



# Transplant Complications Working Party Educational Meeting

Programme

Berlin, Germany  
29 Sept. - 1 Oct. 2022

## **How to survive stem cell transplantation and CAR T-cell therapy Guide for Physicians and Nurses**

Treatment related mortality and morbidity remain major challenges in stem cell transplantation and in CAR T-cell therapy. Losing a patient's life due to a treatment-related complication is always a tragedy for everybody being involved. The good news are that optimizing prevention and management of complications improves survival and reduces morbidity.

The course will specifically focus on practice-based topics that are underrepresented in articles or books. Attendees will get hands on teaching by clinical experts on how to improve competence and skills. After this course, the attendees and their respective patients will increase their abilities in order to survive stem cell transplantation and CAR T-cell therapy.

We hope you enjoy the course.

### **Organizing Committee**

Zinaida Peric  
Ivan Moiseev  
Olaf Penack  
Helene Schoemans  
Christian Könecke  
Grzegorz Basak  
Sophie Van Lancker

## ECIL 7: AI guideline recommendation<sup>1</sup>



# AN INNOVATION IN CMV PROPHYLAXIS

Prophylaxis of cytomegalovirus (CMV) reactivation and disease in adult CMV-seropositive recipients (R+) of an allogeneic hematopoietic stem cell transplant (HSCT).

### CMV Prophylaxis with PREVYMIS®

- ➔ Superior efficacy in CMV prophylaxis at week 24 versus placebo<sup>2,3,\*</sup>
- ➔ For all appropriate adult CMV-seropositive recipients of allogeneic HSCT<sup>3</sup>
- ➔ Start of prophylaxis possible from day 0 of allogeneic HSCT<sup>3</sup>
- ➔ Applicable as oral or i.v. formulation

Before prescribing PREVYMIS®, please read the Summary of Product Characteristics.

\* PREVYMIS® (n = 325) vs. placebo (n = 170): 37.5 % vs. 60.6 % Pat. with clin. sign. CMV infection; Diff. -23,5 % (95 %-CI: -32,5; -14,6); p < 0.0001.

- 1 Ljungman P et al. Lancet Infect Dis 2019; 19: e260 – 72.
- 2 Marty FM et al. N Engl J Med. 2017; 377(25): 2433 – 2444.
- 3 PREVYMIS® Summary of Product Characteristics 01/2022



**PREVYMIS® 240 mg Filmtabletten**  
**PREVYMIS® 480 mg Filmtabletten**

**PREVYMIS® 240 mg Konzentrat zur Herstellung einer Infusionslösung**  
**PREVYMIS® 480 mg Konzentrat zur Herstellung einer Infusionslösung**

**Wirkstoff:** Letermovir **Zus.:** -240 mg/-480 mg **Filmtbl.:** *Arzneil. wirks. Bestandt.:* 1 Filmtbl. enth. 240 mg/480 mg Letermovir. *Sonst. Bestandt.:* Mikrokristalline Cellulose (E 460), Croscarmellose-Natrium (E 468), Povidon (E 1201), Siliciumdioxid (E 551), Magnesiumstearat (E 470b), Lactose-Monohydrat, Hypromellose (E 464), Titandioxid (E 171), Triacetin (E 1518), Eisen(III)-hydroxid-oxid (E 172), Eisen(III)-oxid (nur 480-mg-Filmtabletten) (E 172), Carnaubawachs (E 903). **-240 mg/-480 Konz.:** *Arzneil. wirks. Bestandt.:* 1 Durchstechfl. enth. 240/480 mg Letermovir. 1 ml enth. 20 mg Letermovir. *Sonst. Bestandt.:* Hydroxypropylbetadex (Cyclodextrin), Natriumchlorid, Natriumhydroxid (E 524), Wasser für Injektionszwecke. **Anw.:** Zur Prophylaxe e. Cytomegalievirus(CMV)-Reaktivierung u. -Erkrankung b. erw. CMV-seropositiven Empfängern (R+) einer allogenen hämatopoetischen Stammzelltransplantation. **Gegenanz.:** Überempf.-keit gg. d. Wirkstoff od. e. d. sonst. Bestandt. Komb. mit Pimozid, Mutterkornalkaloiden od. Johanniskraut. B. Komb. von Letermovir u. Ciclosporin: Komb. mit Dabigatran, Atorvastatin, Simvastatin, Rosuvastatin od. Pitavastatin. **Vorsicht bei:** Anw. > 100 Tage. Pat. mit terminaler Niereninsuff. mit od. ohne Dialyse. Komb. mit Ciclosporin, Tacrolimus, Sirolimus. Komb. mit AM, die CYP3A-Substr. sind. Komb. mit Voriconazol. Komb. m. AM, die von OATP1B1/3 transportiert werden (z. B. viele Statine). Hinweise zu Verhütung, Schwangerschaft u. Stillzeit beachten. **Vermeiden:** Komb. m. Dabigatran. **Nicht empf.:** Pat. m. schwerer Leberfunkt.-stör. (Child-Pugh Klasse C), Pat. m. mäßiger Leberfunkt.-stör. u. gleichz. besteh. mäßiger od. schwerer Nierenfunkt.-stör. **Konz. zusätzl.:** Pat. mit mäßiger od. schwerer Nierenfunkt.-stör. (Kreatinin-Clearance < 50 ml/min). **Nebenw.:** *Häufig:* Übelk.; *Diarhö;* Erbr. *Gelegentl.:* Überempfindlichkeit, Vermind. Appetit, Veränd. d. Geschmackswahrnehmung; Kopfschm. Schwindel (Vertigo), Abdom. Schm. Erhöhte ALT; erhöhte AST. Muskelspasmen. Kreatinin im Blut erhöht. Ermüdung (Fatigue); peripheres Ödem. **Warnhinw.:** *-Filmtbl.:* Enthält Lactose. *-Konz.:* Enthält Natrium. Enthält Hydroxypropylbetadex (Cyclodextrin). **Hinw.:** *Konz.:* Muss als i.v. Infusion über 60 Min. gegeben werden u. darf nicht als i.v. Druck- oder Bolusinjektion gegeben werden. Muss über e. PES-Inline-Filter (0,20 µm od. 0,22 µm) infundiert werden. *Filmtbl.:* Dieses AM ist nahezu „natriumfrei“. **Verschreibungspflichtig. Bitte lesen Sie vor Verordnung von PREVYMIS® die Fachinformation!** Pharmazeutischer Unternehmer: Merck Sharp & Dohme B.V., Waarderweg 39, 2031 BN Haarlem, Niederlande; Lokaler Ansprechpartner: MSD Sharp & Dohme GmbH, Levelingstr. 4a, 81673 München  
**MSD Infocenter:** Tel. 0800 673 673 673, Fax 0800 673 673 329, E-Mail: infocenter@msd.de



# Transplant Complications Working Party Educational Meeting

Berlin, Germany  
29 Sept. - 1 Oct. 2022

## Programme

### Thursday, 29 September 2022

**16:00 – 18:30** Business Meeting of the Transplant Complications Working Party

### Friday, 30 September 2022

**09:00 – 09:10** **Welcome Note**

**Session I – Rafael Duarte, Ivan Moiseev, Michelle Kenyon, Sheila Torrado Gonzalez**

**Patient journey through allogeneic transplant complications & Case Presentation**

**09:10 – 10:55**

We will interactively go through patient cases. Recognition of complications and their treatment will be thought. Pre-transplant assessment of co-morbidities and risk factors will also be discussed. Finally, we will discuss practical tips for patients recovering from HSCT supporting patients to return to society, work, family and their rehabilitation.

**10:55 – 11:15** Coffee Break

**Session II – Hildegard Greinix, Daniel Wolf, Mustafa Güven**

**Patient journey through GVHD & Case Presentation**

**11:15 – 13:00**

We will discuss management of GVHD with the participants based on patient cases. Recognition of complications and their treatment will be thought in an interactive fashion. Attendees will improve their skills in diagnosis and grading of GVHD as well as in therapy of acute and chronic steroid-refractory GVHD. In addition, we will give practical tips caring for a patient with GvHD, e.g. on eye, mouth and skin care.

**13:00 – 14:00** Lunch Break

**Session III – Sophie Van Lancker, Igor Blau, Tapani Ruutu, Marta Castelli**

**Patient journey through early complications after alloSCT & Case Presentation**

**14:00 – 15:45**

How to recognize and treat non-infectious complications in the early phase after alloSCT will be thought in an interactive fashion. We will discuss management of VOD/SOS as well as TMA with the participants based on patient cases. We will also focus on organ toxicities including renal, central nervous and liver manifestations.



**15:45 – 16:05** Coffee Break

### **Session IV – Helene Schoemans, Zinaida Peric, Elke Stienissen**

#### **Patient journey through late effects and practical guide to implementing patient reported outcomes**

**16:05 – 17:50**

We will talk about clinical presentation of late effects on basis of individual patient cases. Attendees will learn how to better detect and manage different late effects including cardiovascular, renal, endocrine, neurological complications as well as secondary cancer and gender specific late effects. The basics of assessing symptoms and late effects will be explained and the use of up-to-date tools to use patient reported outcomes will be discussed.

**17:50 – 18:00** Break

### **Session V**

Therakos Symposium “The role of ECP in the treatment of GvHD in the new world”  
Moderator Prof Olaf Penack, Charité Universitätsmedizin Berlin, Germany

**18:00 – 18:45**

18:00 – 18:05 Introduction

Prof Olaf Penack, Charité Universitätsmedizin Berlin, Germany

18:05 – 18:20 How do I apply current GvHD treatment guidelines

Prof Olaf Penack, Charité Universitätsmedizin Berlin, Germany

18:20 – 18:35 How do I use ECP in combinatorial strategies in treating GvHD

Prof Zinaida Perić, University Hospital Centre Zagreb, Croatia

18:35 – 18:45 Discussion

All Speakers

**19:30** **Networking Dinner**

## **Saturday, 01 October 2022**

### **Session VI**

How do I do ..... Industry Symposium kindly sponsored by MSD  
HSCT: Real-World-Evidence in CMV-Prophylaxis & Immunreconstitution  
Chair: Dr. med Georg-Nikolaus Franke

**09:00 – 09:45**

09:00 – 09:05 Welcome

09:05 – 09:25 Real-World Evidence in CMV Prophylaxis | Dr. med Georg-Nikolaus Franke, Leipzig

09:25 – 09:40 Immune Reconstitution after allo HSCT | Dr. med. Elisa Sala, Ulm

09:40 – 09:45 Conclusion



# Transplant Complications Working Party Educational Meeting

Berlin, Germany  
29 Sept. - 1 Oct. 2022

## Programme

### **Session VII – Reuben Benjamin, Leo Hansmann, Christian Schultze-Florey**

#### **Patient journey through CAR T-cell therapy**

**09:45 – 10:45**

Using patient cases, we will teach recognition of complications and their treatment. We will also discuss pre-CART assessment of co-morbidities and risk factors.

**10:45 – 11:15**

Coffee Break

### **Session VIII – Olaf Penack, Christian Könecke, Nora Möhn**

#### **Practical guide to manage CAR-T complications**

**11:15 – 12:15**

We will focus on improving skills in diagnosis and grading of CAR-T complications e.g. therapy of difficult cases of CRS and neurotoxicity. We will go through cases of CRS as well as neurotoxicity with the participants and discuss the management.

**12:15 – 13:15**

### **Session IX – Jaroslaw Bilinski, Amin Turki**

#### **Impact of novel tools on complication management: artificial intelligence and more**

**13:15 – 13:30**

Summary and Farewell



# Transplant Complications Working Party Educational Meeting

Berlin, Germany  
29 Sept. - 1 Oct. 2022

## *Thanks to our Sponsors!*

### Industry Symposium



---

### Gold Partner



---

### Silver Partner

