

## Report from the Aplastic Anemia Working Party

The Aplastic Anemia Working Party (AAWP) is involved in all aspects of bone marrow failure syndromes. The most prevalent disease within this group is aplastic anemia but data on other disease entities, such as Fanconi anemia, paroxysmal nocturnal hemoglobinuria amongst others are also collected. Treatment of aplastic anemia is performed with immunosuppression or stem cell transplantation. Both treatment modalities yield satisfactory results and current protocols attempt to improve and fine-tune these two strategies.

The main prospective randomized trial run by the Working Party on Severe Aplastic Anemia (WPSAA) to improve immunosuppressive treatment is, "A randomized controlled study of Granulocyte-Colony Stimulating Factor (G-CSF) in newly diagnosed severe aplastic anemia patients receiving Antithymocyte Globulin (ATG) and Cyclosporine A (CyA) with and without early retreatment". Patients without an identical sibling donor are randomized to receive the standard treatment with ATG + CyA with or without Granocyte and they are also randomized to receive an early retreatment with a second ATG course if there is no or an incomplete response at day 120. Current accrual is 138 with an accrual goal of 340. The Principal Investigator (PI) is André Tichelli, Basel, Switzerland. Our study sponsor is the EBMT. The study is currently active in 9 countries and 54 centers have entered patients. Participation is strongly encouraged. As this is a rare disease centres should activate the protocol even if they do not expect to enter many patients. This and other protocols can be downloaded from the EBMT home page \ working parties \ aplastic anemia \ trials and studies:

<http://www.ebmt.org/5WorkingParties/AAWP/wpaparties-aa5.html>

A study of rabbit ATG (Thymoglobulin) in moderately severe aplastic anemia is currently under preparation. This will be a phase II study of rATG and CyA. Endpoints are response, failure free survival and toxicity. The PI is Judith Marsh, St. Georges, London, UK.

The transplant protocol, "Alternative donor transplants for aplastic anemia: conditioning with fludarabine, cyclophosphamide, antithymocyte globuline" is currently accruing patients. This is a reduced intensity conditioning protocol for patients with aplastic anemia having failed immunosuppression or for patients with Fanconi anemia. Andrea Bacigalupo, Genova, Italy is the PI. A similar reduced intensity conditioning transplant protocol is in preparation for patients with identical siblings who are older than 30 years of age, as the outcome in patients reported to the EBMT with standard conditioning are quite satisfactory below the age of 30 but less so in patients any older than this.

The database contains data on over 5000 transplants and over 2500 immunosuppressive treatments for patients with bone marrow failure. These data are available for observational research studies. There appear to be trends for increasing use of unrelated donors for transplantation and also for increasing use of peripheral blood as a stem cell source. While the former has a basis in the tendency for better outcomes in more recent cohorts of unrelated donor

transplant recipients, there is evidence that peripheral blood as a stem cell source for transplantation in aplastic anemia is associated with more chronic Graft versus Host Disease (GvHD) and a poorer outcome. This project is currently being finalized by Hubert Schrezenmeier, Ulm, Germany.

Ongoing observational research projects of the working party include defining the risks of secondary clonal disorders of hematopoiesis in patients with aplastic anemia after immunosuppressive treatment. We are particularly interested to find more precise estimates of Myelodysplastic Syndromes (MDS) risks in these patients and the answer to the question whether the use of growth factors increases secondary MDS risks. This project is headed by Gérard Socié, St. Louis, Paris, France.

Elisabeth Korthof of Leiden, The Netherlands is studying the impact of prior treatment on the outcome of unrelated donor transplantation. She is trying to tackle the tricky question of the impact of waiting and treating the patient with immunosuppressives rather than opting for a rapid transplant.

An interesting idea has been brought up by Martin Stern and Alois Gratwohl to study graft failure risks in female patients receiving marrow from male donors. This is the inverse of the well described female into male effect of increased GvHD due to the presumed recognition of H-Y associated antigens. It appears that in severe aplastic anemia (SAA), where graft failure rates have been traditionally high there is also a demonstrable effect in the rejection direction.

Shaun McCann, Dublin, Ireland is working on autologous reconstitution after bone marrow transplantation for SAA. The goal of this work is to describe the outcome of these patients, some but not all of them relapse with their original disease. Results of all these and other projects will be shown during the WPSAA session here in Prague on Monday 21<sup>st</sup> March from 16.00 -18.00, in the South Hall.

Finally the idea of a European blood and marrow sample repository for bone marrow failure syndromes has been brought up by Argyris Simeonidis and Nick Zoumbos, Patras, Greece. This repository is virtual in the sense that samples are stored locally at the treating center but that a central database would keep track of stored samples.

Should you be interested in our work please visit the AAWP section of the EBMT website:

<http://www.ebmt.org/5WorkingParties/wpaparties1.html>

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## Prospective Oral Mucositis Audit (POMA)

Mucositis is a common yet devastating problem in patients undergoing haematopoietic stem cell transplant. In order to increase our knowledge and understanding of the problem, the EBMT in collaboration with AMGEN has embarked on a non-interventional prospective audit to assess the incidence and management of oral mucositis in adult patients with multiple myeloma or non-hodgkin's lymphoma undergoing autologous PBPC transplantation in Europe.

It is important to highlight that this is one of the first collaborative studies involving nurses and physicians and falls under the umbrella of the Mucositis Advisory Committee, which brings together a broad cross-section of representatives from different working parties and other disciplines (Infectious Diseases, Lymphoma, Multiple Myeloma, Complications Committee of the CLWP, nursing and dentistry).

The audit is estimated to run for a period of 6 – 8 months and to recruit approximately 200 patients. Thirty EBMT centres will be initially invited to participate in the audit. Centres have been selected based on the balance of a number of factors: number of transplants for multiple myelomas and/or lymphomas, a good track record in reporting to the EBMT registry, and a sufficiently broad spread of countries. Members of the Mucositis Advisory Committee are also to be kept closely involved in the project through the participation of their centres.

As a forerunner to the audit, the Nurses Group Research Committee contacted 100 centres from across Europe to invite them to participate in a survey on current practices for prevention and treatment of oral mucositis. The results will be presented by Becky Stone at EBMT 2005 as part of the Nurses's symposium on Monday, 21 March at 9 am. It is also planned to produce evidence based guidelines in this area.

Discussions are ongoing with AMGEN about future collaborations in this field, including the possibility of a study in the allogeneic setting, investigating the role of Palifermin in the treatment of GvHD or a randomised trial in the autologous setting. An update will be given on these plans in the July edition of EBMT News.

### Mucositis Advisory Committee:

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For more information or to receive a copy of the protocol please contact Kim Champion at the Clinical Trials Office in London:

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#### Members:

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Harry Schouten, NL  
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## JACIE Sessions at the 2005 Annual Meeting

JACIE accreditation features prominently in the 2005 programme. A total of seven abstracts and two posters will be presented covering areas such as nursing, donor safety and cost implications.

We would highlight the **Joint EBMT/WMDA/ISCT Session on Regulatory Issues** that takes place on Wednesday 20 March from 08.00 to 09.00.

During the Regulatory Issues /Stem Cell Donor Oral session also on Wednesday from 12-00 to 14.00, two abstracts will be presented:

- **The JACIE accreditation programme: experience after the first year of full implementation** that will offer an overview of the progress of JACIE in its first full year of operation.
- **JACIE-standards for haematopoietic stem cell transplantation: benefits and costs**

JACIE is also well covered in the Nurses' programme. Two of the nurses' Oral Sessions on Monday '**Core of Care**' and '**Practice Development**' will feature JACIE. On Monday evening from 18.00 to 19.00, poster session 5 is on JACIE, with 2 posters:

- **JACIE accreditation approach: a single-centre experience**
- **JACIE – impact for nurses**

There is also an Education Session entitled '**JACIE and Nursing**' on Tuesday morning from 08.00 – 09.00. Finally, donor safety and JACIE will be addressed under the nurses' **Donor Issues session** on Wednesday morning between 10.00 and 10.20.

Further details of the JACIE sessions can be found at [www.akm.ch/ebmt2005](http://www.akm.ch/ebmt2005).