



# Trends in Hematopoietic Stem Cell Transplant Activity in Lebanon (2012 – 2016)

**Ali Bazarbachi, MD, PhD**

*Associate Dean for Basic Research*

*Professor of Medicine, Hematology and Oncology*

*Professor of Anatomy, Cell Biology and Physiological Sciences*

*Director, Bone Marrow Transplantation Program*

*American University of Beirut, Medical Center*

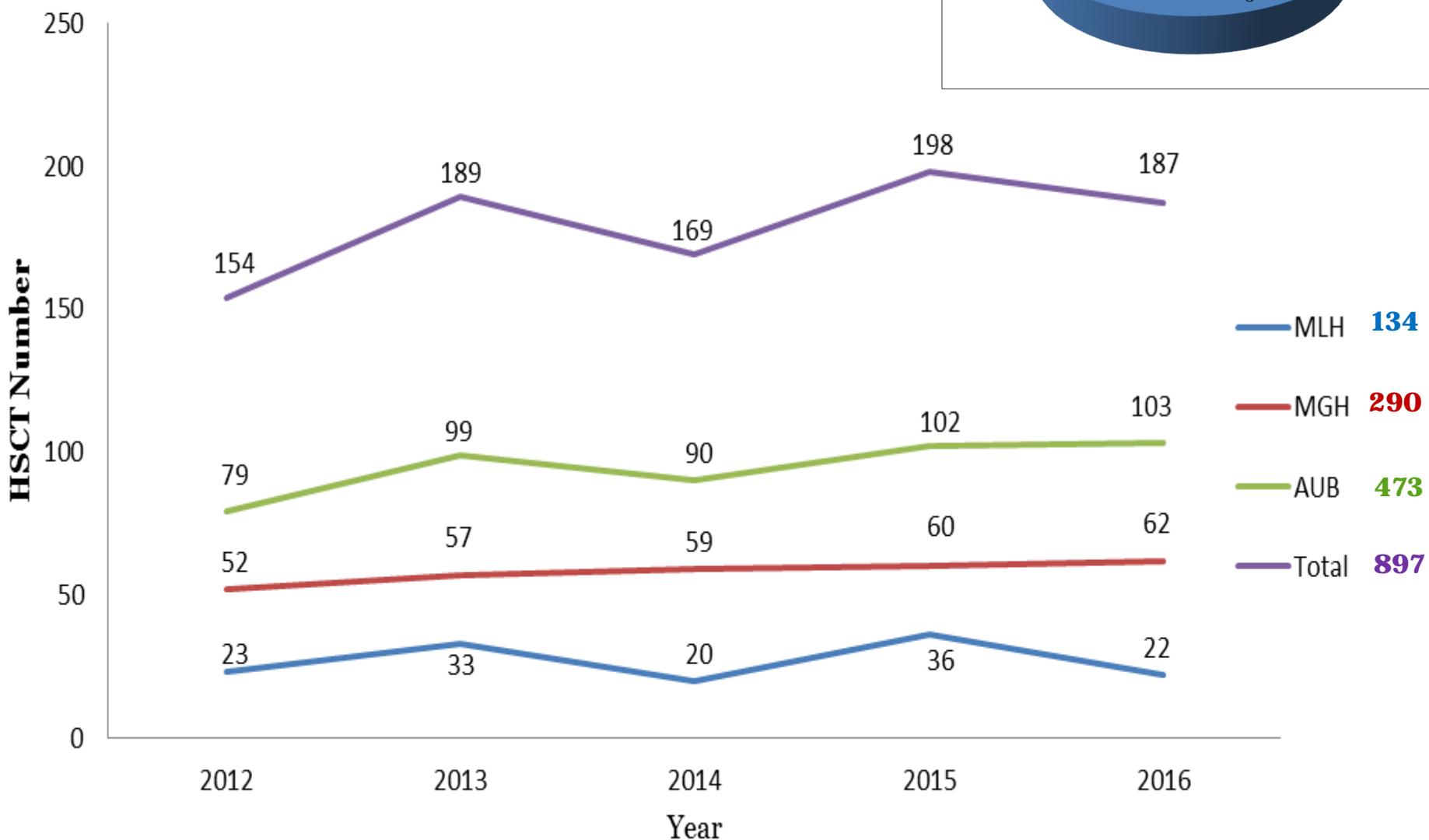
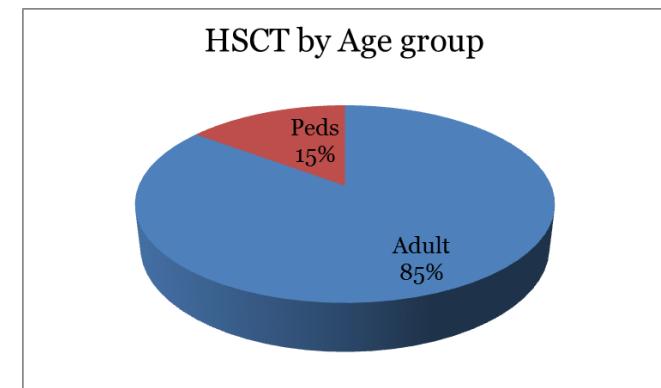
# Lebanon characteristics

- Population: 1.8 million in 1960; 5.8 million in 2015
- Mean life expectancy 79.3 years
- GDP: \$3.3 billion in 1988; \$47 billion in 2015 (World bank)
- Human Development Index (HDI) ranked [67] by the UNDP with a Gross National Income (GNI) per Capita of \$16,509.
- This HDI of 67 is considered a “high” rank on the UNDP list, and is between Oman [52] and Iran [69].
- Overall annual cancer incidence: 382 per 100,000 in 2003; 470 in 2008; foreseen to be 636 cases per 100,000 by 2018
- First BMT: 1997
- External referral mostly from Syria, Iraq, Palestine, expatriates in Gulf countries

# Transplant centers in Lebanon

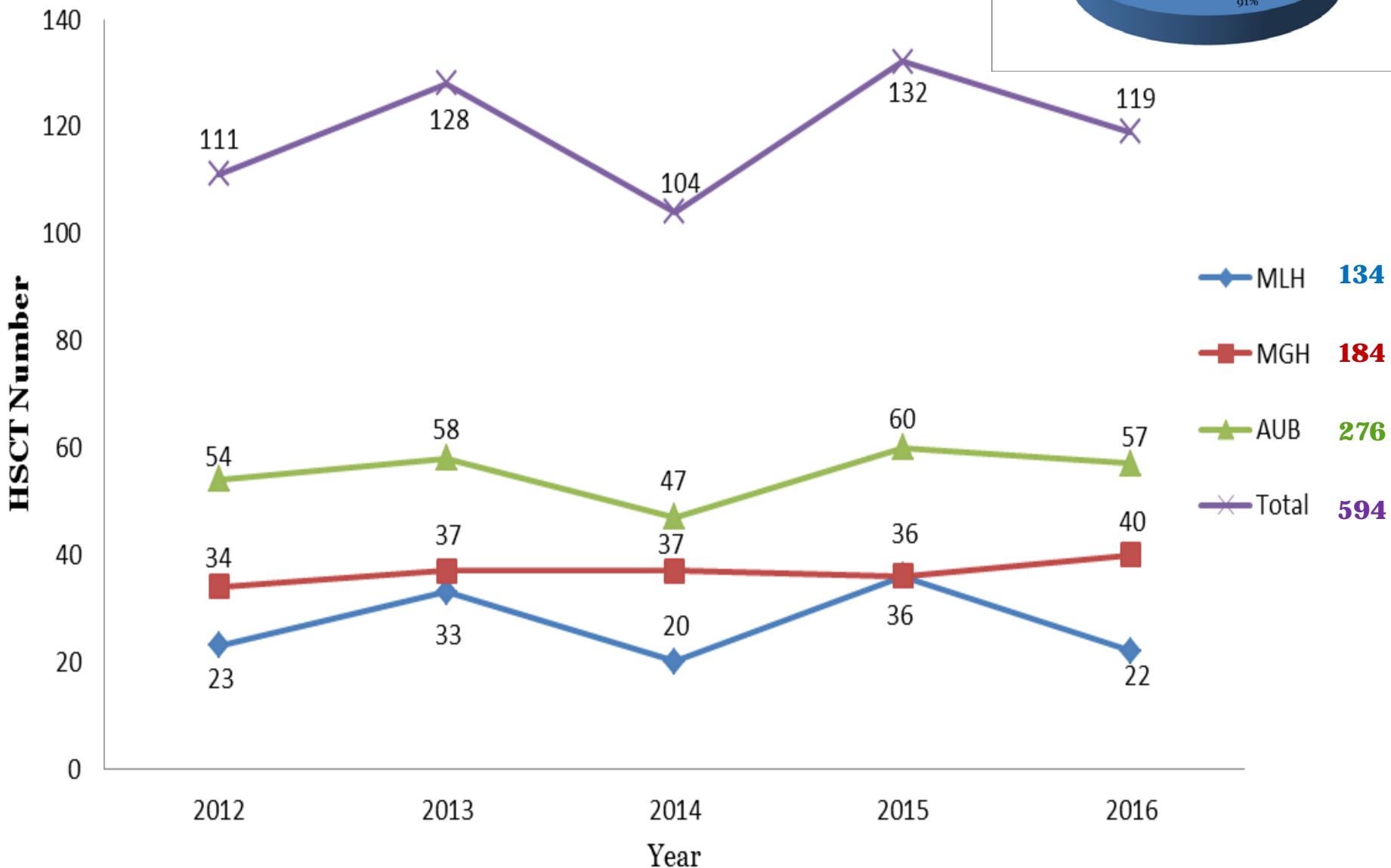
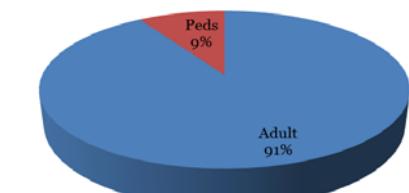
Center	Type of HSCT	Specificities
American University of Beirut	Autologous HSCT  Allogeneic HSCT  • MRD • Haploidentical • MUD	<ul style="list-style-type: none"><li>• Largest center in Lebanon</li><li>• EBMT and EMBMT</li><li>• NMDP agreement</li><li>• JACIE accredited</li></ul>
Makassed Hospital	Autologous HSCT  Allogeneic HSCT  • MRD • Haploidentical	<ul style="list-style-type: none"><li>• Historically the first in Lebanon</li><li>• EBMT and EMBMT</li><li>• Has Ahmad Ibrahim</li></ul>
Mount Lebanon Hospital	Autologous HSCT	

# Total HSCT by Center Lebanon 2012 - 2016



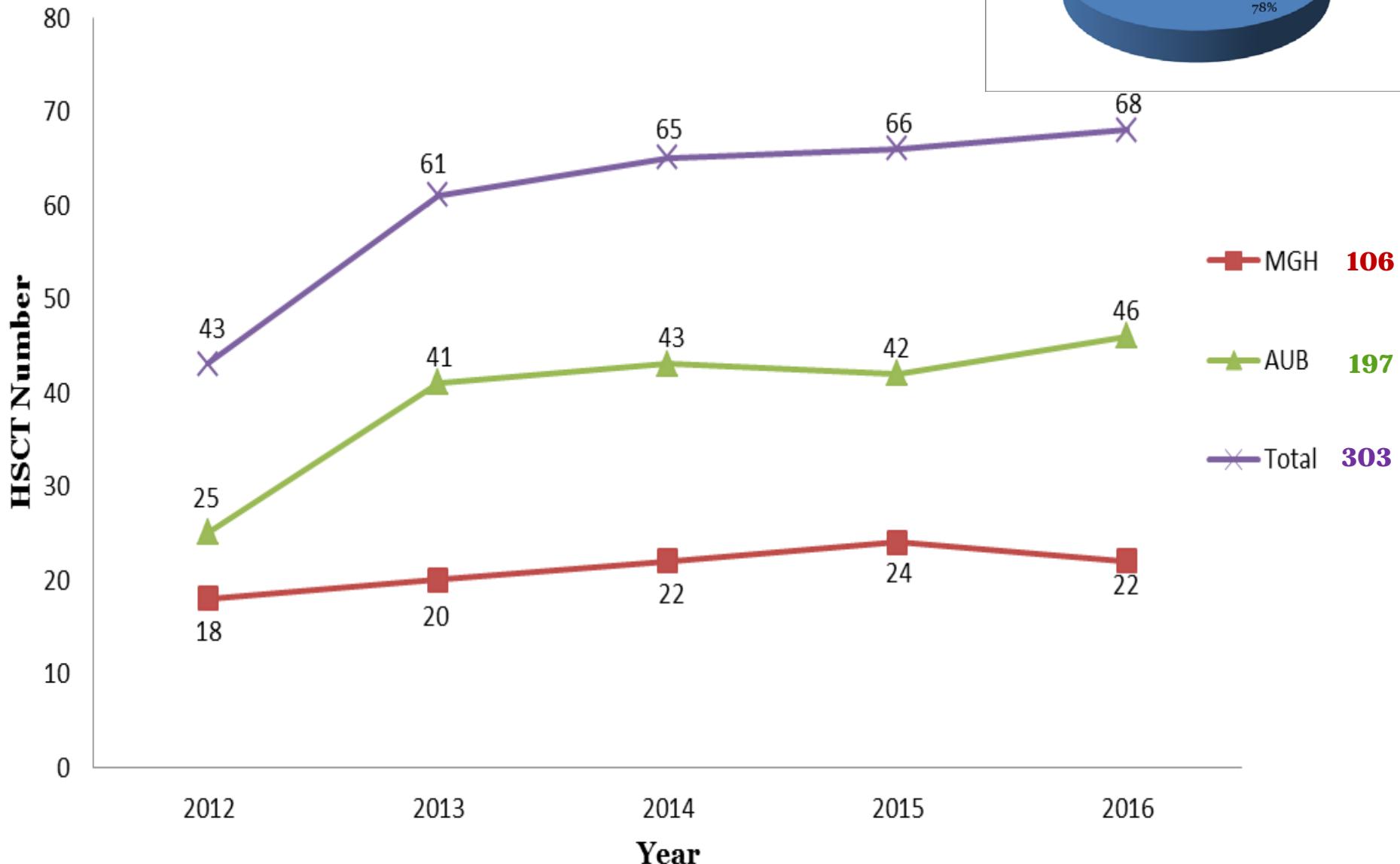
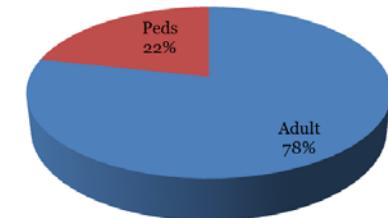
# Autologous HSCT by Center Lebanon 2012 - 2016

Autologous HSCT by Age Group

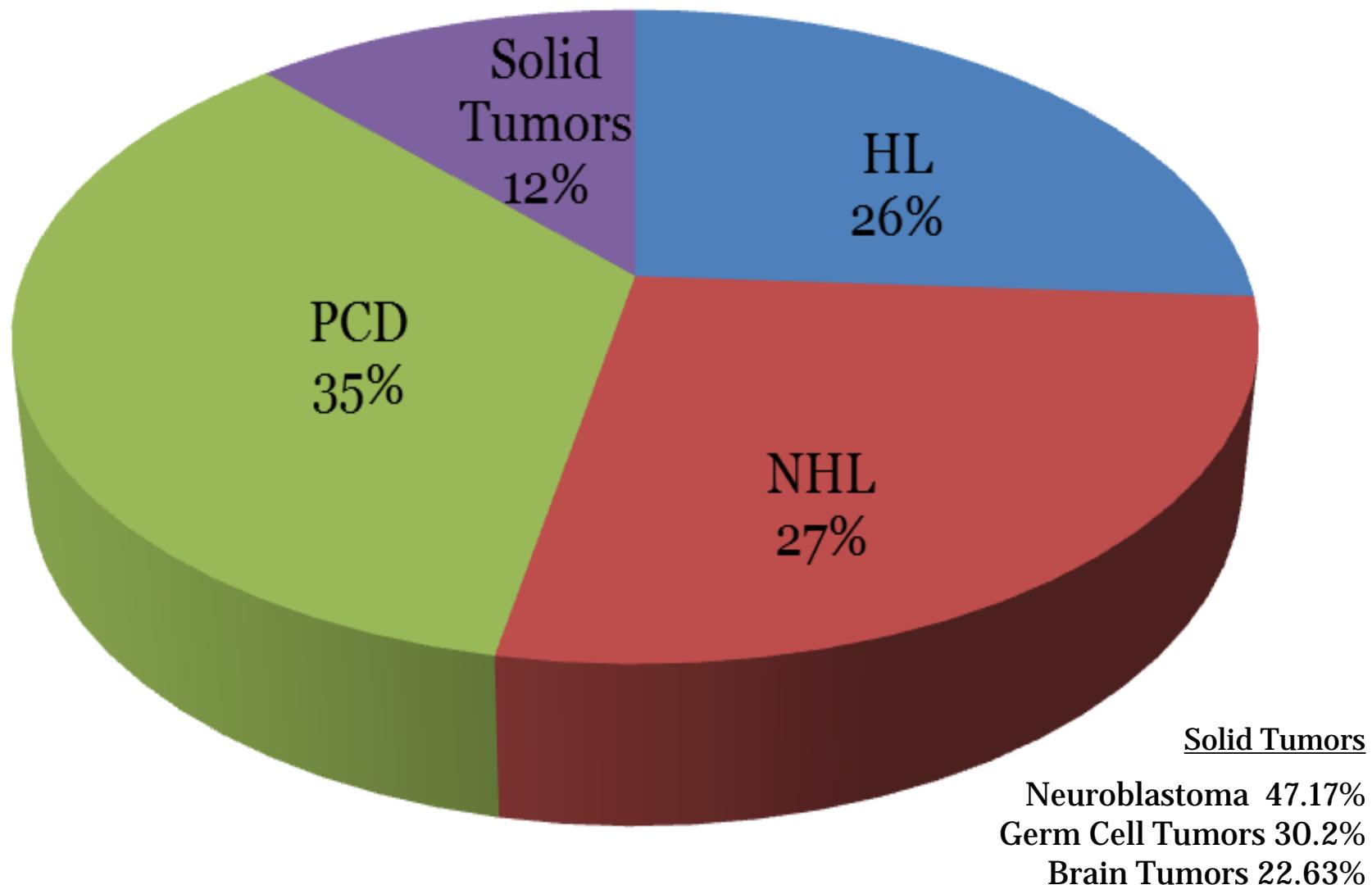


# Allogeneic HSCT by Center Lebanon 2012 - 2016

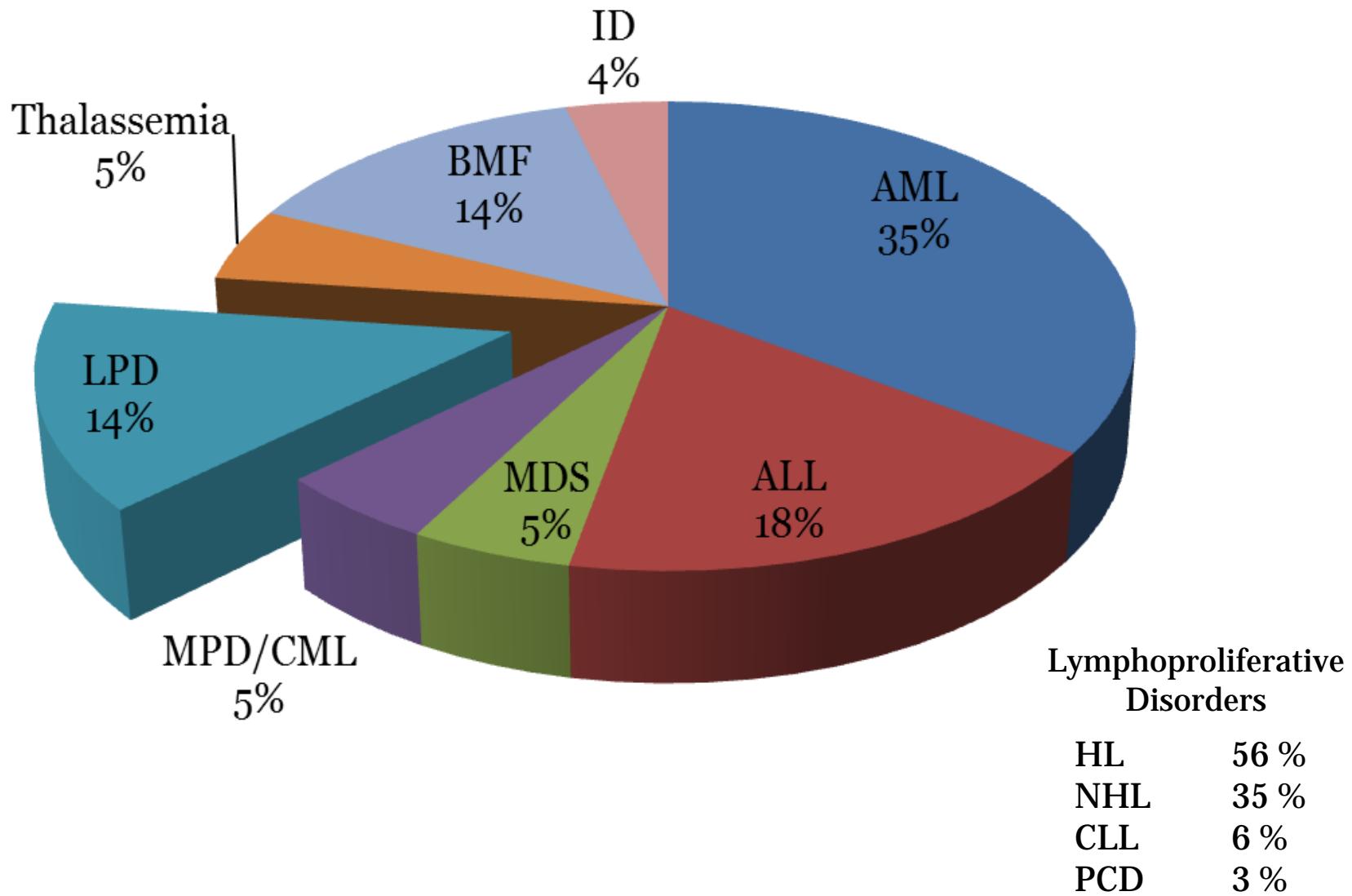
Allogeneic HSCT by Age Group



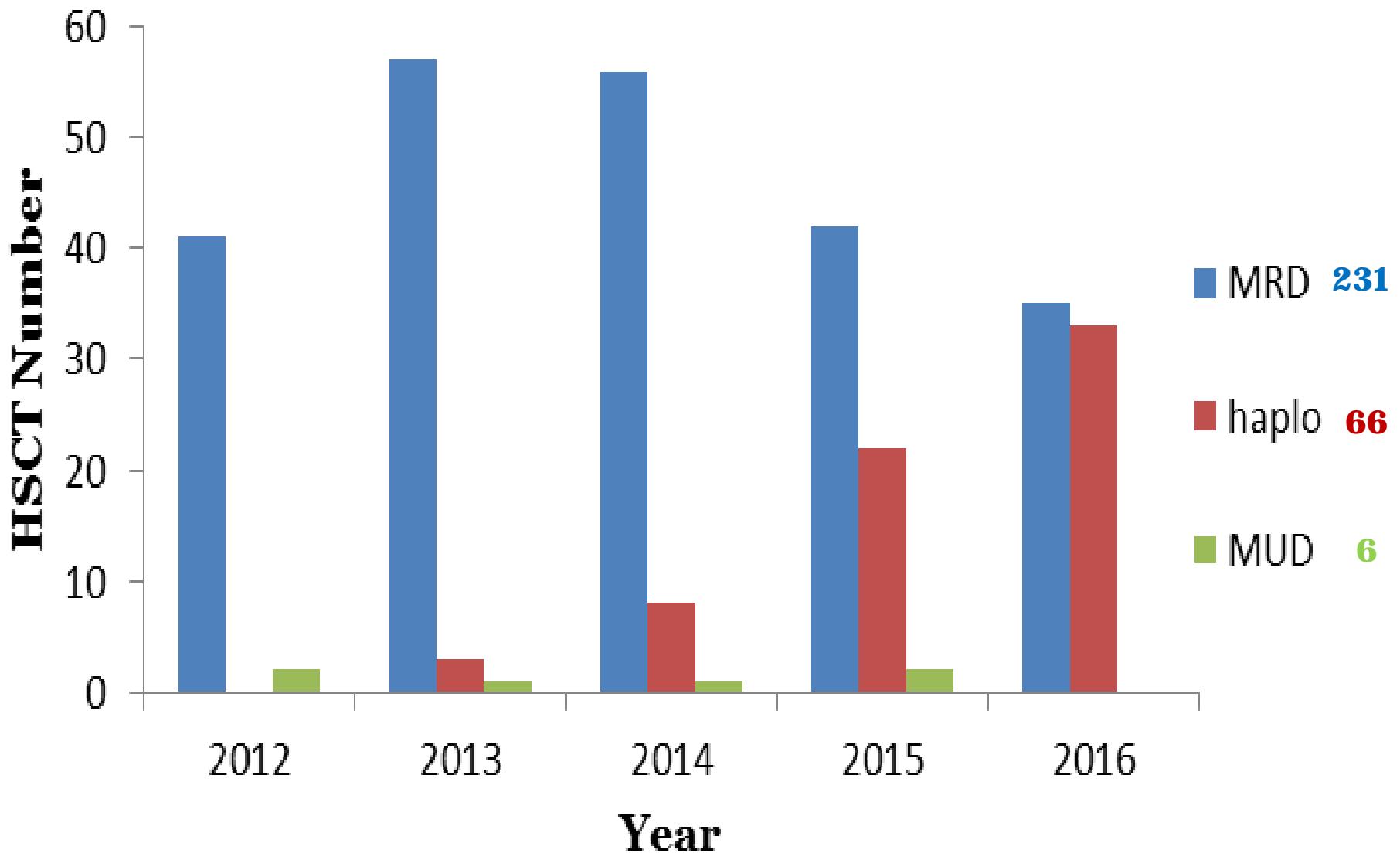
# Autologous HSCT By Diagnosis



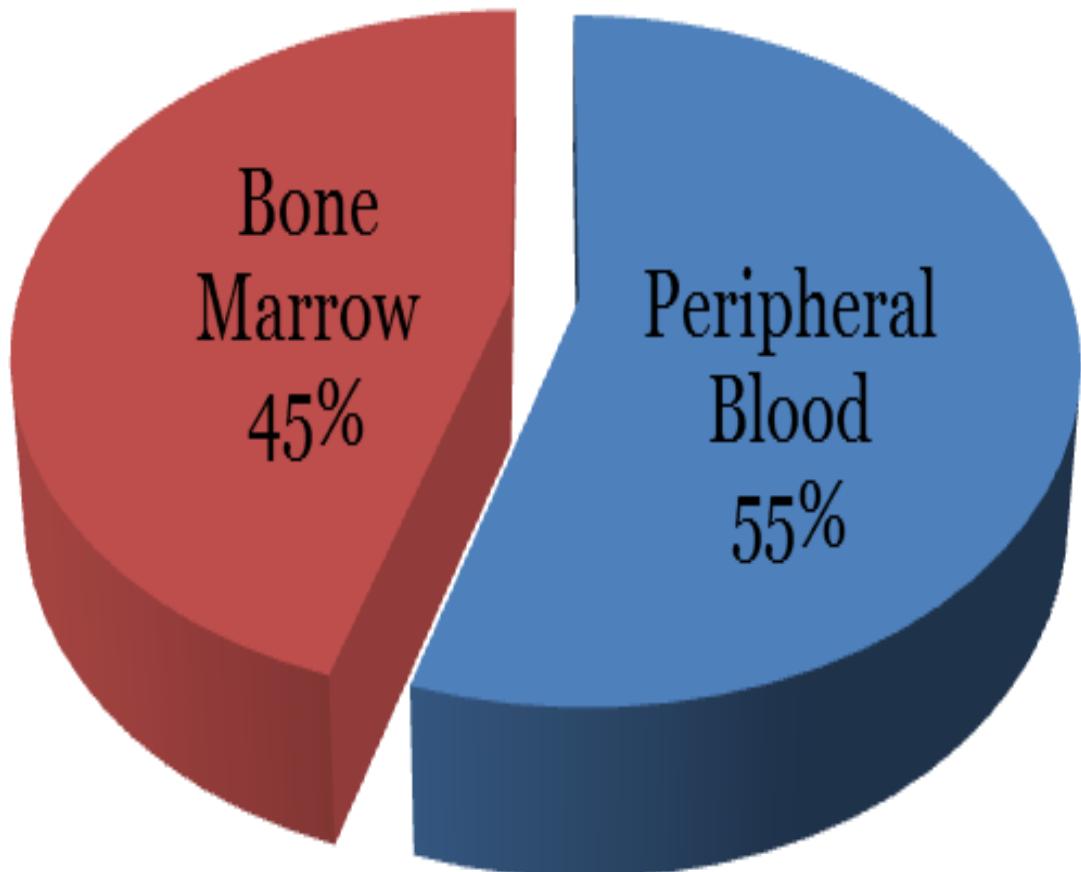
# Allogeneic HSCT (diagnosis)



# Allogeneic HSCT - Donor Type



# Stem Cell Source (Allogeneic Donors)



# International registries

- AUBMC and Makassed are members of EBMT and EMBMT
- Annual reporting of transplant data to the EBMT registry and transplant activity to EBMT and EMBMT
- AUBMC has a signed agreement with NMDP for MUD search

# Quality and accreditation

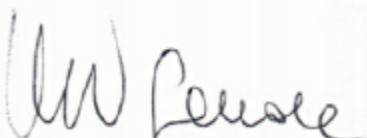
- AUBMC quality program initiated in 2013
- JACIE accreditation in 2016
- Makassed is preparing for JACIE accreditation

# ***The Joint Accreditation Committee ISCT-EBMT (JACIE)***

***hereby declares that***



**Riccardo Saccardi**  
*JACIE Medical Director*



**Maria Vittoria Gazzola**  
*Chair, JACIE Accreditation  
Committee*

American University of Beirut Medical Center  
Beirut, Lebanon

has been found to meet the standards as set out in the FACT-JACIE International Standards for Cellular Therapy, edition 5 in the following area(s):

Autologous & Allogeneic Transplantation in Adult Patients  
Autologous & Allogeneic Transplantation in Paediatric Patients  
Collection of HPC, Marrow  
Collection of HPC, Apheresis  
Cell Processing - minimally manipulated

Programme Director: Prof. Ali Bazarbachi

# Challenges

- Financial limitations
- Private practice and lack of referral
- Underrepresentation of middle east in international registries

# Recent developments

- Haploidentical HSCT +++
- Allogeneic HSCT for lymphoma (HL and NHL)
- Reduced toxicity regimen (older patients, patients with comorbidities)
- Sequential conditioning for refractory patients

# Research axis

- Personalized conditioning
- Post transplant maintenance
- Nutritional status

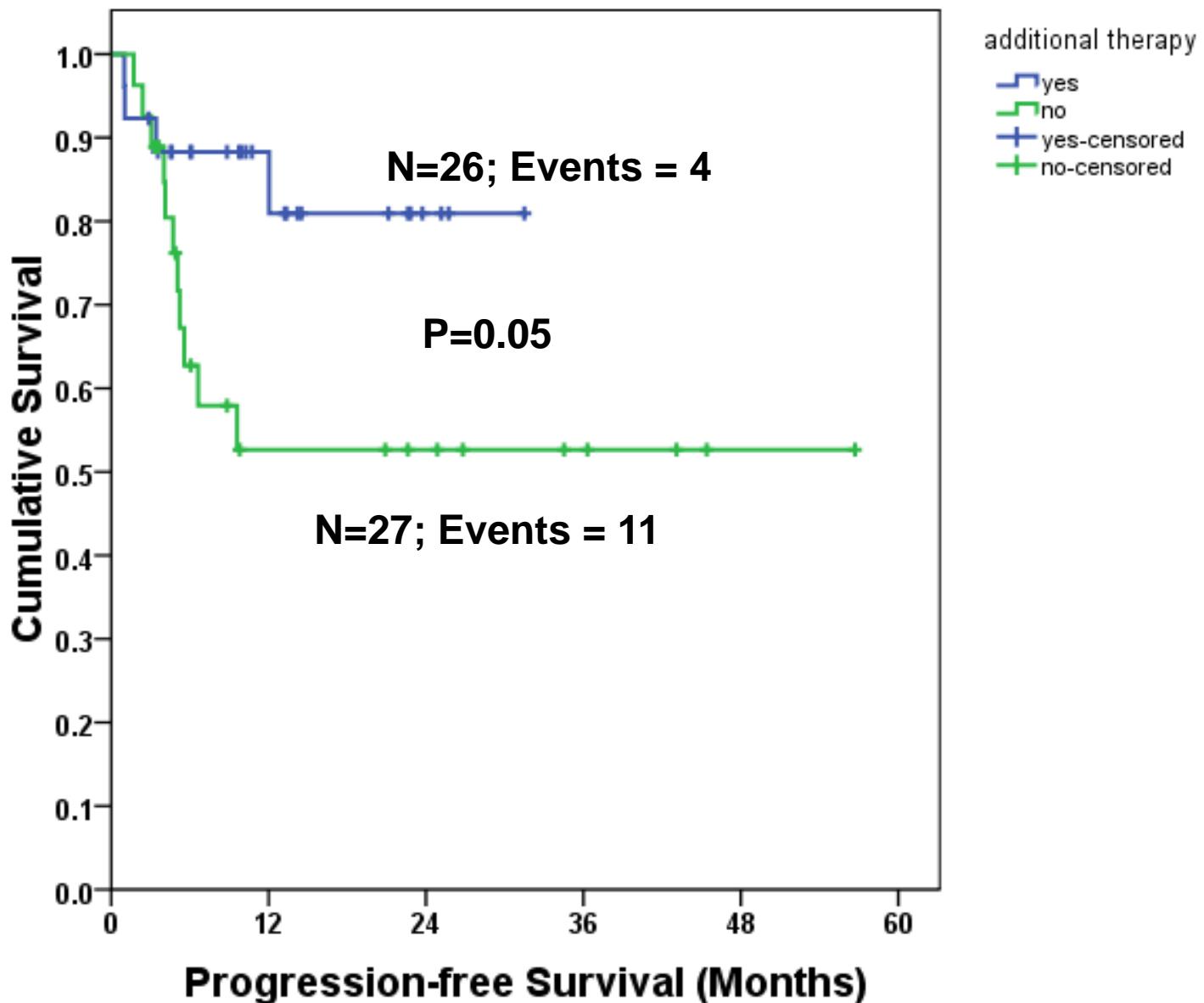
- Kharfan-Dabaja MA, Nishihori T, Bazarbachi A.  
Allo-HCT regimens with low toxicity needed in older patients with acute myeloid leukaemia.  
**Lancet Oncol.** 2016 Jan;17(1):e1. doi: 10.1016/S1470-2045(15)00450-7.
- Bazarbachi A, Labopin M, Kharfan-Dabaja MA, Schwerdtfeger R, Volin L, Bourhis JH, Socié G, Daguindau E, Gedde-Dahl T, Rambaldi A, Karas M, Schlimok G, Blaise D, Chevallier P, Malard F, Schmid C, Esteve J, Nagler A, Mohty M.  
Allogeneic hematopoietic cell transplantation in acute myeloid leukemia with normal karyotype and isolated Nucleophosmin-1 (NPM1) mutation: outcome strongly correlates **with disease status**.  
**Haematologica.** 2016 Jan;101(1):e34-7. doi: 10.3324/haematol.2015.135681.
- El Cheikh J, Otrock ZK, Qannus AA, Kharfan-Dabaja MA, Bazarbachi A.  
Risk-Adapted Approach to HLA-Matched Sibling Hematopoietic Cell Allografting: Impact of Adjusting Conditioning Intensity and Integrating Post-Transplant Therapeutic **Interventions**.  
**Clin Lymphoma Myeloma Leuk.** 2016 May;16(5):304-10.

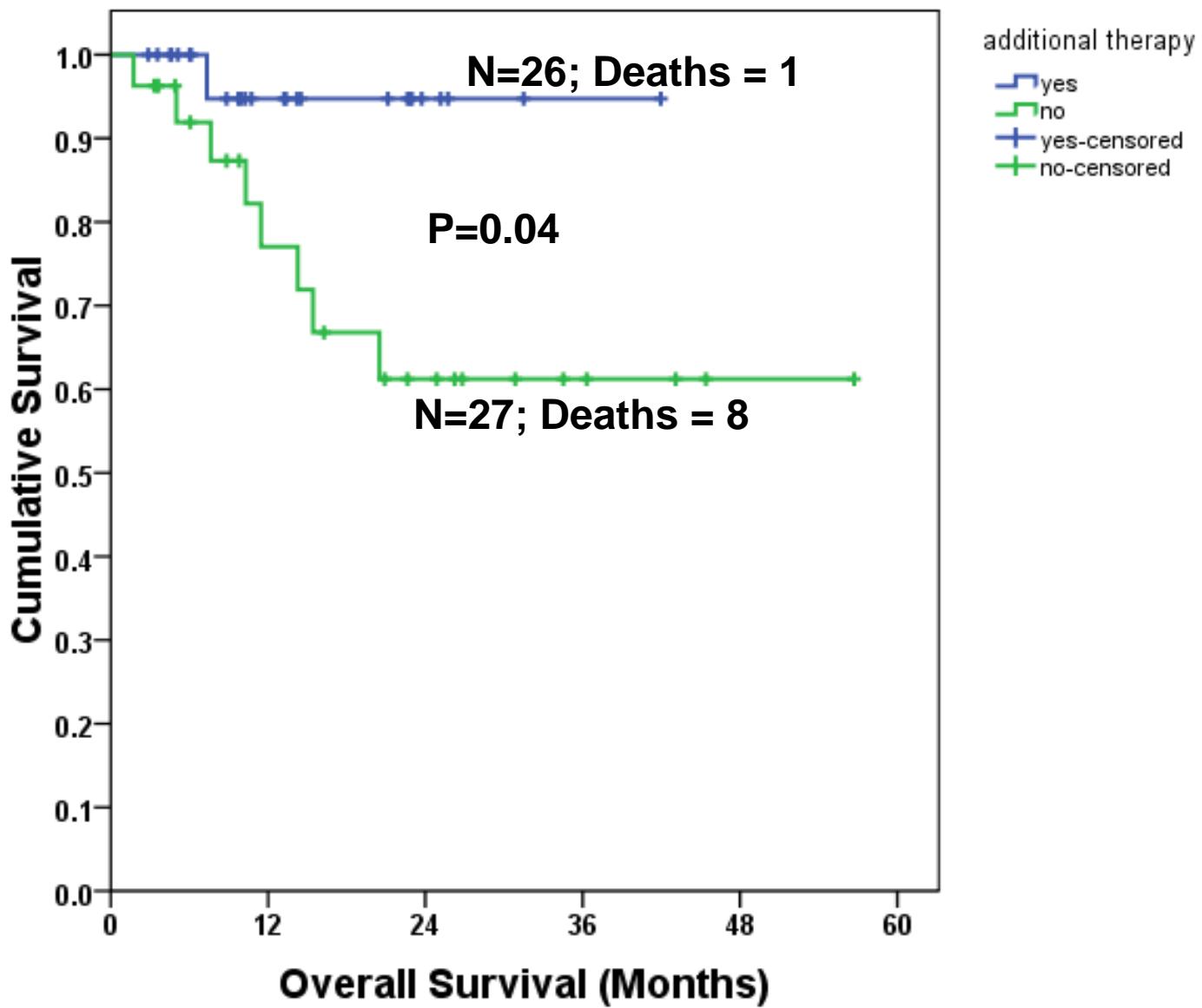
- Mohty M, Malard F, Abecassis M, Aerts E, Alaskar AS, Aljurf M, Arat M, Bader P, Baron F, Bazarbachi A, Blaise D, Ciceri F, Corbacioglu S, Dalle JH, Dignan F, Fukuda T, Huynh A, Masszi T, Michallet M, Nagler A, NiChonghaile M, Okamoto S, Pagliuca A, Peters C, Petersen FB, Richardson PG, Ruutu T, Savani BN, Wallhult E, Yakoub-Agha I, Duarte RF, Carreras E. Revised diagnosis and severity criteria for sinusoidal obstruction syndrome/veno-occlusive disease in adult patients: a new classification from the European Society for Blood and Marrow Transplantation.  
**Bone Marrow Transplant.** 2016 May 16. doi: 10.1038/bmt.2016.130. [Epub ahead of print]
- Phillips EH, Hodson A, Hermine O, Bazarbachi A, Cwynarski K. Striving to cure adult T-cell leukaemia/lymphoma: a role for allogeneic stem cell transplant?  
**Bone Marrow Transplant.** 2016 Sep 12. doi: 10.1038/bmt.2016.154. [Epub ahead of print]
- Al Jefri AH, AbuJazar H, Al-Ahmari A, Al Rawas A, Al Zahrani Z, Alhejazi A, Bekadja MA, Ibrahim A, Lahoucine M, Ousia S, Bazarbachi A. Veno-occlusive disease/sinusoidal obstruction syndrome after haematopoietic stem cell transplantation: Middle East/North Africa regional consensus on prevention, diagnosis and management.  
**Bone Marrow Transplant.** 2016 Nov 28. doi: 10.1038/bmt.2016.300. [Epub ahead of print]

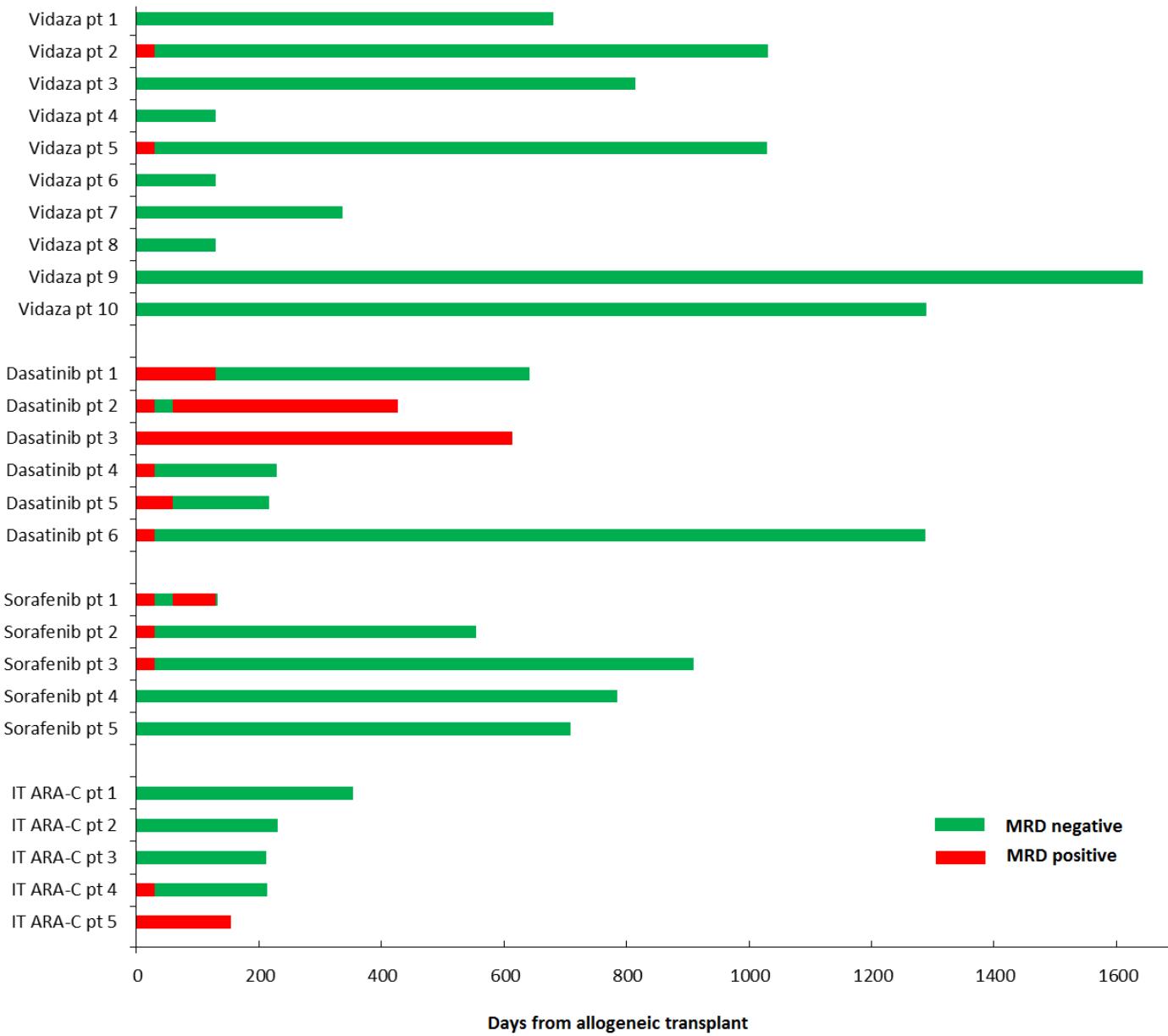
- Nassereddine S, Nishihori T, Padron E, Mahfouz R, Bazarbachi A, Komrokji RS, Kharfan-Dabaja MA.  
Integrating Genomics in Myelodysplastic Syndrome to Predict Outcomes After Allogeneic Hematopoietic Cell Transplantation.  
**Clin Lymphoma Myeloma Leuk.** 2016 Sep 16. pii: S2152-2650(16)30561-4. doi: 10.1016/j.clml.2016.09.005. [Epub ahead of print] Review.
- Antar A, Otrock ZK, El-Cheikh J, Kharfan-Dabaja MA, Battipaglia G, Mahfouz R, Mohty M, Bazarbachi A.  
Inhibition of FLT3 in AML: a focus on sorafenib.  
**Bone Marrow Transplant.** 2016 Oct 24. doi: 10.1038/bmt.2016.251. [Epub ahead of print]

# Risk-Adapted Approach to HLA-Matched Sibling Hematopoietic Cell Allografting: Impact of Adjusting Conditioning Intensity and Integrating Post-Transplant Therapeutic Interventions.

	<b>Additional therapy (n=26)</b>	<b>No additional therapy (n=25)</b>	<b>P value</b>
Median age at transplant (years)	32	40	0.971
Gender	M=21, F=5	M=18, F=9	0.244
Diagnosis	AML=11, ALL=8, MDS=3, CML=3, MPN=1	AML=15, ALL=4, MDS=3, CML=1, MPN=2, CLL=2	0.384
CIBMTR risk group	Low risk=9, Intermed =12, High risk=4, Other=1	Low risk=14, Intermed=10, High risk=1, Other=2	0.336
Median follow up (months)	12	15.4	0.229







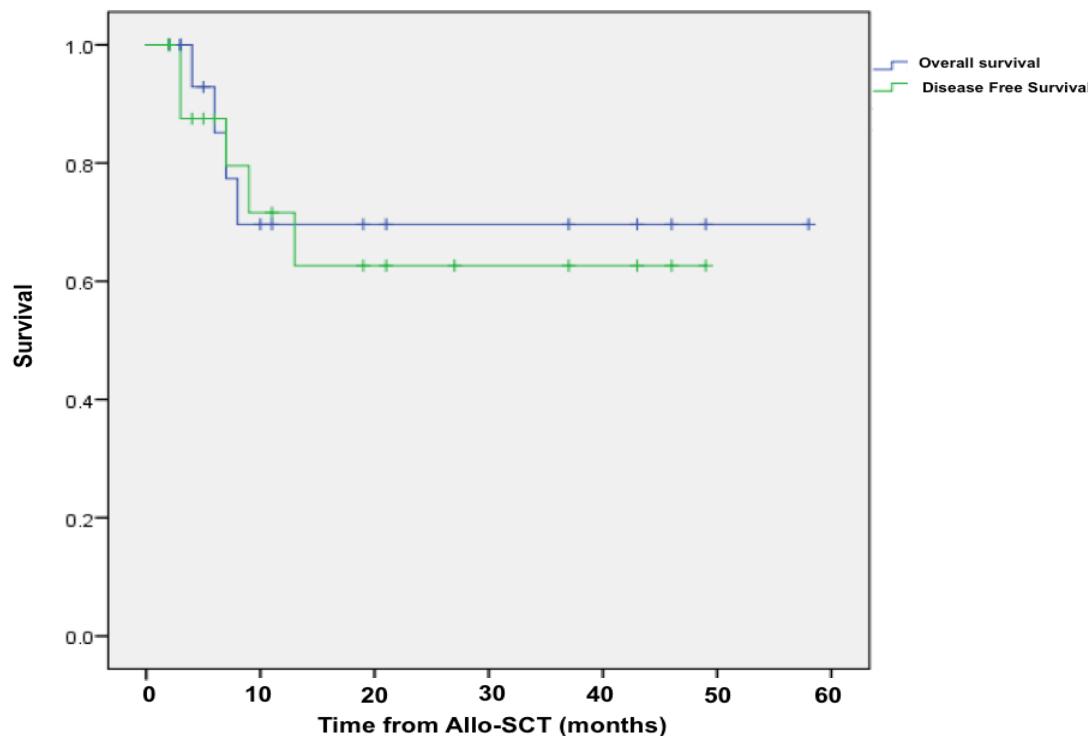
# 5-AZACYTIDINE (VIDAZA) PREVENTIVE THERAPY FOR RELAPSE OF MYELOID MALIGNANCIES FOLLOWING ALLOGENEIC HEMATOPOIETIC SCT

Jean El Cheikh, Radwan Massoud, Elie Fares, Nabila Kreidieh, Rami Mahfouz, Mohamed Kharfan-Dabaja, Ali Bazarbachi

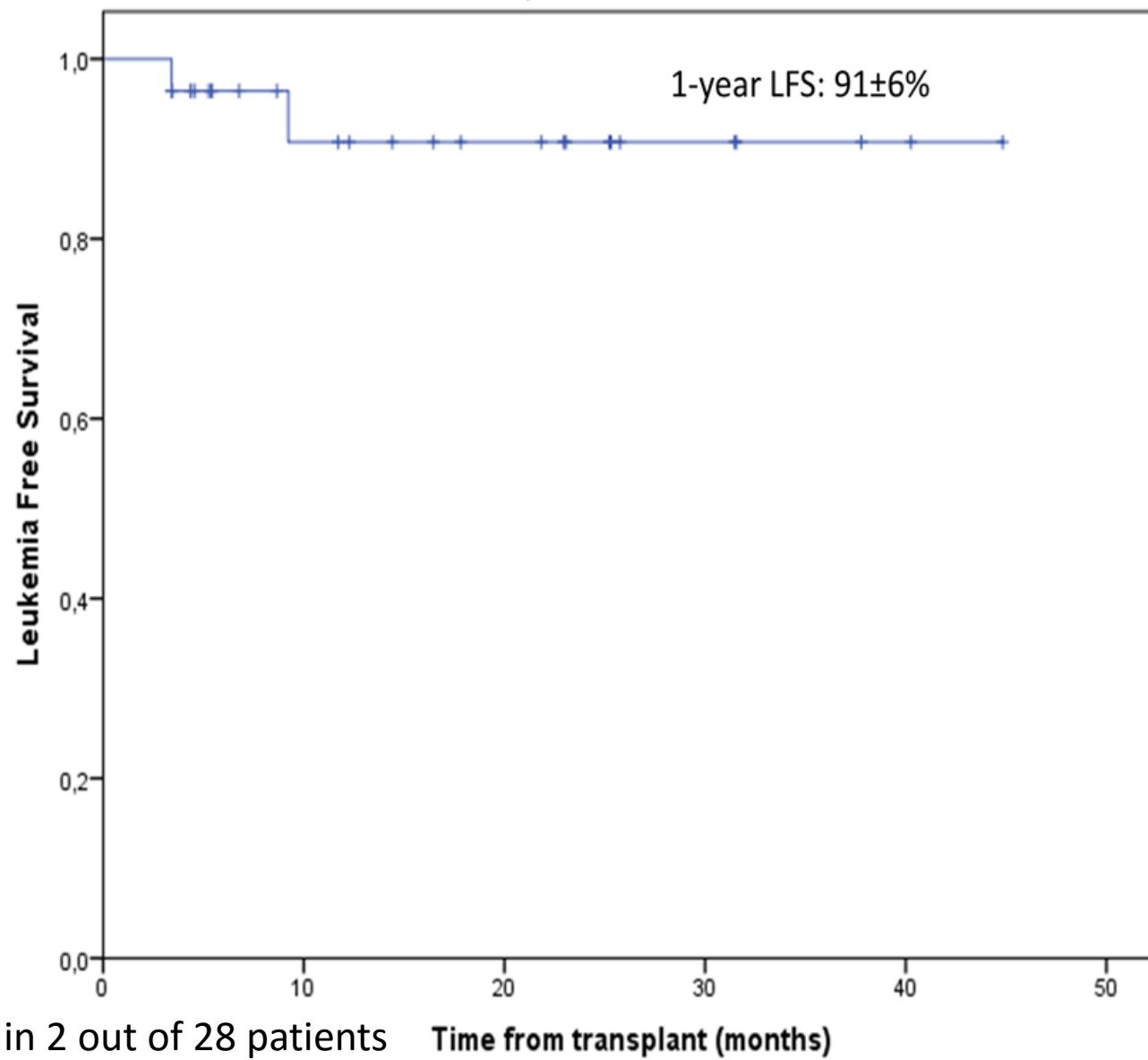
Bone Marrow Transplantation (2016), In press

- 18 high risk patients (13 AML and 5 MDS).

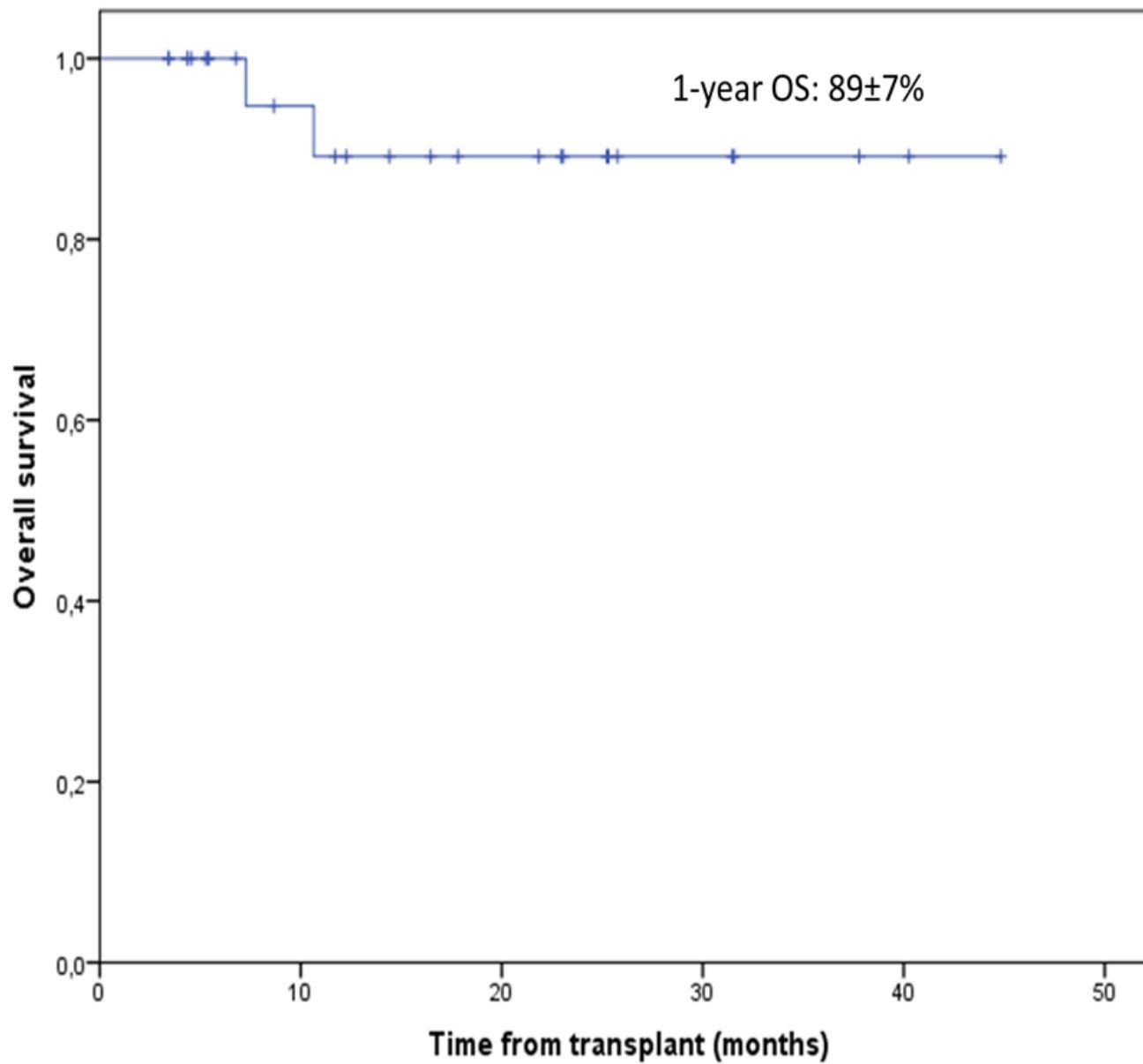
At the last follow up 13 patients (72%) are alive in complete remission and full donor chimerism. **1-year DFS and OS were 63% and 70%, respectively.**



# Sorafenib for prevention of AML relapse post allo-SCT in cases of Flt3 mutations



# Sorafenib for prevention of AML relapse post allo-SCT in cases of Flt3 mutations



Death (due to relapse) occurred in 2 out of 28 patients