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WELCOME TO THE MEETING

Dear Colleagues,

On behalf of the Calgary Planning Committee, I welcome you to the Canadian Blood and Marrow Transplant Group (CBMTG) 2017 Themed Meeting “Innovation in Blood and Marrow Transplant”.

During this meeting, we hope to focus on transplant methods, including cellular care and management of complications of transplant, with a focus on how these ideas can be used in our Canadian transplant programs. We will have breakout sessions to look at novel technologies in the lab including a wet lab component for those interested, nursing and pharmacy sessions, and a hands-on practical workshop taking participants through developing a multicenter research project. We will also have sessions looking at practical and system aspects of delivery of transplant care.

We hope that at the end of this meeting all delegates will be able to:

1. Improve their knowledge on indications and use of novel cellular therapies
2. Review novel transplant methods and changing strategies in GVHD treatment
3. Evaluate challenges and innovative solutions in the delivery of patient care

We hope that you find this to be an exceptional educational event. Please note that this event is CME accredited and we ask that you complete the meeting evaluation form post-conference in order to receive your credits and provide us with valuable input.

Sincerely,

Michelle Geddes, MD, FRCPC
Chair, Calgary Meeting Planning Committee

Dear Colleagues,

On behalf of the Board of Directors, I would like to take this opportunity to welcome you to the CBMTG Themed Meeting in Calgary. We hope that this smaller, more focused meeting will encourage you to participate in more of the meeting activities and give you greater freedom to interact with colleagues from other centres.

The planning committee, led by Dr. Michelle Geddes, has put together an outstanding program for this meeting. The committee has chosen to focus on innovation in hematopoietic cell transplantation and will explore new transplant techniques, innovative ways of addressing complications of transplant, and novel delivery of care. We hope that this meeting will help prepare Canadian transplant programs to adapt to changes in the transplant landscape over the next five to ten years.

The CBMTG will continue to encourage our patients and their families to become more active in our society. As it did last year, the meeting will close with a Patient-Family symposium hosted by the newly-created Patient and Family Special Interest Group. All are encouraged to attend.

Finally, I would like to thank our sponsors for their ongoing support of the CBMTG and our mission of education in blood and marrow stem cell transplantation. Without their support meetings like this would not be possible. I encourage you to meet with them during the breaks and find out what’s new and exciting in the drug pipeline.

I look forward to seeing everyone at the welcome reception on Friday night.

Sincerely,

Andrew Daly, MDCM, FRCPC
CBMTG President
CBMTG BOARD OF DIRECTORS

President, Andrew Daly, MD
President-Elect, Donna Wall, MD
Past President, Christopher Bredeson, MD, MSc, FRCP
Treasurer, Raewyn Broady, MBChB, FRACP, FRCP
Secretary, Jennifer Wiernikowski, MN, NP-Adult, CON(C)
Director-at-Large, Education, Kylie Lepic, MD
Director-at-Large, Research, Kirk Schultz, MD, FCAHS

CONFERENCE PLANNING COMMITTEE

Chair:
Michelle Geddes, MD, FRCP

Committee Members:
Andrew Daly, MDCM, FRCP
Gregory Guilcher, MD, FRCP, FAAP
Nicole L. Prokopishyn, PhD
Kevin Song, MD, FRCP
Minakshi Taparia, MD
Lindsay Thompson
Jennifer Wiernikowski, MN, NP-Adult, CON(C)

ACCREDITATION:

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada, and approved by the University of Calgary Office of Continuing Medical Education and Professional Development. Participants can claim up to a maximum of 16.25 study credits:

- June 9, 2017: 7.25 hours
- June 10, 2017: 9 hours

Claiming your credits:
Visit MAINPORT https://mainport.royalcollege.ca to record your learning and outcomes.
This meeting program meets the certification criteria of The College of Family Physicians of Canada and has been certified by the University of Calgary Office of Continuing Medical Education and Professional Development for up to 16.25 Mainpro+ credits.
A MEETING OF THE CANADIAN BLOOD AND MARROW TRANSPLANT GROUP

INVITED SPEAKERS, CHAIRS, AND PANELISTS

Sara Beattie, **PhD**, Tom Baker Cancer Centre, Calgary, AB, Canada
Raewyn Broady, **MBChB, FRACP, FRCP**, Leukemia/BMT Program, Vancouver, BC, Canada
Barry Bultz, **PhD**, University of Calgary, Cumming School of Medicine, Calgary, AB, Canada
Stephen Couban, **MD, FRCP**, Dalhousie University, Halifax, NS, Canada
Nanette Cox-Kennett, **BScN, MSN**, Cross Cancer Institute, Edmonton, AB, Canada
Andrew Daly, **MD, FRCP**, University of Calgary, Cumming School of Medicine, Calgary, AB, Canada
Tammy De Gelder, **RN(ECC), MN, CON(C)**, Juravinski Hospital and Cancer Centre, Hamilton, ON, Canada
Jean-Sébastien Delisle, **MD, FRCP, PhD**, Maisonneuve-Rosemont Hospital, Montreal, QC, Canada
Michelle Geddes, **MD**, University of Calgary, Calgary, AB, Canada
Jyoshna Govender, **Edmonton, AB, Canada**
Gregory Guilcher, **MD**, University of Calgary, Calgary, AB, Canada
Natasha Kekre, **MD, MPH, FRCP**, Blood and Marrow Transplant Program, Ottawa Hospital, Ottawa, ON, Canada
Faisal Khan, **PhD, D(ABHI)**, University of Calgary, Cumming School of Medicine, Calgary, AB, Canada
Nancy Moules, **RN, PhD**, University of Calgary, Calgary, AB, Canada
Nicolette Prokopishyn, **PhD**, Foothills Medical Centre, Calgary, AB, Canada
Olle Ringdén, **MD, PhD**, Karolinska Institutet, Stockholm, Sweden
Fiona Schulte, **PhD**, University of Calgary, Cumming School of Medicine, Calgary, AB, Canada
Meer-Taher Shabani-Rad, **MD, FRCP, ABP-HP**, Tom Baker Cancer Centre, Calgary, AB, Canada
Sandeep Soni, **MD**, Stanford University, Stanford, CA, USA
Kevin Song, **MD, FRCP**, Vancouver General Hospital, Vancouver, BC, Canada
Britt-Marie Svahn, **PhD, RN** Karolinska University Hospital, Stockholm, Sweden
Jason Tay, **MD**, Tom Baker Cancer Centre, Calgary, AB, Canada
Nicole Waidman, **StemSoft Software**, Vancouver, BC, Canada
Irwin Walker, **MBBS, FRACP, FRCP**, McMaster University, Hamilton, ON, Canada
Daniel Weber, **Miltenyi Biotec**, Auburn, CA, USA

DISCLOSURES

Andrew Daly, Speaker, Planning Committee Member
- Advisory Board Member – Sanofi Genzyme

Tammy De Gelder, Speaker
- Honorarium – Novartis

Jean-Sébastien Delisle, Speaker
- Patent Holder – SpecificIT

Michelle Geddes, Planning Committee Member
- Advisory Board – Celgene, Novartis
- Clinical Trial Participation – Astellas, Celgene, Seattle Genetics, Otsuka, Daiichi Sankyo

Natasha Kekre, Speaker
- Previous Board Member – Sanofi, Jazz Pharmaceuticals
- Honoraria – Sanofi, Jazz Pharmaceuticals

Kevin Song, Speaker, Planning Committee Member
- Advisory Board – Celgene, Amgen
- Honoraria – Celgene, Takeda, Amgen, Janssen
- Clinical Trial Participation – Celgene, Takeda, Amgen, Janssen

Sandeep Soni, Speaker
- Commercial Organization Payment – Crisper Therapeutics, Bluebird Bio, Cellerant Therapeutics

Minakshi Taparia, Planning Committee Member
- Clinical Trial Participation – Stemline

Irwin Walker, Speaker
- Honorarium – Sanofi
- Clinical Trial Participation – KIADIS
## 2017 THEMED MEETING SERIES

### CONFERENCE-AT-A-GLANCE

**THURSDAY, JUNE 8, 2017**

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<td>5:00pm – 8:00pm</td>
<td>Registration</td>
<td>Spectrum Foyer</td>
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<tr>
<td>7:00pm – 8:30pm</td>
<td>Nursing Networking Session</td>
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**FRIDAY, JUNE 9, 2017**

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<tr>
<td>8:00am – 6:30pm</td>
<td>Registration</td>
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<td>8:00am – 9:00am</td>
<td>Coffee and Pastries</td>
<td>Spectrum Foyer</td>
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<td>9:00am – 12:00pm</td>
<td>Session 1: Novel Cellular Therapies</td>
<td>Spectrum 4, 5</td>
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<td>Chair: Andrew Daly, MDCM, FRCPC</td>
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<td>Natural Killer Cells and Killer Immunoglobulin-like Receptors (KIRs): A Model for Precision Medicine in Allogeneic Hematopoietic Cell Transplantation</td>
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<td>Faisal Khan, PhD, D(ABHI)</td>
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<td>10:00am – 10:15am: Health Break</td>
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<td>Living Drugs and Custom Made Immunoreconstitution</td>
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<td>Jean-Sébastien Delisle, MD, FRCPC, PhD</td>
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<td>Building a Canadian Platform for Chimeric Antigen Receptor T (CAR-T) Cell Therapy</td>
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<td>Natasha Kekre, MD, MPH, FRCPC</td>
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<td>12:15pm – 1:45pm</td>
<td>Corporate Symposium: Lunch</td>
<td>Spectrum 4, 5</td>
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<td>2:00pm – 4:00pm</td>
<td>Session 2: Novel Transplant Methods</td>
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<td>Chair: Kevin Song, MD, FRCPC</td>
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<td></td>
<td>Controversies in Haploidentical Hematopoietic Cell Transplantation</td>
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<td>Andrew Daly, MDCM, FRCPC</td>
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<td>Gene Therapy for Hemoglobinopathies: Current and Future Prospects</td>
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<td>Sandeep Soni, MD</td>
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<td>Hematopoietic Cell Transplantation for Hemoglobinopathies: New Approaches Improving Safety and Efficacy</td>
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<td>Greg Guilcher, MD</td>
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<td>4:00pm – 4:15pm</td>
<td>Health Break</td>
<td>Spectrum Foyer</td>
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<td>4:15pm – 6:30pm</td>
<td>Session 3: Novel Approaches to Managing Transplant Complications</td>
<td>Spectrum 4, 5</td>
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<td>Chair: Sara Beattie, PhD</td>
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<td>cGVHD: Shooting at a Spider Web</td>
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<td>Irwin Walker, MBBS, FRACP, FRCPC</td>
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<td>Placenta-Derived Decidual Stromal Cells for Treatment of Severe Acute GVHD</td>
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<td>Olle Ringdén, MD, PhD</td>
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<td>Survivorship Panel Discussion:</td>
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<td>Surviving the Cure: Implementation of a Survivorship Program in BC</td>
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<td>Raewyn Broady, MBCCh, FRACP, FRCPC</td>
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<td>Long Term Stem Cell Transplant Clinics: The Hamilton Experience</td>
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<td>Tammy De Gelder, RN(EC), MN, CON(C)</td>
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<td>Jyoshna Govender</td>
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<td>7:00pm – 8:00pm</td>
<td>Welcome Reception</td>
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<td>Registration</td>
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<td>7:30am – 9:00am</td>
<td>Coffee and Pastries</td>
<td>Spectrum Foyer</td>
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<tr>
<td>9:00am – 12:00pm</td>
<td><strong>Session 4A: Novel Research Methodologies</strong>&lt;br&gt;Chair: Michelle Geddes MD&lt;br&gt;Investigator Initiated Clinical Trial Process&lt;br&gt;Stephen Couban, MD, FRCP, Jason Tay, MD&lt;br&gt;10:00am – 10:15am: Health Break</td>
<td>Spectrum 4, 5</td>
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<td>10:15am – 10:30am</td>
<td>Health Break</td>
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<td>9:00am – 12:00pm</td>
<td><strong>Session 4B: Nursing and Psychosocial</strong>&lt;br&gt;Chair: Nanette Cox-Kennett, BScN, MSc&lt;br&gt;Sexuality in Adolescents and Young Adults Experiencing Cancer&lt;br&gt;Nancy Moules, RN, PhD&lt;br&gt;10:00am – 10:15am: Health Break&lt;br&gt;Precision Supportive Care by Screening for Distress: The 6th Vital Sign&lt;br&gt;Barry Bultz, PhD, Fiona Schulte, PhD</td>
<td>Spectrum 1, 2</td>
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<td>12:15pm – 1:45pm</td>
<td>Corporate Symposium: Lunch</td>
<td>Spectrum 4, 5</td>
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<td>2:00pm – 5:00pm</td>
<td><strong>Session 5: Novel Delivery of Care</strong>&lt;br&gt;Chair: Greg Guilcher, MD&lt;br&gt;Outpatient Autotransplantation: The Vancouver Experience and Beyond&lt;br&gt;Kevin Song, MD, FRCP&lt;br&gt;3:00pm – 3:15pm: Health Break&lt;br&gt;Outpatient Allogeneic Transplants&lt;br&gt;Britt-Marie Svahn, PhD, RN, Olle Ringdén, MD, PhD&lt;br&gt;Community Paramedic In-Home Blood Transfusion Program: A Patient Centered Initiative&lt;br&gt;Meer-Taher Shabani-Rad, MD, FRCP, ABP-HP</td>
<td>Spectrum 4, 5</td>
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<tr>
<td>5:30pm – 8:30pm</td>
<td><strong>Patient and Caregiver Symposium</strong>&lt;br&gt;<em>All conference delegates are invited to attend this session. Please note that pre-registration is required.</em></td>
<td>Spectrum 1, 2</td>
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*A MEETING OF THE CANADIAN BLOOD AND MARROW TRANSPLANT GROUP*
SESSION SUMMARIES

Friday, June 9, 2017

9:00am – 12:00pm | Session 1: Novel Cellular Therapies

NATURAL KILLER CELLS AND KILLER IMMUNOGLOBULIN-LIKE RECEPTORS (KIRS): A MODEL FOR PRECISION MEDICINE IN ALLOGENIC HEMATOPOIETIC CELL TRANSPLANTATION

Faisal Khan, PhD, D(ABHI)

Graft versus host disease (GVHD), relapse, and viral infections account for the bulk of allogeneic hematopoietic cell transplantation (HCT) complications, leaving only 35% of patients alive and well. Managing these complications is challenging. Treatment of one condition (e.g., immunosuppression for GVHD) leads to heightened risks of others (e.g., relapse and infections). It is therefore highly desirable to reduce the HCT complications in the first place (by selecting better donors), and combine it with pre-emptive identification and treatment of only the high-risk group patients for treatment.

Natural killer (NK) cells constitute a critical first line of defense against pathogens and tumors. The widespread prominence of NK cells in influencing HCT outcomes largely owes itself to their rapid early post-HCT recovery, and expression of regulatory Killer Ig-like Receptors (KIR) that recognize target-cell histocompatibility antigens. On account of the incredible diversity among the latter, NK cells exhibit differential responses among different donor (D)-recipient (R) pairs.

In ongoing research, we have studied the high resolution molecular profile of KIR genes in healthy volunteers, HCT donors, and recipients in the context of its impact on the risk of different adverse outcomes of allogeneic HCT and its influence on NK cell transcriptome and functions against target cells. Our study has shown that (1) HCTs performed between KIR genotype matched D-R pairs have >2-fold lower incidence of chronic GVHD and significantly improved chronic GVHD and relapse free survival (cGFRS); and (2) HCTs performed with donors carrying KIR-telomeric A01 motif have >4-fold reduced incidence of Post-Transplant Lymphoproliferative Disease (PTLD) as individual carrying KIR-telomeric A01 motifs have strong NK cell functions against Epstein-Barr virus.

The findings offer a clinically applicable donor selection strategy that can help control cGVHD and PTLD and/or identify patients at high risk of developing cGVHD/PTLD as potential candidates for pre-emptive therapy.

Learning Objectives:
1. Consider natural killer (NK) cells and its importance in hematopoietic cell transplantation (HCT)
2. Recognize the importance of Killer Ig-like Receptors (KIRs) and the impact of its diversity on NK cell functions
3. Explain KIR genes as biomarkers of adverse outcomes of allogeneic HCT

LIVING DRUGS AND CUSTOM MADE IMMUNORECONSTITUTION

Jean-Sébastien Delisle, MD, FRCPC, PhD

Infections remain an important cause of mortality and morbidity following hematopoietic cell transplantation. Immune reconstitution is a central aspect of anti-microbial resistance, anti-malignancy responses, and immune homeostasis in transplant patients. This presentation will review the current approaches to monitor and treat viral diseases after transplant and describe how adoptive T-cell immunotherapy may be an integrative strategy to improve transplant outcomes by addressing the challenges associated with defective or delayed immune reconstitution.

Learning Objectives:
1. Describe the concept of immunoreconstitution post-transplantation
2. List the strengths and limitations of current anti-viral treatments
3. Identify the principles of clinical-grade T-cell manufacturing

BUILDING A CANADIAN PLATFORM FOR CHIMERIC ANTIGEN RECEPTOR T (CAR-T) CELL THERAPY

Natasha Kekre, MD, MPH, FRCPC

Chimeric Antigen Receptor modified T cells (CAR-Ts) are a powerful new tool for treating cancer, and consist of engineering E-cells to activate and target a specific tumour antigen. CAR-T therapy requires several essential steps including: i) manufacturing plasmid encoding the synthetic CAR gene; ii) delivery of these plasmids into producer cells to generate virus; iii) collection of patient autologous T cells and transfer of the CAR gene into these cells by viral transduction;
iv) expansion of the CAR-transduced T cells ex vivo to produce the therapeutic CAR-T cell product; v) immunologic preconditioning and infusion of the autologous CAR-T cells into the patient; and vi) intensive clinical and immunological monitoring. These manufacturing steps will be explained and reviewed in this session.

Phenomenal response rates in leukemia and lymphoma have been recently achieved using CAR-T cells engineered for precise and powerful recognition of the CD19 surface protein on malignant B cells. Many patients have experienced complete, durable remissions, which with time may prove to be cures. The data from the American CAR-T cell programs will be reviewed.

Clinical CAR-T capabilities are currently lacking in Canada. Beginning with a proven CAR intervention targeting B cell malignancies, we are building a CAR-T cell platform with funding from BioCanRx and its partners that will serve to provide access to CAR-T cell therapy for Canadian patients. The platform will further work as a vehicle to improve the effectiveness of this therapy through combination with other existing Canadian treatment and research based technologies.

Learning Objectives:
1. Describe how CAR-T cells are made
2. Review and summarize the available literature for anti-CD19 CAR-T
3. Understand the Canadian CAR-T cell initiative

2:00pm – 4:00pm | Session 2: Novel Transplant Methods

CONTROVERSIES IN HAPLOIDENTICAL HEMATOPOIETIC CELL TRANSPLANTATION
Andrew Daly, MD, FRCPC

This presentation will explore several unanswered questions in the area of haploidentical transplantation, including the role of conditioning intensity, the impact of cell source on outcome, the choice of GVHD prophylaxis, and aspects to consider in selecting a donor.

Learning Objectives:
1. Identify key differences in the approach to haploidentical transplantation
2. Understand how these differences may influence outcomes
3. Explore unanswered questions about haploidentical transplantation

GENE THERAPY FOR HEMOGLOBINOPATHIES: CURRENT AND FUTURE PROSPECTS
Sandeep Soni, MD

Current methods of gene therapy approaches will be discussed — lentiviral vector based gene addition versus Crispr-Cas9 based gene editing. An analysis of pros and cons of each method will be provided. Early results of clinical trials for thalassemia and sickle cell disease will be discussed and their challenges identified. Future prospects of new trials and approaches will be outlined. The presentation will include names of biotech companies that are involved with these trials, but will be devoid of any commercial interests.

Learning Objectives:
1. Describe current methods of gene-therapy for hemoglobinopathies
2. Report early outcomes of gene therapy trials
3. Identify current challenges and future prospects

HEMATOPOIETIC CELL TRANSPLANTATION FOR HEMOGLOBINOPATHIES: NEW APPROACHES IMPROVING SAFETY AND EFFICACY
Gregory Guilcher, MD

Blood and marrow transplants (BMTs) for hemoglobinopathies have been performed for decades, but eligibility for these procedures have been limited by donor availability and toxicities related to BMT. While outcomes for myeloablative BMT have been associated with high rates of success in the matched sibling donor setting, risks of graft-versus-host disease, TRM, and infertility in a non-malignant disease have resulted in appropriate caution in offering a curative therapy with these associated risks.

Newer reduced toxicity and non-myeloablative approaches have changed the landscape of eligibility. While alternative donor BMT remains experimental in sickle cell disease, newer data indicate high rates of thalassemia-free survival in beta.

Learning Objectives:
1. Review historical approaches and outcomes for BMT in thalassemia major and sickle cell disease
2. Discuss newer approaches and expanding eligibility for BMT which include reduced toxicity and non-myeloablative approaches
3. Summarize innovative protocols and data from the Alberta Children’s Hospital for BMT for hemoglobinopathies
CGVHD: SHOOTING AT A SPIDER WEB
Irwin Walker, MBBS, FRACP, FRCPC

Chronic graft versus host disease (cGVHD) is the major complication affecting transplant patients surviving beyond two years. It is a multisystem disorder that predisposes patients to increased morbidity and mortality and second cancers. Patients have a decreased quality of life. Clinical manifestations vary in number and severity from patient to patient, suggesting the presence either differing mechanisms, or genetic differences in patients’ defense mechanisms. The variability of clinical manifestations provides a challenge in classifying the disease with respect both to disability and prognosis. This has limited the ability to perform randomized trials and no FDA approved drugs have been available. Recently, the FDA granted Breakthrough Therapy Designations (BTD) to ibrutinib and ruxolitinib because of promising results in early stage trials. BTD designation is intended to expedite the development and review of a potential new drug for serious or life-threatening diseases where “preliminary clinical evidence indicates that the drug may demonstrate substantial improvement over existing therapies on one or more clinically significant endpoints, such as substantial treatment effects observed early in clinical development.” This has led to the design of randomized trials that will provide information on the frequency and magnitude of responses, side effects, and variables predicting success. Much has been learned about the way dysregulation of the immune system leads to cGVHD and many potential treatment targets have become apparent. At last, after many years of lack of progress, there is promise of real advances in prevention and treatment of a disorder which severely detracts from the overall success of curative therapy.

Learning Objectives:
1. Summarize the significance, the manifestations and the diagnosis of cGVHD
2. Review the scope of immune mechanisms that result in cGVHD
3. Review how ibrutinib, ruxolitinib and other potential treatments interact with immune mechanisms

PLACENTA- DERIVED DECIDUAL STROMAL CELLS FOR TREATMENT OF SEVERE ACUTE GVHD
Olle Ringdén, MD, PhD

Graft-versus-host disease (GVHD) is a major cause of morbidity and mortality after allogeneic hematopoietic stem cell transplantation. There is no effective treatment for severe acute GVHD, and the outcome has been poor for patients with acute GVHD who are refractory to steroids. The use of mesenchymal stromal cells (MSCs) to treat GVHD was introduced by us more than a decade ago. Despite promising results initially, long-term overall survival was not any better than in the controls. A meta-analysis found a survival rate of 63% at six months in patients with severe acute GVHD who responded completely to MSC therapy. However, the outcome is poor in partial responders and non-responders.

Decidual stromal cells (DSCs) were given to 38 patients with severe acute GVHD, 25 were steroid-refractory (SR). DSCs were thawed and infused in buffer supplemented with either 10% AB plasma (group 1, n=17), or 5% albumin (group 2, n=21). The viability of cells was higher when thawed in albumin rather than AB plasma (p=0.001). Group 1 received a higher cell dose (p=0.001), cells of lower passage number (p=0.001), and fewer infusions (p=0.002) than group 2. The GVHD response (no/partial/complete) was 7/5/5 in group 1 and 0/10/11 in group 2. One-year survival in the two group was 47% (95% CI 23-68) and 76% (95% CI 51-89), respectively (p=0.016). For the SR patients, one year survival was 73% (95% CI 37-90) in SR group 2 (n=11) which was better than 31% (95% CI 11-54) in SR group 1 (n=13; p=0.02), 20% (95% CI 5-42) in bone marrow-MSC-treated (n=15; p=0.015) and 3% (95% CI 0-14) in historic controls (n=32; p=0.001).

Conclusion: DSCs are a promising new treatment for severe acute GVHD. Prospective randomized trials are needed for evaluation of efficacy.

Learning Objectives:
1. Review how placenta-derived DSCs have immunomodulatory effects
2. Explain how DSCs differ from bone-marrow-derived MSCs in several aspects
3. Discuss how DSCs may cure severe acute GVHD and other inflammatory conditions
SURVIVING THE CURE: IMPLEMENTATION OF SURVIVORSHIP PROGRAM IN BS
Raewyn Broady, MBChB, FRACP, FRCPC

Learning Objectives:
1. Describe the essential functions of a long term follow up clinic
2. Describe the components of a long term follow up clinic
3. Summarize the aspects to consider when setting up a clinic

LONG TERM STEM CELL TRANSPLANT CLINICS: THE HAMILTON EXPERIENCE
Tammy De Gelder, RN(EC), MN, CON(C)

Long term care of stem cell transplant patients poses a challenge for all centres. This care is important but the implementation of these clinics is complex. This brief presentation will explore the development of the Hamilton, Ontario Long Term Clinic. For the purpose of this presentation, long term is defined as patients over 2 years post-transplant who are off immunosuppression therapy. Statistics of the clinic will be shared along with a discussion about potential future directions with this patient population.

Learning Objectives:
1. Review current practice of the Hamilton long term transplant clinic
2. Identify potential barriers with long term care implementation
3. Explore future directions of long term care

THE GAME CHANGER
Jyoshna Govender

During this presentation I will discuss my personal experience with transplant from the patient perspective. This will include my experiences during transplant, being diagnosed with and living with GVHD, and what I think could have made my experience better.

I hope that my story can inspire other transplant patients to be more hopeful in the belief that they CAN fight for their right, fight for their LIFE!
2. Participants will understand the issue of sexuality in adolescent cancer is often one that is overlooked and is often one that is refracted by the disease lens and the focus on cure.

3. Participants will reflect on ways that they can open the conversation about sexuality with adolescents with cancer.

**PRECISION SUPPORTIVE CARE BY SCREENING FOR DISTRESS: THE 6TH VITAL SIGN**

*Barry Bultz, PhD*<sup>, Fiona Schulte, PhD</sup>

Since distress has been endorsed as the 6th Vital Sign by over 75 international cancer organizations and accreditation bodies worldwide, we have witnessed “Screening for Distress” increasingly being researched and incorporated into cancer centre programs. Dr. Bultz will share his professional experiences, personal insights, and hard earned wisdom relating to a larger perspective about the implications of distress screening in cancer centres. He will translate these enhanced opportunities back into clinical practice. Participants will then have the opportunity of working in dyads and trying out widely used clinical screening instruments. The group will then discuss each instrument and how to implement screening for distress within each respective cancer centre.

In collaboration with Dr. Bultz, Dr. Schulte will discuss the adaptation of screening for distress to the pediatric population. The presentation will review the clinical experiences and relevant research literature on screening for distress as a general theme. In addition, the presentation will share innovative initiatives taking place at the Alberta Children’s Hospital as well as barriers and successes to implementation with respect to screening for distress.

**Learning Objectives:**

1. Describe why screening for distress should be referred to as the 6th vital sign in cancer care.
2. Review how screening for distress has been used with several patients to maximize benefits to patients and staff.
3. Summarize about innovative initiatives with respect to screening for distress.
4. Explore work in dyads and try a variety of screening for distress questionnaires widely used in Canadian clinical settings.

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**REALTIME ELECTRONIC BATCH PROCESS RECORDS IN CELL THERAPY**

*Nicole Waidman*

Join us for a tour through Calgary’s paperless lab environment followed by an interactive demonstration on a configurable, commercial-off-the-shelf electronic batch process record. Learn how to improve throughput with barcoding, instrument integration and in-process calculations. Electronic systems can dramatically reduce slips, lapses, and mistakes associated with documentation and save your team time, increase capacity, and support quality by providing you with the toolkit needed to address ever-changing scientific, medical, regulatory, and accreditation requirements.

**AUTOMATED PRODUCTION OF ADVANCED THERAPY MEDICINAL PRODUCTS FOR CELLULAR THERAPY: EXPANDING THE POSSIBILITIES**

*Daniel Weber*

This talk will present technologies that span the entire workflow of cell therapy, with solutions applicable from basic research to GMP manufacturing. We will discuss moving to a closed system and the advantages provided by versatile cell manufacturing platforms for the generation of engineered cell products. Additionally, we will move into the lab and demonstrate how these integrated solutions automate the processing and separation of virtually any cell type allowing for the transition of promising research application into innovative cell therapy concepts.

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**OUTPATIENT AUTOTRANSPLANTATION: THE VANCOUVER EXPERIENCE AND BEYOND**

*Kevin Song, MD, FRCPC*

Autotransplant is a standard treatment for many hematological malignancies. Typically, autotransplants are carried out as inpatients to allow for the intensive support required for a successful outcome.
Outpatient autotransplantation is an important option which is being offered at an increasing number of centres. Advantages of outpatient autotransplantation include the reduction in financial costs, the decreased reliance on inpatient beds, and possibly the increase in the physical recovery rate of the patient. Depending on the centre, the patient may be an outpatient for a part of the transplant or for the whole transplant procedure. Resources required for a successful outpatient transplant program are appropriate accommodations for the patient close to the centre, a daycare unit which has the ability to care for acutely unwell patients, and a strategy for when to admit the patient to an in-hospital bed. In British Columbia, myeloma autotransplants have been carried out as an outpatient procedure at the Vancouver General Hospital since 2004. Currently, all myeloma patients have their transplants carried out as outpatients. I will discuss our experience as well as challenges that have been encountered along the way to outpatient transplants becoming the standard treatment for transplant eligible patients with myeloma. I will also review the literature to discuss the experience and challenges encountered at other centres that perform outpatient autotransplants for myeloma, lymphoma, and other indications.

Learning Objectives:
1. Discuss the advantages and disadvantages to having an outpatient autotransplant
2. Associate the resources required for a successful outpatient autotransplant program
3. Discuss challenges encountered with an outpatient transplant program

OUTPATIENT ALLOGENEIC TRANSPLANTS
Olle Ringdén, MD, PhD, Britt-Marie Svahn, PhD, RN

We have been treating patients during the transplant phase at home for 20 years with good results. The patients like to have this opportunity and so do the nurses. During this session we will discuss how to make homecare possible after allogeneic stem cell transplant.

Learning Objective:
Review how to make homecare possible after an allogeneic stem cell transplant.
THE HOTEL ARTS FLOOR PLAN
ABOUT CBMTG

The Canadian Blood and Marrow Transplant Group (CBMTG) is a national, voluntary, and multi-disciplinary organization providing leadership and promoting excellence in patient care, research, and education in the field of BMT.

CBMTG’s vision is that Canada will be the best place in the world to have a blood and marrow transplant, and our mission is to be the voice of experts working in the field of blood and marrow transplant.

The CBMTG values: excellence, innovation, integrity, collaboration, and professionalism in care, education, and research in blood and marrow transplant. CBMTG believes that every patient has a right of equal access to the highest quality of life saving care that can be provided by blood and marrow transplant professionals in Canada.

Based on this, our strategic priorities are as follows:

- **Education**
  Provide high quality educational programs that advance the practice of blood and marrow transplantation in Canada.

- **Research**
  Establish and organize an effective and sustainable research infrastructure for translational and clinical research.

- **Outreach**
  Increase the visibility and influence of CBMTG among members and the public.

- **Financial Capacity**
  Support, education, research, and outreach initiatives through fundraising, partnerships, and the establishment of a charitable organization.

**CBMTG Membership:**

- The CBMTG membership is made up of national and international physicians, nurses, laboratory technicians, pharmacists, and coordinators working in blood and marrow transplant.

**FOR MORE INFORMATION, PLEASE VISIT WWW.CBMTG.ORG**
Led by Dr. David Jones, this meeting will focus on pre- and post-transplant BMT issues.

This 2-day meeting will include scientific sessions, keynote presentations, multidisciplinary sessions, and corporate satellite symposia.

We invite all BMT health care professionals to attend our last meeting in 2017!

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
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