**Minutes ORF Meeting 21st September 2016**

**Present** Silvia Montoto, Hervé Finel, Ariane Boumendil, Peter Dreger, Steve Robinson, Anna Sureda, Harry Schouten, Norbert Schmitz, Christian Gisselbrecht, David Irvine, Tatjana Sotirova, Sonja Genadieva-Stavric, Claudia Sossa, Gonzalo Guttierrez, Karan Wadehra, Kai Hübel, Alessandra Comai, Alessandra Tolva, Luciana Vinti, Aleksandar Radujkovic, Katerina Benetou, Martina Soldarini, Alina Tanase, Elizabeth Vandenberghe, Charalampia Kyriakou, Katrin Palk, Benedict Nwogoh, , Filipa Moita, Evgeniya Kharchenko, Bora Celikel

**Apologies** Olivier Hermine

**Research Opportunities:- Aggressive lymphoma Norbert Schmitz**

Key points from the talk:-

Opportunities changed over time

Challenges of reliability of data and heterogeneity of patients/conditioning etc.

Are there qualitative differences between the CIBMTR and EBMT?

Alternative therapies to transplantation have come to the forefront of the lymphoma world

All of the above factors will limit ability to publish in high impact factor journals

What about prospective studies:

Phase I Pharma not interested

Phase III too expensive

Phase II more possible but still will cost in excess of 1 million Euros. Thus need to work with Pharma to obtain sufficient funding

Possible options:

What is the role of novel agents with transplantation, ie bridging to transplantation and prevention of relapse post SCT

Role of PD1 inhibitors (Risks post alloSCT?)

Can EBMT be attractive to Pharma? Need to look to develop prospective studies with

Need to provide data quickly

**General Matters**

**LWP budget for study coordinator**

-There is money to support additional study coordinator to help Herve. A coordinator is being sought to work 2 days per week for 1 year (20K Euro) as this was felt to provide the best use of the resource

- It is hoped that the successful candidate will be appointed over the next 2 months

**Annual meeting Program-Marseille 2017**

It was noted that there was an increase in the number of lymphoma dedicated sessions at next years annual meeting when compared to the 2016 meeting. Planned sessions are as follows:-

Educational Sessions

*Transplant in the treatment algorithm of lymphoma (Chairs: N Milpied, France & S Montoto, UK)*

*a) T-cell lymphoma (M. Kharfan-Dabaja, USA)*

*b) Mantle cell lymphoma (S LeGouill, France)*

*c) Rare lymphomas (P Dreger, Germany)*

Workshops

Results of haplo-identical transplantation (Chair: L Castagna, Italy)

a) In acute myeloid leukaemia (A. Nagler, Israel)

b) In MDS (I. Yakoub-Agha, France)

c) *In lymphoma (E. Fuchs, USA)*

Plenary Sessions

Latest advances in the biology of diseases (Chair: N Vey, France)

a) MDS (G. Mufti, UK)

b) *Waldenstrom disease (I Ghobrial, USA)*

c) CML (P. Rousselot, France)

Meet The Expert

*Matched vs. mismatched related donors for Hodgkin’s lymphoma (A. Sureda, Spain)*

*Treatment of refractory DLBCL (N. Milpied, France)*

LWP Session (Chairs SM, SR) will be held on Monday 27th March 2017 0900-1030. The session is provisionally planned as follows:-

09,00-09,10: Trends in lymphoma transplant and LWP activity (SM)

09,10-09,15: LWP Educational Course 2017 (AS, MT)

09,15-09,20: Presentation of Jian-jian Luan award winner (SM)

09,20-09,35: Lecture of the Jian-jian Luan award abstract

09,35-09,45: Outstanding LWP studies from the LWP (SR)

09,45-10,30: LWP keynote debate: Is there a role for SCT in Waldenstrom Macroglobulinemia in the era of new drugs

09,45-10,00: No (M Dimopoulos)

10,00-10,15: Yes (C Kyriakou)

10,15-10,30: Discussion

**SOP for new study proposals to the LWP**

1. E-mail to LWP chair/Scientific secretary

A4 proposal: Objective and Methods

2. LWP Chair/Scientific secretary screening for competing studies, scientific interest and feasibility

3. Invitation to present proposal at:-

LWP ORF during EBMT (March-April)

LWP ORF during Educational meeting (September-October)

4. Format of Proposal Presentation:

4-5 slides (10-15min)

Background

Objective

Methods-inclusion criteria, study period, data required

Timelines

Feasibility

5. Members to VOTE yes/no/modification and suggest priority (scientific)

6. LWP Chair/Scientific secretary assign PRIORITY (based on workload)

-1- high: immediate start (jumping the queue)

-2- medium: start before other projects on hold

-3- standard: start when current workload is completed

7. Timeline for accepted study proposals:

Full written protocol: 4/52 (to receive it and finalise it)

Invitation letters/questionnaires: 2/52

Data collection: 3/12 (max 6?)

Data entry: 15 pts/day

Data analysis: 1-2/52

1st draft: 4-6/52

8. The whole process should take 6 months from acceptance/launching to the final analysis (9 months for big studies)

**Indications manuscript**

**-**Manuscript in circulation

-Changes also proposed that developmental should be changed to “ongoing evaluation”. For such transplants Med B data should be submitted

-Poor risk WM should be kept as CO for sibling and MUD

**Educational Matters**

-Next meeting 2017 to be in Prague September or October, Charles University

-EBMT International Transplant Course to be held annually

* Bids for 2018?????

**Manuscript Status**

2007-R-01 (AS/PD) HL autoSCT late effects update. MS written

2009-N-01 (HS) STREAM. *Accepted for publication in J Clin Apher*

2009-R-06 (AS) FL unrelated. 1st draft written. Ongoing issues with analysis.

2010-N-02 (CK) WM auto. CK First draft written. Some additional data pending with further work from Herve and Ariane required

2011-R-01 (IA) PMBCL auto. First draft in circulation. To be submitted to Annals Oncol

2012-R-06 (SG/AS) HL RIC MAC. *Accepted in Annals Oncol*

2012-R-04 (IA/ARC) Auto in MALT. First draft written

2013- R-03 (LB/SM) Z-BEAM. Rejected by Annals Oncol, to be submitted to BMT

2015-R-02 (JM/PD) IVL Rejected by Leukaemia. Submitted to BMT

2013-R-04 (CM/AS) Haplo HL. First draft written

2012-R02E (RD/ED) CTCL recent era. Manuscript written

2015 R 05 (CK/PD) Allo in NHL according to age. Analysis being finished. PD to write first draft

**Ongoing LWP Studies**

2006-R-02 (SR) RIC in MCL. MS and reanalysis ongoing. Abstract for EBMT

2009-N-02 (SD) SCT in blastic plasmacytoid DC. Deadline extended

2013-N-02 (PD and CMWP) BCRi survey (pre-allo, all comers)

2013-N-02i (PD, CMWP and Janssen) Ibrutinib retro/prospective study in CLL/MCL

2014-R- 01 (CK) Allo in WM. Submitted to ASH. MS to be written

2015-N-01i (PD, CMWP and Gilead) Idela pre-allo in CLL/FL

2015-R-03 (AS) Relapse after auto for DLBCL. Data on 400 out of 700 received. For further reminder. Abstract for Lugano (15th March 2017)

2015-R-01A (AS) BV as bridge to SCT in ALCL. ?split into auto and allo studies to be submitted separately to EBMT and Lugano

2015-R-01H (AS) BV as bridge to SCT in HL. Data collected. Data entry to be done in October. 487 patients

2015-R-FL (SR) Rel post auto in FL. Invitations to be sent end of September. Then 3 month data collection. Then data entry. Abstract for ASH 2017

2015-R-04 (KH) HIV new era. Submitted to ASH. MS to be written ?for JCO

2015-R-06 (SA/AS) SCT in NLPHL. N=>80 Submitted to ASH. MS to be written

2015-R-08 (PD/AS) Haplo in DLBCL joint study with CIBMTR. Deadline end of September-extended 15/10/16. Reminders to be sent

2016-R-01 (SD/AS) PD1 survey post allo

1998-P-01 (RP) Lym-1 Long term follow up. Further follow up pending and being chased. 170 patients alive and 90 without update

**Abstracts for 2017**

**EBMT 2017**

Auto in ALCL (AS)

RIC in MCL (SR)

BV in HL (AS)

ASCT for HIV (KH)

**Lugano**

Lym 1 (RP)

Relapse post auto DLBCL (AS)

**ASH**

Relapse after autoSCT for FL (SR)

**New Proposals**

Update on the ongoing study ‘Survey ofBCRi peri alloSCT’ (PD)

ASH abstracts submitted

Ibrutinib pre SCT

Ibrutinib post alloSCT relapse

Continued data collection ongoing

Idela studies: ongoing negotiations and contracting

1. Checkpoint inhibitors pre and post alloSCT (PD)

Is it safe to give CI post alloSCT

Can CI bridge to SCT

Two studies 1. CI pre alloSCT and 2. CI post alloSCT to assess toxicity and efficacy. Web based survey to determine interest.

*Accepted as a top priority*

2. ATG and impact on outcome of alloSCT for PTCL (AM/MS)

*Study proposal rejected.* Based on workload required and difficulty of interpreting the data

3. DLI post alloSCT for NHL (SR)

*Study approved*

4. Trends in SCT for HL (AS)

*Study accepted*

5. Second autoSCT for HL (AS)

*Study accepted*

Meeting Close

Next Meeting Marseille 2017