



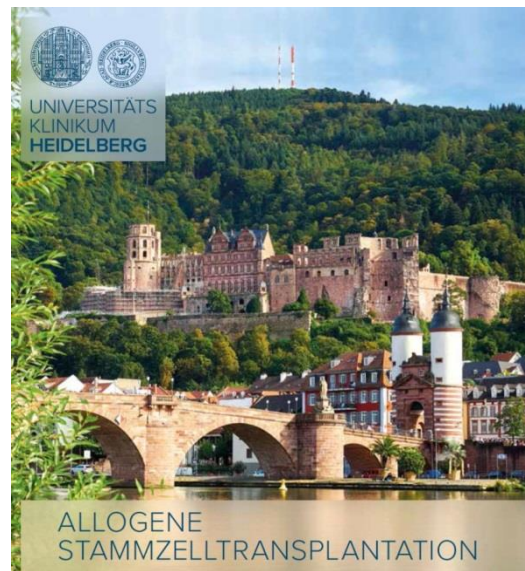
UNIVERSITÄTS  
KLINIKUM  
HEIDELBERG

# Sektion Stammzelltransplantation: Jahresbericht 2023

Prof. Dr. Peter Dreger

Klinik Innere Medizin V

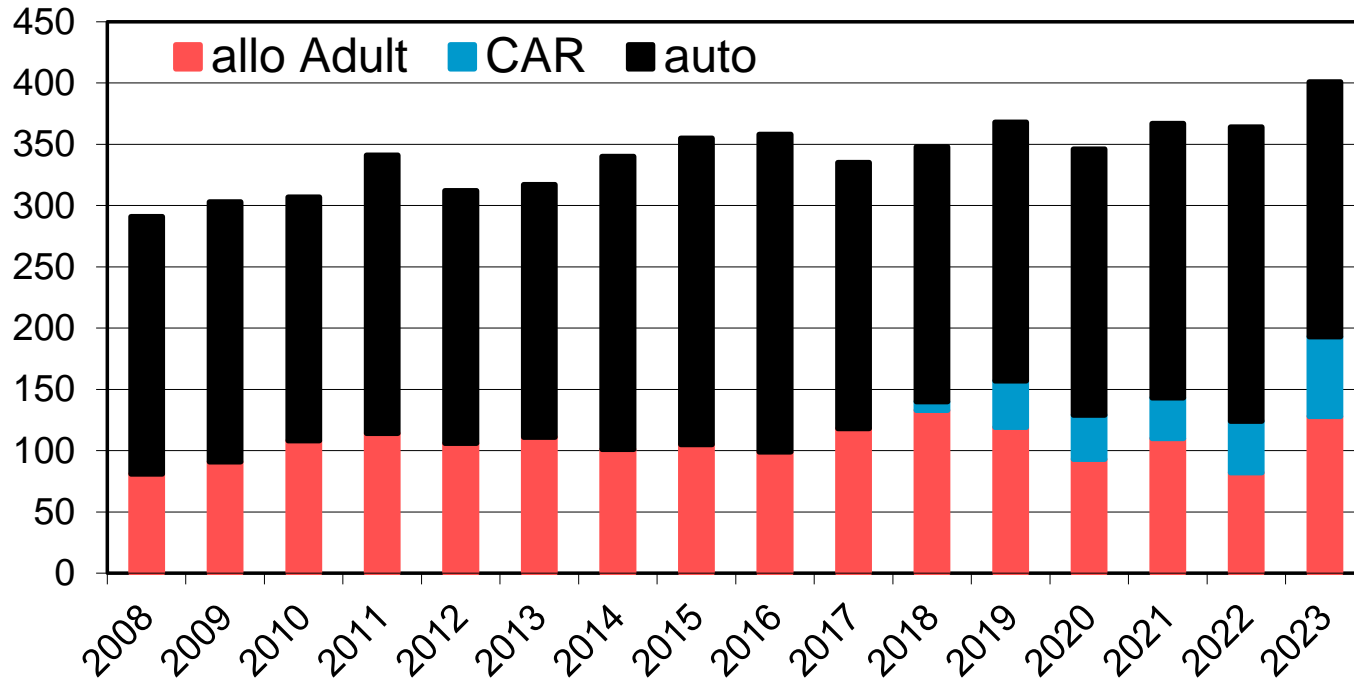
Universitätsklinikum Heidelberg



Kennzahlen

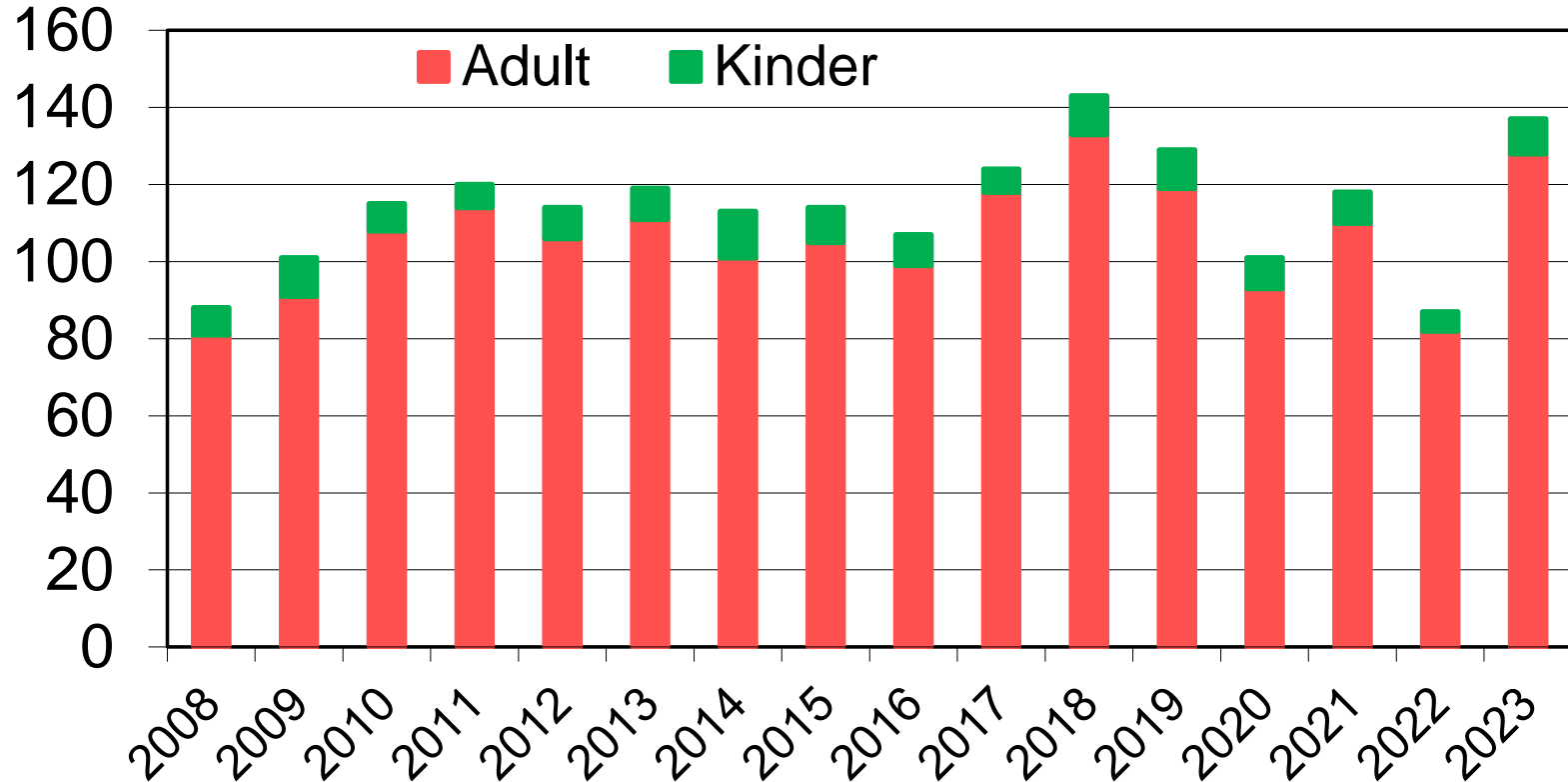
alloHCT

# Cellular Therapies (Adults, Med V UKHD)



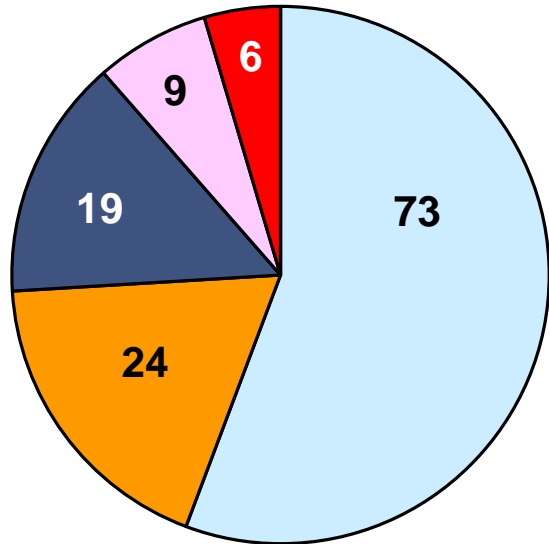
# Allogene Transplantationen UKHD

(Erwachsene + Kinder)

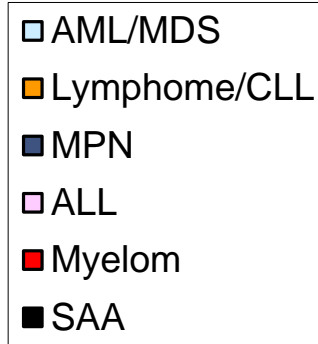
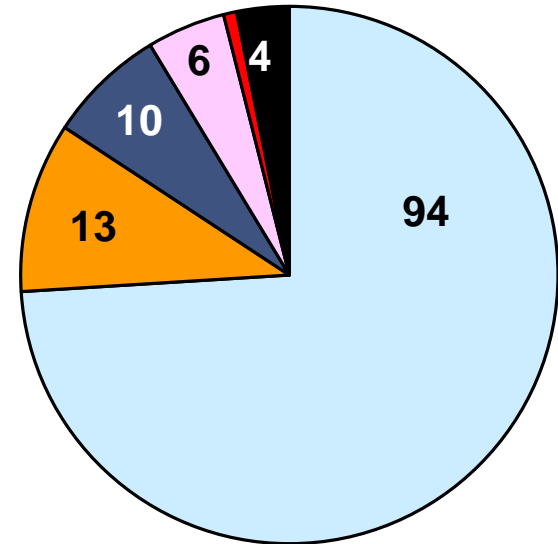


# Indikationen alloHCT

2018 (133 Transplantierte)

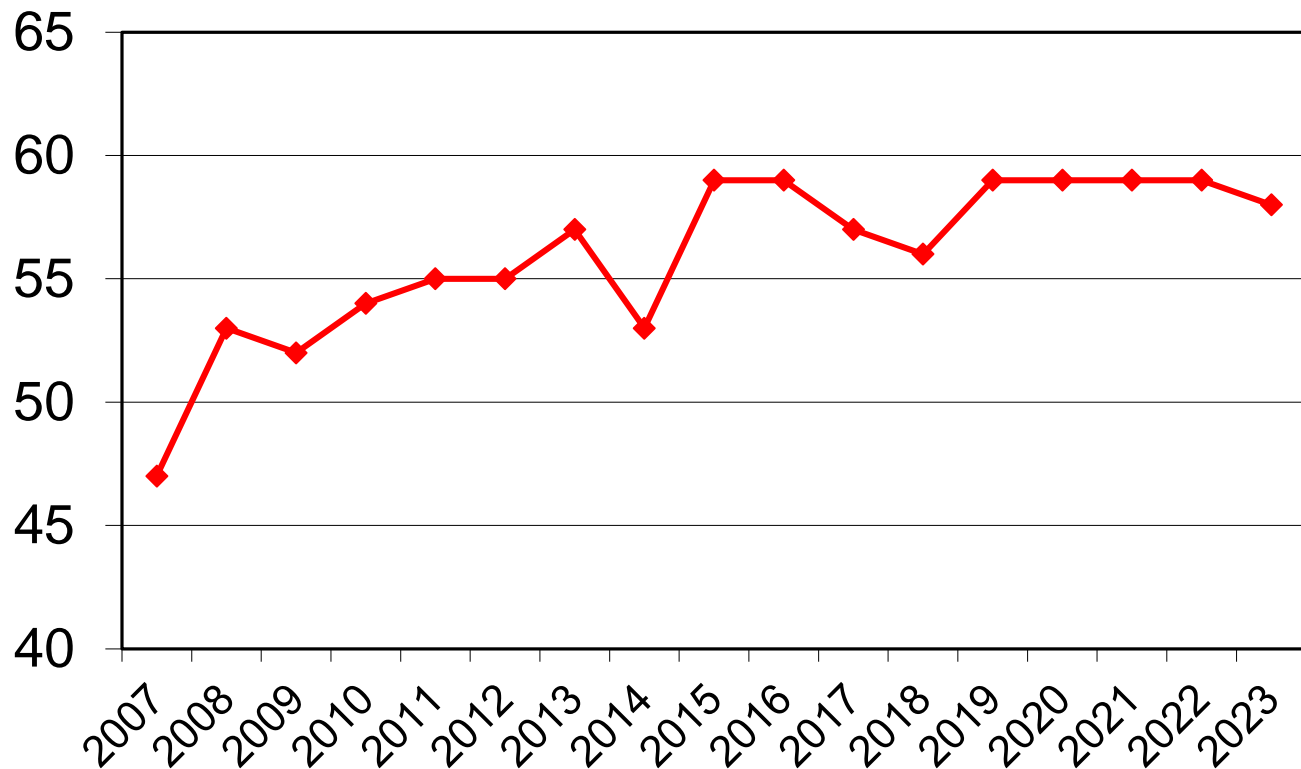


2023 (128 Transplantierte)



# Benchmarking alloHCT

# Medianes Patientenalter



2023:

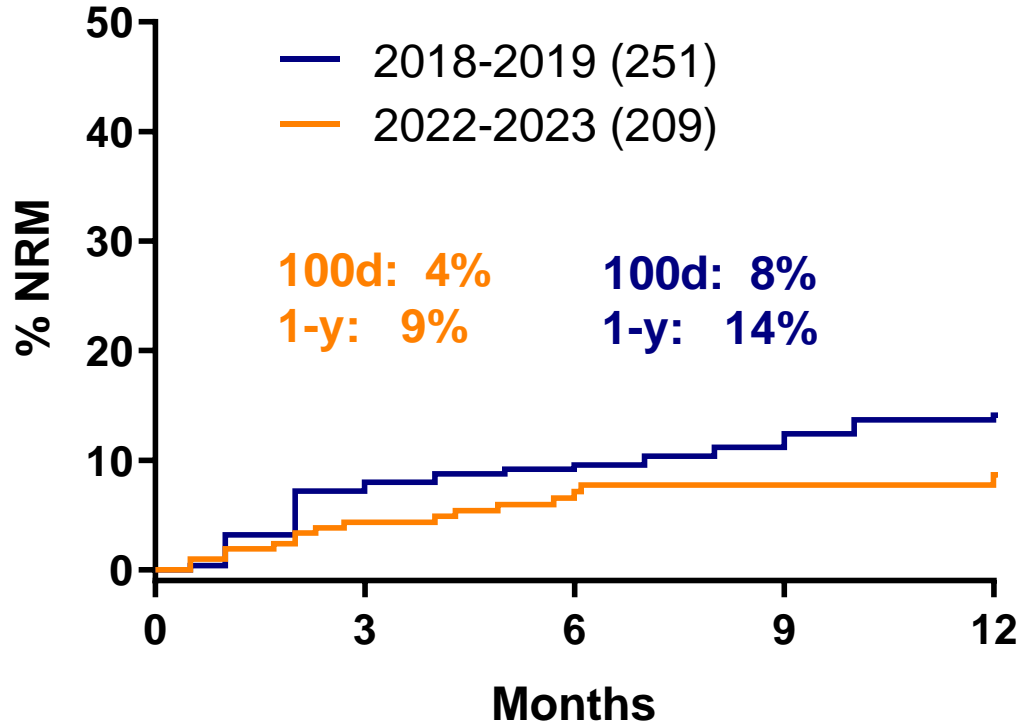
Median: 58J

Range: 18-74

≥70J: 14 Pt. (11%)

# Non-relapse mortality by period

(pre-COVID19 vs COVID19)



**NRM 22/23:**

Early death: 6

GVHD: 4

COVID: 1

Sepsis: 2

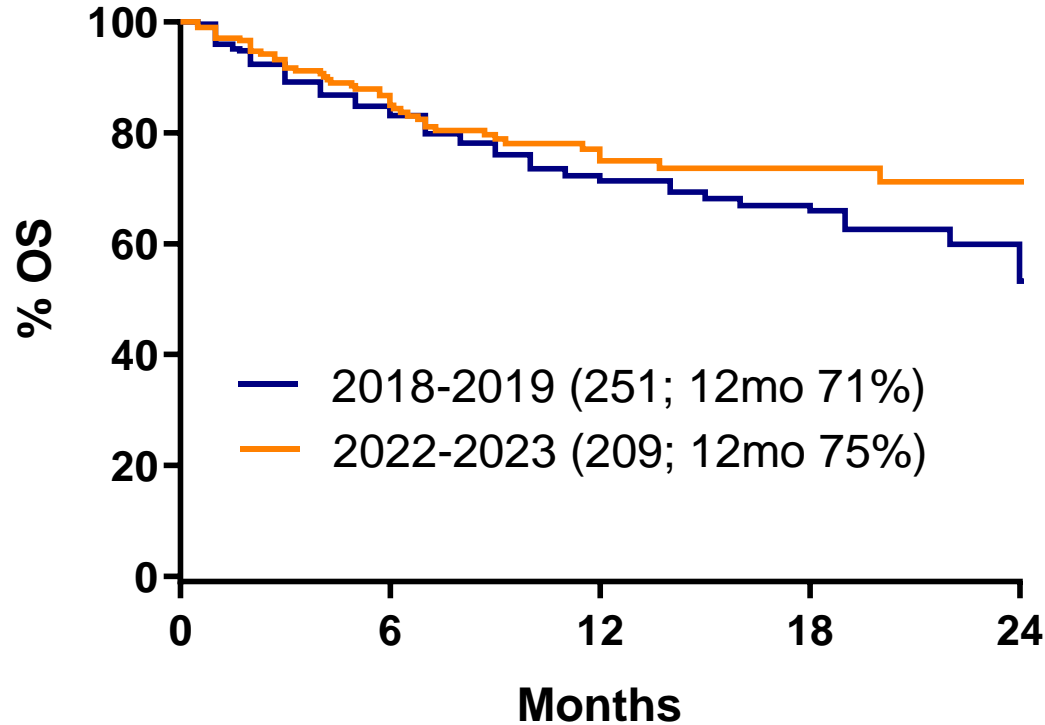
Mucor: 2

Neuro: 1



# Overall survival by period

(pre-COVID19 vs post-COVID19)

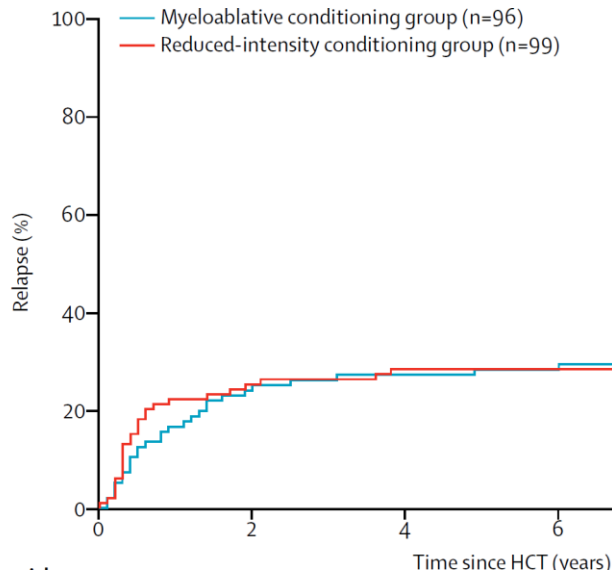


# Lancet Haematol 2018; 5: e161-69

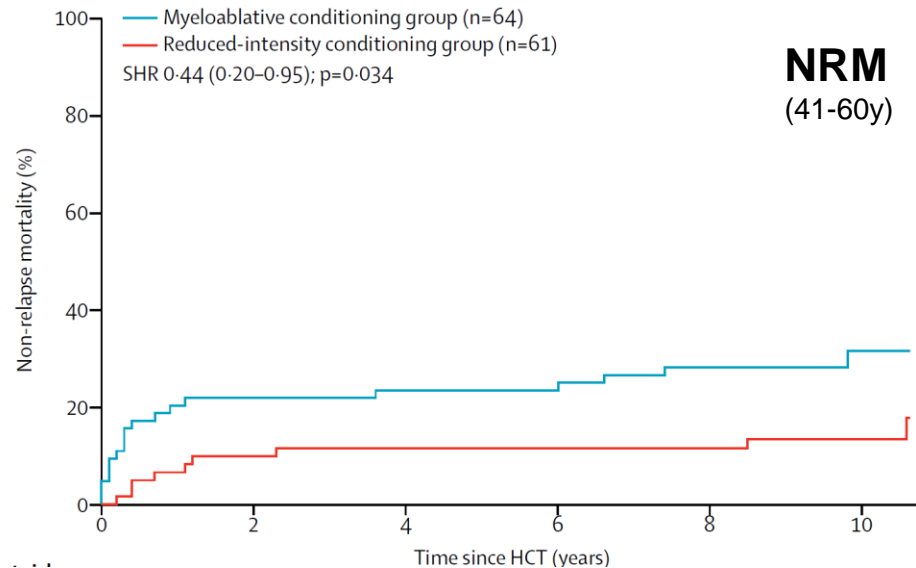
Comparison TBI standard dose (12Gy)  
vs reduced dose (8Gy)

Long-term efficacy of reduced-intensity versus myeloablative conditioning before allogeneic haemopoietic cell transplantation in patients with acute myeloid leukaemia in first complete remission: retrospective follow-up of an open-label, randomised phase 3 trial

Frederick Fasslrunner, Johannes Schetelig, Andreas Burchert, Michael Kramer, Rudolf Trensche, Ute Hegenbart, Michael Stadler, Kerstin Schäfer-Eckart, Michael Bätzel, Hans Eich, Martin Stuschke, Rita Engenhardt-Cabillic, Mechthild Krause, Peter Dreger, Andreas Neubauer, Gerhard Ehninger, Dietrich Beelen, Wolfgang E Berdel, Timo Siepmann, Matthias Stelljes\*, Martin Bornhäuser\*



## Relapse



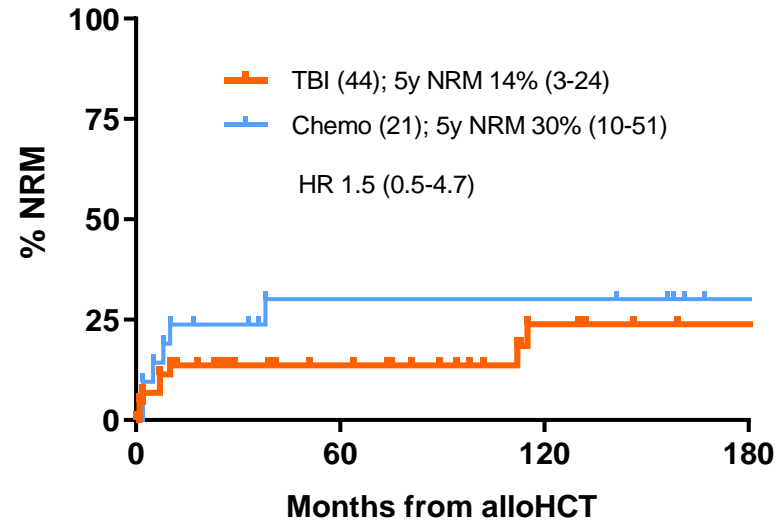
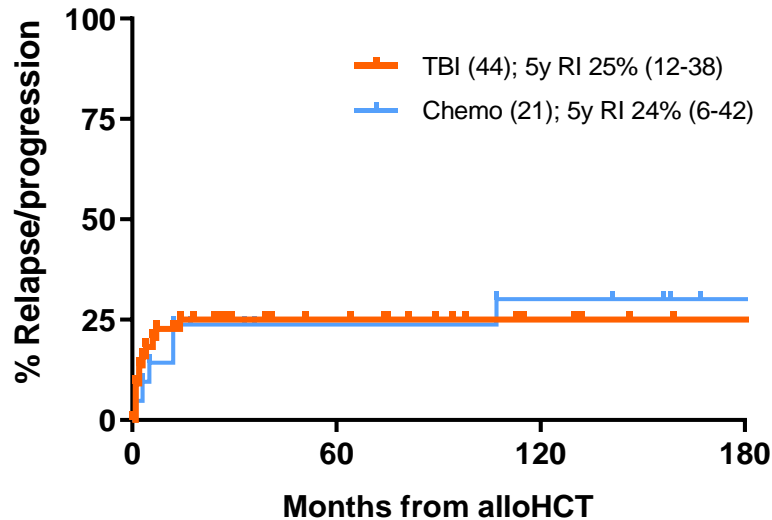
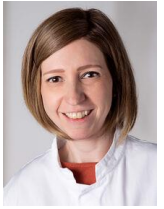
# PTCL: TBI 8Gy Flu conditioning

## Baseline characteristics (HD, 2005-2023)

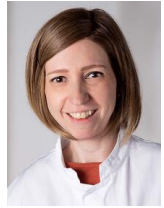


	TBI8/Flu	Chemo conditioning
n	44 (2010-2023)	21 (2005-2022)
Age	51 (20-66)	59 (21-74)
AITL/ALCL/NOS/HSTL/other	13 / 12 /8/5/6	8/9/4/1/0
Line alloSCT was actually given	2 (1-4)	2 (1-5)
2L/>2L	30/13	13/6
Prior HCT	16	4
Disease status CR/PR/<PR	12/12/19	3/11/7
MAC/RIC	40/4	9/12
Donor MRD/MUD/MMUD/haplo	19/17/8	5/8/3/5

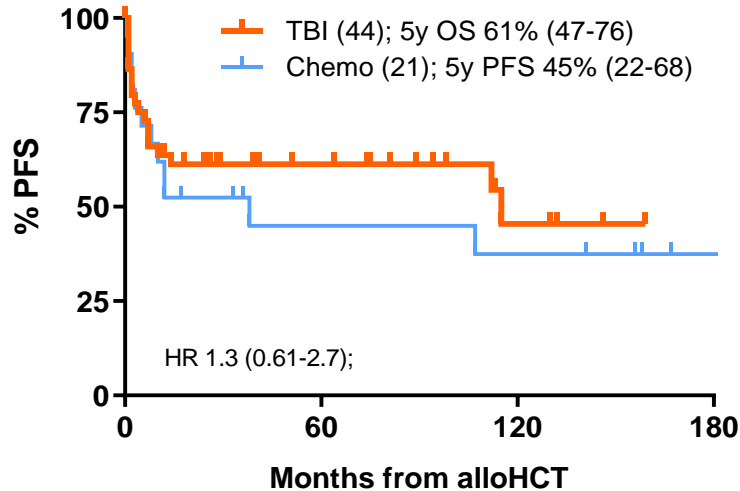
# REL/NRM after alloHCT for PTCL by conditioning Heidelberg 2005-2023; n = 65



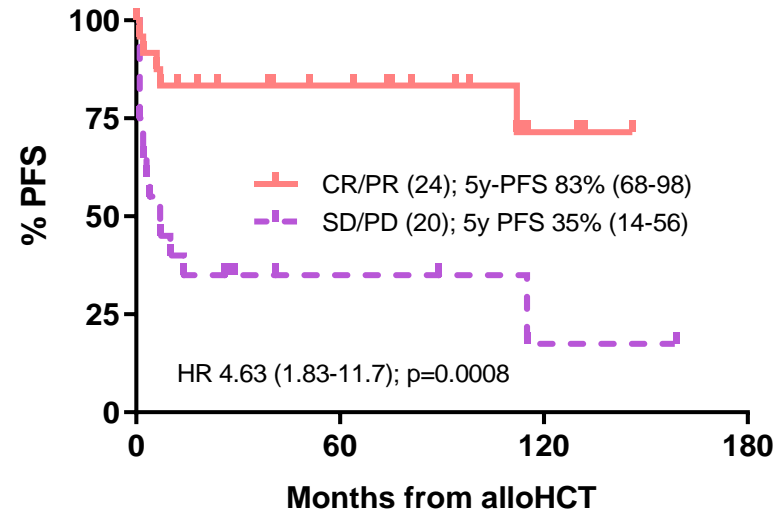
# PFS after alloHCT for PTCL Heidelberg 2005-2023; n = 65



All, by conditioning (n=65)



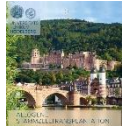
TBI only, by disease status at HCT (n=44)



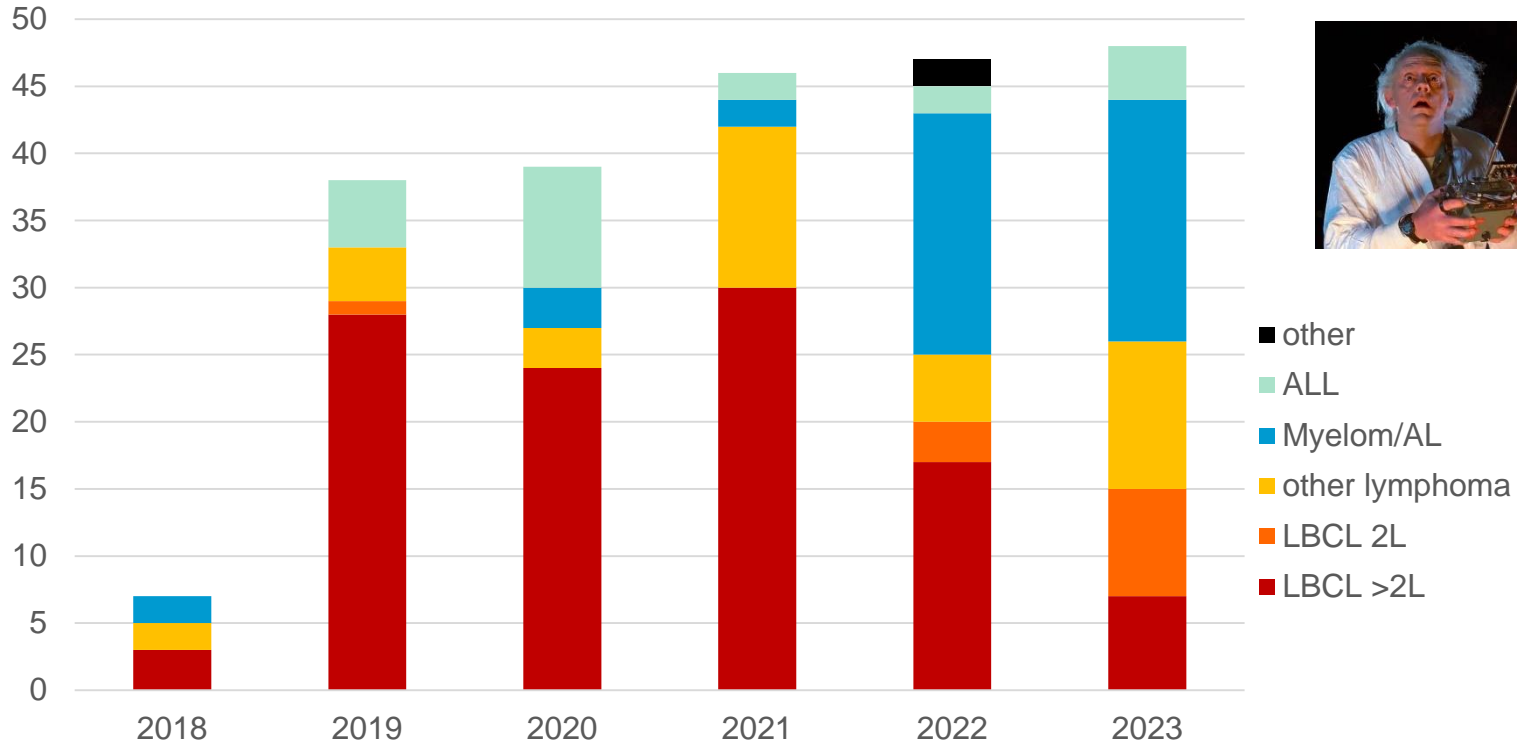
Kennzahlen

CARTs

# CART-Evolution

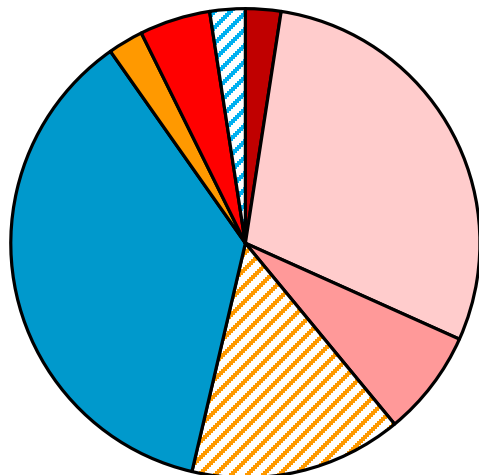


# Zeitstrahl Heidelberg 2018-2023

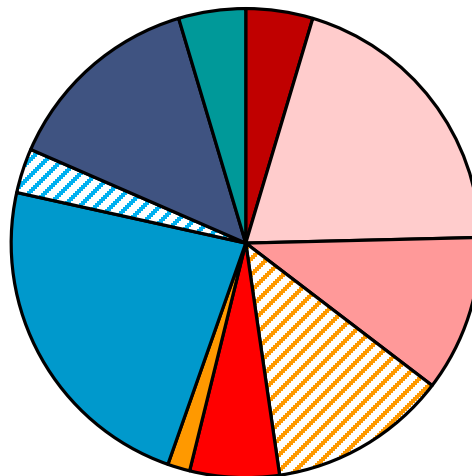


# Verwendete CARTs

2022 (n=42)



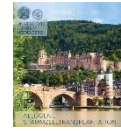
2023 (n=65)



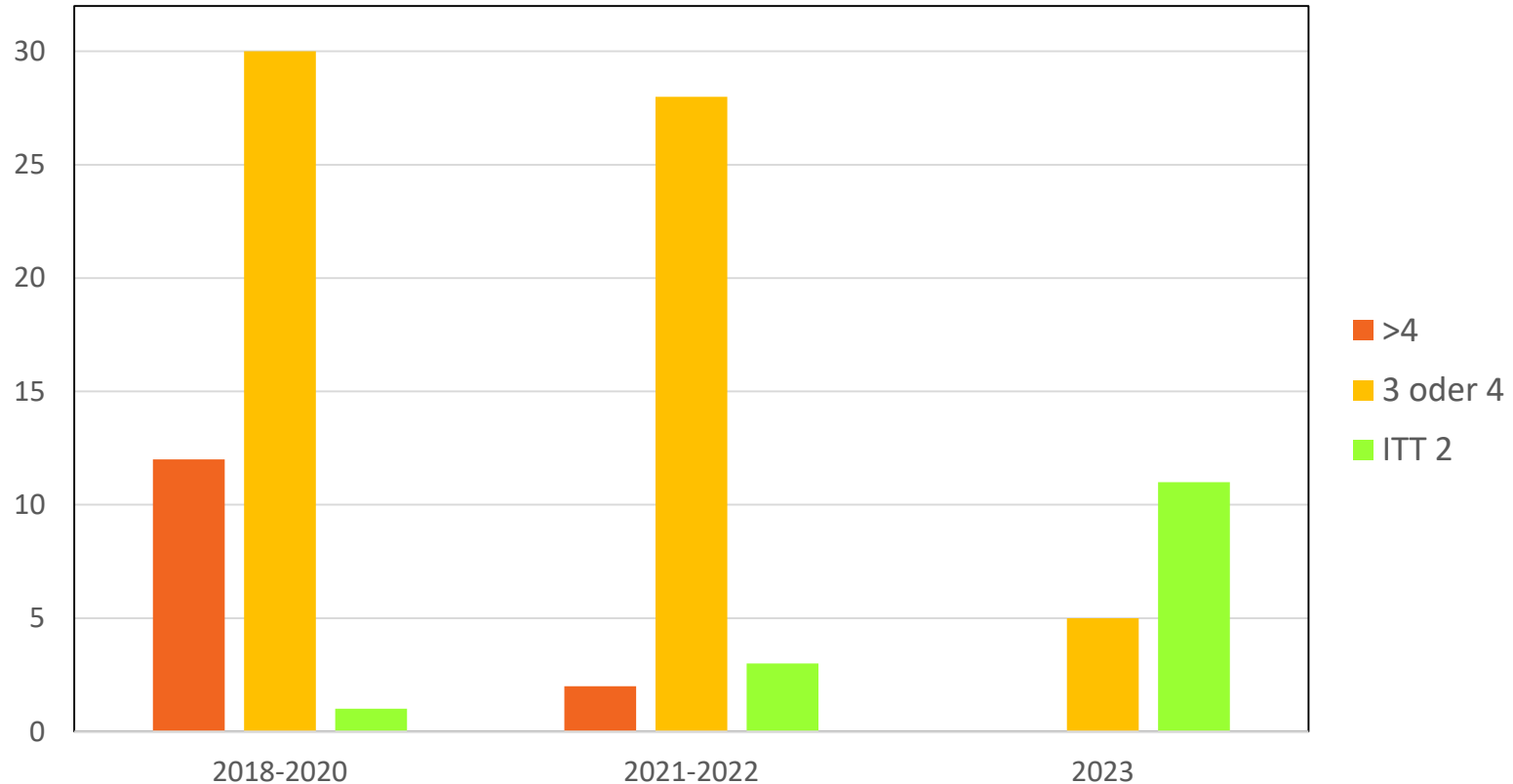
- CD19 Tisa-cel
- CD19 Axi-cel
- CD19 Brexu-cel
- CD19 HD-CAR-1
- CD19 Liso-cel
- CD19 Zamto-cel
- BCMA Ide-cel
- BCMA-HD
- BCMA Cilta-cel
- BCMA PERSEI



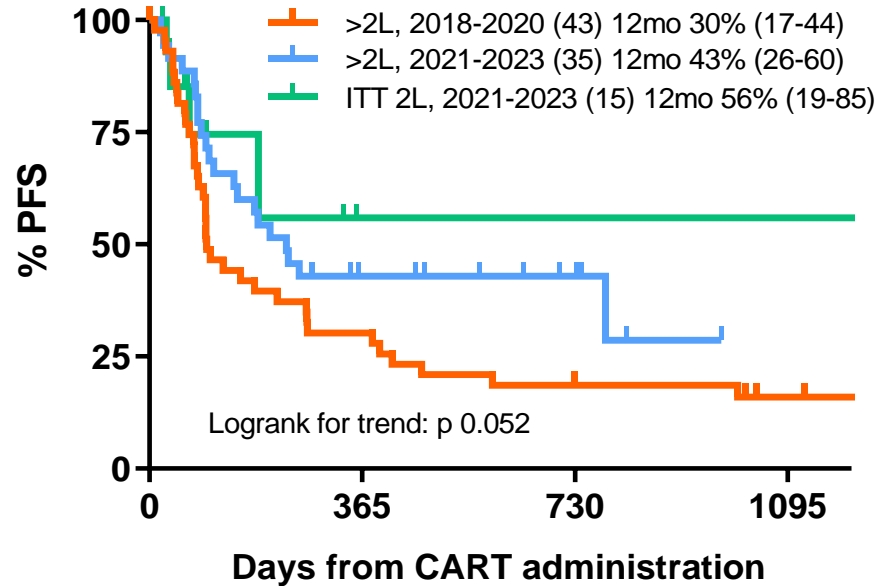
# LBCL CARTs by treatment line



HD 2018-2023



# PFS after CARTs for LBCL by period and treatment line Heidelberg 2018-2023; n = 93



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**50<sup>th</sup> Annual Meeting**  
Glasgow  
14-17 April 2024  
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## Top cited articles published in 2020-2021, cited in 2022 (2022 Impact Factor)

Title	Article Type	Cites in 2022
Hematopoietic cell transplantation and cellular therapy survey of the EBMT: monitoring of activities and trends over 30 years	Article	65
Death after hematopoietic stem cell transplantation: changes over calendar year time, infections and associated factors	Article	39
EBMT/ESID inborn errors working party guidelines for hematopoietic stem cell transplantation for inborn errors of immunity	Article	39
Autologous haematopoietic stem cell transplantation and other cellular therapy in multiple sclerosis and immune-mediated neurological diseases: updated guidelines and recommendations from the EBMT Autoimmune Diseases Working Party (ADWP) and the Joint Accreditation Committee of EBMT and ISCT (JACIE)	Article	32
The EBMT activity survey on hematopoietic-cell transplantation and cellular therapy 2018: CAR-T's come into focus	Article	31
Taming the beast: CRS and ICANS after CAR T-cell therapy for ALL	Review	29
Redefining and measuring transplant conditioning intensity in current era: a study in acute myeloid leukemia patients	Article	26
The challenge of COVID-19 and hematopoietic cell transplantation; EBMT recommendations for management of hematopoietic cell transplant recipients, their donors, and patients undergoing CAR T-cell therapy	Article	26
<b>Midostaurin after allogeneic stem cell transplant in patients with FLT3-internal tandem duplication-positive acute myeloid leukemia</b>	<b>Article</b>	<b>24</b>
Rabbit ATG/ATLG in preventing graft-versus-host disease after allogeneic stem cell transplantation: consensus-based recommendations by an international expert panel	Article	23
The European Society for Blood and Marrow Transplantation (EBMT) consensus recommendations for donor selection in haploidentical hematopoietic cell transplantation	Review	22
Value and affordability of CAR T-cell therapy in the United States	Review	19
Hematopoietic stem cell transplantation activity in China 2019: a report from the Chinese Blood and Marrow Transplantation Registry Group	Article	19
Prophylactic, preemptive, and curative treatment for sinusoidal obstruction syndrome/veno-occlusive disease in adult patients: a position statement from an international expert group	Article	17
<b>EASIX and mortality after allogeneic stem cell transplantation</b>	<b>Article</b>	<b>16</b>
Lessons after the early management of the COVID-19 outbreak in a pediatric transplant and hemato-oncology center embedded within a COVID-19 dedicated hospital in Lombardia, Italy. Estote parati	Article	14

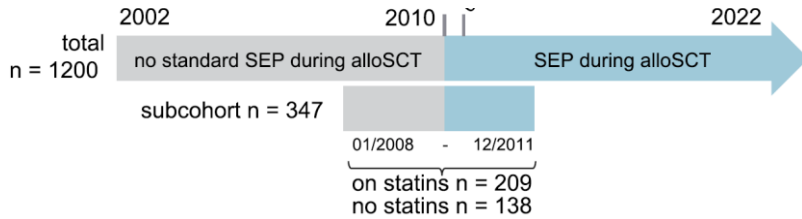
# Statin-based endothelial prophylaxis and outcome after allogeneic stem cell transplantation

Caroline Pabst<sup>1</sup> | Nicholas Schreck<sup>2</sup> | Axel Benner<sup>2</sup> | Ute Hegenbart<sup>1</sup> |  
Stefan Schönland<sup>1</sup> | Aleksandar Radujkovic<sup>1</sup> | Michael Schmitt<sup>1</sup> |  
Carsten Müller-Tidow<sup>1</sup> | Laura Orsatti<sup>3</sup> | Peter Dreger<sup>1</sup> | Thomas Luft<sup>1</sup>



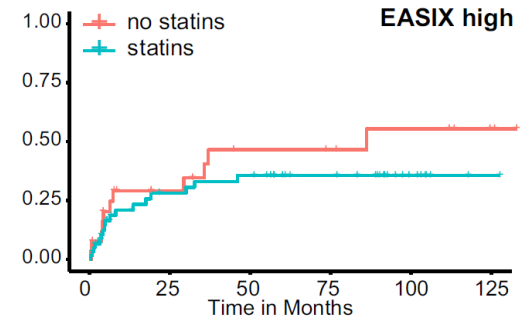
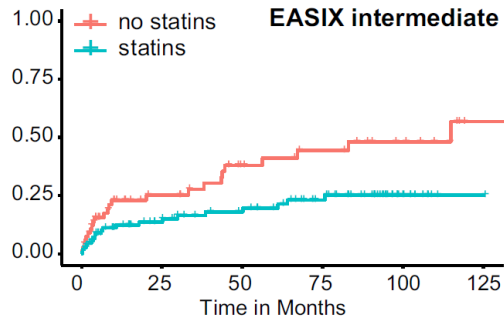
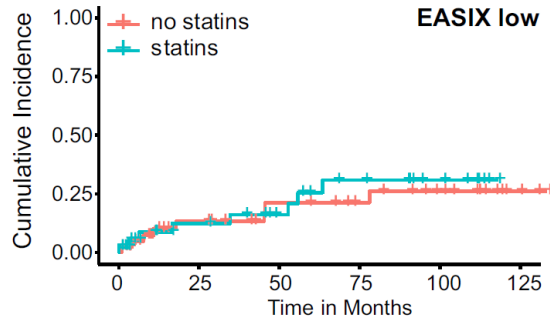
TABLE 3 Cause-specific Cox proportional hazard model with respect to nonrelapse mortality.

Variable	HR	95% CI (lower)	95% CI (upper)	p-value
Statins (yes vs. no)	0.608	0.384	0.963	.034
Age (10 years)	1.106	0.871	1.403	.408
Recipient gender (male vs. female)	1.953	1.178	3.238	.009
Donor gender (male vs. female)	0.934	0.575	1.517	.784
Donor MMRD/MMUD/Haplo vs. RD	1.254	0.684	2.299	.465



(A)

## NRM post alloSCT



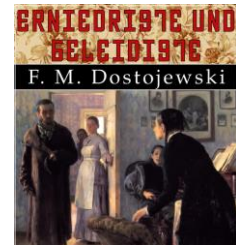


# Dostojewskis Vision der Sozialen Medien:

*“Wenn es nur möglich wäre, daß ein jeder von uns sein ganzes Innenleben schilderte, jedoch so, daß er nicht nur das, was er um keinen Preis anderen Menschen sagen, nicht nur das, was er nicht einmal seinem besten Freunde verraten würde, sondern sogar das, was er sich selbst kaum einzugestehen wagt, einmal mit größter Wahrheitstreue schilderte, – dann würde sich doch in der Welt ein solcher Gestank erheben, daß wir alle ersticken müßten.*

*Deshalb sind denn auch unsere gesellschaftlichen Anstandsregeln und Gesetze so zweckentsprechend und segensreich...”*

Fürst Walkowskij zu Wanja, aus „Die Erniedrigten und Beleidigten“, 1861



# INTEGRATE-ATMP



## Integrierte Versorgung

Sektorenübergreifende Versorgung  
Qualitätsgesicherte, strukturierte Vor- und Nachsorge

## Neue Therapien

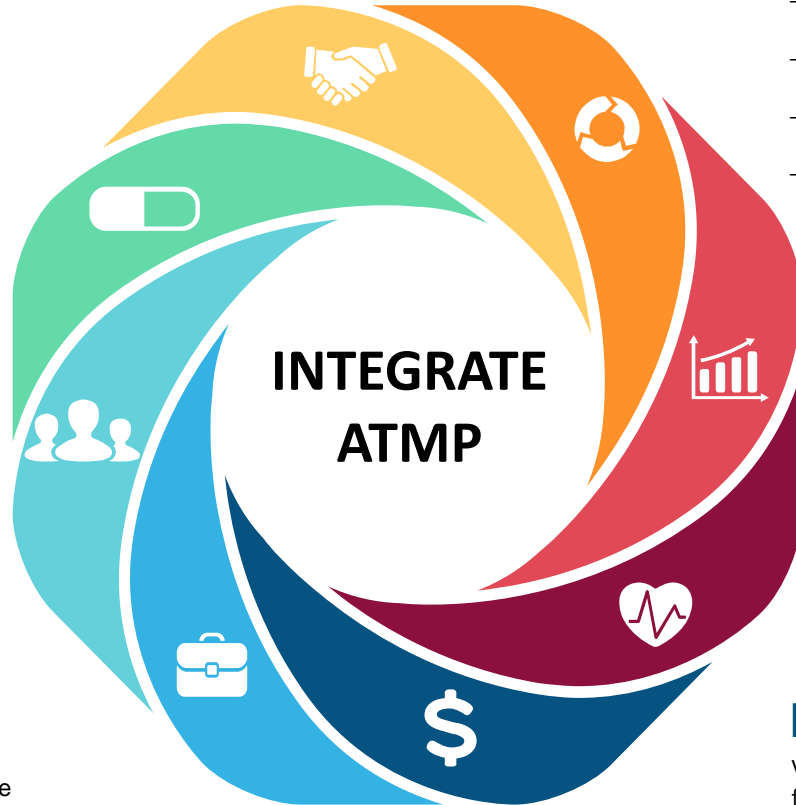
Alters- und  
Fachabteilungsübergreifende  
ATMPs

## Telemedizin

Weiterentwicklung bestehender  
Campus-Lösungen zur Erfassung  
von "Digital Health Outcomes"

## Empowerment

Patient Involvement  
Wissenstransfer an externe  
Zentren



## Gentherapeutika

- Onasemogen Abeparvovec (Zolgensma®) - spinale Muskelatrophie
- Betibeglogene Autotemcel (Zynteglo®) - Beta-Thalassämie
- Autologous CD34+ cells transduced to express ADA (Strimvelis®) - ADA-SCID
- CAR T-Zellen (Kymriah® / Yescarta®)

## Register

Krankheitsübergreifendes und  
Industrie-unabhängiges ATMP-  
Register

## Arzneimittelsicherheit

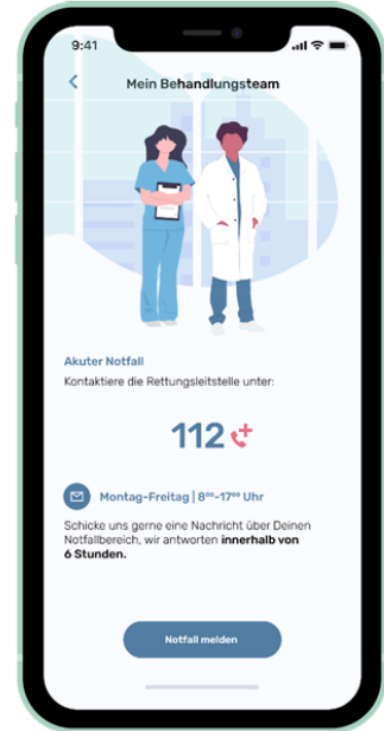
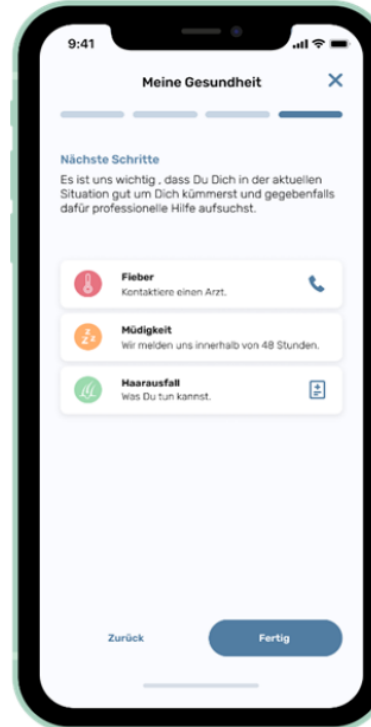
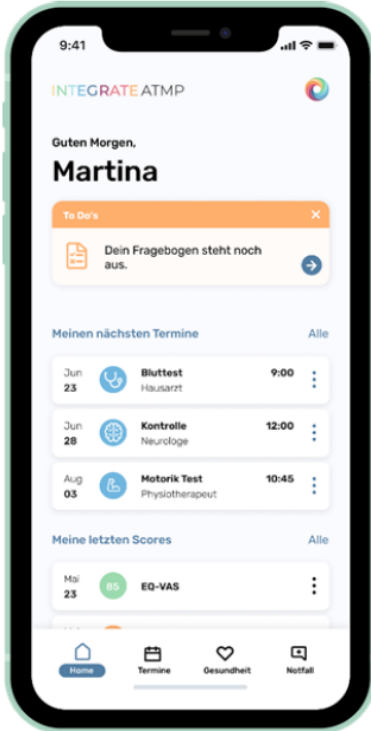
## Therapiepfade

Standardisierte Überwachung  
und Dokumentation des  
Therapieerfolges und von UAW

## Erstattungsmodelle

Validierte Vergütungsmodelle  
für die qualifizierte Nachsorge  
der Patienten

# Telemed. Plattform – Patientensicht





# Wir können auch Weihnachten...



# Vielen Dank!

## Koordination

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**I Opitz**

**J Steger**

**A Smeykal**

„von Dusch“

**M Lommatzsch**

**M Karb**

**S Löweneck**

**A Martin**

**N Müller**

**...und das Team!**

**...an alle MA der Med V !**

Ambulanz

**U Hegenbart**

**E Lasitschka**

**J Fuhrmann**

ECP &

Leukapherese

**A Schmitt**

**S Sauer**

**A Smeykal**

**& Team**

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**J Greil**

**J Kunz**

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