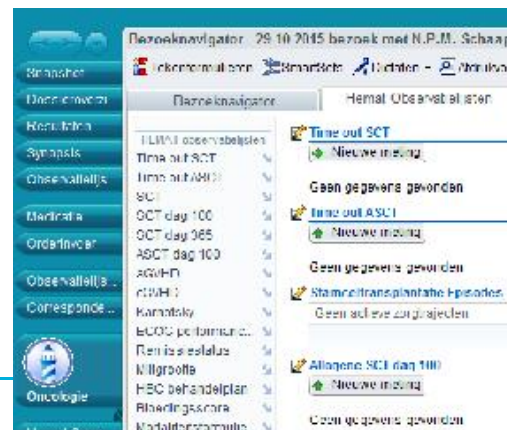
- Traditionally myeloablative + partial T cell depletion for prevention of GVHD
 - Post allo immunotherapy research program (DLI, DC vaccinations, NK cell therapy)
- Since 2011: NMA program, T cell replete in older AML/ALL patients
 - Short admission, outpatient follow-up
 - More chronic GVHD (outpatient ward for chronic GVHD)
- Introduction of demethylating agents in the conditioning regimen
- RIC voor lymhoid malignancies and myelofibrosis
- Evaluation of outcome every 3 months
- Annual Staff and steering committee strategy-meeting

Developments 2014-2016

- 50% increase in number of autologous SCTs compared with 2011-2012-2013
- Day +1 transfers of autologous SCT patients to peripheral hospitals
- More patients with MM and Follicular Lymphoma (Age >>, indications changed)
- Number of allogeneic SCTs stabilized: 60 / yr
- Less Sibling transplants, more MUD transplants
- More AML patients referred for transplant
- More older patients, more high risk patients
- Shorter intervals between donor search and SCT, more emergency procedures

Developments 2013-2016: Implementation EPIC

- Requiring a major change in working processes
- New challenges (logistics of SCT process: adapting to the system versus adapting the system to our processes)
- Process innovation (registration within the system; time out, day-100, day-365 observation lists)
- Connection with database, availability of online SCT data (Daily update) DRE = Digital Research Environment
- Revision of all procedures and capture them in SOP's and Quality handbook



Time-out SCT

Time out SCT - Time out formulier voorafgaand aan SCT

Tijd gemeten: 13:26 26-10-2016

Verzameld door: Kortie aanmaken

Indicatie

Indicatie SCT ☐

Indicatie conform document indicaties stamceltransplantatie ☐ Ja ☐ Nee

Donor

Mis / Matchdonor ☐ Sib ☐ MLD ☐ Cordocord

Type SCT ☐ Match ☐ Mismatch

Type SCT ☐ myeloablatief ☐ reduced intensity ☐ non-myeloablatief

Welke conditioering krijgt patiënt? ☐

Dosis TBI ☐ 1 x 2 Gy ☐ 2 x 4,5 Gy ☐ Nvt ☐ Anders

Welke T celdepletie moet op transplantaat worden uitgevoerd? ☐ CD34 ☐ CD3-CD45 ☐ In vivo ☐ Geen

Conditionering en T-celdepletie besproken tijdens SCT-overleg ☐ Ja ☐ Nee ☐ Nvt

Remissiestatus t.t.v. SCT ☐

Akkoord voor?

x-thorax ☐ Ja ☐ Nee ☐ Nvt

x-sinus ☐ Ja ☐ Nee ☐ Nvt

CT aangezicht (alleen op indicatie) ☐ Ja ☐ Nee ☐ Nvt

Beenmerg 4 weken voor opname ☐ Ja ☐ Nee ☐ Nvt

Longfunctie ☐ Ja ☐ Nee ☐ Nvt

Eject effectie ☐ Ja ☐ Nee ☐ Nvt

ECG ☐ Ja ☐ Nee ☐ Nvt

Liquor ☐ Ja ☐ Nee ☐ Nvt

Bloedonderzoek ☐ Ja ☐ Nee ☐ Nvt

CT abdomen en CT thorax ☐ Ja ☐ Nee ☐ Nvt

PTT ☐ Ja ☐ Nee ☐ Nvt

Cristabiopsie ☐ Ja ☐ Nee ☐ Nvt

Is aangevraagd?

Toegang tot de bloedbaan

HLA antistoffen

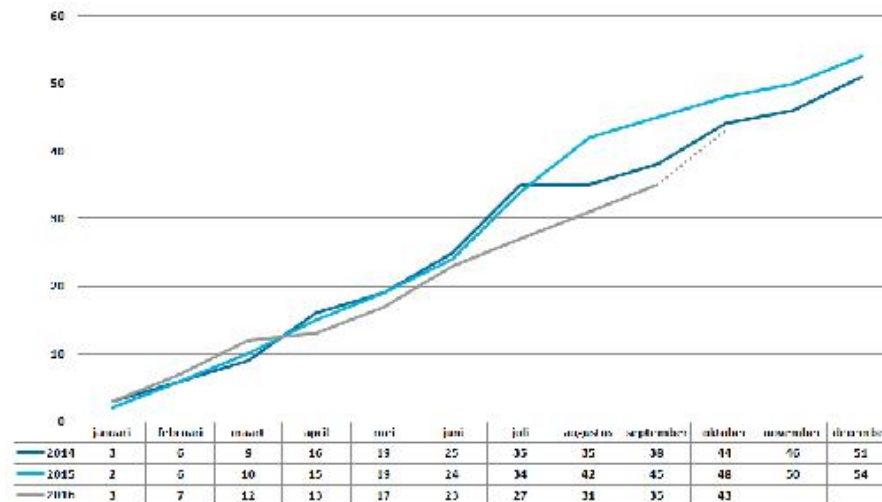
Antistollingsbeleid

Grabwohl risico-score voor allogene stamceltransplantaties

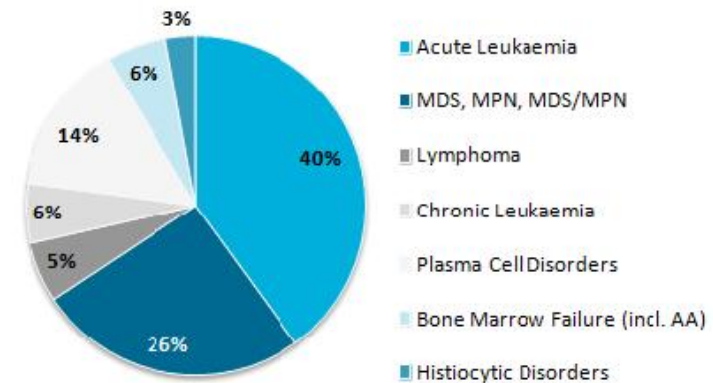
Sommar score

SCT outcome and Steering data

Aantal Allo-SCT (cumulatief)

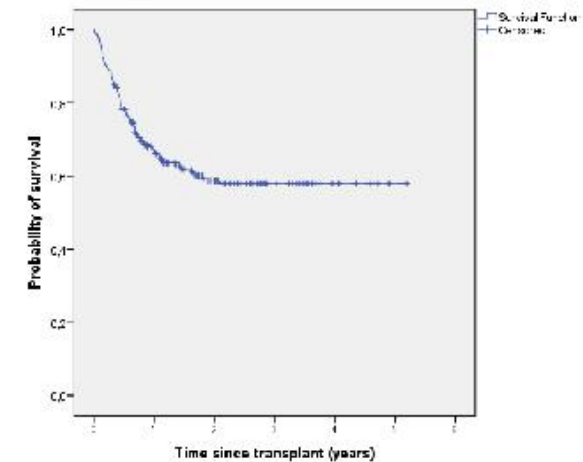


Indicatie Allo-SCT 2016 (t/m sep)



Survival (N=245)

Median of survival: not reached
Median of follow up patients still alive: 2.1 years

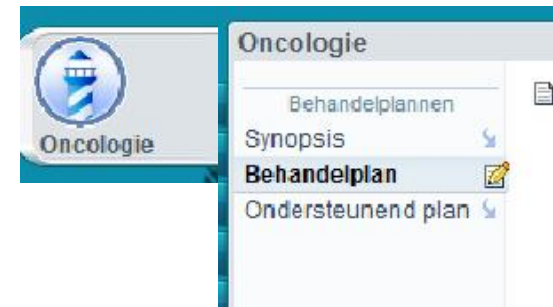


Reden uitval Allo-SCT 2016 (t/m september)



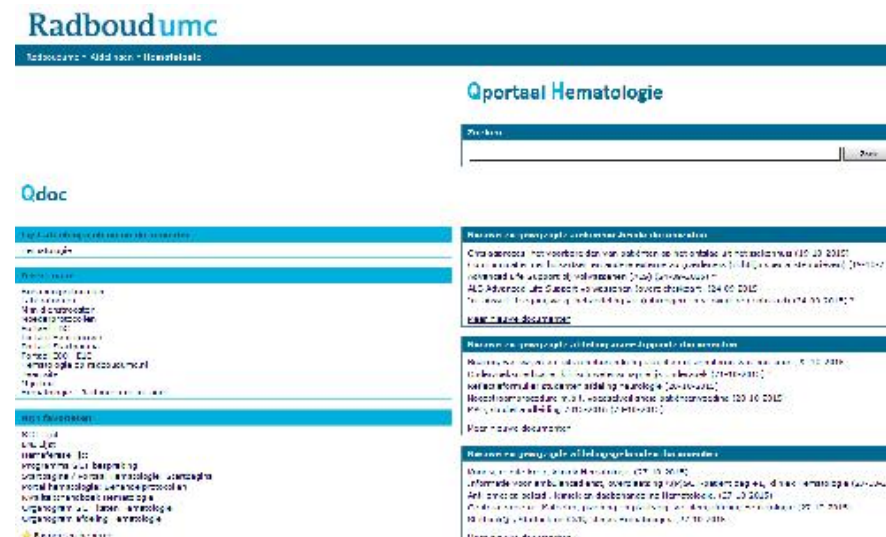
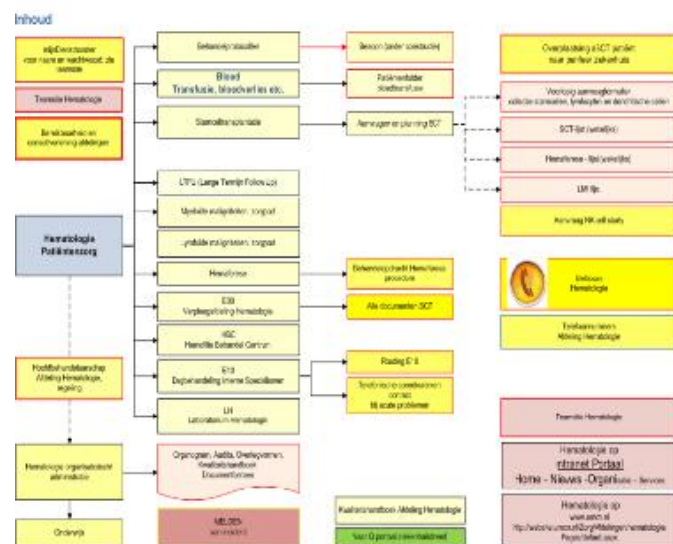
2015 => BEACON Treatment Plan System in EPIC

- Major impact on working processes
- Increased medication safety
- Increased Quality of Care:
 - New protocols / unique patient protocols (moederprotocollen)
 - Uniformize all hospital cytostatic anti emetic protocols on Q-portal

[illegible]

Protocols 2014-2016

- Transition from KWINT to Q-portaal: ongoing, clear view on protocols, procedures, and guidelines = part of the quality management system



Organizational changes 2014-2016

- Introduction of Physician assistants and specialized SCT nurses in SCT Care
- Expand our SCT case manager team (2 additional case-mangers)
- Long term follow-up outpatient clinic for SCT patients
- New apheresis ward including more staff members
- Data management incorporated in TDC Hematology
- New Q-manager (Nick van Sinderen)

Te do list 2015-2017

- New website (internal & external) including hematology protocols
- Expansion and fine tuning of Long Term Follow-Up outpatient clinic
- Introduction of 2 new conditioning regimens (including Haplo ident SCT)
- Intensification of SCT education of Junior Staff Members: ongoing
- Online educational database of all staff members
- Implementation ISBT128 guidelines for cell products (ATMP's)
- Incorporation of ATMPs within JACIE



Bridging the gap between theory and practice

