The meeting was called to order by Dr. John Chute at 1:35 p.m. Eastern Standard Time at the 2009 BMT Tandem Meetings in Tampa, Florida. This report summarizes the information that was gathered and the agreements that were reached:

1. **Opening Remarks**

Dr. Chute set the stage for the meeting by providing an overview of the RITN program, its goals and accomplishments.

1-1 The RITN is comprised of transplant centers, donor centers and cord blood banks spread throughout the country.

*The RITN:*

- Develops treatment guidelines
- Educates health care professionals
- Assists participating centers in developing response plans
- Trains participating centers
- Strives to improve center readiness

1-2 **Goals**

- Provide facilities and staff for intensive supportive care and treatment expertise in the aftermath of a marrow toxic incident resulting in mass casualties.

- Educate hematologists, oncologists, and stem cell transplant practitioners about their potential involvement in the response to a radiological incident.

1-3 **Accomplishments**

- Expansion started for 2009. Six transplant centers were invited to join RITN:
  - Karmanos in Michigan
  - Vanderbilt in Tennessee
  - CHORI in Oakland, CA
  - City of Hope in Phoenix, AZ
  - Mayo in Rochester, MN
  - Mayo in Phoenix, AZ
• Centers have completed 96.1% of their tasks:
  
  o Task 1 – Update and improve standard operating procedures (SOPs).
  o Task 2 – Participate in NMDP directed exercises and drills:
    ▪ WebEOC tests as needed
    ▪ RITN tabletop exercise provided by NMDP
  o Task 3 – Conduct at least one of three training programs:
    ▪ NMDP Basic Radiation Training: Minimum of 20 additional/new staff members
    ▪ RITN Overview Presentation to the local Emergency Planning Commission or to another state or federal emergency response planning group approved by the NMDP Technical POC
    ▪ RITN Grand Rounds Presentation: “Medical Response to Radiation Exposure: the Role of Hematologists to Expand the Medical Knowledge of Staff”

• Between 2006 and 2008, 1,621 medical staffers have participated in RITN’s Basic Radiation Training Programs.

• Two RITN Educational Programs have been scheduled for 2009:
  
  o Radiation Emergency Medicine Course to be held at the Radiation Emergency Assistance Center Training Site on March 26-27 in Oakridge, TN
  o Nuclear Terrorism Conference: Preparedness and Response for Hematology/Oncology Centers to be held on May 18 in Bethesda, MD

• RITN is exploring collaboration opportunities with the Joint Commission on emergency planning.

• RITN SOPs are linked to FACT Standards.

2. **RITN Tabletop Exercises**

Dr. Confer covered lessons learned from 2006-2008 and the 2009 Tabletop Exercise.

2-1 **Lessons learned from 2006-2008:**

• Many centers are realizing the benefit of involving a wide range of participants, the more who would be involved in a real response, the better.

• SOPs are improving but need more detail…names and contact information are needed for those who will be called to help expand capacity.

• Dr Weinstock led an effort to graph Tabletop Exercises…results are available.

• Most RITN Centers indicated the ability to accept an average of 10 patients…transplant centers may be asked to accept 300.

• To be considered a viable entity, RITN needs to address and document surge capacity and altered standards of care when scarce resources become unavailable.
2-2 **2009 Tabletop Exercise**

- Published by the end of February, due the end of July.
- Once again results will be submitted online.
- More points to address, more detailed answers required.
- Same scenario for all center types, but different questions.
- Transplant center focus: Surge of patients with marrow-toxic injuries needing supportive care.

3. **Maintaining RITN Momentum**

Dr. Weisdorf provided an overview of where RITN has been and recommendations for maintaining momentum in the future.

3-1 **RITN has defined its role.**

- No first responder or transportation capability.
- Evaluating patients with marrow suppression.
- Assessing marrow hypoplasia.
- Conducting stem cell searches.
- Providing hematopoietic stem cell transplants.

3-2 **A set of assumptions has been developed.**

- Contingency planning will take place at the level of hospital/specialist care.
- “First do no harm” will be in the algorithm.
- Primary care/triage has been performed before RITN activities start.
- Chaos and diverse management plans will exist, thus a major effort will be data collection—to learn for the future.

3-3 **RITN Centers have defined their roles and responsibilities.**

- Providing existing facilities with practicing specialists for intensive supportive care and treatment (infrastructure and process for transplant if needed).
- Training of physicians and other health care workers.
- Providing assistance during an emergency.
- Providing donor search support.
- Maintaining an approved IRB data collection plan.
- Increasing transplant community awareness about the potential need of services in time of crisis.
- Involving the transplant community in emergency preparedness.
**RITN and its centers have been preparing for a radiation emergency.**

- Developing Standard Operating Procedures.
- Providing basic radiation training.
- Conducting Grand Rounds presentations.
- Providing additional training resources on the RITN Web site.
- Scheduling an annual tabletop exercise.
- Conducting emergency communications tests.
- Securing GETS cards and satellite telephones for participating centers.
- Coordinating with government agencies (DHHS-ASPR)

**What can RITN expect if an improvised nuclear device is detonated?**

- The federal government will:
  - Setup outside the hazard area.
  - Receive, decontaminate and triage victims.
  - Forward them on for appropriate care.
- Any victim with trauma or burns would be cared for before being evaluated for treatment due to marrow toxicity.
- A smaller subset would be left for marrow reconstitution.

**What is the RITN Process?**

- After irradiation: who needs a donor search?
  - Significant marrow injury (estimated 2-9Gy)
  - Anyone neutropenic within 5-7 days
  - Limited other injuries
- Who needs Transplantation?
  - Significant marrow injury (estimated 4-9Gy)
  - Limited other injuries
  - No hematologic recovery in 25-30 days
- How to plan Transplantation?
  - Myelosuppressed with uncertain immunocompetence like aplasia or MDS or Immunosuppressed: like SCID
  - Use Non-ablative conditioning.
What should be done now?

- Educate and inform others at RITN centers.
- Train nurses/nursing leaders.
- Conduct Grand Rounds presentations.
- Open up needed heme/onc or BMT beds.
- Keep up the discussion.
  - Hospital leadership
  - Medical staff meetings
  - Regional presentations (payer groups and regional Heme/Onc physicians)
- Integrate with hospital and emergency planners.
  - Every site has Emergency Operation Plan.
  - Each site integrates emergency operations with EMS, police and fire departments.

4. Adjournment

The meeting was adjourned at 3:00 pm Eastern Standard Time.

Submitted by:
Bob Krawisz