Copyright Statement

Centre Presentation on how new Med-A form has affected working practices in centres

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Marseille, 27/March/2017

- Nothing to disclose about this topic

- Topics of this presentation
- My centre presentation and JACIE accreditation
- The data manager group within the CIC 305
- Promise Registration and updating
- The new Med-A

My centre presentation

The Metropolitan HSCT of Turin (CTMT)

- It was formed on 02/10/2010
- The Metropolitan Transplant centre of Torino (CIC 305) is a Functional Transplant Program, created by the partnership of three local programs, one pediatric and two adults, on the basis of clinical and pre-clinical collaborations that occurred in previous years on specific issues
- - CIC 305-1 (OIRM): Pediatric Program and coordinator role for CTMT (first alloHSCT 1989)
- - CIC 305-2 (FPO): Adult program (first alloHSCT 2001)
- CIC 305-3 (S.LUIGI): Adult program (first alloHSCT 2001)
- and from 4/2016 the Mauriziano-Umberto I Hospital ex CIC 455 is part of CTMT CIC 305 (autologous program only)

The step of this project……

Our centre has been JACIE accreditated since 2012

02/10/2010 — **CTMT constitution**

Dec 2010-March 2012
- Quality Team meetings, clinical meetings, workgroups
- Training
- Drafting documents
- Share paths / procedures
- Internal audit

January2012
- application form sent to JACIE

27/03/2012
- 1° Management review of the Program CTMT

01-02/10/2012 JACIE inspection and CNT/CNS (Centro Nazionale Trapianti/ Centro Nazionale Sangue, according to Italian law)

The step of this project……

Our centre has been JACIE accreditated since 2012

26/11/2012	Report JACIE
14/11/2013	Report CNT/CNS
April-June	Corrective plan to JACIE and CNT/CNS
11/07/2013	JACIE accreditation
Luglio 2013	Sending the second corrective plan to CNT/CNS
18/04/2014	CNT/CNS accreditation

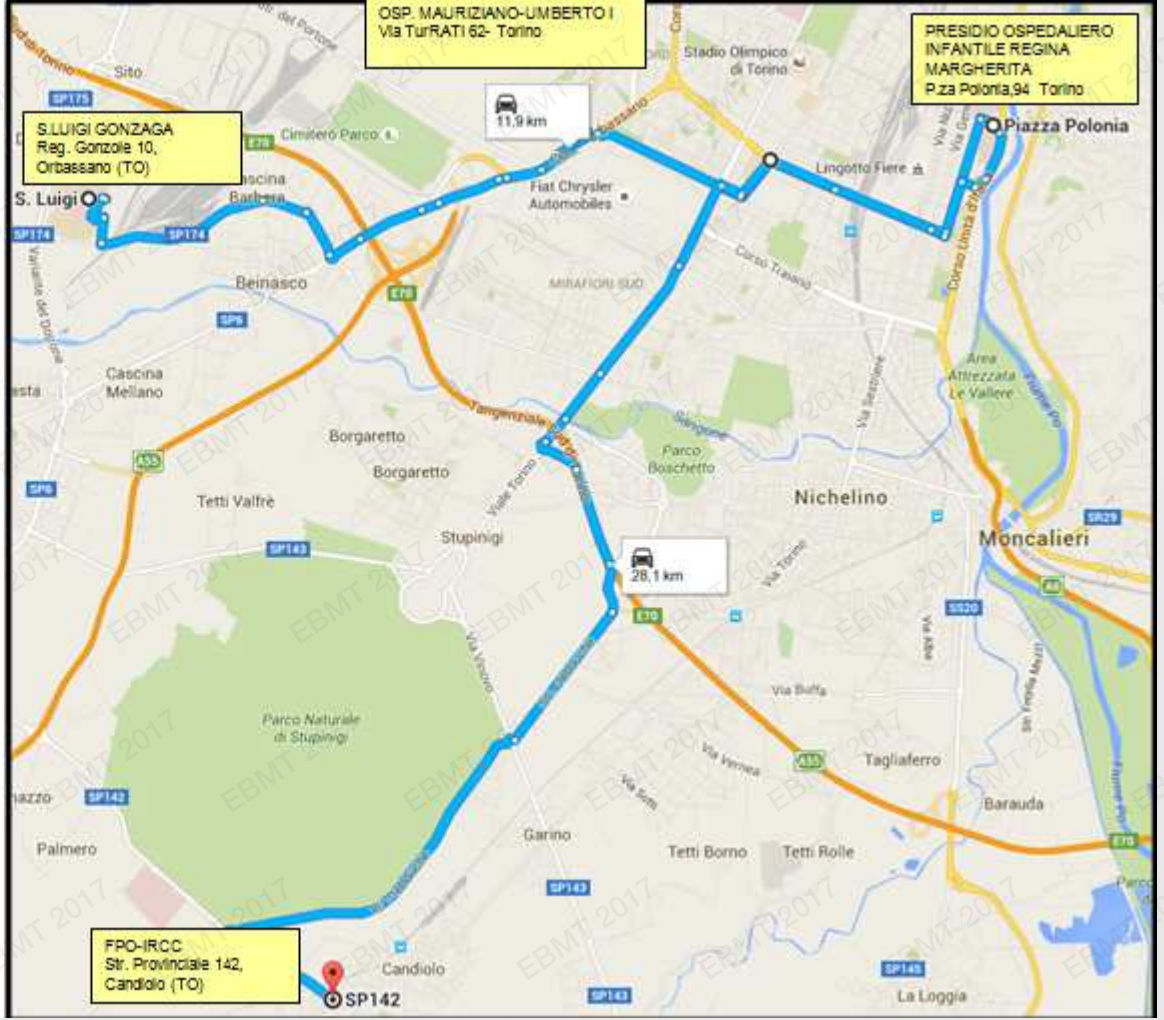
The Metropolitan HSCT of Turin (CTMT)

- CIC 305-1 (OIRM): Pediatric Program

- CIC 305-2 (FPO)
- CIC 305-3 (San Luigi Hospital)
- CIC 305-4: (Mauriziano Hospital)

Adult Programs

All centres are within 20 minutes by car



The Metropolitan HSCT of Turin (CTMT)…..
…..Who take decisions in our centre?

- The Quality Team manages all activities of CTMT
- Monthly meetings for monitoring activities and critical processes
- Quarterly audit report
- Indicators analysis, NC / EA / AC / AP
- Validation / issue documents
- Targets for improvement planning
- It is formed by selected team with the aim of ensuring high standards of quality as required by the JACIE standards.
- The quality team is formed by various specific professionals for each sector involved in transplantation (section b, section c and section d)

PROGRAM INDICATORS OF ACTIVITY

Indicators analysis, NC / EA / AC / AP

SECTION B

PROSPETTO INDICATORI MOD.T.82.01 REV 03									
CLASSE	N.	INDICATORE	CTMT	305-1	305-2	305-3	305-4	STANDARD	Rilevazione
		UNITÀ CLINICA							
ATTIVITÀ	1	Numero di trapianti autologi						5+5+5	Trimestrale
	2	Numero di Trapianti allogenici						5+5+5	Trimestrale
	3	Distribuzione per patologia						NA	
	4	Tipo Donatore						NA	
	5	Sorgente di cellule staminali						NA	
CONTROLLO PROCESSO	6	Attività registro						>50%	
	7	Degenza media AUTO						18	
	8	Degenza media ALLO						28	
	9	Numero di MED-0 conformi						<10%	Trimestrale
	10	Aggiornamento follow-up su MED-A e schede AIEOP						>90%	Trimestrale
OUTCOME	11	TRM 100 giorni AUTO						<5%	
	12	TRM 100 giorni ALLO						<20%	
	13	TRM 12 mesi AUTO						<5%	
	14	TRM 12 mesi ALLO						<40%	
	15	Attecchimento PMN AUTO						>90%	Trimestrale
	16	Attecchimento PMN ALLO						>90%	Trimestrale
	17	GVHD acuta a 100 gg						NA	
	18	GVHD cronica a 1 anno						NA	
	19	Sopravvivenza a 1 anno da trapianto ALLO						NA	
	20	Sopravvivenza a 1 anno da trapianto AUTO						NA	
SICUREZZA	21	Numero di eventi avversi gravi						NA	Trimestrale
	22	Numero di infezioni da batteri alert ALLO						NA	
	23	Numero di infezioni fungine probabili ALLO						NA	
	24	Numero di infezioni da batteri alert AUTO						NA	
	25	Numero di infezioni fungine probabili AUTO						NA	
	26	N° infezioni da CVC							Trimestrale

PROGRAM INDICATORS OF ACTIVITY

Indicators analysis, NC / EA / AC / AP

SECTION C

		UNITÀ RACCOLTA							
ATTIVITÀ	27	Espianto di midollo osseo da paziente						NA	Trimestrale
	28	Raccolte aferetiche da paziente						NA	Trimestrale
	29	Espianto di midollo osseo da donatore						NA	Trimestrale
	30	Raccolte aferetiche da donatore						NA	Trimestrale
	31	Numero di altre raccolte/procedure (DLI, ECP)						NA	Trimestrale
CONTROLLO PROCESSO	32	Efficienza media raccolta CD34 da raccolta aferetica							Trimestrale
	33	Efficienza media raccolta TNC da midollo osseo							Trimestrale
OUTCOME	34	N° pazienti con mobilizzazione adeguata							
	35	Conta PLT per valutazione attecchimento							Trimestrale
	36	Conta PMN per valutazione attecchimento							Trimestrale
SICUREZZA	37	Numero di eventi avversi gravi							

SECTION D

		UNITÀ PROCESSAZIONE							
ATTIVITÀ	38*	Numero di manipolazioni minime						NA	Trimestrale
	39	Numero di congelamenti						NA	Trimestrale
	40	Numero di scongelamenti unità CB						NA	
	41	Numero di separazioni su Clinimacs						NA	Trimestrale
CONTROLLO PROCESSO	42	Recupero TNC e CD34 dopo manipolazione minima						>80% TNC >90 %CD34	
	43	Vitalità dopo manipolazione minima						>85%	Trimestrale
	44	Recupero TNC e CD34 dopo scongelamento unità CB						TNC >50% CD34 >70%	
	45	vitalità CD34+ dopo scongelamento unità CB						>80%	
	46	Vitalità su provetta satellite congelata unità PBSC/BM						>50%	
	47	Recupero/deplezione cellule target dopo separazione Clinimacs						>70%	
	48	vitalità dopo separazione Clinimacs						>85%	
	49	Esiti controllo qualità esterni						<10%	
	50*	Tempo di refertazione						NA	
OUTCOME	51	Prodotti non conformi						<5%	Trimestrale
	52	Conta PLT per valutazione attecchimento							
	53	Conta PMN per valutazione attecchimento							
SICUREZZA	54	Prodotti non conformi per colturale positivo						<2%	Trimestrale
	55	Numero di eventi avversi gravi						NA	Trimestrale

The Metropolitan HSCT of Turin (CTMT)…..

…..Who take decisions in our centre?

- However, all HSCT indications, choice of donor or type of graft, etc are discussed every 2 weeks between clinicians. The final decision is taken by clinicians in charge of each patient

The Metropolitan HSCT of Turin (CTMT)

- The Pediatric Program OIRM is the reference centre for the search of volunteer donor (UD) of all Programs, it collaborates with the Italian Bone Marrow Donor registry (IBMDR) and manages the acceptance and the release of products for HSCT
  - donor search management UD (~ 40 searches/year);
  - share availability of donors with local programs;
  - choice of the donor on the basis of the declared policy in dedicated SOP;
  - centralization of information technology;
  - the path validation of the products and training professionals dedicated to transportation;
  - validation of quality control methods;
  - sharing procedures and documents;
  - sharing of engraftment data.

The data manager group within the CIC 305

The data manager group within the CTMT Program

- It consists of 1-2 people / hospital who are responsible for: the completion of the MED-A day 0, day 100 and follow-up, sharing, storage and data updating on a private protected server
- According to the current policy of GITMO (Italian Group for Bone Marrow Transplantation), the registrations take place on:

  -the day of transplantation +5 days for MED-A day 0;
  -the MED-A day 100;
- On January 10, May 10 and September 10 the GITMO Data Managers transfer to regulatory authorities (National Transplant Centre) for each centre the number of AUTO/ALLO HSCT (Related, Unrelated, MM Related) and for each stem cell source the number of BM/PBSC/CB for AUTO and ALLO HSCT;
- By February 28th each data on timing of Med 0 registration (within 5 days), the conversion from MED 0 to MED 100 of each HSCT, the completeness of each required data and the follow-up of all HSCTs according to EBMT indications

The data manager group within the CTMT Program

- On January 10th , May 10th and September 10th a trimestral report of each centre (305-1, 305-2, 305-3) is discussed within the QT meetings:
- -Number of autologous and allogeneic HSCTs
- - MED 0 registrations
- -Engraftment
- -GvHD
- -Survival
- Adverse Event

ITALIAN RELATION BETWEEN SCIENTIFIC AND REGULATORY AUTHORITIES

The Italian registry (GITMO) was the first to indicate how compulsory timely the Day 0 registration, as a guarantee of transparency and monitoring of transplant national regulation compliance, while the Goverment Authority, represented by the National Transplant Centre (CNT), has the need to know the data of real-time activities in order to fulfil its institutional role. In recording on day 0, therefore converge scientific and regulatory interests

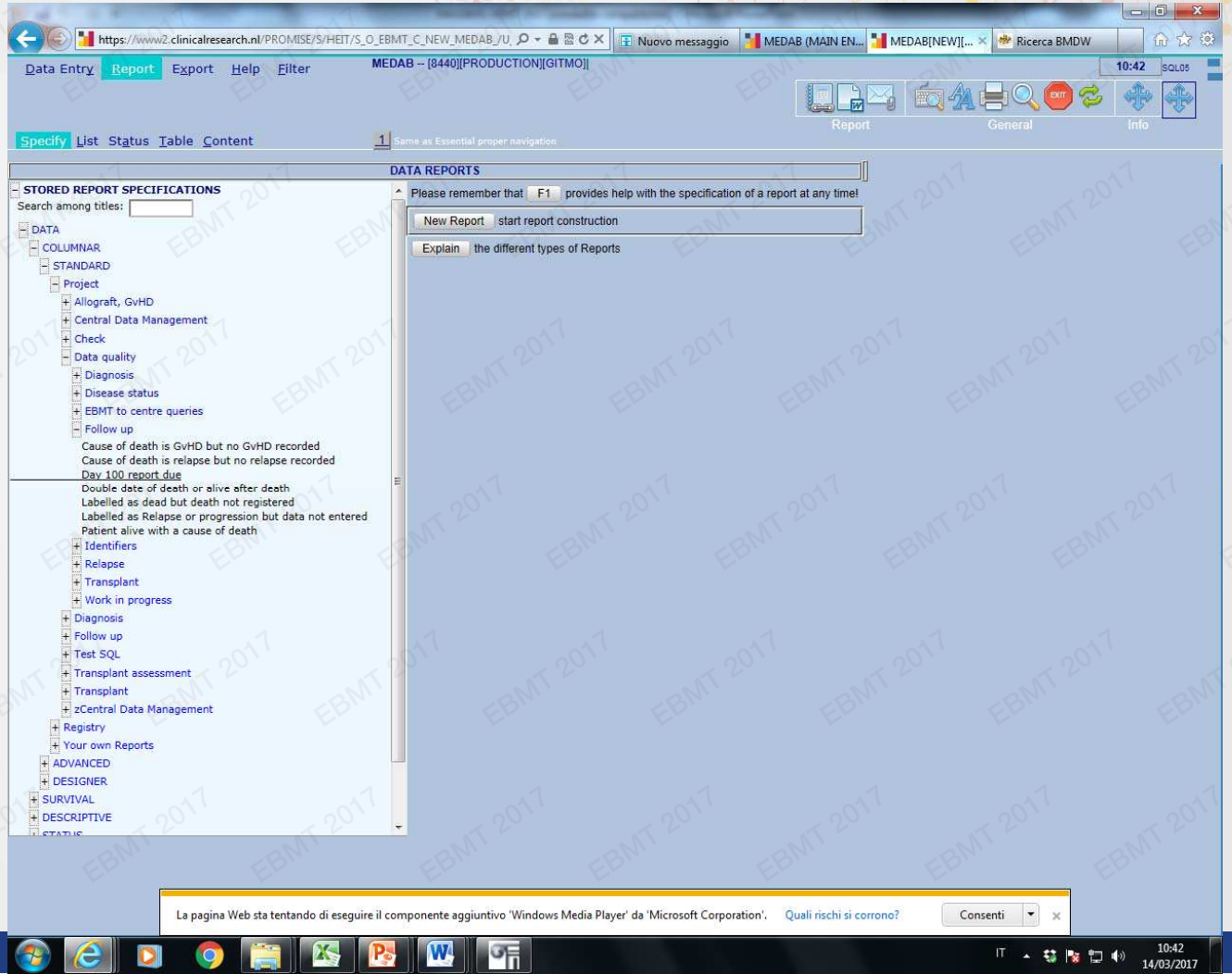
Promise Registration and updating

HOW WE TRY TO KEEP UPDATED AND NOT MISSING DEADLINES

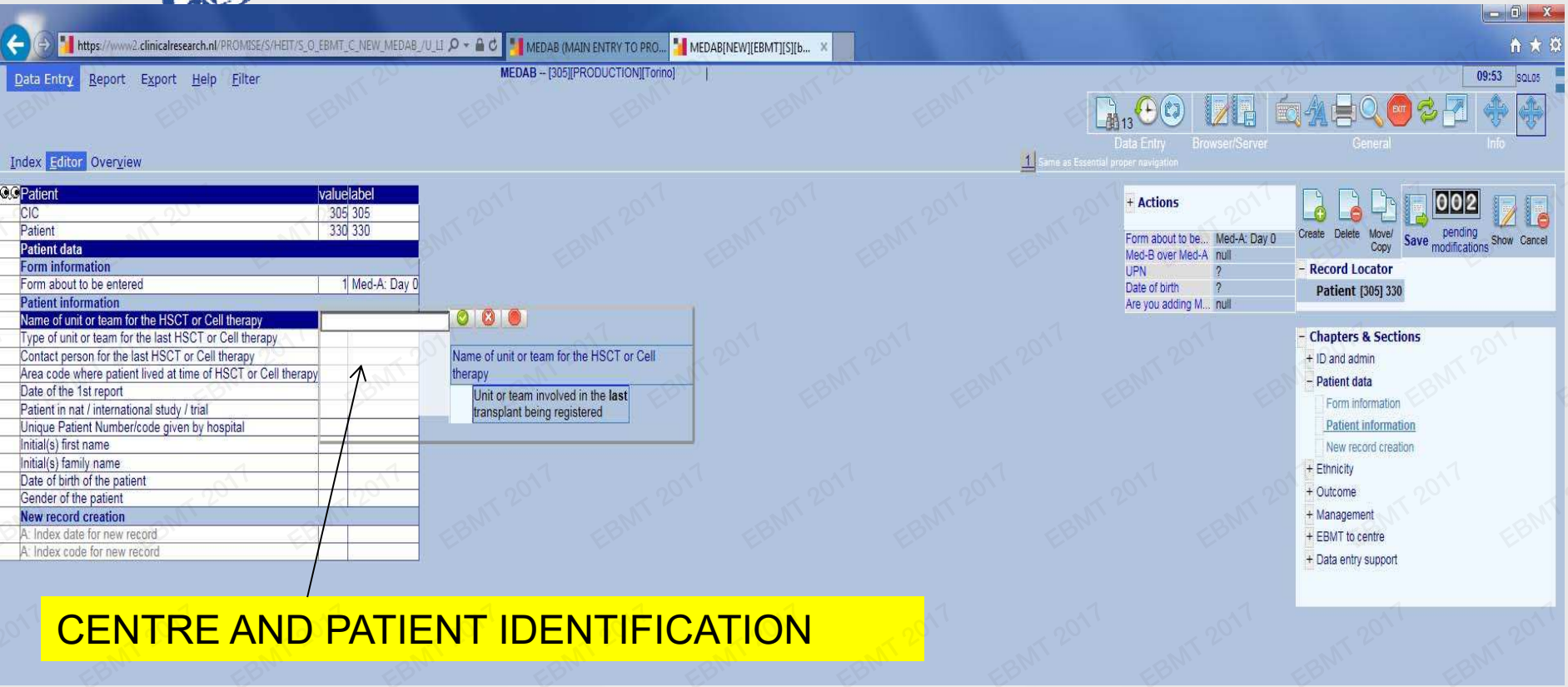
	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	UPN NUOVI	COGNOME	NOME	DaNASC	DONOR	DATA Tx	REGISTRAZIONE TRAPIANTO	GG+100 (DATA PREVISTA)	DATA REGISTRAZIONE	GG+365 (DATA PREVISTA)		scheda morte	MED 0	MED A+100
2	829	[redacted]		15/07/2003	REL-PB	25/06/2015	OK	03/10/2015	ok agg CTX alla proph GvHD				OK	ok
3	830			10/10/2014	REL-PB	01/07/2015	OK	09/10/2015	ok				OK	ok
4	831			23/12/2006	MUD-BM	03/07/2015	OK	11/10/2015	ok			31/08/2015	OK	ok
5	832			01/07/2014	MUD-BM	09/07/2015	ok	17/10/2015	ok proph GvHD agg al 10/11/2015				ok	ok
6	833			14/07/2009	REL-BM	10/07/2015	ok	18/10/2015	ok proph GvHD agg al 29/10/2015				ok	ok
7	834			10/09/2010	AUTO PB	29/07/2015	ok	06/11/2015	ok				ok	ok
8	835			22/06/1998	MUD-BM	14/08/2015	OK	22/11/2015	ok				OK	ok
9	836			22/09/2001	MUD-PB	26/08/2015	OK	04/12/2015	ok proph e terapia GvHD agg al 04/12/2015				OK	ok
10	767			28/09/1999	sib-pb	31/08/2015	ok	09/12/2015	ok proph GvHD agg al 15/12/2015				ok	ok
11	837			07/12/2013	REL-BM	04/09/2015	ok	13/12/2015	ok proph GvHD agg al 21/12/2015				ok	ok
12	838			14/02/2001	MUD-BM	09/09/2015	ok	18/12/2015	ok proph GvHD agg al 13/01/16				ok	ok
13	839			04/04/2005	SIB	29/09/2015	OK	07/01/2016	ok proph gvhd agg al 21/01/2016				OK	ok
14	796			15/10/2005	REL-BM	02/10/2015	ok	10/01/2016	ok proph GvHD agg al 13/01/16 agg CTX alla				ok	ok
15	840				MUD-BM	17/10/2015	ok	25/01/2016	ok				ok	ok
16	841			16/01/2008	REL-PB	10/11/2015	OK	18/02/2016	ok				OK	ok
17	842			22/11/2005	MUD-BM	22/11/2015	ok	01/03/2016	ok proph GvHD agg al 17/03/2016				ok	ok
18	843			07/11/2014	MUD-PB	11/12/2015	ok	20/03/2016	ok proph GvHD agg al 29/04/2016				ok	ok

We use a database that records the main variables related to HSCT. It report the day 100 in order to have a constant reminder of deadlines. Obviously it is important to properly record MED-A day 0

Data extraction from ProMISE

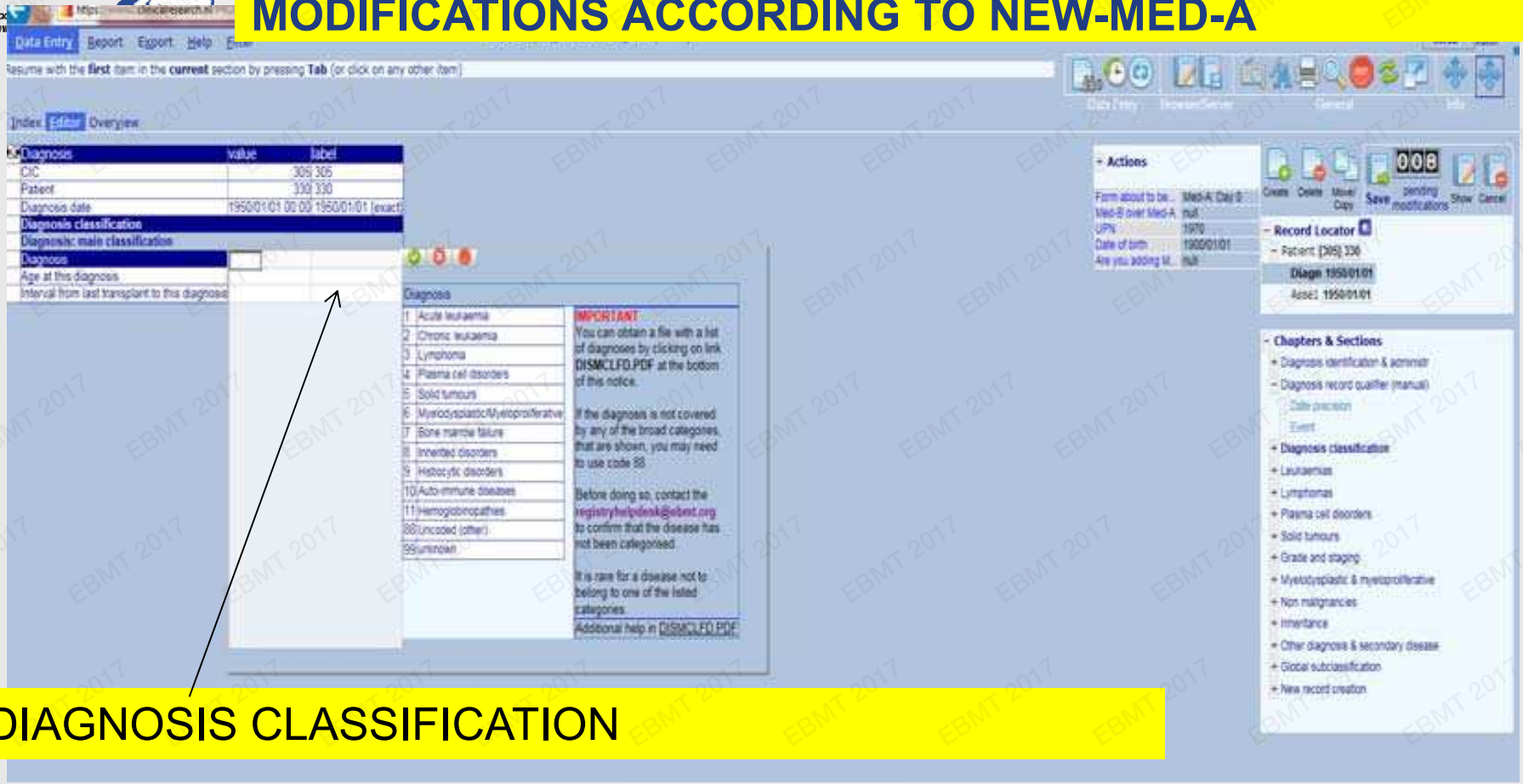


HOW TO REGISTER A NEW TRANSPLANT AND MODIFICATIONS ACCORDING TO NEW-MED-A



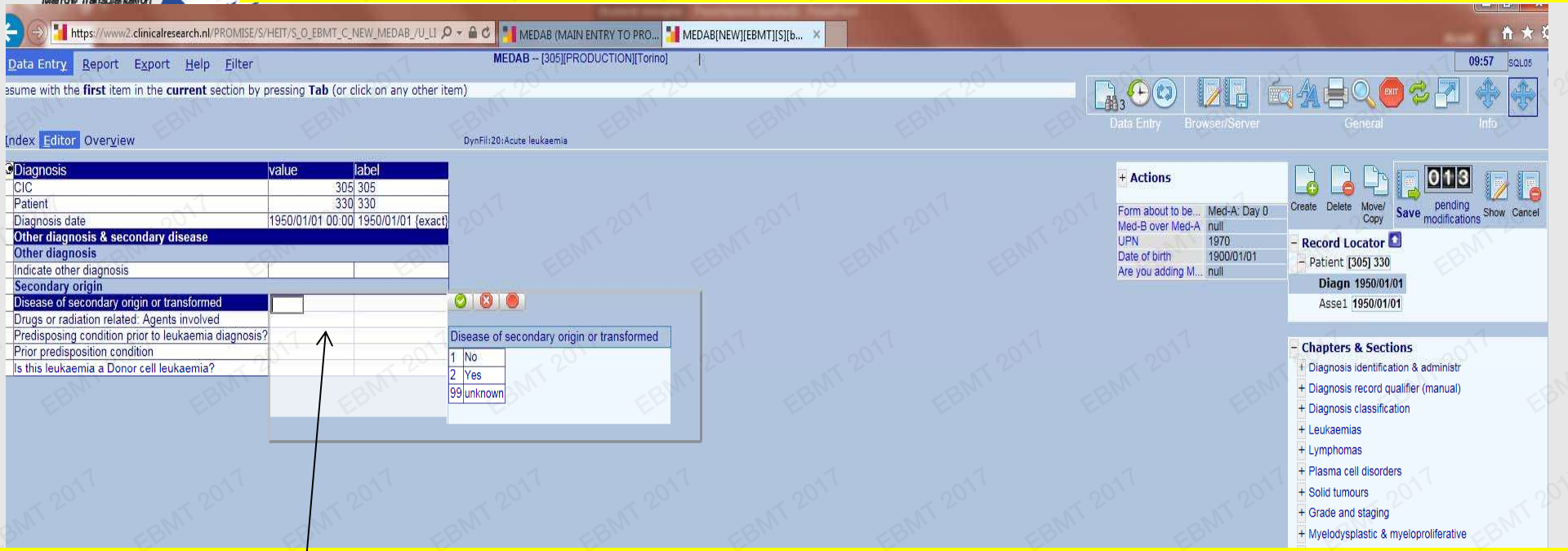
CENTRE AND PATIENT IDENTIFICATION

HOW TO REGISTER A NEW TRANSPLANT AND MODIFICATIONS ACCORDING TO NEW-MED-A



DIAGNOSIS CLASSIFICATION

HOW TO REGISTER A NEW TRANSPLANT AND MODIFICATIONS ACCORDING TO NEW-MED-A



SECONDARY OR PREDISPOSING CONDITIONS OR DONOR CELL LEUKEMIA

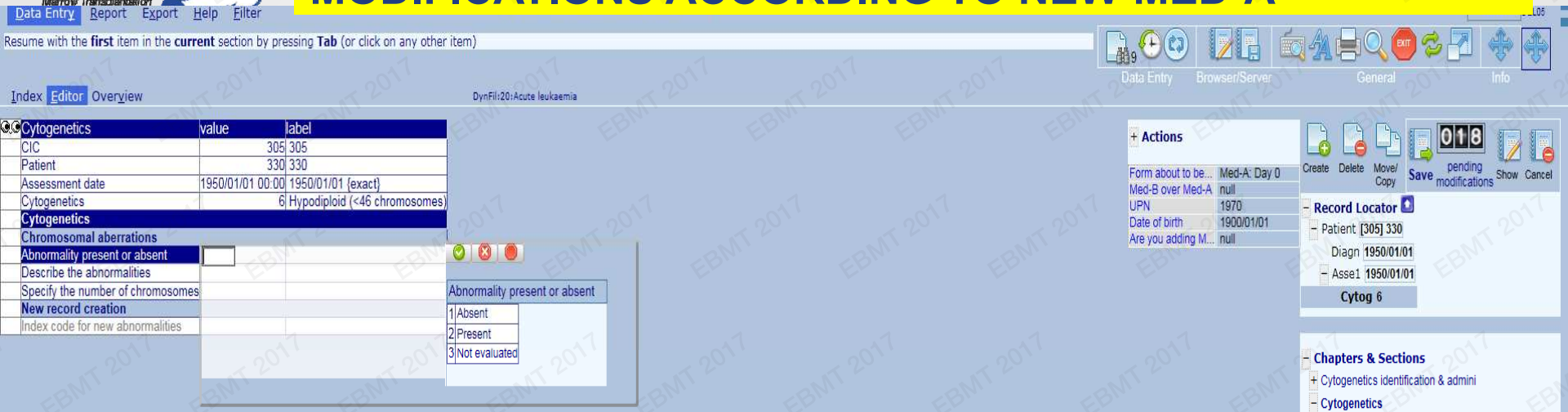
HOW TO REGISTER A NEW TRANSPLANT AND MODIFICATIONS ACCORDING TO NEW-MED-A

CYTOGENETICS AT DIAGNOSIS

HOW TO REGISTER A NEW TRANSPLANT AND MODIFICATIONS ACCORDING TO NEW-MED-A

CYTOGENETICS AT DIAGNOSIS

HOW TO REGISTER A NEW TRANSPLANT AND MODIFICATIONS ACCORDING TO NEW-MED-A

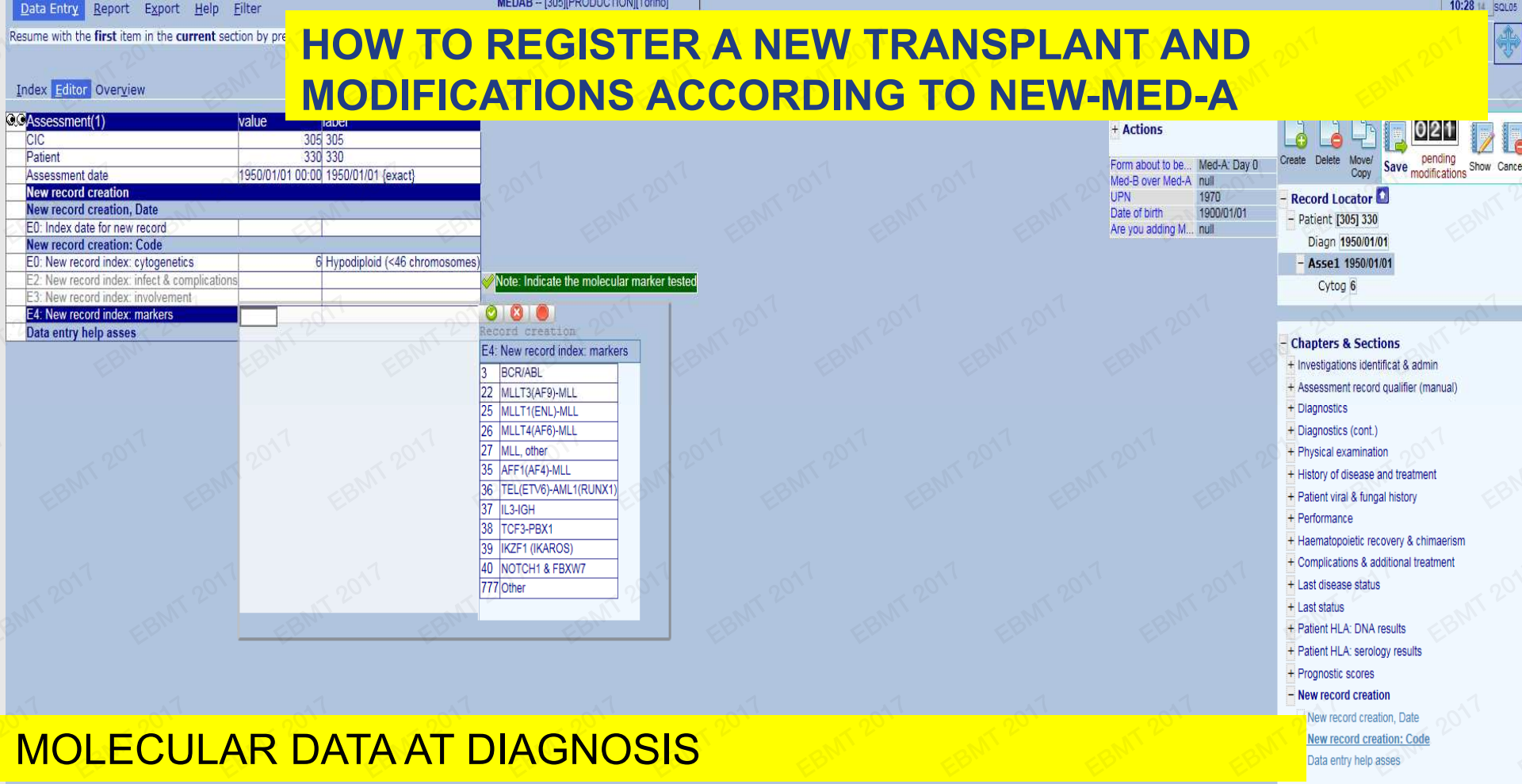


CYTOGENETICS DATA AT DIAGNOSIS

HOW TO REGISTER A NEW TRANSPLANT AND MODIFICATIONS ACCORDING TO NEW-MED-A

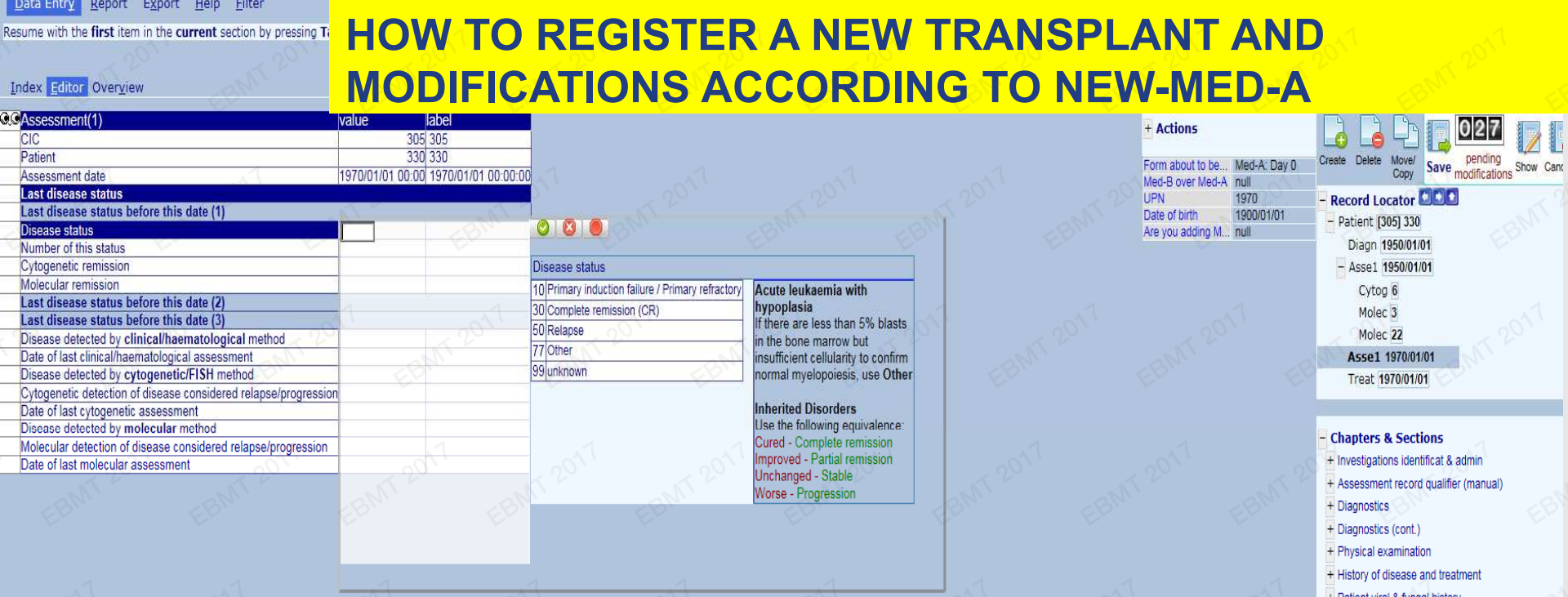
MOLECULAR DATA AT DIAGNOSIS

HOW TO REGISTER A NEW TRANSPLANT AND MODIFICATIONS ACCORDING TO NEW-MED-A



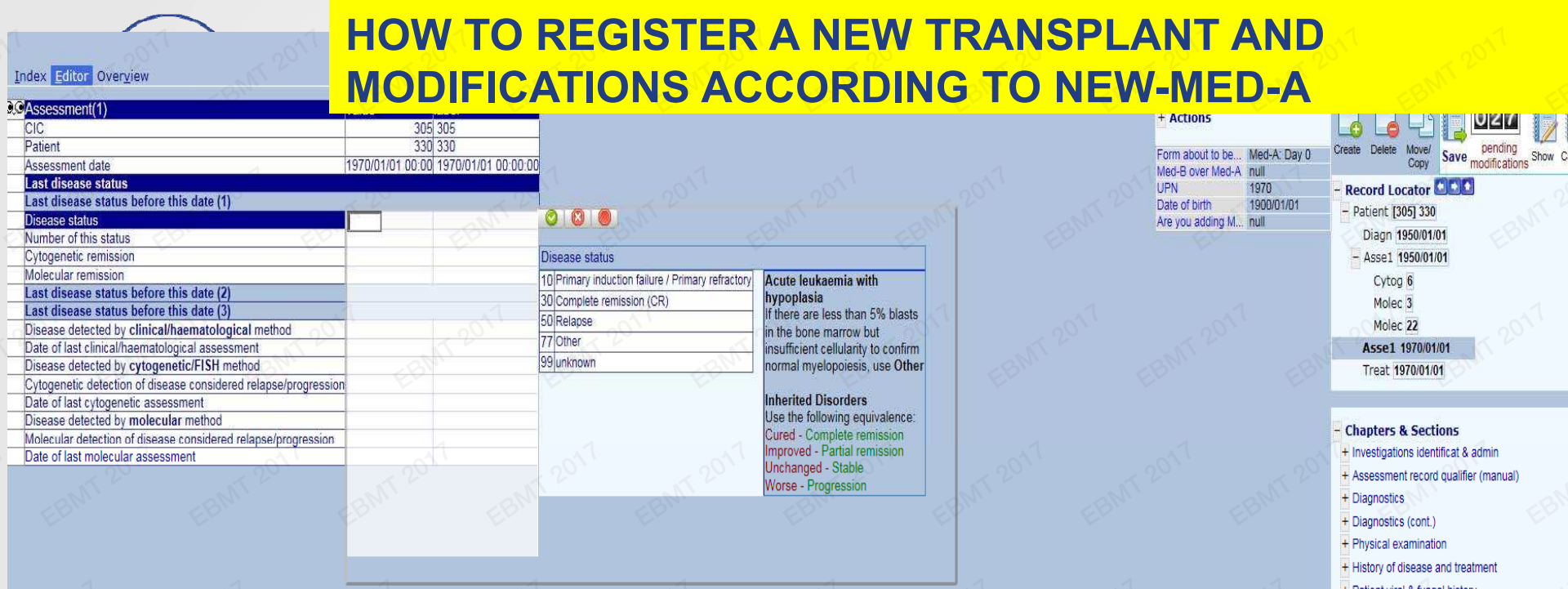
MOLECULAR DATA AT DIAGNOSIS

HOW TO REGISTER A NEW TRANSPLANT AND MODIFICATIONS ACCORDING TO NEW-MED-A

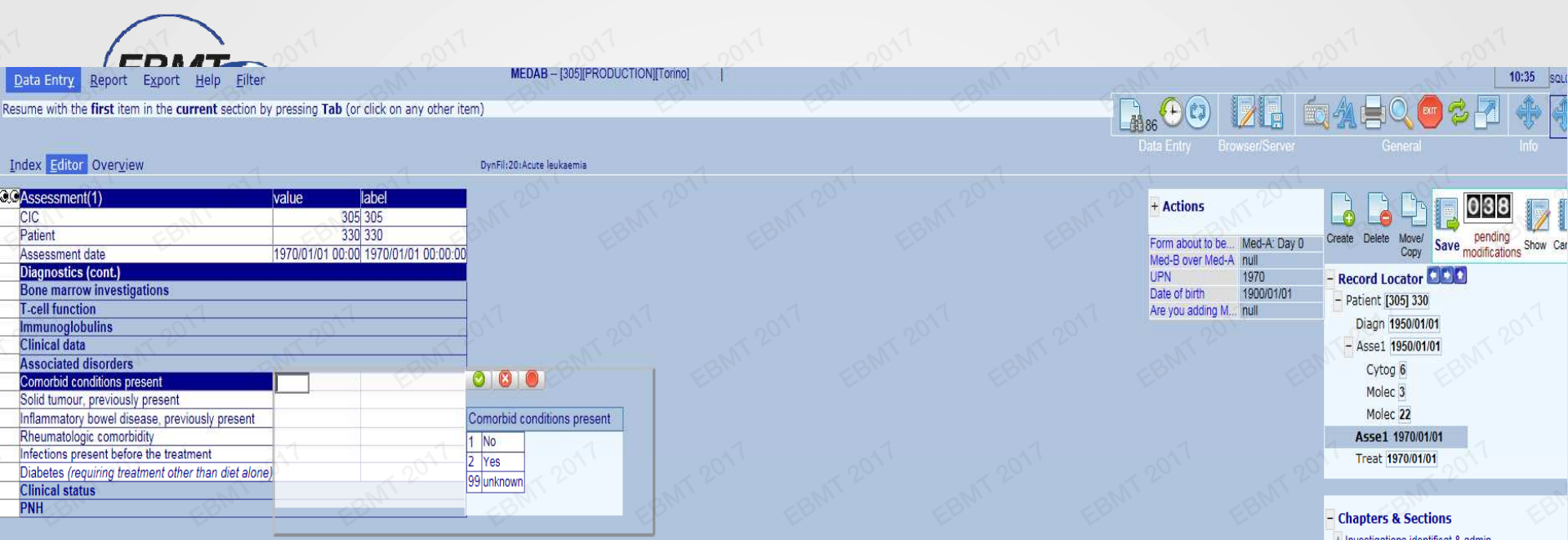


DISEASE STATUS AT HSCT

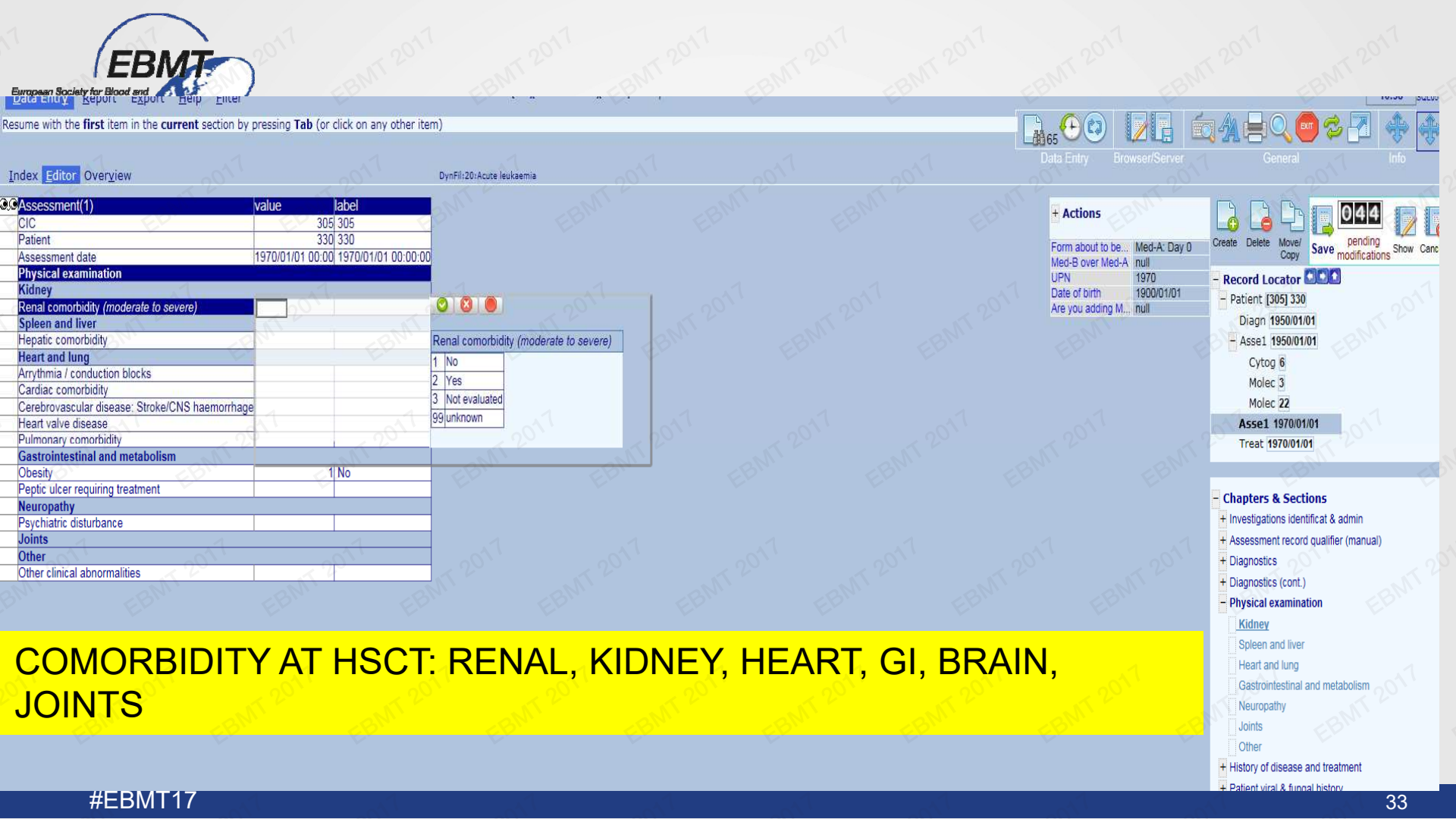
HOW TO REGISTER A NEW TRANSPLANT AND MODIFICATIONS ACCORDING TO NEW-MED-A



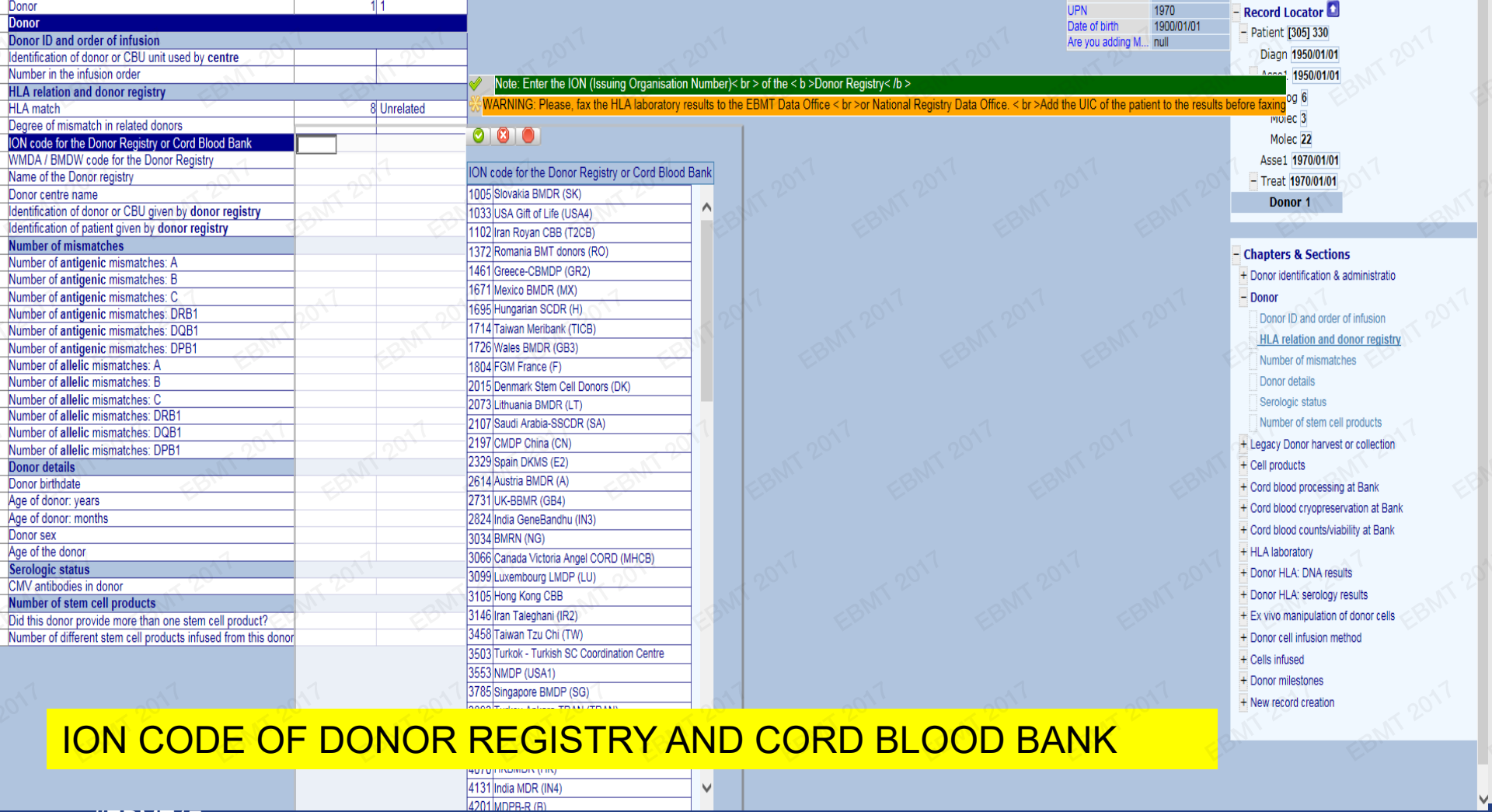
CYTOGENETICS AND MOLECULAR STATUS AT HSCT



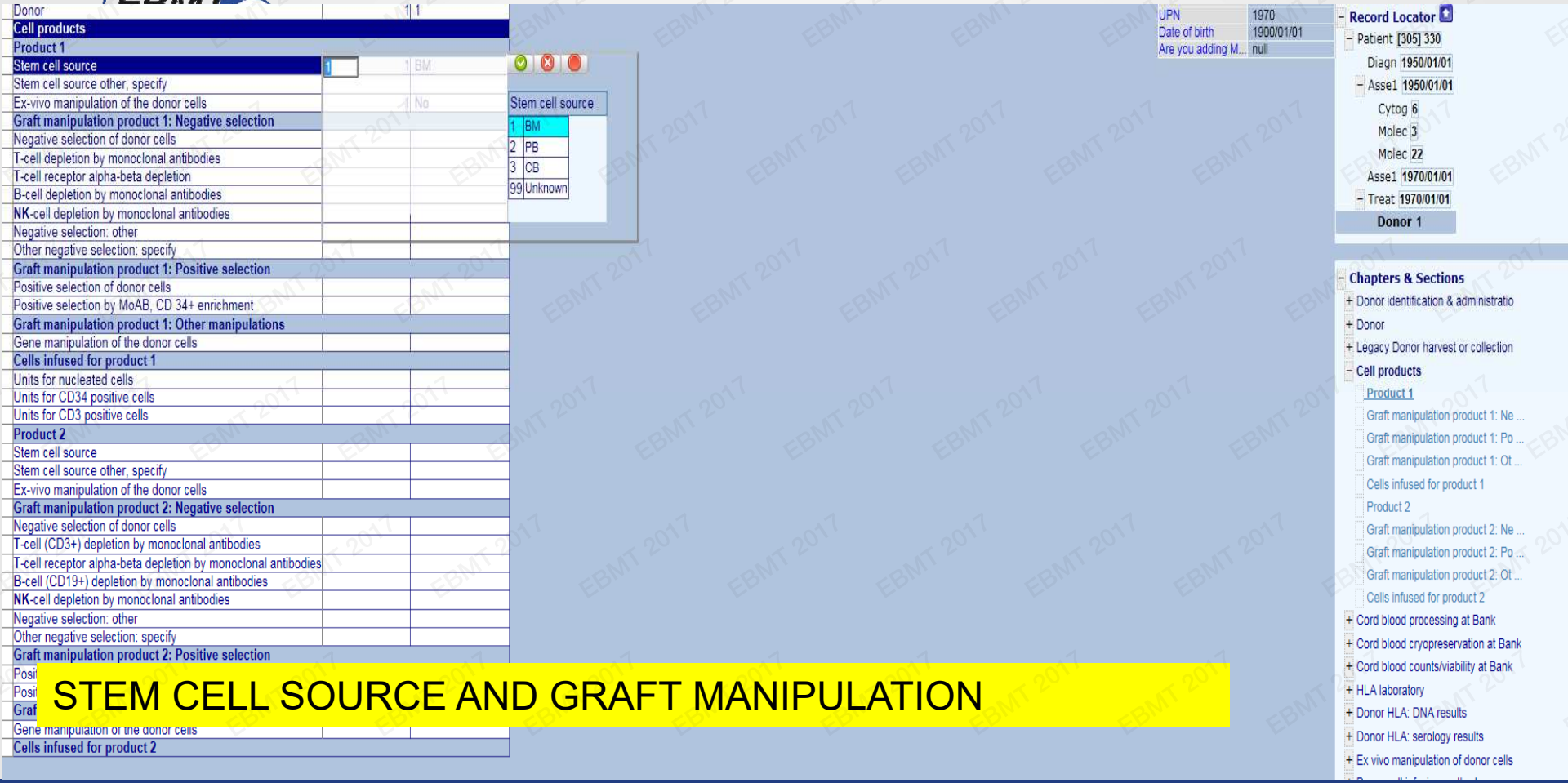
COMORBIDITY AT HSCT



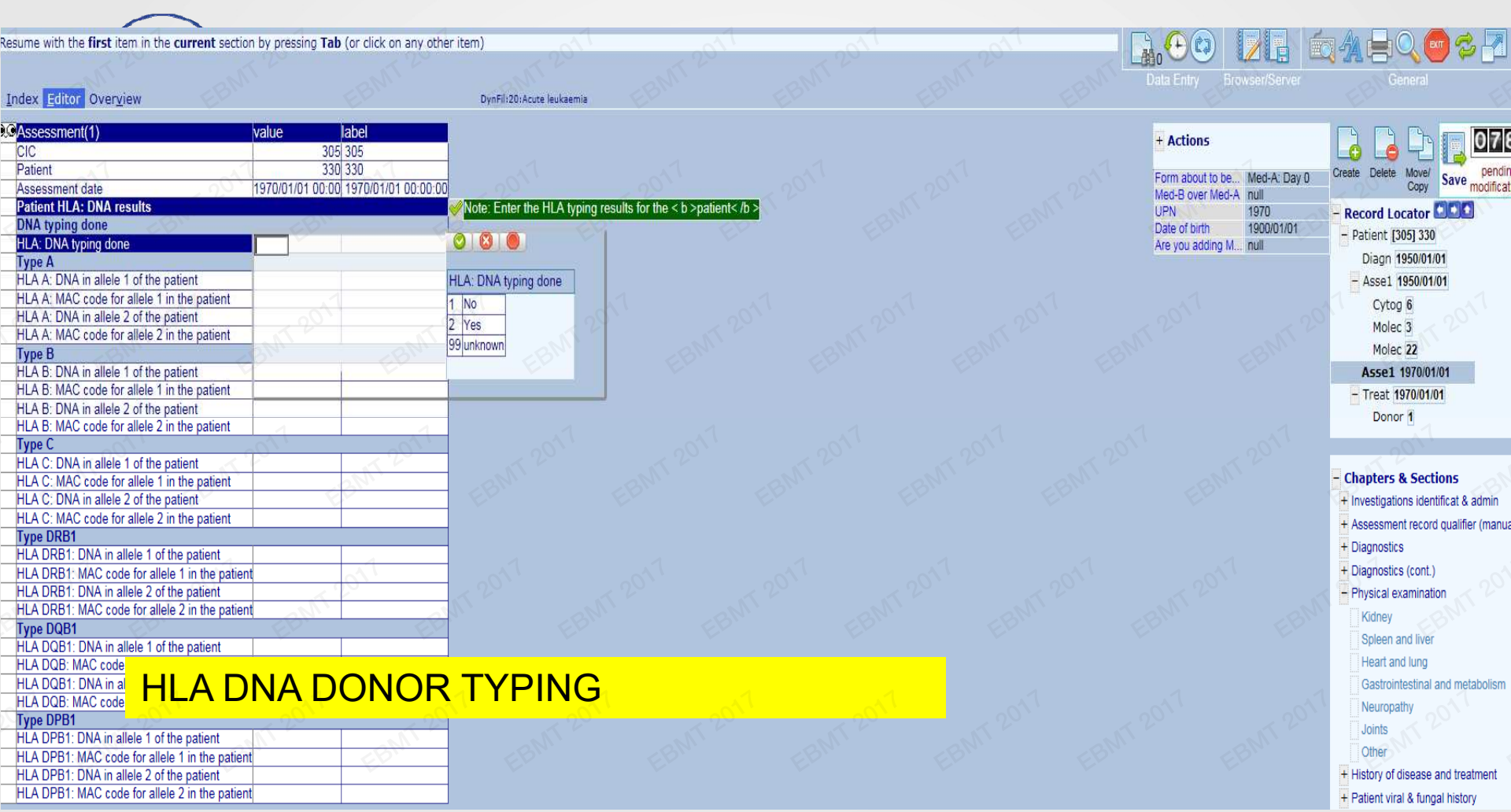
COMORBIDITY AT HSCT: RENAL, KIDNEY, HEART, GI, BRAIN, JOINTS



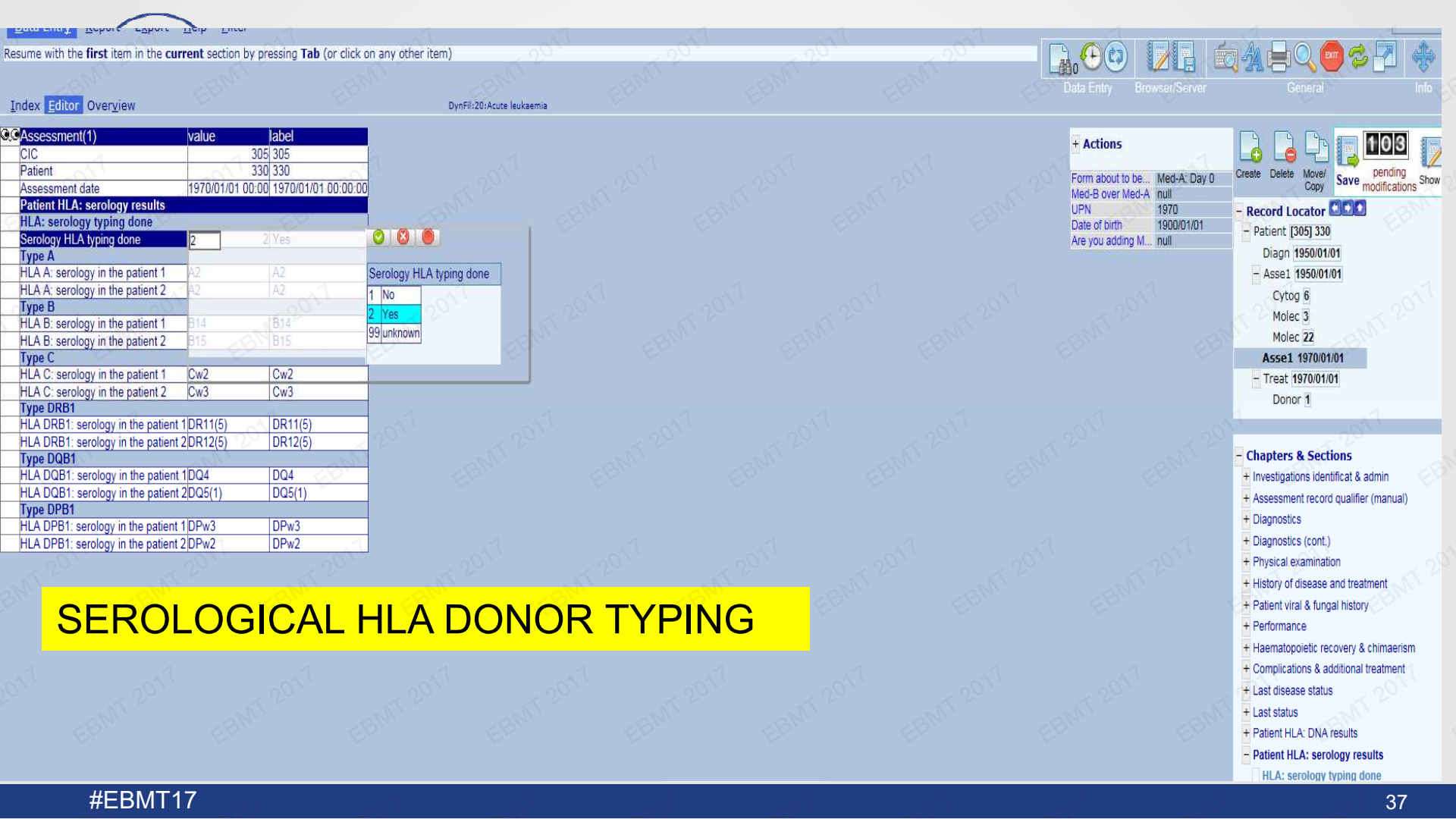
ION CODE OF DONOR REGISTRY AND CORD BLOOD BANK



STEM CELL SOURCE AND GRAFT MANIPULATION



HLA DNA DONOR TYPING



SEROLOGICAL HLA DONOR TYPING

Assessment(1)	value	label
CIC	305	305
Patient	330	330
Assessment date	1970/01/01 00:00	1970/01/01 00:00:00
Patient HLA: serology results		
HLA: serology typing done		
Serology HLA typing done	2	Yes
Type A		
HLA A: serology in the patient 1	A2	A2
HLA A: serology in the patient 2	A2	A2
Type B		
HLA B: serology in the patient 1	B14	B14
HLA B: serology in the patient 2	B15	B15
Type C		
HLA C: serology in the patient 1	Cw2	Cw2
HLA C: serology in the patient 2	Cw3	Cw3
Type DRB1		
HLA DRB1: serology in the patient 1	DR11(5)	DR11(5)
HLA DRB1: serology in the patient 2	DR12(5)	DR12(5)
Type DQB1		
HLA DQB1: serology in the patient 1	DQ4	DQ4
HLA DQB1: serology in the patient 2	DQ5(1)	DQ5(1)
Type DPB1		
HLA DPB1: serology in the patient 1	DPw3	DPw3
HLA DPB1: serology in the patient 2	DPw2	DPw2

CIC	305
Patient	330
Assessment date	1970/01/01 00:00:00
How approximate is the Index Date	NaN
Reason for this assessment	Haematopoietic stem cell transplant
Molecular or other type of markers	Not evaluated
Comorbid conditions present	Yes
Solid tumour, previously present	Yes
Inflammatory bowel disease, previously present	Yes
Rheumatologic comorbidity	Yes
Infections present before the treatment	Yes
Diabetes *(requiring treatment other than diet alone)*	Yes
Renal comorbidity *(moderate to severe)*	No
Hepatic comorbidity	Mild
Arrythmia / conduction blocks	Yes
Cardiac comorbidity	Yes
Cerebrovascular disease: Stroke/CNS haemorrhage	Present
Heart valve disease	Yes
Pulmonary comorbidity	- Moderate
Obesity	No
Peptic ulcer requiring treatment	No
Psychiatric disturbance	No
CMV antibodies in patient	Positive
Performance system used	Karnofsky
Karnofsky or Lansky status	Requires occasional assistance / Up and around; active play minimal
Patient weight	100
Patient height	180
Disease status	Complete remission (CR)
Number of this status	3rd or higher
Cytogenetic remission	Yes
Molecular remission	Not evaluated
HLA: DNA typing done	Yes
HLA A: DNA in allele 1 of the patient	A*01:01:03
HLA A: DNA in allele 2 of the patient	A*01:01
HLA B: DNA in allele 1 of the patient	B*07:02
HLA A: serology in the patient 1	A2
HLA A: serology in the patient 2	A2
HLA B: serology in the patient 1	B14
HLA B: serology in the patient 2	B15
HLA C: serology in the patient 1	Cw2

IF YOU HAVE FORGOTTEN TO COMPLETE THE REQUIRED FIELDS SUCH AS HLA DONOR, YOU CAN ENTER THE DATA IN THE FIELD ON THE RIGHT BY CLICKING THE RIGHT KEY ON THE MOUSE

Resume with the **first** item in the **current** section by pressing **Tab** (or click on any other item)

Index Editor Overview

Data Entry Browser/Server

Treatment	value	label
CIC	305	305
Patient	330	330
Treatment date	1970/01/01 00:00	1970/01/01 (exact)
Main treatment		
Collection		
Number of this mobilisation		
Number of courses from CR to collection		
Number of courses from collection to graft		
General		
Preparative (conditioning) treatment		
Regimen intended to be myeloablative *(full intensity)*		
Reason for non myeloablative (*reduced intensity*) regimen		
Other or additional reason for non myeloablative		
Remission induction or key therapy		
Sequential number of this treatment		
Reason for this treatment		
Other reason, specify		
Protocol		
Name of the treatment		
Did the 1st line treatment include HSCT?		
Drugs / chemo and TBI		
Drugs or chemotherapy		
Date conditioning chemo started		
Adjuvant chemotherapy		
Neoadjuvant chemotherapy		
TBI		
Total body irradiation, details		
Date conditioning TBI started		
CIC Radiophysics group		
Hospital of radiophysicist group		
Radiophysicist unit		
Radiophysicist phone/fax		
TBI total dose (Gy)		
Maximum superior (+) transverse deviation from TBI dose (%)		
Maximum inferior (-) transverse deviation from TBI dose (%)		
Maximum superior (+) longitudinal deviation from TBI dose (%)		
Maximum inferior (-) longitudinal deviation from TBI dose (%)		
Spleen dose (%)		
Rib cage dose (%)		
Estimated relative volume (%)		
Other important organ		

Preparative (conditioning) treatment

1	No
2	Yes
99	unknown

Actions

Visibility

- Apply Item Filter
- No DynFilters
- Show Names
- Hide Values
- RecLoc at lvl=2
- Keep Chp&Sec closed
- RecLoc 100% visible
- History always visible

Create

PREPARATIVE REGIMEN, ALSO IN THIS CASE, IF YOU FORGET THE REQUIRED FIELDS SUCH AS DRUGS OR DOSING, YOU CAN IN TREATMENT OR ASSESSMENT FIELDS ON THE RIGHT AND THEN BY CLICKING WITH RIGHT KEY


Index Editor Overview
Treatment value label
CIC 305 305
Patient 330 330
Treatment date 1970/01/01 00:00 1970/01/01 (exact)
New record creation
New record creation
C0: Index date for new record
C0: Index code for new donor 1 First
C2: Index code for new drug/agent
C1: Index code for new cell count
Data entry help Trt
Navigation field
Note: Select the drug from the list. Drug can be any agent: < BR >chemo, growth factor (cytokine), MoAB, policlonal AB, < br >hormone, etc.
Record creation
C2: Index code for new drug/agent
0 -SINGLE DRUG
1 Adriamycine
2 Amsacrine
3 ARA-C / Cytarabine
4 BCNU / Carmustine
5 Bleomycine
6 Busulfan / Busulphan
7 Carboplatin
8 CCNU
9 Cyclophosphamide / Endoxan
10 Chlorambucil
11 Ciclosporin / Cyclosporin / Neoral
12 Daunorubicin
13 Dexamethasone
14 Epirubicine
15 Etoposide / VP16
16 Fludarabine
17 Hydroxyurea
18 Idarubicine
19 Ifosfamide
20 Fluorouracil
21 Melphalan
22 Mercaptapur6
23 Methotrexate
24 Methyl prednisone/solone
25 Mitoxantrone
26 Prednisone/solone
27 Thiotepa
IMPORTANT
If you do not see the drug you are looking for, type "?" to see the whole list.
You can also start typing any part of the name of the drug; the list will shrink to only those items that share the text you have typed.
There is a help file with an alphabetical list of drugs and protocols.
To access it, click on the MEDAB084.PDF link below.
You can save this file to your hard disk.
Additional help in MEDAB0084.PDF
Actions
Visibility
Apply Item Filter
No DynFilters
Show Names
Hide Values
RecLoc at lvl=2
Keep Chp&Sec closed
RecLoc 100% visible
History always visible
Trace always visible
Cancel,Change,Delete...
ClipBoard
Create Delete Move/ Copy Save
Record Locator
Patient [305] 330
Diagn 1950/01/01
Asse1 1950/01/01
Cytog 6
Molec 3
Molec 22
Asse1 1970/01/01
Treat 1970/01/01
Donor 1
Form about to be... Med-A: Day 0
Med-B over Med-A null
UPN 1970
Date of birth 1900/01/01
Are you adding M... null
Chapters & Sections
Treatment identification & adm
Treatment record qualifier (ma
General
Transplant and cell source spe
Ex-vivo graft manipulation
Main treatment
Hospital admin (STABMT)
Supportive treatment in the pal
Cellular therapy (non HSCT)
Treatment related to complicat
Status after treatment
New record creation
New record creation
Data entry help Trt
CHEMOTHERAPY FOR PREPARATIVE REGIMEN

Index Editor Overview

Drugs_(Chemo_MoAB_etc)	value	label
CIC	305	305
Patient	330	330
Treatment date	1970/01/01 00:00	1970/01/01 00:00:00
Chemo	34	34
Drug treatment		
Indication		
Reason for this drug	10	GvHD Prophylaxis
Reason for drug if given during same period for another indication		
In-vivo treatment or *ex-vivo* culture	1	In vivo
Negative or positive selection		
Identification of donor or CBU unit used by **centre**		
Number in the infusion order		
Drug administration		
Drug or regimen given		
Other drug or chemo: specify if not coded		
Route of administration		
Animal origin	1	Rabbit
Other animal origin, specify		
Name of the brand		
Radiolabelled		
Dose of radioactive antibody		
Units of measurement of the radioactivity		
Dose of drug		
Units of measurement		
Number of cycles		
Type of delivery of the drug		
Period of treatment		
Treatment started on		
Treatment ended on		
Ongoing beyond date above		
Drug reaction		
Drug resistance		
New record creation		
CD: Index code for new drug		

Note: If applicable, select an additional immunosuppressive therapy from the list, otherwise leave field emp

CD: Index code for new drug

9	Cyclophosphamide / Endoxan
11	Ciclosporin / Cyclosporin / Neoral
23	Methotrexate
24	Methyl prednisone/solone
26	Prednisone/solone
31	ATG or ALG (ATS or ALS)
34	ATG (anti-thymocyte globulin/serum)
35	ALG (anti-lymphocyte globulin/serum)
40	Corticosteroids
50	Mycophenolate mofetil
52	Tacrolimus
64	Sirolimus / Rapamune
94	Metronidazole
602	CD3

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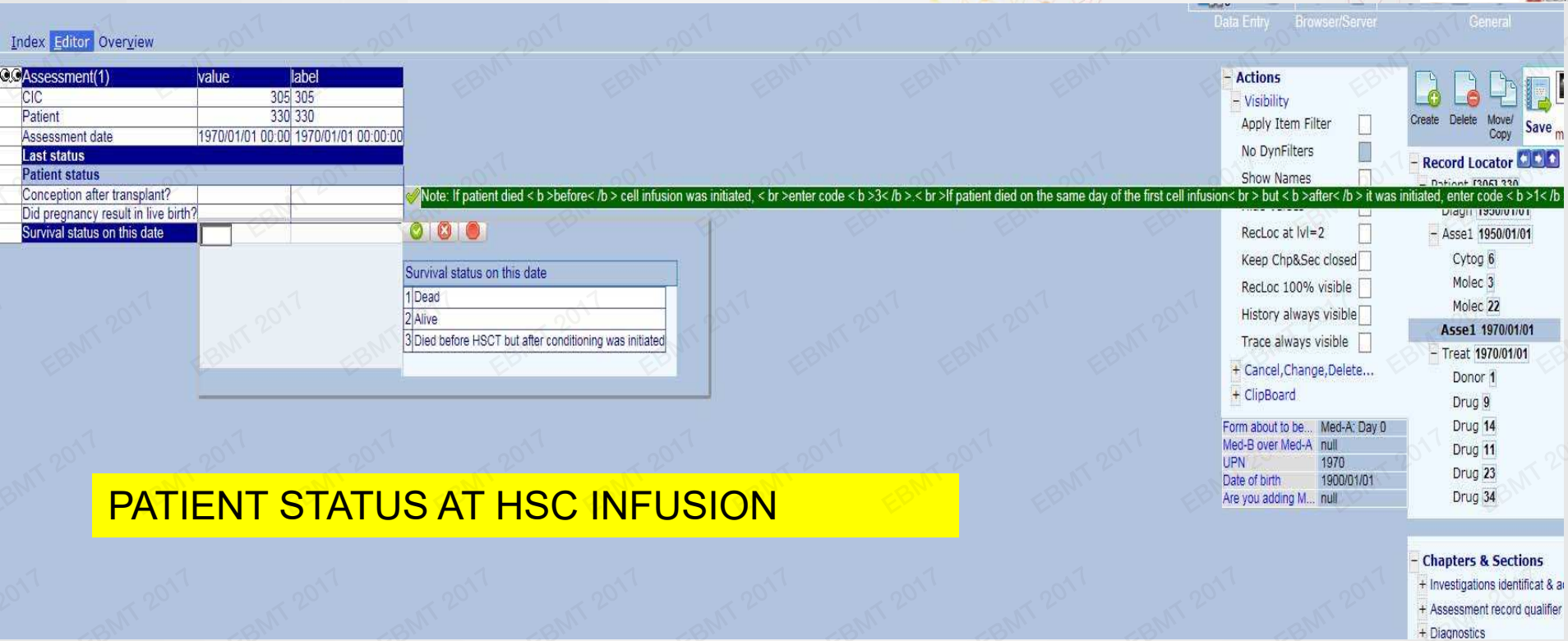
GVHD PROPHYLAXIS ALL DRUGS



PATIENT STATUS AT HSC INFUSION

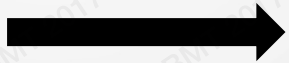
CONCLUSIONS

- More info on cytogenetics and risk factors for certain diseases (eg lymphoproliferative disease)
- More info on pre HSCT disease therapy for certain diseases
- Co-morbidity index >SORROR SCORE
- Site specific GvHD

skin
liver
lower GI tract
upper GI tract
GvHD stage in gut

Impacts:

- Increase in data collected on disease
- Increased workload for data managers
- Need for data manager/physician collaboration
- Improved scientific output of EBMT



30 MINS ARE NEEDED FOR A NEW HSCT REGISTRATION ESPECIALLY FOR REFERRED PATIENTS- SORROR CALCULATION IF NOT DONE YET

HOW TO REGISTER A NEW TRANSPLANT AND MODIFICATIONS ACCORDING TO NEW-MED-A

- The SORROR SCORE

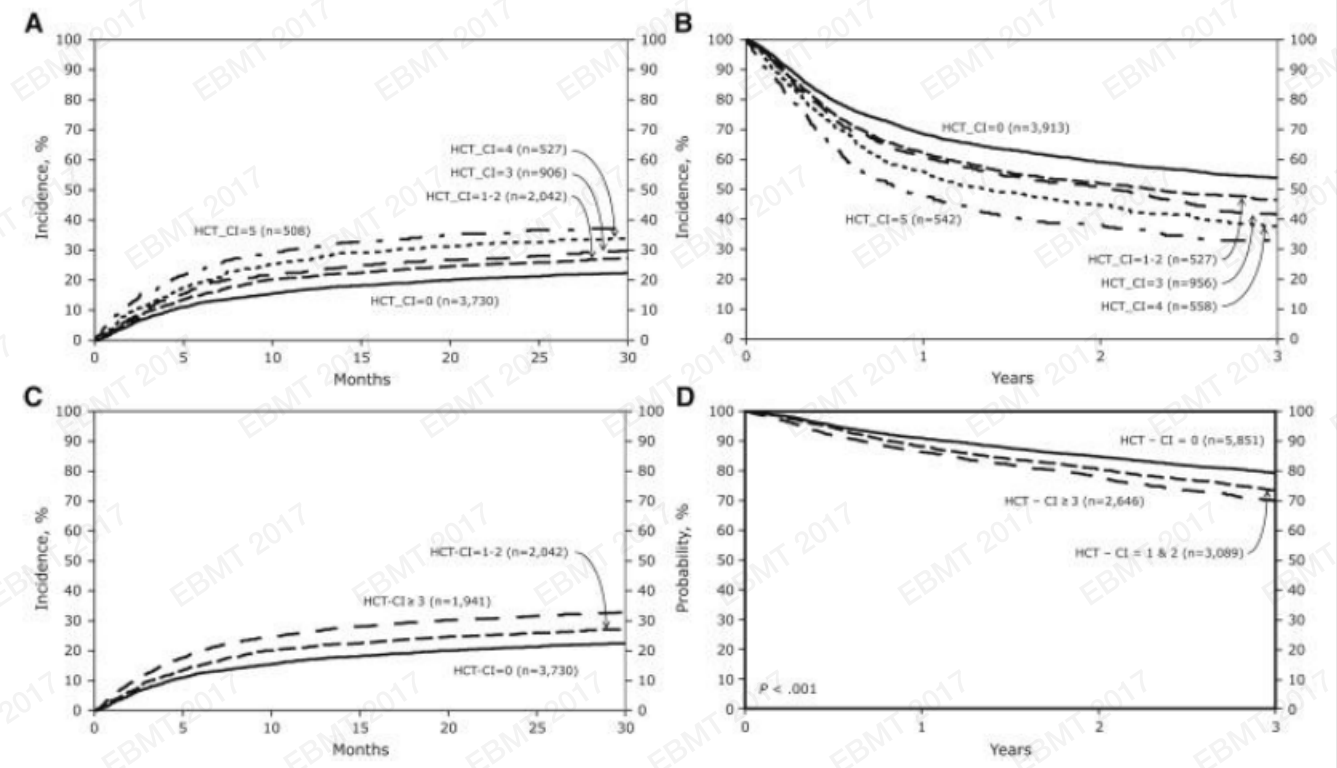
Table 1. HCT-CI

Comorbidities	HCT-CI score
Arrhythmia	1
Cardiovascular comorbidity	1
Inflammatory bowel disease	1
Diabetes or steroid-induced hyperglycemia	1
Cerebrovascular disease	1
Psychiatric disorder	1
Mild hepatic comorbidity	1
Obesity	1
Infection	1
Rheumatologic comorbidity	2
Peptic ulcer	2
Renal comorbidity	2
Moderate pulmonary comorbidity	2
Prior malignancy	3
Heart valve disease	3
Moderate/severe hepatic comorbidity	3
Severe pulmonary comorbidity	3
	Total score = _____

- A comorbidity tool suited for recipients of HCT
- Assesses pre-transplant organ impairment
  - Presence
  - Severity
- This information helps to understand the patient prognosis

HOW TO REGISTER A NEW TRANSPLANT AND MODIFICATIONS ACCORDING TO NEW-MED-A

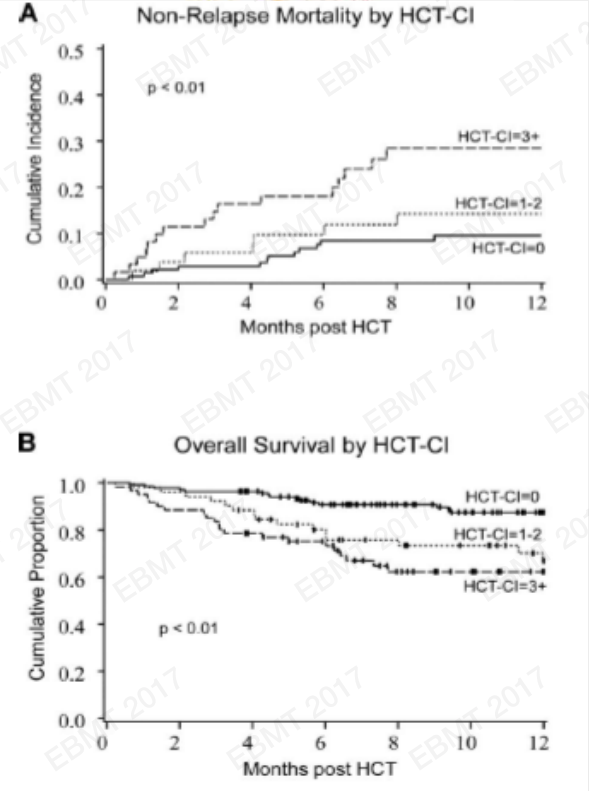
SORROR SCORE ADULTS



HOW TO REGISTER A NEW TRANSPLANT AND MODIFICATIONS ACCORDING TO NEW-MED-A

SORROR SCORE

PEDIATRICS



Thank you!

Questions?