The meeting was called to order by Dr. Nelson Chao at 9:30 a.m. Central Daylight Time at the Holiday Inn Select hotel in Rosemont, Illinois. This report summarizes the information that was gathered and the agreements that were reached:

1. WELCOME AND INTRODUCTIONS

1-1 Dr. Chao set the stage for the meeting by clarifying the Transplant Center Core Contingency Network’s role in developing a plan for handling patients that incur marrow suppressive injuries during an accident or terrorist attack. He indicated that this initiative will serve as a role model for moving similar projects forward.

1-2 To secure additional information on disaster recovery plans, Dr. Chao recommended attending the session on “Contingency Planning for Pandemics/Bioterrorism,” which will be held on Monday morning during the BMT Tandem Meetings in Keystone.

1-2 The 23 meeting participants were introduced.

1-3 Dr. Dennis Confer reviewed the agenda for the meeting.

2. CORE CONTINGENCY NETWORK UPDATE

2-2 Dr. Confer explained the rationale for developing the Transplant Center Core Contingency Network. He pointed out that the C.W. Bill Young Department of Defense Marrow Donor Program (Public Law 101-302) mandates development of military contingency and Homeland Security initiatives for treatment of casualties exposed to marrow toxic injury. Since NMDP and CIBMTR have contracts linked to this program, funding to grow the network is available through the Navy and HRSA.

2-2 The selection criteria for primary and secondary transplant centers, donor centers and cord blood banks was covered. It was pointed out that primary transplant centers were invited to this meeting. Target secondary transplant centers, donor centers and cord blood banks were identified. In the future, the Core Contingency Network will be expanded to include the other groups.

2-3 CCN responsibilities were reviewed. This included generic responsibilities for all centers and specific responsibilities for each segment of the network.
2. **CORE CONTINGENCY NETWORK UPDATE (cont’d)**

2-4 Proposed CCN stipends and milestones were covered.

2-5 It was agreed that a letter of understanding needs to be developed between NCI, ASBMT and NMDP to explain the CCN’s relationship with the U.S. Government. It should provide a purpose statement and should explain roles and responsibilities. CCN does not have a first responder role. CCN activities begin after triage to take care of patients with marrow suppressive injuries.

2-6 Additional details on the CCN update were provided in the handout labeled *Core Contingency Network Information*.

3. **DONOR SEARCH CRITERIA**

Dr. Confer reviewed the proposed guidelines for initiation of a donor search. The following revisions were suggested (refer to *Donor Search Criteria* handout):

- Page 1: No changes to general guidelines.
- Page 2: Remove third sentence (Or, in the absence of dosimetry studies); add bullet, “or, when clinical circumstances warrant.”
- Page 3: Insert “burns” into last sentence which will read: Coexisting trauma or burns increases the toxicity of radiation exposure and reduces the threshold for donor searching.
- Pages 4, 5, 6 and 7: No changes.
- Add Nancy Kernan’s table on RC Grading.

**MOTION**: (DiPersio- van den Brink) Approve the donor search criteria as modified with the suggested changes. – CARRIED

4. **NLM-REMM UPDATE**

Dr. Chao reviewed the adult order set form (refer to *NLM-REMM* handout) which will be on the REMM Web site. He indicated that this is a good way to think about the patient as a whole. It was agreed that these hospital orders need to be read in detail before being adopted by the CCN. It was also agreed that a pediatric version needs to be developed.

5. **NAME CHANGE AND PURPOSE STATEMENT**

4-1 Dr. Confer presented the rationale for a name change:

- CCN does not identify its field.
- CCN is not just a core network anymore.
- The current name creates confusion with NCCN.

**CONSENSUS**: Change name to *Radiation Injury Transplant Network (RITN)*.

4-2 The current purpose statement (To provide thoughtful and consistent support for victims of radiation exposure or other marrow toxic injuries.) was reviewed.

**CONSENSUS**: Change purpose statement as follows:

*To provide comprehensive evaluation and treatment for victims of radiation exposure or other marrow toxic injuries (guidelines, education and data collection).*
6. COMMUNICATION SYSTEM

Cullen Case provided an update on the CCN communication system:

6-1 All primary transplant centers have a Government Emergency Telephone System (GETS) card. Cullen will verify proper assignments.

6-2 It was agreed that Cullen will provide each Radiation Injury Transplant Network (RITN) member with a list of useful telephone numbers (such as the NMDP emergency number). In addition, member satellite phone numbers will be provided.

6-3 Dr. Weisdorf suggested training two staff members at each facility to know the location of the Radiation Injury Transplant Network (RITN) recovery plan and to understand its contents.

6-4 USB Flash Drives were recommended for information storage as an alternative to CDs.

7. PREPARATORY REGIMEN GUIDELINES

Dr. Weisdorf covered preparatory regimen guidelines (handout will be sent under separate cover).

7-1 CONSENSUS: The likely conditioning regimen for radiation victims should be:

- Cyclophosphamide 50 mg/kd/dx1 (d-2)
- ATG (thymoglobulin) 3 mg/kg (d-4-3-2) = 9mg/kg
- Fludarabine 30 mg/m²/d (d-5-4-3-2) = 120mg/ m²
- CSA or Tac (to d 100-180) plus MMF (to day 30)

7-2 CONSENSUS: Conditioning for HSCT after radiation or marrow toxic exposure should follow these guidelines:

- Define regimens and GvHD prophylaxis
- Agree on universal applications
- Permit future reassessment and modification
- Define donor matching and selection process
- Define supportive care
- Define data collection requirements

8. DATA COLLECTION

Dr. Confer reviewed the highlights of Dr. Weisdorf's presentation on “Protocol for Data Collection Following Marrow Toxic Injury” (refer to Data Collection handout).

8-1 It was recommended that transplant centers submit the IRB approved NMDP Model Protocol for a Research Database as part of their application during the next renewal cycle. The NMDP Web site contains a new button for accessing forms and protocols.

8-2 It was agreed that the Radiation Injury Transplant Network (RITN) would work through ASBMT to send a letter to other groups on data collection collaboration.
9. OPEN DISCUSSION

9-1 Dr. DiPersio recommended embedding nuclear disaster recovery plans into each organization’s master disaster plan. These plans should be aligned with the region that typically works with the facility.

9-2 Dr. Weisdorf indicated that part of the recovery plan should cover what to do with low exposure patients. These are patients that will experience marrow recovery on their own.

9-3 Dr. Confer reminded the group that at the national level, there is a lack of clarity on who is in charge. He suggested staying focused on the things that the Radiation Injury Transplant Network (RITN) can do.

9-4 Dr. van den Brink suggested presenting the Radiation Injury Transplant Network (RITN) nuclear disaster recovery plan during Grand Rounds.

10. Adjournment

10-1 There being no further business, the meeting was adjourned at 3:30 pm Central Daylight Time.

1002 The next meeting of the Radiation Injury Transplant Network (RITN) will take place during the BMT Tandem Meetings in Keystone, Colorado on either February 10 or 11.

Submitted by:
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