Table	Table B.2.E. Scientific Working Committee Studies			
Year	Completed	New	Continuing	Total
2005	22	39	113	135
2006	34	49	135	169
2007	41	33	162	203
2008	38	44	145	183
2009	76	58	209	285
2010	74	50	217	291
2011	55	40	213	268
2012	65	29	191	256
2013	51	46	177	228
2014	46	43	163	209
TOTALS	502	431		

Clinical outcomes studies conducted by the Scientific Working Committees resulted in 37 publications in 2014. **Table B.2.F** lists the number of papers published by each Scientific Working Committee.

Table B.2.F. 2014 Publications by Scientific Working Committees		
Scientific Working Committee	Number of Publications	
Acute Leukemia	2	
Chronic Leukemia	3	
Donor Health and Safety	2	
Graft Sources and Manipulation	3	
Graft-vs-Host Disease	1	
Health Services and International Issues	3	
Immunobiology	8	
Late Effects and Quality of Life	5	
Lymphoma		
Pediatric Cancer	2	
Plasma Cell Disorders and Adult Solid Tumors	1	
Primary Immune Deficiencies, Inborn Errors of Metabolism, and Non-Malignant Marrow Disorders	2	
Regimen-Related Toxicity and Supportive Care	1	
TOTAL	37	

B.2.2.6.a HCT for Myelodysplastic Syndrome for Medicare Recipients

MDS is more common in the elderly, many of whom were denied access to HCT therapy in the US due to lack of Medicare insurance coverage by the Centers for Medicare and Medicaid Services (CMS). To help secure Medicare coverage for these patients, the CIBMTR, NMDP, American Society for Blood and Marrow Transplantation (ASBMT), and other organizations partnered with CMS to launch a "Coverage"

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with Evidence Development" (CED) study, using data in the CIBMTR Research Database that are collected to fulfill SCTOD requirements. The CED approach allows CMS to provide coverage for procedures and to advocate for clinical studies that inform policy decisions.

The CIBMTR submitted a study plan and protocol, "Assessment of Stem Cell Transplantation in Medicare Beneficiaries with Myelodysplastic Syndrome and Related Disorders," to CMS in September 2010. CMS approved it, and the study began on December 15, 2010. The plan will progress in several stages:

- Part 1 is the ongoing observational study to compare short-term outcomes (100-day survival) after HCT in MDS patients ≥65 years with those <65 years. The existing CIBMTR mechanism collects comprehensive outcomes data on all Medicare beneficiaries who receive HCT for the treatment of MDS, allowing eligible patients to receive Medicare coverage for the treatment of MDS under the CED mechanism. As of December 2014, 121 centers are participating, and 913 patients ≥65 years old, 685 patients 55-64 years old, and 189 patients <54 years old are enrolled.</p>
- Part 2 compares three-year overall survival of HCT recipients ≥65 with outcomes of similar non-HCT patients. This study, being conducted through the BMT CTN, enrolls patients who are referred to a transplant center for consideration of HCT. Tissue typing after enrollment to determine availability of a donor will limit selection bias; the study uses a donor-no donor assignment scheme. If no donor is available, the patient receives non-HCT care from routine care providers. Secondary outcomes include collection of quality of life data to assess if transplant patients have similar or better quality of life than non-transplant patients and a cost-effectiveness study. The BMT CTN 1102 study opened on December 15, 2013. Through November 2014, 28 centers have been activated and 42 patients enrolled.

B.2.2.7 OPTIMIZE THE DATA ANALYSIS PROCESS THROUGH ENHANCED BIO STATISTICAL ANALYSES

The CIBMTR has enjoyed a positive, collaborative association with the Division of Biostatistics in the Medical College of Wisconsin (MCW) Institute for Health and Society since 1985, an association that is a distinctive asset and crucial to the success of CIBMTR research. This long-standing relationship has many benefits, including:

- Ensuring the statistical integrity of CIBMTR scientific activities;
- Contributing to results in articles on HCT-related statistical issues for clinical audiences;
- Supporting Working Committee members and investigators in developing scientific study protocols using CIBMTR data.

HCT is a complex process with multiple competing risks and dramatic changes in the risks of specific events over time. The CIBMTR has developed and evaluated the statistical models used in HCT research while also acknowledging that it is important to guide the research community in appropriate application and interpretation of these sophisticated models. Therefore, the CIBMTR's statistical research development goals are two-fold: development of the new models and new statistical methods themselves and comparison of these models and methods with existing solutions using the Research Database.

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The Division of Biostatistics faculty has substantial collective experience in assessing the unique problems associated with HCT research, and the statistical techniques and methodology they develop enable rigorous analysis of these data. In their statistical oversight of CIBMTR studies, this group directly and indirectly trains and mentors the Master's-level statisticians, positively influencing the overall integrity of CIBMTR data used in its published works. The combined expertise of these statistical partners is a unique asset that continually contributes to the strength of the CIBMTR research portfolio.

In 2014, biostatistical faculty published four statistical methodology papers, and two additional manuscripts are in press. These publications incorporate the following topics:

- Comparison of cumulative incidence functions with early or late weightings and with an R-CIFsmry package;
- Application of a symbolic covariance matrix for interval-valued variables to principal component analysis;
- Comparison of statistics in association tests of genetic markers for survival outcomes;
- Use of a revised Fisher model on the analysis of quantitative trait loci with multiple alleles.

B.2.2.8 PROVIDE HEALTH SERVICES RESEARCH FOR HEMATOPOIETIC STEM CELL TRANSPLANTATION

The CIBMTR conducts research through the Health Services Research Program in collaboration with NMDP Patient and Health Professional Services and the Health Policy and International Issues Working Committee. The Health Services Research Program agenda includes six focus areas: research, system capacity, health policy, program evaluation, clinical trial support, and training / education; additional detail for each focus area is provided below. To meet its scientific goals, the Health Services Research Program continues to collaborate with other investigators and explore opportunities for additional funding.

B.2.2.8.a Research

- Transplant provider and center factors and outcomes of alloHCT. A national survey of US transplant centers was conducted to obtain information about transplant center personnel, infrastructure, and care delivery models as well as their influence on overall survival after allogeneic HCT. Two manuscripts are under preparation; one will describe the results of the survey, and the second will describe the association of center factors with survival.
- Individualized care plans for HCT survivors. In 2013, the Health Services Research Program was awarded \$1.2 million by the Patient Centered Outcomes Research Institute to conduct this two-phase study. The first phase of the study has been completed. It involved focus groups of patients / caregivers and transplant center and community clinical providers to optimize survivorship care plan content, format, and delivery for HCT survivors; data analysis in progress. The second phase includes a randomized, controlled study managed by the RCI BMT and will evaluate the effectiveness of the optimized survivorship care plan; the protocol has been released to participating centers, and we expect the study to open for enrollment in the first quarter of 2015.
- Secondary claims data analysis. The Health Services Research Program continues to gain
 experience in using secondary claims data for investigation of the costs of HCT. One study is
 evaluating the feasibility of using a commercial claims database (Truven Health Analytics

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MarketScan®) for investigating costs of HCT vs no HCT for older patients with acute myeloid leukemia.

B.2.2.8.b System Capacity

- HCT in 2020: A health care resource and infrastructure assessment. The NMDP, in collaboration with other key organizations, experts, and stakeholders, is in the fifth year of an initiative to address system capacity challenges to the growth of HCT. The Health Services Research Program provides expertise and support to the working groups in areas such as survey research, data analysis, literature review, and dissemination.
- Identifying HCT patient housing and caregiver challenges and potential interventions. This study included focus groups and a national survey of HCT social workers to identify challenges to patient housing and caregiver availability as well as to learn what solutions centers have in place to help patients with these challenges. Manuscript preparation in ongoing.
- HCT multidisciplinary care teams: Burnout, moral distress, and career satisfaction. This study will survey physicians, mid-level providers, pharmacists, and nurses who work with BMT patients to understand issues around burnout, moral distress, compassion fatigue, and career satisfaction. The protocol is under IRB review, and we anticipate the survey will be implemented in January 2015.

B.2.2.8.c Evaluation

• **Post-transplant care guides**. Patient-focused post-transplant care guides were developed to facilitate follow-up care for HCT recipients. To evaluate the effectiveness of the guides overall, a longitudinal, repeat-measures survey is administered at 6, 12, and 24 months post-transplant to alloHCT recipients. Results of this evaluation will be used to improve the care guides and educational interventions on patient-provider communication.

B.2.2.8.d Policy

- Comparing Medicaid coverage of HCT across the US. This observational study analyzed
 Medicaid coverage of HCT by state to describe differences in HCT benefit sets; a manuscript has been published in the Journal of Oncology Practice.
- Payer-partnered approach to community based referral for HCT. The Health Services Research
 Program successfully obtained funding from the National Comprehensive Cancer Network /
 Pfizer to conduct this study to understand referral barriers to transplantation. The first phase of
 this study will conduct a survey of referring hematologists-oncologists to understand knowledge
 gaps and barriers to referral. Educational materials developed through this survey will be
 evaluated in a subsequent project that will focus on hematologist-oncologists affiliated with a
 specific payer group.

B.2.2.8.e Clinical Trial Support

• Easy-to-read informed consent forms for HCT clinical trials (Health Services Research Program / BMT CTN collaboration). This NHLBI-funded study evaluates the effectiveness of a novel consent form for the BMT CTN and will describe barriers to implementation of more patient-friendly consent documents. The Health Services Research Program conducted interviews of investigators, research coordinators, and IRB personnel at 10 transplant centers to address this issue. Analyses of the interview transcripts are presently being conducted.

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B.4 TRAINING AND PROFESSIONAL DEVELOPMENT

The CIBMTR is committed to staff training and development both for Coordinating Center staff and data professionals in participating transplant centers. In 2012, the CIBMTR made the strategic decision to develop a training program, and a Training and Development Specialist created the foundation for this program. In October 2014, the CIBMTR established a Training Steering Committee with the vision to "Deliver educational resources that enhance the quality of CIBMTR research." The goals of the committee are to determine how to integrate training across all functional areas, both internal and external; develop training governance; and develop a project road map. New and continuing training initiatives offered in 2014 are described in this section.

B.4.1 Training Initiatives

B.4.1.a Internal Training Initiatives

- All-staff Meetings. The CIBMTR holds quarterly staff meetings to share information between the
 two campuses and provide updates on ongoing projects, new initiatives, and departmental
 objectives and measures. They also highlight staff accomplishments.
- **Data Operations Staff Annual Meeting**. Held in September 2014, this meeting incorporated training on good clinical practices, customer service, and business modeling.
- Immunobiology Research Lunch and Learn Sessions. The Immunobiology Research team, in collaboration with the NMDP Bioinformatics team, prepared and delivered several training sessions to internal CIBMTR / NMDP staff throughout the past year. Training topics included the role of transposons in KIR recombination, a summary of population genetic talks from the American Society of Human Genetics annual meeting, and staff presentations providing overviews of their projects.
- IT Sessions. The IT Team provided monthly trainings on project management, business requirements, and leadership as well as regular opportunities to attend lunch and learns with topics such as data warehousing, business intelligence, and business modeling. The team has purchased licenses to encourage regular individual training as well, with access to two types of online training libraries that include a broad range of technical and management skill training.
- Statistical Training. The CIBMTR maintains a formal training program for MS-level statisticians to ensure uniform procedures in the coordination of Working Committee and research study implementation. A comprehensive educational manual is provided to each statistician for their personal reference, and a code library is maintained on both campuses. The educational manual is updated periodically and used primarily as a resource tool for the MS-level statisticians while in training and thereafter. As part of the MS-statistician continuing education training program, statisticians attend annual CIBMTR data management meetings, the annual BMT Tandem Meetings, and short courses on statistical techniques that can be applied to the field of HCT. To increase the MS-level statistician's awareness of organizational and research changes, tools available, onboarding and ongoing training updates, the MS-level statistician's training manual is

continually enhanced to support better communication and knowledge among the MS-level statisticians. Training program initiatives for 2014-2015 include:

- Statistical workshop led by Senior Biostatisticians, PhD Statisticians, and HCT physicians;
- Bi-weekly Senior Biostatistician meetings with junior staff to provide mentoring and answer questions;
- o Monthly Senior Biostatistician meetings to discuss future projects;
- o MS-level Statisticians meetings to discuss updates on Working Committee management, study issues, SAS codes, policies and procedures, data, and other issues as needed.

Finally to assess the MS-level statistician's project management skills, a survey is planned to measure their current understanding and skills. Results of this survey as well as specific project management materials will be incorporated in the MS-level statistician's training manual.

- Biostatistics Graduate Student. In 2014, one third-year doctoral student in the biostatistics program at MCW, Michael Martens, worked on this grant. His training is focused on a sound theoretical understanding of statistical principles, research in the development of applied methodology, and collaborative research with biomedical scientists and clinicians. The student works closely with PhD-level biostatistical faculty members, particularly the CIBMTR Interim Chief Statistical Director, as well as physician faculty members. He meets regularly with his primary mentor, with whom he created an individual development plan.
- Medical Students. In 2014, the CIBMTR hosted three medical students during the academic year
 as well as two participating in a summer research program that allows first-year medical
 students the opportunity to explore a career in biomedical research and academic medicine and
 gain research tools applicable to clinical practice.
- HCT Clinical Research Fellowship. In 2014, one physician participated in the HCT Clinical Research Fellowship, which provides participants with coursework, data for research projects, and clinical experience as well as mentoring and an individual development plan. The fellow's plan was developed with his primary mentor, the CIBMTR Senior Scientific Director for Research, who is a member of the fellow's mentoring committee along with another physician faculty member and a PhD-level statistical faculty member. The fellow meets weekly with his primary mentor to discuss coursework as well as research progress and obstacles and to ensure the individual development plan is guiding the fellow's training and providing him with the necessary experience to achieve his career goals.

B.4.1.b External Training Initiatives

- BMT Tandem Meetings. With 2,950 attendees, the 2014 BMT Tandem Meetings included 5 plenary sessions, 11 concurrent sessions, 102 oral abstracts, 2 poster sessions, 4 corporate-supported symposia, and 3 product theaters. Continuing Medical Education (CME) and Continuing Education credits were issued through MCW to US physicians and allied health professionals. In addition to the extensive scientific agenda, many educational opportunities focused on young investigators and other allied health professionals:
 - Clinical Research Professionals / Data Management Conference. With almost 200 attendees, this conference provided forms training, which increases the accuracy with which CIBMTR forms are completed.
 - o **BMT CTN Coordinators and Investigators Meetings**. With approximately 100 and 300 attendees, respectively, these meetings focused on data collection; the biology of

- diseases and the immune system; and processes, such as protocol activation, as well as specific clinical trials.
- IT Forum. With almost 100 attendees, this forum discussed various aspects of the CIBMTR Data Life Cycle, including data collection through AGNIS and data sharing, including the Data Warehouse.
- BMT Center Administrators Conference. With approximately 165 attendees, this
 conference focused on payor strategies, performance improvement, data quality,
 caregiver challenges, and other management and leadership issues.
- o **BMT Pharmacists Conference**. With almost 200 attendees, this conference presented the latest research and best practices with a focus on specific diseases and populations.
- o **Transplant Nursing Conference**. With almost 500 attendees, this conference presented the latest research as well as disease-specific information and case studies.
- BMT Clinical Education Conference. This conference is designed for Nurse Practitioners, Physician Assistants, Fellows, and Junior Faculty. With more than 300 attendees, the conference focused not only on the biology of diseases and clinical treatments but also quality improvement and patient interaction.
- Data Matters Training Newsletter. This newsletter is published monthly via email and contains
 updates on projects, announces training opportunities and manual updates, and provides
 answers to frequently asked questions. Newsletter content is developed as a collaborative effort
 among several internal departments.
- E-Learning Modules for Network Data Professionals. The first E-Learning Modules were released in October 2013. A total of 10 modules have been completed. These include an introduction to the e-learning module, an overview of the revision process for recipient forms, modules on HLA, lymphoma, and plasma cell disorders, and a training module on FormsNet3 for donor centers. The next E-learning modules will focus on the essential form series for new data managers, including CRID (2804), Recipient Module FormsNet3 Application, Data Back to Center Overview, Pre-TED (F2400), Baseline (F2000), Infusion (F2006), and IDM (F2004) forms.
- Learning Management System (LMS). Implemented this year, individual account registration was promoted through the Data Matters Training Newsletter and Clinical Research Coordinators. LMS is the infrastructure that securely registers courses, houses instructional content for online access, and tracks progress towards meeting organizational goals by individual and by center. Courses located in the LMS include HLA [Introduction to HLA, Basic Biology of HLA, Advanced Biology of HLA and HLA Reporting (Form 2005)], Essential Form Series (Form 2400 Pre-TED module), and Disease Specific Series (including Plasma Cell Disorders and Lymphoma).
- Data Management Manual. The manual provides detailed information about forms completion, including SCTOD reporting requirements, protocols, and the consent process as well as instruction manuals for the Pre-TED (2400), Post-TED (2450), CRF forms (2100, 2200, 2300), and some disease forms, such as those for AML and non-Hodgkin lymphoma. In 2014, one new manual section was published on the CIBMTR website, and an additional 11 manual sections have been written and will be published as soon as review is completed.

- **Center Reference Guide**. The Center Reference Guide includes information about participation in CIBMTR research, center membership, data submission, data manager education, mentor program, and the forms submission process as well as many useful tips and links.
- Clinical Research / Outcomes Educational Track at the NMDP Council Meeting. The CIBMTR
 Immunobiology Research team maintains responsibility for this educational opportunity. The
 2014 program included the following workshops:
 - Globalization of HCT;
 - Weighing the risks and benefits of HCT for sickle cell disease;
 - o New cellular therapy approaches: CARS and BIKES;
 - Out of the freezer: CIBMTR research using Research Repository samples;
 - Treating disease relapse after alloHCT;
 - o Umbilical cord blood expansion: an alternative to HCT.

B.4.2 Staff Continuing Education

During 2014, 93% of staff members at both the Milwaukee and Minneapolis campuses attended various training programs in operations, CME, leadership development, and change management. Specifically, staff members attended the following training and professional development activities:

B.4.2.a Clinical Outcomes Research

- AABB Ex-Vivo Expansion of Cord Blood Derived HCT
- Anatomy and Physiology II
- Autoimmune Disease
- Biostatistics Lecture Series
- BMT for Sickle Cell Disease
- Chimeric Antigen Receptor T Cells with Marcela Maus
- Cord Blood Symposium
- Department of Medicine Core Education Sessions (autoHCT, alloHCT, sickle cell disease, AML, multiple myeloma, low and high grade lymphoma)
- Donor Availability Issues, Trends, and Strategies
- Ex-vivo Expansion of Cord Blood Derived Hematopoietic Stem Cells
- Fine Mapping of HLA Associations for Hematologic Diseases
- Genetics of HLA
- The Great Debate: Unrelated Cord vs Haplo Transplant
- HCT Coordinator Certification
- Hematopoietic Stem Cells: Understanding Clonal Expansion
- HLA Antibodies Presentation
- How to Report Adverse Events to the IRB / IEC (webinar)
- It's Not Me The Role of HLA in Tissue Compatibility
- Informed Consent (webinar)
- Next Generation Sequencing in Medicine
- NMDP / CIBMTR Research Lunch and Learn Series
- Orders vs Sources Training, Managing Postponed and Canceled CBU Orders Learning Series
- Oversight of Clinical Investigations A Risk-Based Approach to Monitoring (webinar)

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- Pathway to Transplant with Human Resources and Dr. Chell
- Permissible Mismatches and Mismatching Effects in HCT Transplant
- Plasma Cell Disorder eLearnining
- Share the Science with Dr. Kurtzberg (webinar)
- Understanding GVHD Strategies to Prevent, Detect, and Treat

B.4.2.b Health Services Research

- Defining Quality and Value in HCT
- Ethics in Donation and Transplantation
- Health Care Reform Educational Session
- How to Speed the Time to Transplant
- Impact of the Affordable Care Act on HCT
- Maintaining Patient and Donor Confidentiality

B.4.2.c Information Technology

• Developer Conference

B.4.2.d Management

- Agile Scaling Class
- Agile/Scrum Essentials for Practitioners
- Assertiveness Skills for Managers and Supervisors
- Beyond Scrums, Sprints, and Standups Webinar
- Book (personal study) Smart Trust: The Defining Skill that Transforms Managers into Leaders by Steven Covey
- Book (personal study) Seven Habits of Highly Effective People by Steven Covey
- Book (personal study) Thinking on Purpose for Project Managers: Outsmarting Evolution by Bill Richardson
- Business Architecture Certificate Program
- Clinical Data Warehouse Training with Shawn Freeman
- Certified Scrum Master Training
- Certified Scrum Product Owner Training
- Crucial Conversations
- Customer Service: From Good to Great
- Examining 21CFR Part II and the Role of Technology
- Excel Training Advanced (online)
- Excel Training Basic
- Excel Training Intermediate
- Excel Training Pivot Tables
- Fissure Project Risk Management Webinar
- The Four Faces of Leadership through Fissure
- Good Clinical Practice: International Conference on Harmonisation (webinar)
- How to Prioritize ANY List Without Criteria
- International Institute for Business Analysis Professional Development Days

- InDesign Online Course
- IQ Leadership Seminars
- Jabber Roll-Out Training
- Leadership Learning Circle Leading vs Managing
- Managing the Millennial Generation
- Managing Virtual Project Teams
- MasterControl Super User training
- No, That's Not What I Meant! through Trissential
- Offering Rewards and Recognition
- OneNote Microsoft Virtual Academy
- Oracle Business Intelligence Enterprise Edition Training with Zubair Ahmed
- Project Communication
- Project Management Professional Development Days
- Project Management Institute Emotional intelligence and Leading Team Accountability
- Project Management Institute Global Congress
- Scrum Day Twin Cities
- ScrumMaster training
- Skillsoft eLearning: Business Skills, IT Skills, Desktop Skills
- SQL 101 with Naomi Goodnight
- SQL Advanced Online Training
- Strength Finder
- Team Foundation Server Administration
- Time Management Lecture
- Toastmasters
- Unanticipated Problems Involving Risks to Participate or Others
- University of Minnesota Leadership Series
- Women's Leadership Conference
- Workplace Harassment Training Manager Standard California requirement: Darlene Kitajima

B.4.2.e Statistical Methodology

- MS Statistician Retrieval Training
- MS Statistician Training Workshop
- SAS User Group Meetings
- University of Minnesota Bioinformatics and Computational Biology Journal Club Series

B.4.2.f Conferences

- American Society of Hematology Annual Meeting
- American Society for Histocompatibility and Immunogenetics Annual Meeting
- American Statistical Association Meetings
- Bioinformatics and Computational Biology Industry Symposium
- BMT CTN State of the Science Symposium
- BMT Tandem Meetings
- Canadian Blood and Marrow Transplant Group GVHD Symposium
- EBMT Annual Meeting

- European Immunogenetics and Histocompatibility Annual Meeting
- International Conference on Survival Analysis (John P. Klein Memorial Conference)
- International Donor Registries Conference
- NMDP Council Meeting
- One Lambda Technical Workshop
- University of Minnesota Biopreservation Core Resource Workshop
- University of Minnesota Masonic Cancer Research symposium

C. OVERALL PRODUCTS

C.1 PUBLICATIONS

Are there publications or manuscripts accepted for publication in a journal or other publication (e.g., book, one-time publication, monograph) during the reporting period resulting directly from this award?

Yes

Publications Reported for this Reporting Period

NIH Public Access Compliance	Citation
Complete	Mehta PA, Eapen M, Klein JP, Gandham S, Elliott J, Zamzow T, Combs M, Aplenc R, MacMillan ML, Weisdorf DJ, Petersdorf E, Davies SM. Interleukin-1 alpha genotype and outcome of unrelated donor haematopoietic stem cell transplantation for chronic myeloid leukaemia. Br J Haematol. 2007 Apr;137(2):152-7. PubMed PMID: 17391495; PubMed Central PMCID: PMC2914502.
Complete	Eapen M, Logan BR, Confer DL, Haagenson M, Wagner JE, Weisdorf DJ, Wingard JR, Rowley SD, Stroncek D, Gee AP, Horowitz MM, Anasetti C. Peripheral blood grafts from unrelated donors are associated with increased acute and chronic graft-versus-host disease without improved survival. Biol Blood Marrow Transplant. 2007 Dec;13(12):1461-8. PubMed PMID: 18022576; PubMed Central PMCID: PMC2267869.
Complete	Hari P, Carreras J, Zhang MJ, Gale RP, Bolwell BJ, Bredeson CN, Burns LJ, Cairo MS, Freytes CO, Goldstein SC, Hale GA, Inwards DJ, Lemaistre CF, Maharaj D, Marks DI, Schouten HC, Slavin S, Vose JM, Lazarus HM, van Besien K. Allogeneic transplants in follicular lymphoma: higher risk of disease progression after reduced-intensity compared to myeloablative conditioning. Biol Blood Marrow Transplant. 2008 Feb;14(2):236-45. PubMed PMID: 18215784; PubMed Central PMCID: PMC2531158.
Complete	Schlenk RF, Pasquini MC, Pérez WS, Zhang MJ, Krauter J, Antin JH, Bashey A, Bolwell BJ, Büchner T, Cahn JY, Cairo MS, Copelan EA, Cutler CS, Döhner H, Gale RP, Ilhan O, Lazarus HM, Liesveld JL, Litzow MR, Marks DI, Maziarz RT, McCarthy PL, Nimer SD, Sierra J, Tallman MS, Weisdorf DJ, Horowitz MM, Ganser A, CIBMTR Acute Leukemia Working Committee. HLA-identical sibling allogeneic transplants versus chemotherapy in acute myelogenous leukemia with t(8;21) in first complete remission: collaborative study between the German AML Intergroup and CIBMTR. Biol Blood Marrow Transplant. 2008 Feb;14(2):187-96. PubMed PMID: 18215779; PubMed Central PMCID: PMC2531160.
Complete	Nietfeld JJ, Pasquini MC, Logan BR, Verter F, Horowitz MM. Lifetime probabilities of hematopoietic stem cell transplantation in the US. Biol Blood Marrow Transplant. 2008 Mar;14(3):316-22. PubMed PMID: 18275898; PubMed Central PMCID: PMC2531159.
Complete	Bishop MR, Logan BR, Gandham S, Bolwell BJ, Cahn JY, Lazarus HM, Litzow MR, Marks DI, Wiernik PH, McCarthy PL, Russell JA, Miller CB, Sierra J, Milone G, Keating A, Loberiza FR Jr, Giralt S, Horowitz MM, Weisdorf DJ. Long-term outcomes of adults with acute lymphoblastic leukemia after autologous or unrelated donor bone marrow transplantation: a comparative analysis by the National Marrow Donor Program and Center for International Blood and Marrow Transplant Research. Bone Marrow Transplant. 2008 Apr;41(7):635-42. PubMed PMID: 18084335; PubMed Central PMCID: PMC2587442.
Complete	Perez-Albuerne ED, Eapen M, Klein J, Gross TJ, Lipton JM, Baker KS, Woolfrey A, Kamani N. Outcome of unrelated donor stem cell transplantation for children with severe aplastic anemia. Br J Haematol. 2008 Apr;141(2):216-23. PubMed PMID: 18307564; PubMed Central PMCID: PMC3164958.
Complete	Gardner SL, Carreras J, Boudreau C, Camitta BM, Adams RH, Chen AR, Davies SM, Edwards JR, Grovas AC, Hale GA, Lazarus HM, Arora M, Stiff PJ, Eapen M.

	Myeloablative therapy with autologous stem cell rescue for patients with Ewing sarcoma. Bone Marrow Transplant. 2008 May;41(10):867-72. PubMed PMID: 18246113; PubMed Central PMCID: PMC3164955.
Complete	Weisdorf D, Spellman S, Haagenson M, Horowitz M, Lee S, Anasetti C, Setterholm M, Drexler R, Maiers M, King R, Confer D, Klein J. Classification of HLA-matching for retrospective analysis of unrelated donor transplantation: revised definitions to predict survival. Biol Blood Marrow Transplant. 2008 Jul;14(7):748-58. PubMed PMID: 18541193; PubMed Central PMCID: PMC2668157.
Complete	Smith SM, van Besien K, Carreras J, Bashey A, Cairo MS, Freytes CO, Gale RP, Hale GA, Hayes-Lattin B, Holmberg LA, Keating A, Maziarz RT, McCarthy PL, Navarro WH, Pavlovsky S, Schouten HC, Seftel M, Wiernik PH, Vose JM, Lazarus HM, Hari P. Second autologous stem cell transplantation for relapsed lymphoma after a prior autologous transplant. Biol Blood Marrow Transplant. 2008 Aug;14(8):904-12. PubMed PMID: 18640574; PubMed Central PMCID: PMC3353768.
Complete	Bredeson CN, Zhang MJ, Agovi MA, Bacigalupo A, Bahlis NJ, Ballen K, Brown C, Chaudhry MA, Horowitz MM, Kurian S, Quinlan D, Muehlenbien CE, Russell JA, Savoie L, Rizzo JD, Stewart DA. Outcomes following HSCT using fludarabine, busulfan, and thymoglobulin: a matched comparison to allogeneic transplants conditioned with busulfan and cyclophosphamide. Biol Blood Marrow Transplant. 2008 Sep;14(9):993-1003. PubMed PMID: 18721762; PubMed Central PMCID: PMC3321981.
Complete	Bashey A, Pérez WS, Zhang MJ, Anderson KC, Ballen K, Berenson JR, To LB, Fonseca R, Freytes CO, Gale RP, Gibson J, Giralt SA, Kyle RA, Lazarus HM, Maharaj D, McCarthy PL, Milone GA, Nimer S, Pavlovsky S, Reece DE, Schiller G, Vesole DH, Hari P, Plasma Cell Disorders Working Committee. Comparison of twin and autologous transplants for multiple myeloma. Biol Blood Marrow Transplant. 2008 Oct;14(10):1118-24. PubMed PMID: 18804041; PubMed Central PMCID: PMC2584240.
Complete	Kumar S, Pérez WS, Zhang MJ, Ballen K, Bashey A, To LB, Bredeson CN, Cairo MS, Elfenbein GJ, Freytes CO, Gale RP, Gibson J, Kyle RA, Lacy MQ, Lazarus HM, McCarthy PL, Milone GA, Moreb JS, Pavlovsky S, Reece DE, Vesole DH, Wiernik PH, Hari P. Comparable outcomes in nonsecretory and secretory multiple myeloma after autologous stem cell transplantation. Biol Blood Marrow Transplant. 2008 Oct;14(10):1134-40. PubMed PMID: 18804043; PubMed Central PMCID: PMC2634851.
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