ICBMT 2018 Report

By Dr Azizan Sharif

The 3rd International Congress of Bone Marrow Transplantation (ICBMT 2018) was hosted by The Korean Society of Blood and Marrow Transplantation (KSBMT) with the theme "For the best stem cell transplantation". It was held August 30th – September 1st, 2018 in Busan, Korea. Busan is the second largest city in Korea, famous for its beautiful natural environment and flourishing high-tech industry. This is a relatively new meeting held within the Asia Pacific region focusing on all aspect of haematopoietic stem cell transplantation (HSCT). It brought together transplanters from all corners of Asia face to face and served as a platform to interact with key opinion leaders of HSCT. A big thank you to MSH for providing me with the opportunity to attend this meeting. Below is the highlights of the meeting.

Day 1 highlights

CAR (Chimeric Antigen Receptor) T-Cell Therapy is the 'in-thing' in malignant haematology at the moment. No haematology meeting or conference held today without the obligatory session on CAR T therapy. The plenary session on CAR T was delivered by Professor Neelapu of the Anderson Cancer Centre, USA which was responsible for developing one of the CD19 CAR T for Diffuse Large B-Cell Lymphoma (DLBCL). Although this treatment option is attractive in the relapse refractory DLBCL setting, long term outcome data is still lacking as it is a relatively recent development compared to CD19 CAR T for B-ALL. The more pertinent issue would also be deciding which cohort of patients this treatment option is most suited to. The available data seems to suggestive CD19 CAR T is less effective is the tumour burden is high. The second plenary lecture was delivered by Professor Nicolaus Kroger of Germany on "Optimal conditioning regime for Allogeneic Stem Cell Transplantation (AlloSCT). Prof Kroger elegantly laid out the merits of both myeloablative versus reduce intensity conditioning (RIC) for AlloSCT. He concluded that for a young fit patient, myeloablative conditioning should be the preferred option. Following the plenary sessions, several concurrent satellite symposia took place. In the satellite symposium on B-ALL, the highlight of which is the experience of utilising Blinatumomab for the treatment of B-ALL. The total number of cycles given prior to AlloSCT is four although the applicability of this approach in our setting would be restricted by the financial constraint of such treatment regime. The speaker also highlighted the risk of CNS relapse which can occur while undergoing treatment with Blinatumomab.

Day 2 highlights

Day 2 of the meeting began with simultaneous concurrent satellite symposia. In the myeloma symposium, Prof Kroger discussed the role of AlloSCT in myeloma. Although it is potentially curative, the long term cure rate is only in the region of 30%. Perhaps this is an option worth pursuing in the younger fitter patient cohort. Sevreal sessions on Day 2 also focused on important complications post AlloSCT including infective complications, sinusoidal obstructive syndrome, HSCT-associated thrombotic microangiopathy and engraftment syndrome. Tuberculosis post AlloSCT was discussed in the afore mentioned session and it was suggested Rifabutin as the agent of choice in view of the least risk of drug interaction in the post-transplant setting. The plenary session on Day 2 was delivered by Prof Alessandro Rambaldi from Italy. He discussed the long-term outcome of Haplo-identical HSCT compared to Matched-Unrelated (MUD) HSCT. Data from EBMT seemed to suggest that the outcome with Haplo-HSCT is approaching that of MUD HSCT. A large part of this improvement is due to the

introduction of Post-Transplant Cyclophosphamide as part of the GVHD prophylaxis regime. Unfortunately, our local experience with haplo-HSCT has not been as encouraging as the European experience.

Day 3 highlights

Day 3 concluded with clinically sessions on lymphoma and myeloma. A local speaker presented an overview of NK/T-Cell lymphoma of which East Asia is the world's leading authority. This was followed by Darryl Tan from Singapore who discussed the role of upfront autologous Stem Cell Transplantation for DLBCL especially for double-hit or triple-hit lymphoma. Finally, Frank Morschhauser discussed the role of check point inhibitor before and after AlloSCT for Hodgkin Lymphoma (HL) . Check point inhibitor is emerging as a very promising treatment option for relapse refractory HL although the increased risk of GVHD in the setting of AlloSCT is certainly not insignificant. One possible solution would be using the check point inhibitor at doses much lower than the recommended dose.

Oral presentation

I was privileged to present an oral presentation titled "ABO-Mismatched and Hematopoietic Stem Cell Transplantation Long-Term Outcome" in which the long term outcome of AlloSCT in Hospital Ampang for ABO-mismatched cohort was compared to the ABO-matched cohort. Our data showed that the long term outcome in terms of mortality and morbidity is similar in both patient cohort. I would like to take this opportunity to acknowledge the whole transplant team of Hospital Ampang, past and present for making such a presentation possible.

Mark your calender

The ICBMT 2019 next year will be held in conjunction with APBMT 2019, at the same time next year in Busan. Taking ICBMT 2018 as a benchmark, the meeting next year would be something worthwhile attending to.