**Meeting report**

**UK BMT Pharmacist Forum, Birmingham 8th June 2018**

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The third meeting of the UK BMT Pharmacist Forum took place in Birmingham on Friday 8th June 2018. Approximately 14 pharmacists from a cross section of UK transplant centres attended. Sponsorship was very kindly provided by Jazz Pharmaceuticals. The following sessions took place……………

**Managing CAR-T cell toxicities**

Dr Claire Roddie, Clinician Scientist, UCLH

Dr Roddie delivered an excellent presentation on the development of CAR-T therapies, their clinical efficacy in lymphoma and leukaemia and common toxicities and their management. Key references in relation to toxicities are listed below:

* [Brudno JN](https://www.ncbi.nlm.nih.gov/pubmed/?term=Brudno%20JN%5BAuthor%5D&cauthor=true&cauthor_uid=27207799), [Kochenderfer JN](https://www.ncbi.nlm.nih.gov/pubmed/?term=Kochenderfer%20JN%5BAuthor%5D&cauthor=true&cauthor_uid=27207799). [Blood.](https://www.ncbi.nlm.nih.gov/pubmed/27207799) 2016; 127: 3321-30
* Neelapu SS et al. Nat Rev Clin Oncol 2017; 15, 47-62
* [Hill JA](https://www.ncbi.nlm.nih.gov/pubmed/?term=Hill%20JA%5BAuthor%5D&cauthor=true&cauthor_uid=29038338) et al. Blood 2018; 131: 121-130

**Royal Marsden Training Passport**

Vivek Soni, (formerly) lead haematology pharmacist, RMH.

Vivek provided a very useful overview of the training passport that he developed at RMH last year as part of preparations for a JACIE inspection. The passport was praised by the inspectors and the concept should have broad applicability.

Addendum - *There was some discussion about how best to develop this piece of work and it was proposed that 2-3 volunteers might want to meet up with Vivek to draft a generic document that could be available to all BMT centres - with sufficient buy-in, the passport could then be potentially transferrable between centres. I believe that UKONS have developed a chemotherapy training passport for chemo nurses so it would be useful to get hold of their document as well.*

**Developing cost improvements in BMT and sharing examples of good practice**

Workshop session

Rachel Palmer summarised some of the current areas of interest for the BMT CRG - biosimilar G-CSF, antifungals (esp. prophylaxis, role for blueteq?), plerixafor for healthy donors.

Other topics discussed included:

G-CSF – expected that Anthony Nolan is going to make an announcement soon supporting the use of biosimilar G-CSF for stem cell mobilisation in healthy donors.

Generic ciclosporin

Other generics on the horizon e.g. caspofungin, aprepitant

Capping of plerixafor dosing in obesity

Ambulatory transplants, including use of oral fludarabine (RMH and B’ham Heartlands practice) instead of IV to reduce chair time.

**RIC vs MAC transplants**

Dr Rachel Protheroe, Consultant Haematologist, University Hospitals Bristol

Dr Protheroe provided a comprehensive overview of trial and registry data comparing outcomes after myeloablative vs reduced intensity allografts. Registry data and earlier trials concluded that although there was an increased relapse risk post RIC, the lower TRM meant that overall outcomes were comparable. A recent US Study (Scott et al. J Clin Oncol 2017; 35: 1154) concluded that the outcomes after MAC were superior but the study had an unexpectedly high relapse rate in the RIC arm and so there is still uncertainty as to which approach is best. There is also a challenge when comparing studies that not all MAC and RIC schedules are similarly myelosuppressive which makes comparison harder. In relation to chemo schedules, Dr Protheroe pointed out that encouraging results have recently been reported with both Treosulfan and Thiotepa so it is unclear what combination schedules should be regarded as the gold standards.

**CMV in HSCT patients: optimal management and new developments**

Prof Karl Peggs, Consultant in Haematology/Transplantation, UCLH.

Professor Peggs delivered an excellent overview of CMV in the setting of HSCT, initially discussing current practice before focusing the majority of his presentation on 3 new therapies – maribavir, brincidofovir and letermovir. Key messages:

* Although maribavir had failed to live up to initial expectations as a prophylactic agent, pre-emptive data suggested comparable efficacy to valganciclovir with an acceptable toxicity profile.
* Oral brincidofovir is associated with significant GI toxicity but an IV formulation may be better tolerated. Data as prophylaxis vs CMV disappointing but interest in use vs. adenovirus.
* Letermovir appears to be highly efficacious as a prophylactic oral agent and may even offer a survival benefit. All eyes are on NICE who are due to make a decision imminently.

**Future plans**

It is hoped to hold a further meeting in November/December. Part of the agenda will be set aside to discuss future plans for the group as the current sponsorship arrangement with Jazz will run out at the end of 2018 and there are a number of options to consider for how the group could best evolve.

*Report written by Nick Duncan, June 2018*