Chronic Malignancies Working Party

CLL & Plasma Cell Disorders

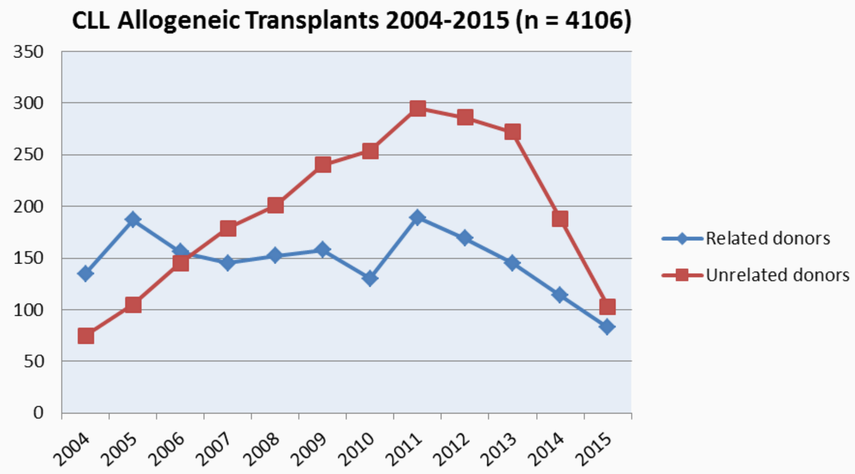
Activities of WP and Subcommittees

Chair: Nicolaus Kröger, Secretary: Stefan Schönland

Subcommittee Chronic Lymphocytic Leukemia

Chair: Johannes Schetelig, Vice-Chair: Michel van Gelder

Numbers of alloHCTs for CLL per year reported to the EBMT are decreasing in recent times while new drugs for patients with high-risk CLL became available.



Since none of the new drugs has the potential to eradicate the disease, patients will in future be referred for alloHCT with a treatment history including use of these drugs.

Studies on the impact of Idelalisib and Ibrutinib administered prior to and after alloHCT

The CLL subcommittee focuses with it's current studies on the administration of Ibrutinib and Idelalisib in the context of alloHCT.

The major goal of these studies is evaluate safety issues of such treatment sequences and to assess their efficacy in terms of long-term disease control.

Ibrutinib prior to alloHCT: P. Dreger et al.

Chronic Leukemia and MDS Session.

Wednesday, March 29th, 11.30-11.40 Room: Endoume 3

Ibrutinib for bridging to alloHCT for CLL and MCL does not appear to adversely affect engraftment, GVHD risk, and NRM. Patients might benefit from Ibrutinib bridging as BCRi-sensitive disease translates into a lower risk of post-HCT relapse. Therefore, ibrutinib might improve the perspective of chemo-immunotherapy-refractory patients scheduled for alloHCT.

Idelalisib prior to alloHCT: J. Schetelig et al.

Chronic Leukemia and MDS Session.

Wednesday, March 29th, 11.40-11.50 Room: Endoume 3

This early analysis of safety signals suggests that Idelalisib-based salvage therapy immediately prior to alloHCT does not negatively affect engraftment, acute GVHD and very early mortality. Longer follow-up and higher patient numbers are needed in order to fully establish the safety of this treatment sequence and to assess long-term disease-control.

Ibrutinib after alloHCT: M. Michallet et al.

Chronic Leukemia and MDS Session.

Wednesday, March 29th, 12,10-12,20 Room: Endoume 3

We show in this study, results of largest series of CLL/MCL patients receiving Ibrutinib for relapse after alloHCT. Ibrutinib can be safely administered; two-years OS and PFS probabilities were 72% and 51% respectively and were not influenced by high risk disease.

Idelalisib after alloHCT: P. Dreger et al.

Poster

Results of a preliminary analysis on 14 patients do not raise concerns about the safety of Idelalisib in the post alloHCT setting, especially not about the risk of excessive induction of GVHD

Contact information

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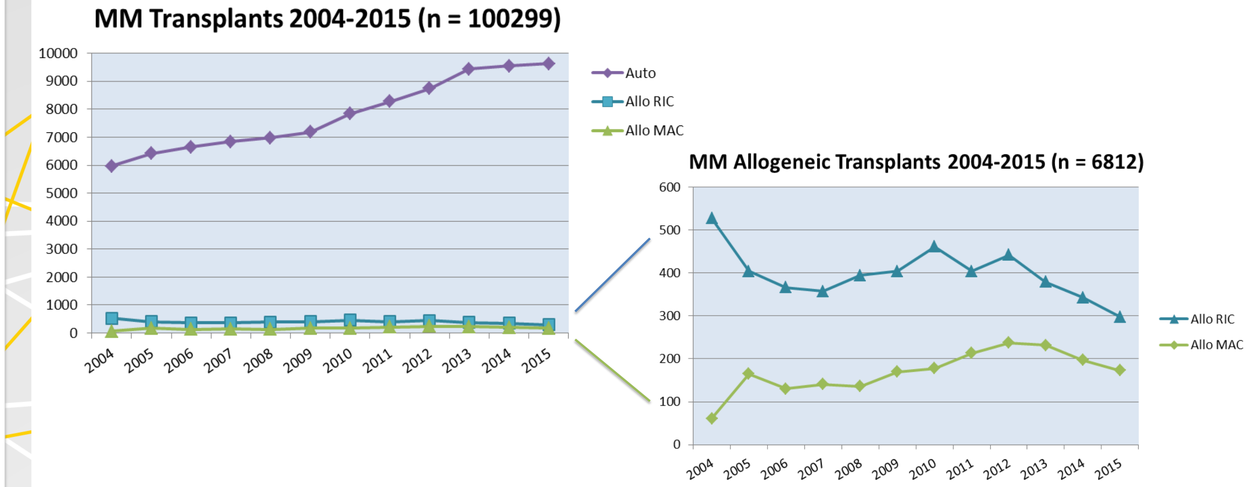
Subcommittee Plasma Cell Disorders

Chair: Laurent Garderet, Vice-Chair: Stefan Schönland

Despite the increasing use of novel agents, the numbers of autoHCTs for MM are still very high.



Retrospective studies based on data from the CALM NIS

"The impact of Melphalan dosing on outcomes after autologous stem cell transplantation"

Principal Investigator: Holger Auner

"Incidence of secondary primary malignancy (SPM) in multiple myeloma patients who received Plerixafor for stem cell mobilization in the CALM study"

Principal Investigator: Firoozeh Sahebi

"Outcome of autologous transplantation in myeloma patients with renal impairment"

Principal Investigator: Christof Scheid

"Mobilization with G-CSF vs. chemotherapy plus G-CSF: impact on CD34 cell count"

Principal Investigator: Matjaž Sever

"Optimal induction treatment prior to autologous stem cell transplantation in myeloma patients"

Principal Investigator: Laurent Garderet

"Outcome of myeloma light and heavy chain phenotype following autologous transplantation using the CALM cohort"

Principal Investigator: Sarah Lawless

Submitted

Response Assessment in Myeloma: Practical Manual on Consistent reporting in an era of dramatic therapeutic advances.

A practical approach to assess response and relapse/progression in myeloma in the context of its treatment.

Laurent Garderet, Anita D'Souza, Paulette Jacobs, Anja van Biezen, Stefan Schönland, Nicolaus Kröger, Curly Morris, Parameswaran Hari

Business meeting:

Subcommittees: **EBMT 2017 Marseille**

MDS & MPN	Monday, March 27th 2017, 07.00-09.00	Room: Endoume 1
CLL & PCD	Tuesday, March 28th 2017, 07.00-09.00	Room: Endoume 1

Working Party Session

Chronic Malignancies – Integrating novel agents into stem cell transplantation

Monday, March 27th 2017

11:00-11:05	Introduction: Nicolaus Kröger, Germany
11:05-11:25	BTK, BCL2 inhibitors or PI3K combined with stem cell transplantation for CLL: Johannes Schetelig, Germany
11:25-11:45	IMiDs, proteasome-inhibitors and antibodies as part of a transplant package for multiple myeloma: Holger Auner, UK
11:45-12:05	JAK inhibitor before, during and after stem cell transplantation for myelofibrosis: Donal McLornan, UK
12:05-12:25	Hypomethylating agents pre- and post-transplantation for MDS: Marie Robin, France
12:25-12:30	Conclusion: Nicolaus Kröger, Germany

Business Meeting and Educational Event

Ljubljana, Slovenia: 22 & 23 September 2017

Host: Matjaž Sever