



AGENDA

ASBMT Transplant Infectious Diseases

Special Interest Group

Friday, February 24, 2017

Open to All Attendees

7:00 AM – 8:30 AM

Room: Sun D 4-6

Introduction and Opening Remarks:

Roy F. Chemaly, M.D., MPH, Chair (MD Anderson Cancer Center), rchemaly@mdanderson.org

Michael Boeckh, M.D., Ph.D., Vice Chair (Fred Hutchinson Cancer Research Center), mboeckh@fredhutch.org

[Appointment of Recording Secretary](#)

2016 Achievements:

Website Page Review

Membership for the TID group

Abstracts Submitted for 2017 meeting

Young Investigator Award

Forum via the LISTSERV

Creation of a Formal Consortium for Respiratory Viruses in HCT Recipients

Update on the Meetings with the CBT-SIG and ASBMT Pharmacy-SIG for Research Initiatives

Collaborations

Publications

Presence and funding from companies

Partnership with industry

2017 Goals:

Educational Programs

Election of New Chair/Co-Chair and Members of the Steering Committee

Research Priorities

Transplant Infectious Diseases SIG Webpage

Join the Transplant Infectious Diseases Special Interest Group

Candidates who join the TID-SIG have greater visibility within ASBMT, promoting collaboration between physicians, nurses, pharmacists and other related specialties that have interest in infectious diseases and HCT. This SIG provides a forum for discussion of transplant infectious disease-related issues in the context of HCT and encourages research collaboration in this area.

In addition, members have opportunities to be involved in the annual meeting through plenary sessions, oral abstract sessions and poster presentations, and to serve on different ASBMT committees.

How You Can Join

Membership is open to any ASBMT member; those most likely to join include national and international health care professionals with interest in infectious diseases in HCT recipients. This includes:

- Physicians
- Pharmacists
- Physician assistants
- Nurse practitioners
- Nurses
- Study coordinators
- Other related health care professionals

If you would like to join, email maureenknight@asbmt.org

Charter

Read the [Transplant Infectious Diseases SIG charter](#) for more information on the SIG's purpose, membership and committees, including committee composition, selection and responsibilities.

Access the [***"Guidelines for Preventing Infectious Complications among Hematopoietic Cell Transplantation Recipients: A Global Perspective"***](#)

Steering Committee

The steering committee provides leadership for the TID-SIG and linkage with the ASBMT leadership, and will nominate representatives to serve on appropriate ASBMT committees. The steering committee is made up of health care professionals, in the early to advanced stages of their careers, with an interest in transplant infectious diseases.

The steering committee includes the founding members of the TID-SIG:

Roy F. Chemaly, M.D., MPH, Chair (MD Anderson Cancer Center), rchemaly@mdanderson.org

Michael Boeckh, M.D., Ph.D., Vice Chair (Fred Hutchinson Cancer Research Center), mboeckh@fredhutch.org

Aliyah Baluch, M.D., MSc (Moffitt Cancer Center)

Kieren Marr, M.D. (Johns Hopkins Hospital)

Janet Englund, M.D. (University of Washington)

Ella J. Ariza-Heredia, M.D. (MD Anderson Cancer Center)

Sherif B. Mossad, M.D. (The Cleveland Clinic Foundation)

The ASBMT website is ever-evolving. We'd like your input and SIG page suggestions. Please submit any changes/updates to Dan Kotheimer at dankotheimer@asbmt.org.



CHARTER

American Society of Bone Marrow Transplantation Transplant Infectious Diseases Special Interest Group

Purpose

The Transplant Infectious Diseases Special Interest Group (TID-SIG) will encompass health care professionals with an interest in infectious diseases in recipients of hematopoietic stem cell transplantation (HCST) within the American Society of the Bone Marrow Transplantation (ASBMT) and will facilitate representation on various ASBMT committees and interactions within the society. It will strive to provide an international forum for academic interactions and collaboration related to infectious diseases complications in HSCT recipients.

Membership

Membership will include national and international health care professionals with interest in infectious diseases in pediatric and/or adult HSCT recipients.

- Physicians
- Pharmacists
- Physician Assistants
- Nurse Practitioners
- Nurses
- Other related health professions

Steering Committee

The steering committee will provide leadership for the TID-SIG, linkage with the ASBMT leadership, and nominate representatives to serve on appropriate ASBMT committees. The members of the steering committee will include a mix of health care professionals in the early or advanced stages of their careers with interest in transplant infectious diseases.

The initial Steering Committee will include the founding members of the TID-SIG as follows:

- Roy F. Chemaly (Chair; MD Anderson Cancer Center)
- Michael Boeckh (Vice-chair; Fred Hutchinson Cancer Research Center)
- Aliyah Baluch (Moffitt Cancer Center)
- Kieren Marr (Johns Hopkins Hospital)
- Janet Englund (University of Washington)
- Ella Ariza (MD Anderson Cancer Center)
- Sherif B. Mossad (The Cleveland Clinic Foundation)

Membership and Terms: Members on the Steering Committee will serve a term of 2 (for junior members) or 3 years (for senior members) to ensure overlapping terms, renewable for another consecutive term in the event no other qualified members are nominated. New members will be nominated by the Steering Committee and appointed by the ASBMT Board of Directors. Terms will begin and end at the ASBMT annual meetings. Any health care professional with

interest in infectious diseases in HSCT and is a member of ASBMT and the TID-SIG will be eligible to serve on the steering committee. No more than two members from the same institution can serve on the Steering Committee at a given time.

Leadership: Members on the Steering Committee will elect a Chair and a Vice-Chair after the terms of the founding chair and vice-chair expire. The term of the Chair will be for 2 years after which the Vice-Chair will take over unless unable to do so. Each chair will serve as Immediate-Past Chair with a voting right. Chairs and Vice-Chairs may be reappointed.

Goals/Projects

Membership: To increase the membership and visibility within the ASBMT of physicians, nurses, pharmacists and other health care related specialties that have interest in infectious diseases and HSCT.

Collaboration: To promote the involvement of national and international pediatric and adult transplant centers, and professional organizations, by providing a forum for discussion of transplant infectious diseases related issues in the context of HSCT. This forum will also be used to promote research in Infectious Diseases within the HSCT population.

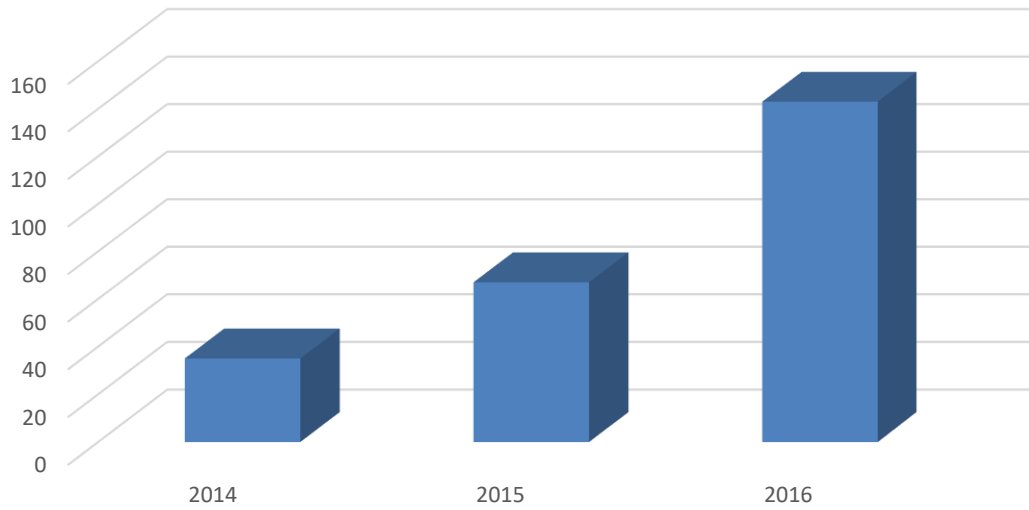
BMT Tandem Meetings: To have up to a one-day of sessions focused on issues pertinent to infectious diseases and HSCT at the ASBMT Annual Meeting (for example):

- Morning session with invited speakers (1-½ hours).
- Workshops focused on relevant topics related to Infectious Diseases and HSCT (1 hour). Part of this session, we will have pro-cons debates between 2 experts in the matter to be discussed (i.e., the value of CMV surveillance in D-/R- allogeneic HSCT recipients, the use of aerosolized ribavirin for therapy of RSV infections in HSCT recipients, etc).
- Afternoon “best abstract” oral presentation session (1-½ hours) and
 - poster session for subjects in Transplant Infectious Diseases as it relates to HSCT (as a subsection of an ASBMT poster session)
- Meet the Experts session (1 hour).
- TID SIG steering committee meeting with representation from other professional organizations (i.e. ID COP with AST, Infection in Cancer with IDSA) (2 hours).

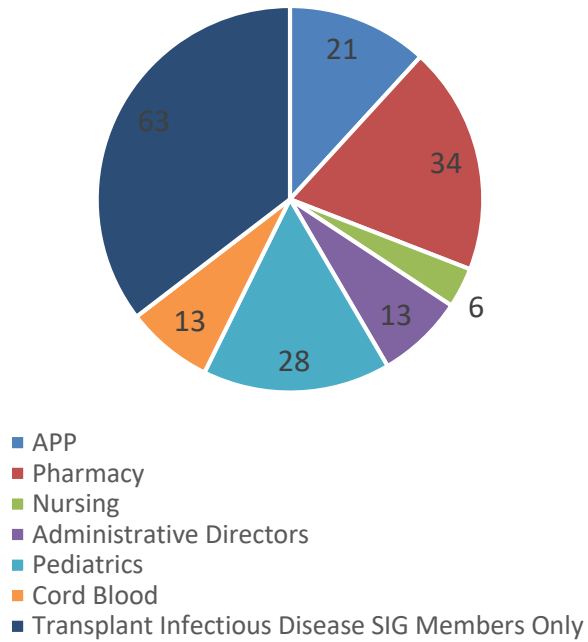
Reports to the Boards of Directors at ASBMT

The chair and Vice-Chair of the TID-SIG will submit a report of its activities to the annual meeting of the ASBMT Board of Directors and to additional meetings as needed or requested by the Board.

ASBMT Transplant Infectious Diseases Annual Membership Growth



ASBMT Transplant Infectious Diseases Special Interest Group # of Dual SIG Participants



Transplant Infectious Diseases ListServ
Open to Members of the ASBMT Transplant Infectious Disease SIG Only
Post a question/comment to: infectiousdisease@list.asbmt.org

Recent Posts: January 2017

A question for the group:

I have been asked to see a patient with relapsing-remitting multiple sclerosis and CIDP for whom our center is considering a CD34+ selected autologous HCT and to comment on infectious risks, specifically JCV and PML. The patient has received multiple immunomodulating therapies for his RRMS inclusive of beta-interferon beta 1-a (Avonex) for 7 years, Natalizumab (Tysabri) for 7 years [discontinued due to cumulative risk for PML given positive JCV Ab with rising Ab index and extended treatment course of natalizumab], fingolimod (Gilenya) for several months and more recently rituximab (since 9/2015) with intermittent courses of pulse steroids for his CIDP +/- MS flares.

Based on available and limited literature with autologous HCT in MS and the uncertainties that exist as to effects of sequential immunomodulating therapies on overall cumulative risk of PML I find this a challenging question to answer outright. While certainly there is an increased risk I am not sure I will be able to quantify this. Further while I do not feel the history clearly serves as a "contraindication" to transplantation (which is the primary question being asked) it would seem the team needs to weigh risks and benefits of this vs alternative immunomodulatory treatments with this in mind, particularly with utilization of CD34+ selection and delayed lymphocyte recovery post-transplant and lack of good surveillance biomarkers or therapy. Curious as to whether any of you have been involved in autologous HCT in this patient population at your centers and additional thoughts you might have in this regard. Many thanks in advance for your time.

Recent Posts: November, 2016

I am curious as to what other centers (particularly pediatric centers) are doing to treat RSV infected patients given the cost of aerosolized ribavirin. Is anyone using oral ribavirin despite the lack of efficacy data in pediatric populations, and if so, are there any age restrictions placed on this?

Thanks so much for your help.