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My Husband’s Kidney: Doing Well After 26 Years (January 2019)

By Amy Schwab

January 4th 1983 is a special day in my husband, Rick's, life. It is the day he received a kidney from his younger sister, Beth. Now, 26 years later, Rick is living a healthy, happy life.

Rick was diagnosed in high school as having "kidney problems". Over the next few years, doctors kept an eye on things with his kidney problems, but nothing really changed. After we were engaged, things began to change. Seeking answers, we went to another facility for a second opinion and were told it could be 5-10 years before he was in end-stage renal disease. But in a mere 18 months, he would be starting dialysis 3 days a week for 5 hours each time. Rick was only 24. We had been married less than a year. For the next 6 months he went to dialysis while he continued to work.

During that time family members were tested as a possible match. Rick is one of nine children, so fortunately there were lots of possible matches. His younger sister Beth was a prefect match! She was in college at the time, but that didn't matter to Beth. She never complained about the testing, the scar, the recovery discomfort, or anything except having to remove her nail polish for surgery!

The surgeries began early in the morning on January 4th. Rick remembers them saying they were ready for the kidney and then hearing the basin "clink" on the table. The next thing he remembers was the nurse telling him the kidney was working! He and Beth both had a long day that day, but once Rick was settled into ICU, they served him a spaghetti dinner!

To view the full article, please click on this link:

https://www.kidney.org/transplantation/transaction/TC/summer09/TCSm09_HusbandDoingWell

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UChicago Medicine performs historic back-to-back triple-organ transplants (January 2019)

January 4, 2019

Written By Ashley Heher

Two 29-year-old patients from Michigan and Illinois are recovering following back-to-back triple-organ transplants to replace their failing hearts, livers and kidneys, marking a first in U.S. health care history.

The two surgeries, which lasted more than 17 and 20 hours each from Dec. 19 to 21, were performed by a team at the University of Chicago Medicine. According to federal statistics, this marked the first time a U.S. hospital has ever performed more than one of these complex procedures within one year, much less within 27 hours. These cases are the 16th and 17th time this type of triple-organ transplant has been performed in this country.

With the addition of these two cases, no other institution in the world has performed more of these procedures. UChicago Medicine also performed heart-liver-kidney transplants in 1999, 2001, 2003 and 2011.

“Rare transplant cases like these provide a unique and memorable legacy for that donor and the donor’s family,” said Kevin Cmunt, president/CEO at Gift of Hope Organ & Tissue Donor Network, a not-for-profit organ procurement organization that coordinates organ and tissue donations and provides donor family services and education in Illinois and Northwest Indiana. “We at Gift of Hope take pride in collaborating with our esteemed transplant centers, like the UChicago Medicine, that helps bring the gift of donation to even more families.”

While the UChicago Medicine teams had spent nearly two months preparing for these cases, they hadn’t planned for the near-simultaneous occurrence of two triple-organ transplants.

“We never in our wildest dreams imagined both would take place at virtually the same time,” said John Fung, MD, a transplant surgeon and co-director of the UChicago Medicine Transplantation Institute. “Pulling this off can feel like trying to perform a high-wire ballet in the middle of running a marathon. But we were always confident in our patients as well as our team’s abilities.”

To view the full article, please click on this link:

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Novoeight Safe, Effective in Hemophilia A Patients Over Long Term, Phase 3b Trial Shows (January 2019)

January 7, 2019

by Joana Carvalho

Long-term treatment with Novoeight (turoctocog alfa) is safe and effective at preventing bleeding episodes in patients with hemophilia A of all ages who had already received prior treatment, a Phase 3b extension trial shows.

The study, "Long-term safety and efficacy of turoctocog alfa in prophylaxis and treatment of bleeding episodes in severe haemophilia A: Final results from the guardian 2 extension trial," was published in *Haemophilia*.

Hemophilia is a genetic blood disorder that affects the body’s ability to make blood clots to prevent excessive bleeding. In hemophilia A, this inability of the blood to clot is caused by the lack of a specific clotting protein, called factor VIII (FVIII).

Current treatments for hemophilia A are based on providing the missing FVIII to patients as a prophylaxis, or preventive measure, to avoid spontaneous bleeding episodes.

Novoeight, a third-generation recombinant (lab-made) FVIII developed by Novo Nordisk, is approved by the U.S. Food and Drug Administration for the treatment and prevention of spontaneous bleeding in patients with hemophilia A.

In two previous Phase 3 trials — guardian 1 (NCT00840086) and guardian 3 (NCT01138501) — Novoeight achieved positive results in both adults/adolescents and children with severe hemophilia A who had already received prior treatment, respectively.

The non-randomized, open-label, multicenter Phase 3b extension study (NCT00984126), called guardian 2, focused on assessing the long-term safety and efficacy of Novoeight in pretreated patients with severe hemophilia A.

To view the full article, please click on this link:


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Risk adjustment ‘negates benefit’ of stem cell transplant for acute myeloid leukemia (December 2018)

December 10, 2018

SAN DIEGO — The addition of a transplant-specific comorbidity score to risk stratification appeared to negate the survival benefit of hematopoietic stem cell transplantation among older patients with acute myeloid leukemia, according to results of a prospective, multicenter, longitudinal study presented at ASH Annual Meeting and Exposition.

Survival rates following allogeneic HSCT have continued to improve for older patients with AML, according to Mohamed L. Sorror, MD, MSc, associate professor of medicine in the division of oncology at University of Washington School of Medicine, associate member in the clinical research division at Fred Hutchinson Cancer Research Center, and physician at Seattle Cancer Care Alliance.

Patients aged 61 to 70 years seem to have the biggest improvement in survival over the last decade,” he said, stressing that the population of individuals aged older than 60 years who undergo transplantation is small.

The fundamental question clinicians face when they have a patient in remission is whether they should receive a transplant, Elihu Estey, MD, professor in the division of hematology at University of Washington School of Medicine, member of Fred Hutchinson Cancer Research Center and hematologist at Seattle Cancer Care Alliance, told HemOnc Today.

“For many years, transplants were restricted to people who were relatively young,” he said. “It was felt that the procedure was too intense for older individuals, and that they would die from it. In the last 20 or 25 years, the idea of a reduced-intensity transplant has been developed, permitting transplantation in people even in their 70s.

To view the full article, please click on this link:


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Liver transplant from HIV+ living donor to negative recipient: the unanswered questions (December 2018)

November 28, 2018 7:57 am EST

A lifesaving partial liver transplant from an HIV-infected mother to her uninfected child – the first of its kind – was conducted last year at the University of the Witwatersrand’s Donald Gordon Medical Centre in Johannesburg. More than a year later, both mother and child are doing well.

But the crucial question of the child’s HIV infection status remains unanswered. And we don’t expect to have a definitive answer any time soon.

Despite this uncertainty, the story of the transplant is inspiring. To date there have been no published reports of a living organ donation by a person with HIV, or of an intentional transplant from an HIV-positive to HIV-negative individual. The operation was driven by a number of factors. These included life-threatening liver failure in the child, no available deceased or suitable live HIV-uninfected donors, and an HIV-positive mother’s continued pleas to be allowed to save her child.

We’ve learned a great deal from the operation and during the subsequent year. Most importantly, the success of this transplant provides a new therapeutic option for similar cases in high burden HIV countries where deceased donor organs are limited in number, or where access is limited.

But there are still gaps in our knowledge. The biggest is what the long term effect of the transplant will be on the child, and particularly whether the mother’s virus was transferred with the liver.

The journey

The child was 13 months old when the transplant happened. The liver has a remarkable ability to regenerate and grows back to its normal size in the donor in about six weeks.

Although born to an HIV-positive mother, the child did not have HIV. The mother was on antiretroviral therapy during pregnancy, and the child received standard preventative treatment.

To view the full article, please click on this link:


‘Exciting’ but early results in trial of immunotherapy for myeloma (December 2018)

Cancer cells disappeared rapidly in patients with high-risk, treatment-resistant disease

December 3, 2018 by Susan Keown / Fred Hutch News Service

The 11 patients had already received treatment after treatment for their cancers, some as many as 20 different courses of therapy. Yet their myelomas, almost all classified by doctors as “high risk,” kept coming back. Their options faded away.

Then they joined a clinical trial to be the first people ever to receive a new experimental, immune-harnessing therapy, whose design includes features based on pioneering research at Fred Hutchinson Cancer Research Center. For several of them, this was the only trial in the world of this type of therapy for which they were eligible.

The industry-funded study was designed to find a safe dose of the experimental immunotherapy, not test its effectiveness. So these first participants got just a low dose, lower than previous studies had suggested could have much of an effect on this blood cancer.

That’s why the researchers were so encouraged when the cancerous cells vanished from every patient’s bone marrow within a month.

Trial leader Dr. Damian Green of Fred Hutch reported initial results from these first patients today at the annual meeting of the American Society of Hematology, which runs through Tuesday in San Diego. The findings after an average of about five months of follow-up have him feeling “very optimistic” about the potential for this strategy.

“I think it was as good as we could have hoped for and maybe better,” said Green, a myeloma specialist. He cautioned that researchers need to study trial participants for years to draw conclusions about how well the experimental therapy will help patients in the long run.

To view the full article, please click on this link:


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Sex-based disparities in liver transplantation (LT) have been recognized but not well understood. Women are 30% less likely to undergo LT, and the disparity has increased after the introduction of Model for End-Stage Liver disease (MELD)-based allocation system. Furthermore, in the MELD era, women are more likely than men to die while waiting for a donor organ. Population-based studies showed that women are at a disadvantage through all stages in the process of transplant evaluation, from diagnosis of liver disease to enrollment on the waiting list.

The disparity in LT rates between men and women have been examined in various analyses, and several contributing factors have been speculated. One proposed factor was a systematic bias in MELD score, which disadvantages women given their lower muscle mass and, consequently, their serum creatinine. However, no study was able to show that sex-adjustment of MELD score would eliminate this inequity. Women have smaller body size, which may limit the acceptability of a potential liver allograft if the available organ comes from a larger individual. Height contributes, but does not entirely explain the disparities in waitlist mortality and access to LT between men and women.

The disparities in LT between sexes are likely multifactorial and extend beyond height and listing MELD score. Differences in liver disease etiology and progression (predominantly hepatitis C and alcoholic liver disease in men; primary biliary cholangitis predominance in women), as well as the incidence of hepatocellular carcinoma (HCC) are factors that have not been accounted for in previous studies. Patients who develop HCC are given extra MELD score points (“exception points”) to facilitate access to LT for patients with HCC in whom their biological MELD score alone does not represent the urgency in the need for LT. More importantly, it is unclear if women's higher risk of death while waiting for a liver graft is related to lower access to transplantation, or to biological reasons associated with female sex, inaccurately captured by the MELD score. A more detailed examination of the factors contributing to the disparities is required to guide strategies for an impartial allocation of this very limited lifesaving resource.

To view the full article, please click on this link:

https://journals.lww.com/transplantjournal/Fulltext/2018/10000/Reduced_Access_to_Liver_Transplantation_in_Women__.27.aspx
HeartMate 3 heart pump gets FDA approval as destination therapy (November 2018)

October 19, 2018 | Daniel Allar | Heart Failure

The HeartMate 3 left ventricular assist device (LVAD) has gained FDA approval for advanced heart failure patients ineligible for a transplant, manufacturer Abbott announced Oct. 19. The heart pump was approved as a bridge-to-transplant option in August 2017, but is now available for use as a destination therapy. It has been approved in Europe for both indications since October 2015.

Results of the MOMENTUM 3 study, which was published in March in the New England Journal of Medicine, supported the expanded indication, according to Abbott. That trial showed an 82.8 percent survival rate at two years for patients who had New York Heart Association Class IIIB or Class IV heart failure. Rates of suspected pump thrombosis and stroke at two years were 1.1 percent and 10 percent, respectively, for the continuous-flow LVAD.

"Approximately a quarter of a million people (in the U.S.) are living with advanced heart failure, and many of these people will need a heart transplant; however, only a few thousand will receive a new heart," Nir Uriel, MD, the director of Heart Failure, Transplant and Mechanical Circulatory Support at the University of Chicago School of Medicine, said in a press release.

To view the full article, please click on this link:

https://www.cardiovascularbusiness.com/topics/heart-failure/heartmate-3-fda-approval-destination-therapy

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Experts Remark on CAR T-Cell Therapy at 1-Year Milestone, Where It Is Headed (November 2018)

Samantha Hitchcock

Published Online: Oct 19, 2018

Chimeric antigen receptor (CAR) T-cell therapy recently reached its 1-year milestone after the FDA approval of tisagenlecleucel (Kymriah), a CD19-directed CAR T-cell product for the treatment of patients up to 25 years of age with B-cell acute lymphoblastic leukemia, based on the ELIANA study in August 2017.¹

Since then, the indication for tisagenlecleucel has been expanded by the FDA to include adults with relapsed/refractory diffuse large B-cell lymphoma (DLBCL) and another CAR T-cell therapy has been granted an approval for patients in a similar setting.

“What’s very exciting [about the potency of CAR T-cell therapy] is not just the responses but the durability of responses...which may represent cure for some patients,” said Ran Reshef, MD, MSc.

With 2 CAR T-cell therapies now approved and more moving quickly through early-phase clinical trials, 4 healthcare experts reflected on the evolving field of CAR T-cell therapy, their understanding of its current and future applicability for patients, the process for administration and the challenges and obstacles that remain unaddressed during an Association of Community Cancer Centers interactive panel.

Current and Future CAR T-Cell Agents

There have been 2 FDA approvals for CD19-targeting CAR T-cell therapy in the past year. Axicabtagene ciloleucel (axi-cel; Yescarta) was approved for patients with relapsed/refractory DLBCL based on findings from the phase II ZUMA-1 study.² The best objective response rate (ORR) achieved with the therapy was 82%, and the best complete response (CR) rate was 54%. At a follow-up of 12 months, the durable ORR was 42% and the durable CR was 40%.

To view the full article, please click on this link:


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Harnessing NK Cell Memory for Cancer Immunotherapy (November 2018)

Advances in Hematologic Malignancies Issue 9, Fall 2018

- Rizwan Romee, MD

Natural Killer (NK) cells are lymphoid cells with intrinsic antiviral and antitumor activity. NK cell function is normally regulated by key receptors, including inhibitory killer immunoglobulin-like receptors (KIRs), some of which recognize major histocompatibility complex (MHC) class I ligands. Prior clinical trials of NK cell products have met with limited success due to these cells' limited expansion, persistence, and activity after adoptive transfer.

While NK cells have traditionally been considered not to have "memory" cells akin to long-lived T and B cells, recent studies have identified memory-like properties that may be able to be exploited therapeutically. We described human cytokine-induced memory-like (CIML) NK cells generated by brief ex vivo activation with interleukin (IL)-12, IL-15, and IL-18 (Romee et al, Blood 2012). CIML NK cells have enhanced ability to recognize and kill leukemia targets (Figure 1). In our recent first-in-human study in patients with relapsed or refractory acute myeloid leukemia (AML), infusion of CIML NK cells was safe and 7 out of 11 evaluable AML patients had a clinical response, including 6 complete remissions (Romee et al, Science TM, 2016).

To view the full article, please click on this link:


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