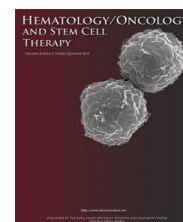


Available at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

journal homepage: [www.elsevier.com/locate/hemonc](http://www.elsevier.com/locate/hemonc)

## Hematopoietic stem cell transplantation in qatar: One-year anniversary

Mohammad Bakr<sup>a,\*</sup>, Ibrahim Al-Hijji<sup>a</sup>, Naziha Menasria<sup>b</sup>, Zeyd Merenkov<sup>c</sup>, Safaa Al-Azzawi<sup>a</sup>, Ruba Taha<sup>a</sup>, Amaal Gulied<sup>a</sup>, Catherine Anne Gillespie<sup>a</sup>, Said Dermime<sup>d</sup>, Effie Liakopoulou<sup>a</sup>, Alexander Knuth<sup>a</sup>

<sup>a</sup> National Center for Cancer Care and Research (NCCCR), Hamad Medical Corporation (HMC), Doha, Qatar

<sup>b</sup> Cellular Therapy Laboratory, Hamad Medical Corporation (HMC), Doha, Qatar

<sup>c</sup> Transfusion Medicine and Blood Banks, Hamad Medical Corporation (HMC), Doha, Qatar

<sup>d</sup> Translational Cancer Research Facility (TCRF), National Center for Cancer Care and Research (NCCCR), Doha, Qatar

Received 1 January 2017; accepted 8 April 2017

### KEYWORDS

Autologous stem cell transplantations;  
Hematopoietic stem cell transplantation;  
Qatar

### Abstract

Hematopoietic stem cell transplantation (HSCT) offers potentially curative therapy for many hematologic and nonhematologic conditions. As a successful outcome of Qatar's National Cancer Strategy, the HSCT program was started in the National Center for Cancer Care and Research (NCCCR) in October 2015. The HSCT program in NCCCR is the only transplant program in Qatar and self-sufficient with all three core components: the stem cell collection facility, the stem cell processing facility, and the clinical program, which are locally available at Hamad Medical Corporation. In this paper, we report on the outcomes of the first 16 patients who underwent autologous stem cell transplantations (ASCTs) in our center. A total of 17 ASCT have been performed for 16 adult ( $\geq 14$  years) patients. Thirteen of the 16 patients were eligible for disease evaluation at Day 100 post-ASCT. Among these patients, the overall response rate on Day 100 was 92% (complete remission, 61%; very good partial remission/partial remission, 31%) and stable disease occurred in 6%. The procedure was very well tolerated by all patients. At the time of writing this report, all patients are alive; however, one patient (6%) had disease relapse. The Day 100 post-ASCT nonrelapse mortality rate was 0%. Launching the HSCT program represents a historic milestone in the development of the health-care sector in Qatar. The 1st year of this program was very fruitful with the accomplishment of 17

\* Corresponding author.

E-mail address: [mmbakr@hotmail.com](mailto:mmbakr@hotmail.com) (M. Bakr).

42  
43  
44  
45  
46  
47

successful transplants. We are in the process of starting the allogenic HSCT early next year. This would represent the next significant milestone for cancer care in Qatar.

© 2017 King Faisal Specialist Hospital & Research Centre. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

49 **Contents**

50 Introduction . . . . . 00  
 51 Patients and methods . . . . . 00  
 52 Results . . . . . 00  
 53 Discussion . . . . . 00  
 54 Conflicts of interest . . . . . 00  
 55 References . . . . . 00

58 **Introduction**

59 The State of Qatar comprises a peninsula located in the Ara-  
 60 bian Gulf and some surrounding small islands. As of October  
 61 2016, the population of Qatar was estimated to be  
 62 2,611,522 [1]; 75% of the population is male, with expatri-  
 63 ates forming the majority. Qatar has a relatively young pop-  
 64 ulation structure; almost one-quarter is in the 0–14 age  
 65 group, and only 3% is ≥65 years. Qatar has a surface area  
 66 of 11,521 km<sup>2</sup>, with approximately 560 km of coastline  
 67 [2]. Qatar is a high-income country, with a gross domestic  
 68 product per capita of US\$60,733 [2].

69 Advancing health care is an integral part of realizing the  
 70 Qatar National Vision (QNV) 2030. The health-care system in  
 71 Qatar is rapidly advancing and at the center of this is cancer  
 72 care. Qatar’s 5-year National Cancer Strategy was devel-  
 73 oped and launched in 2011 to set out in detail the actions  
 74 including those required of health professionals in delivering  
 75 the QNV 2030. The aim of the National Cancer Strategy is to  
 76 reduce the incidence of cancer in Qatar, and to deliver the  
 77 very best diagnosis and care for cancer patients.

78 Hematopoietic stem cell transplantation (HSCT) is a  
 79 potentially curative therapeutic modality for many hemato-  
 80 logic and nonhematologic conditions. As a successful out-  
 81 come of Qatar’s National Cancer Strategy, the HSCT  
 82 program was started in National Center for Cancer Care  
 83 and Research (NCCCR), a leading cancer hospital in Qatar,  
 84 at Hamad Medical Corporation (HMC), which is the principal  
 85 public health-care provider in Qatar, in October 2015. As we  
 86 celebrate the 1-year anniversary of the program, we herein  
 87 report on the outcomes of the first 16 patients who under-  
 88 went autologous stem cell transplantations (ASCTs) in our  
 89 center.

90 **Patients and methods**

91 Since October 2015, 17 ASCTs have been performed for 16  
 92 adult (≥14 years) patients; one patient with multiple mye-  
 93 loma had two transplants. Patients < 60 years of age were  
 94 eligible for ASCT. All patients according to our protocol  
 95 had a detailed comprehensive evaluation prior to ASCT to  
 96 ensure adequate cardiac, pulmonary, renal, and hepatic

97 functions. Baseline demographics, clinical and laboratory  
 98 data at the time of transplant, and information on treat-  
 99 ment and response were collected prospectively and  
 100 recorded in the European Society for Blood and Marrow  
 101 Transplantation (EBMT) data collection forms. Written  
 102 informed consents for the procedure and data collection  
 103 were obtained from all patients.

104 The International Myeloma Working Group Uniform  
 105 Response Criteria were applied for evaluation of disease  
 106 status and response for multiple myeloma [3]. Lugano clas-  
 107 sification was applied for initial evaluation, staging, and  
 108 response assessment for Hodgkin’s lymphoma and non-  
 109 Hodgkin’s lymphoma [4].

110 The HSCT program in NCCCR is the only transplant pro-  
 111 gram in Qatar and self-sufficient with all three core com-  
 112 ponents, namely, the stem cell collection facility, the stem  
 113 cell processing facility, and the clinical program, which  
 114 are locally available at HMC. The clinical HSCT unit at  
 115 NCCCR consists of five transplant beds in positive pressure,  
 116 high-efficiency particulate air-filtered rooms.

117 Concomitant with the growth of the clinical program has  
 118 been the development of state-of-the-art transplant labora-  
 119 tory facilities. The stem cell collection facility is part of  
 120 HMC National Transfusion Medicine Department. The  
 121 department provides universally leukodepleted (residual <  
 122 1E6) red blood cells, platelets, and plasma prepared on  
 123 the Terumo BCT Reveos system (Tokyo, Japan) for auto-  
 124 mated component production. All platelets and plasma are  
 125 pathogen inactivated using riboflavin (Terumo BCT Mirasol).  
 126 Red blood cells are generally provided as irradiated prod-  
 127 ucts. Irradiation is no longer performed on platelet com-  
 128 ponents. All platelets are suspended in platelet additive  
 129 solution. The harvested hematopoietic stem cells are pro-  
 130 cessed in the Cellular Therapy Laboratory (CTL) of HMC  
 131 located at NCCCR. The GMP-CTL is a state-of-the-art facility  
 132 that aims to provide modern forms of cell therapies for clin-  
 133 ical use. The collected stem cells are cryopreserved using a  
 134 controlled rate freezing procedure. Cryo-bags were stored  
 135 in LN2 biofreezers at temperatures below –150 °C. Total  
 136 nucleated cells were enumerated on an automated hema-  
 137 tology analyzer and CD34<sup>+</sup> cells were enumerated in dupli-  
 138 cate on a flow cytometer (BD FACSCanto II, BD  
 139 Biosciences, San Jose, CA, USA). Cells were thawed at the

Download English Version:

<https://daneshyari.com/en/article/8453000>

Download Persian Version:

<https://daneshyari.com/article/8453000>

[Daneshyari.com](https://daneshyari.com)