Gain experience with autologous HCT or begin with allogeneic HCT – where the need may be greatest?

WBMT/WHO Workshop

Cape Town, South Africa

November 2014

Discussion: Starting a program with an auto or an allo?

Panelists	Country
Mahmoud Aljurf	Saudi Arabia
Jörg Halter	Switzerland
Asma El Quessar	Morocco
Nicolas Novitzky	South Africa
Adriana Seber	Brazil
Daniel Weisdorf	USA

Moderator:
Marcelo Pasquini

Panel Discussion

- **Part 1 -** Starting a Transplant Program
  - Starting with an Auto or Allo
  - Discuss **challenges** and **priorities**
  - Discuss potential **solutions** to overcome these challenges.
- **Part 2 –** Evolution of a program: structured growth plan.
  - Are all transplant program components in place?
  - When to consider alternative donor transplants? If so which type?

Auto vs. Allo HCT

Auto

- Lower toxicity
- Cryopreservation
- Mostly hematologic malignancies
- Disease control

Allo

- Higher toxicity
- More resources
- Malignant and non-malignant diseases
- Curative intent

Getting Started Considerations: Program Check List

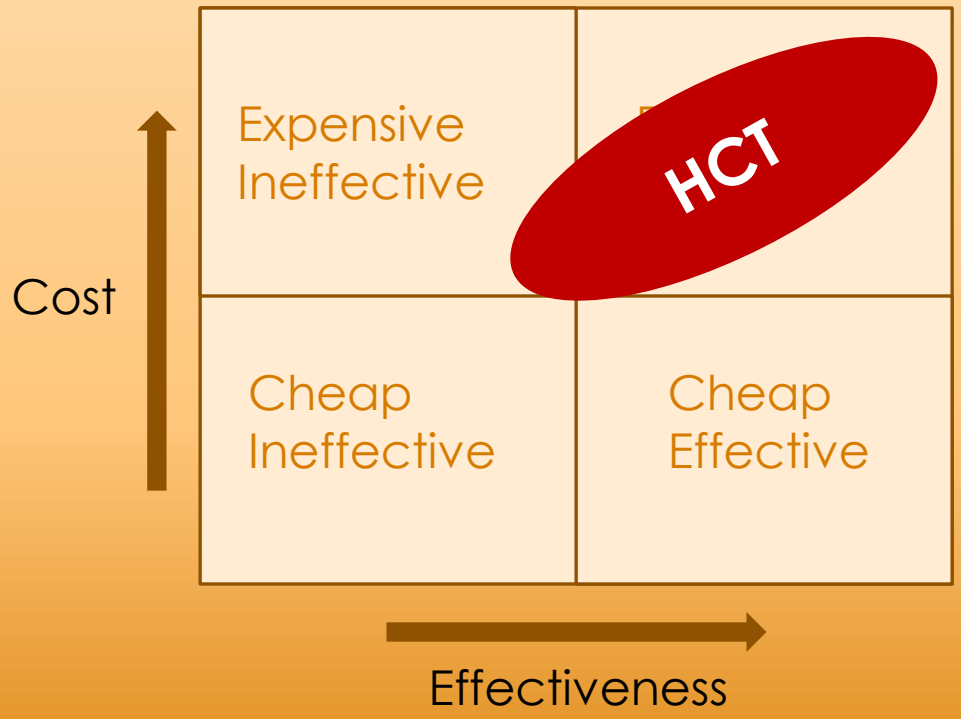
General	Elements
Patient population	Age, diseases, referral base
Goals of therapy	Curative or disease control
Trained staff	Team or only MDs
Facility	Dedicated unit or shared unit
Cell processing	Dedicated or blood bank services; cryopreservation
Ancillary services	Radiology, microbiology, critical care, consultants, social services
HLA typing	Available or contracted from other facilities
Medication availability	Antimicrobials, immunosuppressants

Patient and Disease

- What is the target population: peds, adults or both
- What is the predominant disease: Malignant vs. non-malignant

	Auto	Allo
Diseases	Malignant diseases	Malignant and non-malignant diseases
Goals of Therapy	Mostly disease control	Curative

Cost Effectiveness

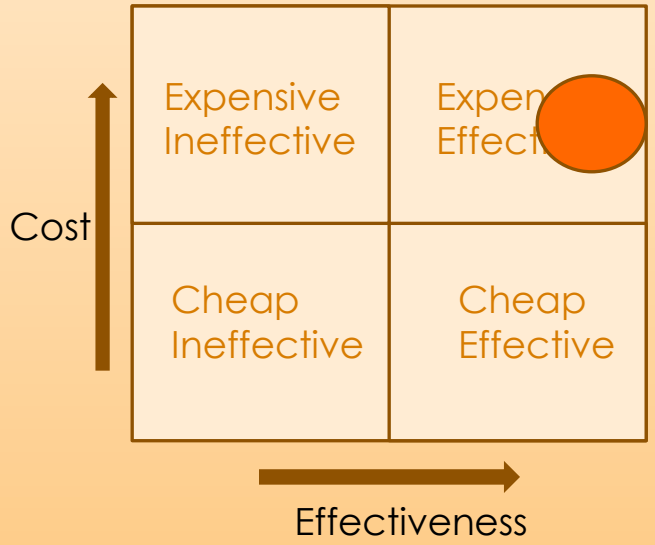


Scenario

- Establish a program with focus in non-malignant diseases

Considerations:

- Sickle cell disease vs. aplastic anemia
- Adult vs. pediatric
- Dedicated unit vs. shared



WBMT
WWW.WBMT.ORG

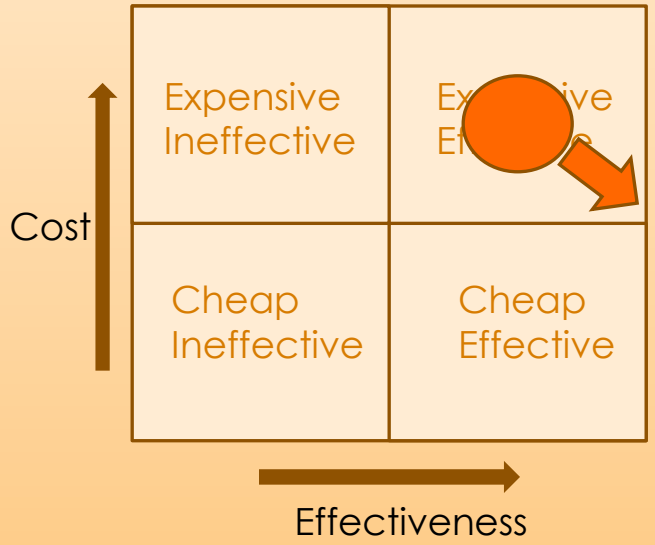
World Health Organization

Scenario

- Establish an allo program with focus in malignant diseases

Considerations:

- CML and availability of TKIs
- Children with ALL
- Adults with AML and timing to transplantation

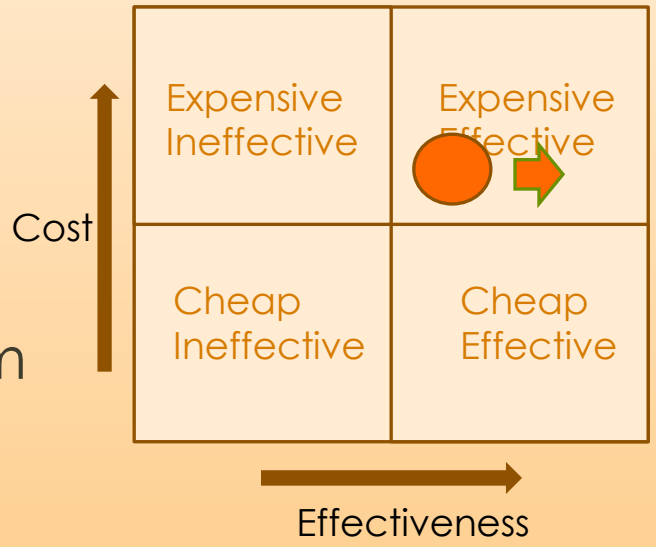


Scenario

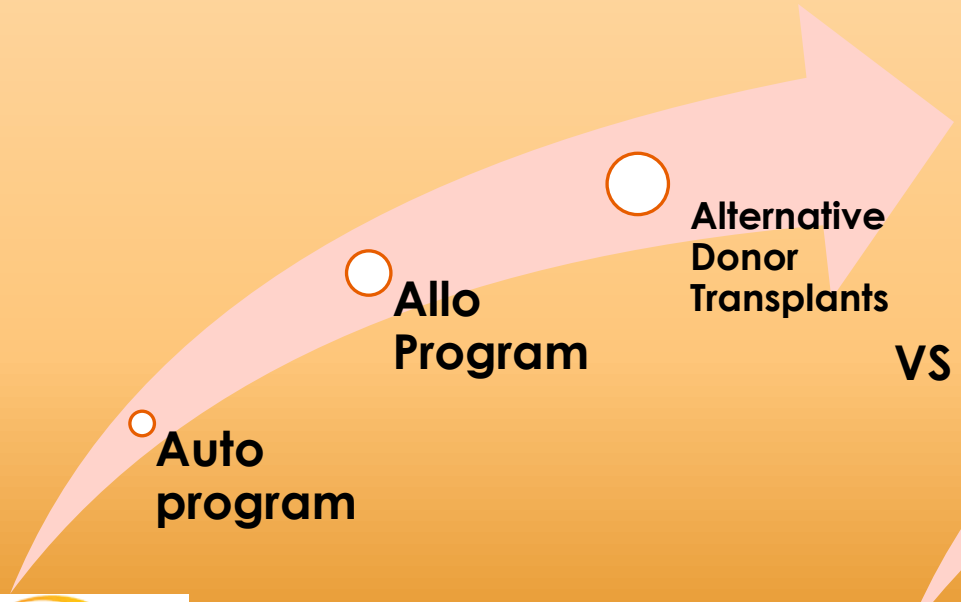
- Establish a autologous program for treatment of hematologic malignancies

Considerations:

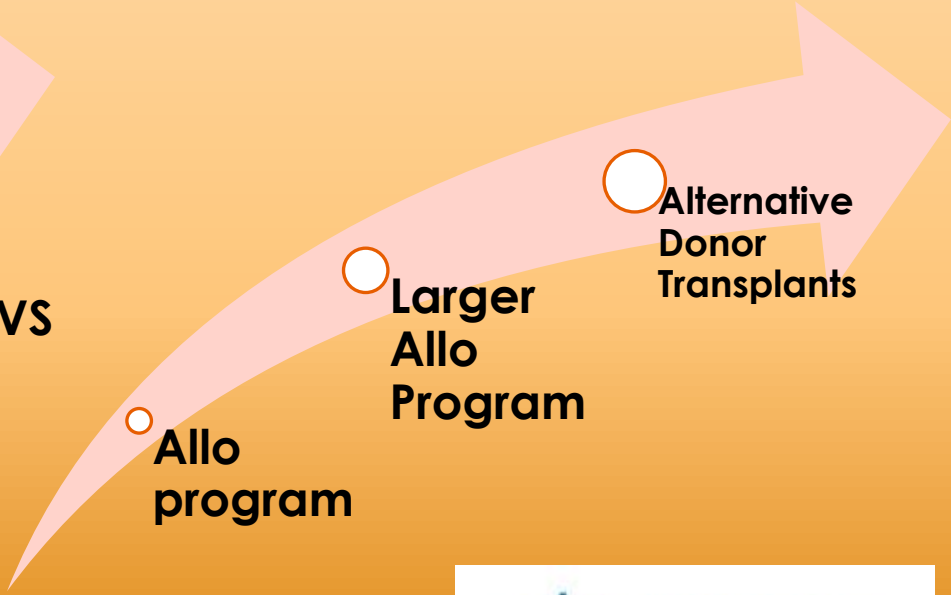
- Lack of availability of Rituximab or bortezomib
- Team involved with transplant and non- transplant therapy vs. not
- AML induction followed by an auto instead of consolidation



Development of transplant program



VS

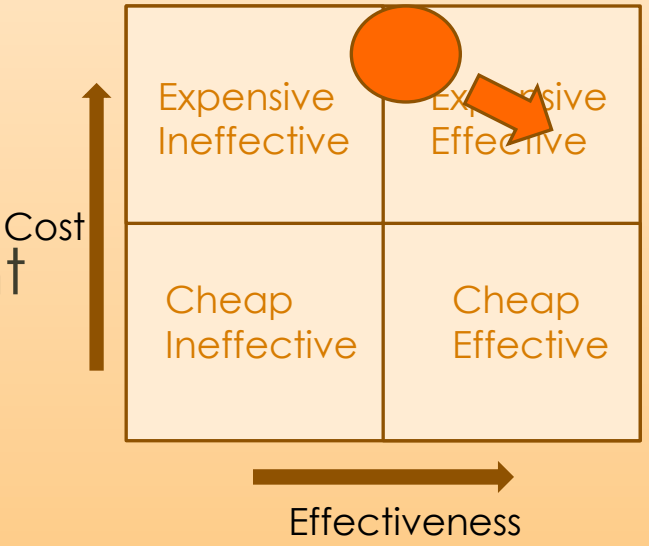


Scenario

- Alternative donor transplant

Considerations:

- Minimal number of allo transplants per year?
- Cord, URD or Haplos?
- Diseases indications: malignant vs. non-malignant

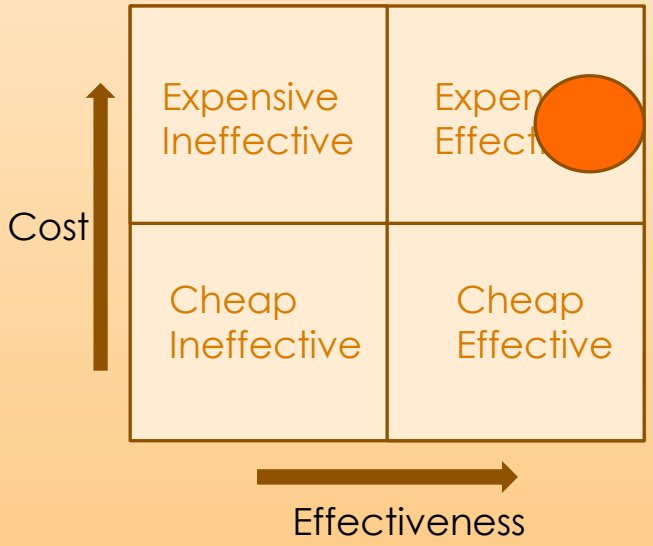


Additional Points: considerations

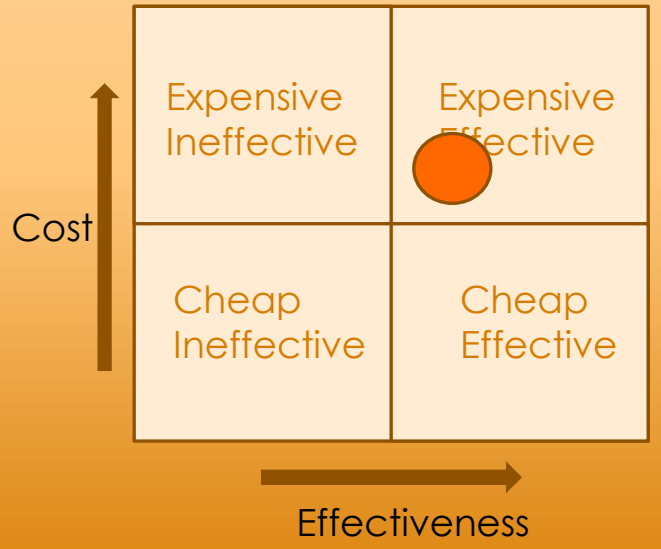
- Training
  - Twinning and cross-training with a larger center.
- Shared Resources
  - Shared HLA typing services.
  - Donor selection consulting
- Intensive social services
  - Transplant program linked foundations
- Transplant as a component of treatment

Scenario

- Establish a program with focus in children with non-malignant diseases



- Establish a autologous program for treatment of hematologic malignancies



WBMT
WWW.WBMT.ORG

World Health Organization

- 25 y/o woman with acute myeloid leukemia with a sibling donor
- *Considerations:*
  - Normal vs. poor risk cytogenetics
  - No sibling donor and morphologic remission with low blood counts
  - Patient is 15 y/o and with Ph+ ALL

Prioritizations: Optimal patients but limited infrastructure

- 55 y/o man with multiple myeloma
- 24 y/o woman with AML in second remission with a sibling donor
- 4 y/o boy with beta Thalassemia with a matched umbilical cord unit
- 40 y/o man with CML (no access to tyrosine kinase inhibitors) in chronic phase with 12 months from diagnosis and with a male sibling donor.