





LifeTrac News Links

-  [Trends in Transplantation - Volume 3](#)
-  [Trends in Transplantation - Volume 2](#)
-  [BiologicTx – the latest addition to LifeTrac](#)
-  [Trends in Transplantation - Volume 1](#)

Industry Articles

<i>In a turf battle for organs, a policy review rattles the national transplant system (January 2018)</i>	2
<i>Organ Transplants Hit an All-Time High in 2017. But It’s a Bittersweet Win (January 2018)</i>	3
<i>NMDP: Jason Carter Clinical Trials Program (January 2018)</i>	4
<i>Screening for Critical Congenital Heart Disease at Birth Saves Lives (January 2018)</i>	5
<i>Board approves enhanced liver distribution system (December 2017)</i>	6
<i>Stem cell therapy shows promise for COPD, but questions remain (December 2017)</i>	7
<i>Combining machine and nanoparticles for better transplant outcome (December 2017)</i>	8
<i>Bluebird and Celgene’s CAR-T hits the mark in myeloma (December 2017)</i>	9
<i>Woman With Transplanted Uterus Gives Birth, the First in the U.S. (December 2017)</i>	10
<i>Economic Costs of Hemophilia and the Impact of Prophylactic Treatment on Patient Management (November 2017)</i>	11
<i>‘Super T Cells’ Engineered for Optimal Performance Drive New Roswell Park Gene-Therapy Approach (November 2017)</i>	12

In a turf battle for organs, a policy review rattles the national transplant system (January 2018)

By Alan Zarembo

January 3, 2018, 3:00 AM

Tethered to a breathing machine at a Manhattan hospital, 21-year-old Miriam Holman would die without a lung transplant. But her odds of finding a suitable organ were especially low in New York, where waiting times are among the longest in the country.

Just across the Hudson River in New Jersey, patients in far better condition routinely receive lungs much more quickly. Pockets of the South and Midwest also have dramatically shorter waiting times.

The disparities stem from a principle that has always guided the national transplant system: local first. Most organs stay in the areas where they are donated, even if sicker patients are waiting elsewhere.

But a federal judge's recent emergency order in a lawsuit by Holman is threatening to upend decades of organ transplant policy and force places with a relative abundance of organs to start sharing more of them.

With too few donors to meet the demand — last year there were 33,610 transplants while 12,412 patients died on waiting lists or were removed from consideration because they were deemed too sick to survive surgery — transplant centers have long fought over how to allocate organs. California and New York, which have the most severe shortages, have been on the losing side of that battle.

Holman's lawsuit against the federal government has opened a door to change that. The order issued in October by Robert Katzmann, chief judge of the U.S. Court of Appeals for the Second Circuit in New York, spurred the government to immediately broaden access to lungs for many patients across the country. Now, the same legal arguments used in that case are being waged on behalf of liver patients.

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

<http://www.latimes.com/nation/la-na-organ-transplant-20180103-htmlstory.html>

Copyright © 2018, Los Angeles Times

[return to Table of Contents](#)

Organ Transplants Hit an All-Time High in 2017. But It's a Bittersweet Win (January 2018)

By Alexandra Sifferlin

January 10, 2018

Last year, organs were recovered from 10,281 deceased donors—more than a 3% increase from 2016 and a 27% increase over the last 10 years.

Those organs contributed to the 34,768 transplants performed in 2017 using organs from both deceased and living donors—a new record for organ transplants in the United States. The reasons why are both hopeful and concerning.

The new data comes from the United Network for Organ Sharing (UNOS), a non-profit organization that manages the United States's organ transplant system through a contract with the federal government. The number of transplant performed in 2017 marks the fifth consecutive record-setting year for transplants.

"The number of transplants is directly related to the number of donors," says Dr. David Klassen, the chief medical officer of UNOS. "I think who can be a donor has really evolved over the years. The transplant community as a whole has done a really good job looking beyond the usual places of who can be a donor."

Researchers are now finding ways to recover and use organs that would normally be discarded. At Penn Medicine in Philadelphia, there are ongoing clinical trials where people are given organs from donors who are infected with hepatitis C. After the transplant, recipients take a drug that will clear them of the disease. So far, the trial is having positive results.

UNOS also reported that there were a record number of organs recovered for the four most common transplants: kidney, liver, heart and lung transplants.

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

<http://time.com/5097377/record-breaking-organ-transplants-2017/>

© 2017 Time Inc. All Rights Reserved.

[return to Table of Contents](#)

NMDP: Jason Carter Clinical Trials Program (January 2018)

1-17-2018

This new program helps patients and families find and join clinical trials.

Patients and families seeking a clinical trial may face many barriers, including complex information, lack of awareness, and potential travel costs. And yet we know that overall survival for some diagnoses is significantly higher for patients participating in clinical trials compared to those who do not. Clinical trials help physicians understand the science behind the medicine, which helps us all get closer to a cure. As patient advocates and educators, we are excited to introduce you to the Jason Carter Clinical Trials Program (JCCTP). This program makes it easier to find and join clinical trials.

One-On-One Clinical Trial Navigation

Scott Kerwin, MN, RN, CCRC, CCRN, is your primary contact when you need help finding a clinical trial for your patients. As a Clinical Trial Patient Education Specialist, Scott provides free one-on-one support by phone and email to help patients and families find and join clinical trials.

According to Scott, the most valuable help he provides is navigating the clinical trial system. "Because of my many years of working in hospitals as a bedside and clinical research nurse, I know how the system works, and I know how to contact the right people in the right roles," says Scott.

Scott's support and expertise is not limited to blood and marrow transplant (BMT) trials. He can help you and your patients find any trial for:

- Blood cancers, such as leukemia or myelofibrosis
- Blood disorders, such as sickle cell disease
- Inherited immune system or metabolic disorders, such as severe combined immunodeficiency (SCID) or adrenoleukodystrophy (ALD)
- BMT complications, such as graft-versus-host disease (GVHD)

To contact Scott, call 1(888) 814-8610 or email clinicaltrials@jcctp.org.

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

https://bethematchclinical.org/research-and-news/transplant-eneews/resource-connection-eneews/jason-carter-clinical-trials-program/?utm_source=resource_connection&utm_medium=email&utm_campaign=jan_eneews

Copyright © 1996-2018 National Marrow Donor Program. All Rights Reserved.

[return to Table of Contents](#)

Screening for Critical Congenital Heart Disease at Birth Saves Lives (January 2018)

New study confirms a dramatic decrease in infant deaths

Tuesday, December 5, 2017

Infant deaths from critical congenital heart disease (CCHD) decreased more than 33 percent in eight states that mandated screening for CCHD using a test called pulse oximetry. In addition, deaths from other or unspecified cardiac causes decreased by 21 percent.

Pulse oximetry is a simple bedside test to determine the amount of oxygen in a baby's blood and the baby's pulse rate. Low levels of oxygen in the blood can be a sign of a CCHD.

CCHD screening nationwide could save at least 120 babies each year, according to a new study published in the *Journal of the American Medical Association*. This study is the first look at the impact of state policies to either require or recommend screening of infants for CCHD at birth.

The study, *Association of U.S. State Implementation of Newborn Screening Policies for Critical Congenital Heart Disease With Infant Cardiac Deaths*, shows that states that required their hospitals to screen newborns with pulse oximetry saw the most significant decrease in infant deaths compared with states without screening policies. Voluntary policies or mandated policies not yet implemented were not associated with reductions in infant death rates. The encouraging news is that 47 states and D.C. now have mandatory screening policies in place and one additional state, California, requires screening be offered. These results serve as a reminder to hospitals across the country to remain vigilant in their screening for CCHD.

"More families are able to celebrate special milestones in a child's life thanks to the early identification and treatment of heart defects," said CDC Director Brenda Fitzgerald, M.D. "Screening newborns for critical congenital heart disease in every state, tribe, and territory will save lives and help babies thrive."

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

<https://www.cdc.gov/media/releases/2017/p1205-screening-congenital-heart-disease.html>

For more information on congenital heart defects, visit <https://www.cdc.gov/ncbddd/heartdefects/index.html> and <https://www.cdc.gov/features/congenitalheartdefects/>.

CDC.gov site

[return to Table of Contents](#)

Board approves enhanced liver distribution system (December 2017)

Dec 4, 2017 | Liver/intestine, News, Policy

Atlanta – The OPTN/UNOS Board of Directors, at its meeting December 4, approved a set of policy amendments to reduce geographic differences in liver transplant candidates' access to a timely transplant.

"Today's action is an important step in enhancing equity for liver transplant candidates nationwide," said Yolanda Becker, M.D., president of the OPTN/UNOS Board of Directors. "For many years, there have been considerable differences from one area of the country to another in terms of how sick most liver candidates need to be before they are likely to get a transplant. The revised policy reduces the effect of geography on transplant access and puts more appropriate emphasis on medical criteria that save and lengthen lives."

The policies approved by the Board include the following key provisions:

- Additional transplant priority (equivalent to 3 MELD or PELD points) will be awarded to liver candidates with a MELD or PELD of at least 15, and who are either within the same donor service area (DSA) as a liver donor or are within 150 nautical miles of the donor hospital but in a different DSA.
- Adult candidates who have a calculated MELD score of 32 or higher, as well as pediatric candidates younger than age 18 with a MELD or PELD score of 32 or higher, would be prioritized for organ offers.
- Livers from deceased donors who are age 70 or older, or who die of cardiorespiratory death, would not be subject to offers to the expanded DSA plus proximity circle. Livers from donors with these medical characteristics are most often transplanted at hospitals nearby to the donor hospital.

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

<https://unos.org/board-approves-enhanced-liver-distribution-system/>

© 2017 United Network for Organ Sharing, a non-profit 501(c)(3) organization

[return to Table of Contents](#)

Stem cell therapy shows promise for COPD, but questions remain (December 2017)

November 29, 2017

By Bob Kronemyer

Autologous stem cell therapy may offer hope for patients with chronic obstructive pulmonary disease (COPD).

An autologous transplant—or rescue—is a type of transplant that uses the person's own stem cells.

Since 2013, more than 5,000 patients have received autologous stem cell therapy at Regenerative Medicine Solutions' Lung Institute clinics.

We believe stem cell therapy is the first breakthrough in pulmonary medicine in a long, long time," says Jimmy St. Louis, CEO of Regenerative Medicine Solutions, a medical management company in the field of regenerative medicine. "We also believe that our ability to reduce the patient's inflammation and reduce the symptoms of COPD is the future of COPD treatment."

Stem cells are harvested from either the patient's blood or bone marrow, then isolated, reconcentrated and readministered onsite through an IV. Treatment is scheduled over two consecutive days and each session lasts 15 to 30 minutes.

Program results

"About 85% of our patients report an improvement in their quality of life, which includes anecdotally being happier, walking up the stairs, riding a horse, and going on bike rides," St. Louis says. "There are also scientific measurements, including an improvement in pulmonary function in many patients."

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

<http://managedhealthcareexecutive.modernmedicine.com/managed-healthcare-executive/news/stem-cell-therapy-shows-promise-copd-questions-remain>

© 2017 UBM Medica, LLC, a UBM company.

[return to Table of Contents](#)

Combining machine and nanoparticles for better transplant outcome (December 2017)

November 30, 2017 by William Weir

By combining the use of drug-carrying nanoparticles with an organ-preserving machine, Yale researchers have developed a procedure that could help improve long-term outcomes for transplant recipients.

A technology known as ex vivo normothermic machine perfusion (NMP) has emerged in recent years as a means of keeping a donor organ "alive" outside the body before implantation. The process involves pumping warm, oxygenated red blood cells through an organ removed from a deceased donor. This helps repair damage to the organ and gives doctors time to assess the quality of the organ. It has also helped increase the number of organs suitable for transplant.

In collaboration with researchers from the University of Cambridge, the Yale researchers are working to expand the technology's rehabilitation abilities with a nanoparticle-based drug delivery system that can deliver a variety of treatments directly to critical targets in a human kidney while it is still in the device. Their results are published today in *Science Translational Medicine*.

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

<https://medicalxpress.com/news/2017-11-combining-machine-nanoparticles-transplant-outcome.html>

More information: G.T. Tietjen et al., "Nanoparticle targeting to the endothelium during normothermic machine perfusion of human kidneys," *Science Translational Medicine* (2017).
stm.sciencemag.org/lookup/doi/ ... scitranslmed.aam6764

Journal reference: *Science Translational Medicine*

Provided by: Yale University

[return to Table of Contents](#)

Bluebird and Celgene's CAR-T hits the mark in myeloma (December 2017)

By Phil Taylor | Dec 11, 2017 8:54am

Patients with highly advanced multiple myeloma have seen spectacular results with Bluebird Bio and Celgene's CAR-T therapy bb2121; the disease was pushed into remission in more than half of those treated.

The 21-patient study showed an 86% overall response rate to the therapy, which mobilizes the immune system to attack cancer cells expressing the B-cell maturation antigen (BCMA). Moreover, all but one of 18 patients on a higher dose of the CAR-T saw a clinical benefit, despite being very ill with their disease progressing after a median of seven earlier treatments.

The data adds to a bevy of impressive CAR-T studies that have been a highlight of the American Society of Hematology (ASH) meeting in Atlanta, and in common with new studies for the two already-approved CAR-Ts—Novartis' Kymriah and Gilead/Kite's Yescarta—the results are remarkable for the high proportion of complete responses.

Nine months after a single dose of bb2121, 56% of the patients treated with bb2121 were in complete remission, more than twice the proportion seen at the three-month timepoint presented at the ASCO meeting in May, which could indicate that the response to the therapy is building up over time. Typically, patient with multiple myeloma who have gone through three rounds of prior therapy only have around eight months to live.

Jesus Berdeja, M.D., of the Sarah Cannon Research Institute and Tennessee Oncology in Nashville, said the results are important because multiple myeloma remains largely incurable despite big advances in drug therapy that have improved overall survival from a median of three years to between eight and 10 years.

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

<https://www.fiercebiotech.com/biotech/bluebird-and-celgene-s-car-t-hits-mark-myeloma?itx%5bidio%5d=5788678&ito=792&itq=aa94c6c7-b289-4ffe-b01f-39aecb665758>

© 2017 Questex LLC. All rights reserved.

[return to Table of Contents](#)

Woman With Transplanted Uterus Gives Birth, the First in the U.S. (December 2017)

By Denise Grady

Dec. 2, 2017

For the first time in the United States, a woman who had a uterus transplant has given birth.

The mother, who was born without a uterus, received the transplant from a living donor last year at Baylor University Medical Center in Dallas, and had a baby boy there last month, the hospital said on Friday.

At the family's request, their name, hometown and the date of the birth are being withheld to protect their privacy, according to Julie Smith, a spokeswoman for the hospital, which is part of Baylor Scott & White Health.

Since 2014, eight other babies have been born to women who had uterus transplants, all in Sweden, at the Sahlgrenska University Hospital in Gothenburg.

A new frontier, uterus transplants are seen as a source of hope for women who cannot give birth because they were born without a uterus or had to have it removed because of cancer, other illness or complications from childbirth. Researchers estimate that in the United States, 50,000 women might be candidates.

The transplants are meant to be temporary, left in place just long enough for a woman to have one or two children, and then removed so she can stop taking the immune-suppressing drugs needed to prevent organ rejection.

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

https://www.nytimes.com/2017/12/02/health/uterus-transplant-baby.html?_r=0

© 2017 The New York Times Company

[return to Table of Contents](#)

Economic Costs of Hemophilia and the Impact of Prophylactic Treatment on Patient Management (November 2017)

April 18, 2016

Sheh-Li Chen, PharmD, BCOP

Ensuring optimal cost-effective care in hemophilia has never been more important. The number of patients with hemophilia who are covered under Medicaid health plans is expected to rise.²¹ This results from reforms in the healthcare system, including expansion of benefits, and the eligibility of current Medicaid members with hemophilia who qualify under disability eligibility rules. A larger number of states also are utilizing the services of health plans to cover their disabled and dual-eligible populations. Medicaid health plans have better care-coordination programs and quality-reporting systems than fee-for-service Medicaid. However, the high costs of treating hemophilia may present a challenge to health plans.

Key drivers in ensuring quality and cost-effective care include optimizing pharmacy management and ensuring patient involvement. Optimizing pharmacy management is crucial to cost management in hemophilia care. Pharmacies need to ensure treatment access, in a timely manner, of safe and effective products and supplies so that patients can adhere to their treatment regimen. Patient involvement entails education on recognizing the signs and symptoms of a bleed, home infusion, care management, and treatment adherence, which can ensure that patients and their caregivers are active participants in their care and take responsibility for management decisions.²¹

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

<http://www.ajmc.com/journals/supplement/2016/incorporating-emerging-innovation-hemophilia-ab-tailoring-prophylaxis-management-strategies-managed-care-environment/incorporating-emerging-innovation-hemophilia-ab-tailoring-prophylaxis-management-strategies-managed-care-environment-economic-costs?p=3>

Copyright AJMC 2006-2017 Clinical Care Targeted Communications Group, LLC. All Rights Reserved.

[return to Table of Contents](#)

'Super T Cells' Engineered for Optimal Performance Drive New Roswell Park Gene-Therapy Approach (November 2017)

Institute begins clinical study open to patients with several cancer types, involving a unique immunotherapy strategy

Thursday, November 2, 2017

Researchers at Roswell Park Cancer Institute have initiated a clinical trial based on a unique two-pronged strategy for arming the immune system to more effectively attack cancer cells. Patients treated through this early-stage clinical trial, which is available only at Roswell Park, will receive one-time injections of their own cells —“super T cells” reprogrammed to make them more effective at targeting tumor cells, and armed with an added element to help them to evade one of cancer’s most resilient defenses.

The “TGF beta” clinical trial, named for one of the elements that distinguish this approach, is part of an emerging class of immunotherapies that employ adoptive cell transfer. These so-called “living drugs” — injected T cells genetically modified to better recognize and kill tumor cells through a perpetual process of cell renewal and expansion — are revolutionizing cancer treatment, with the first two FDA approvals of such gene-altering therapies occurring in just the last two months. But efforts to develop adoptive T cell therapies for solid tumors have hit upon a number of challenges; the only gene therapies to show significant benefit for patients have been in liquid tumors — forms of leukemia and lymphoma.

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

<https://www.roswellpark.org/media/news/super-t-cells-engineered-optimal-performance-drive-new-roswell-park-gene-therapy-approach>

The mission of Roswell Park Cancer Institute (RPCI) is to understand, prevent and cure cancer. Founded in 1898, RPCI is one of the first cancer centers in the country to be named a National Cancer Institute-designated comprehensive cancer center and remains the only facility with this designation in Upstate New York. The Institute is a member of the prestigious National Comprehensive Cancer Network, an alliance of the nation’s leading cancer centers; maintains affiliate sites; and is a partner in national and international collaborative programs. For more information, visit www.roswellpark.org

[return to Table of Contents](#)