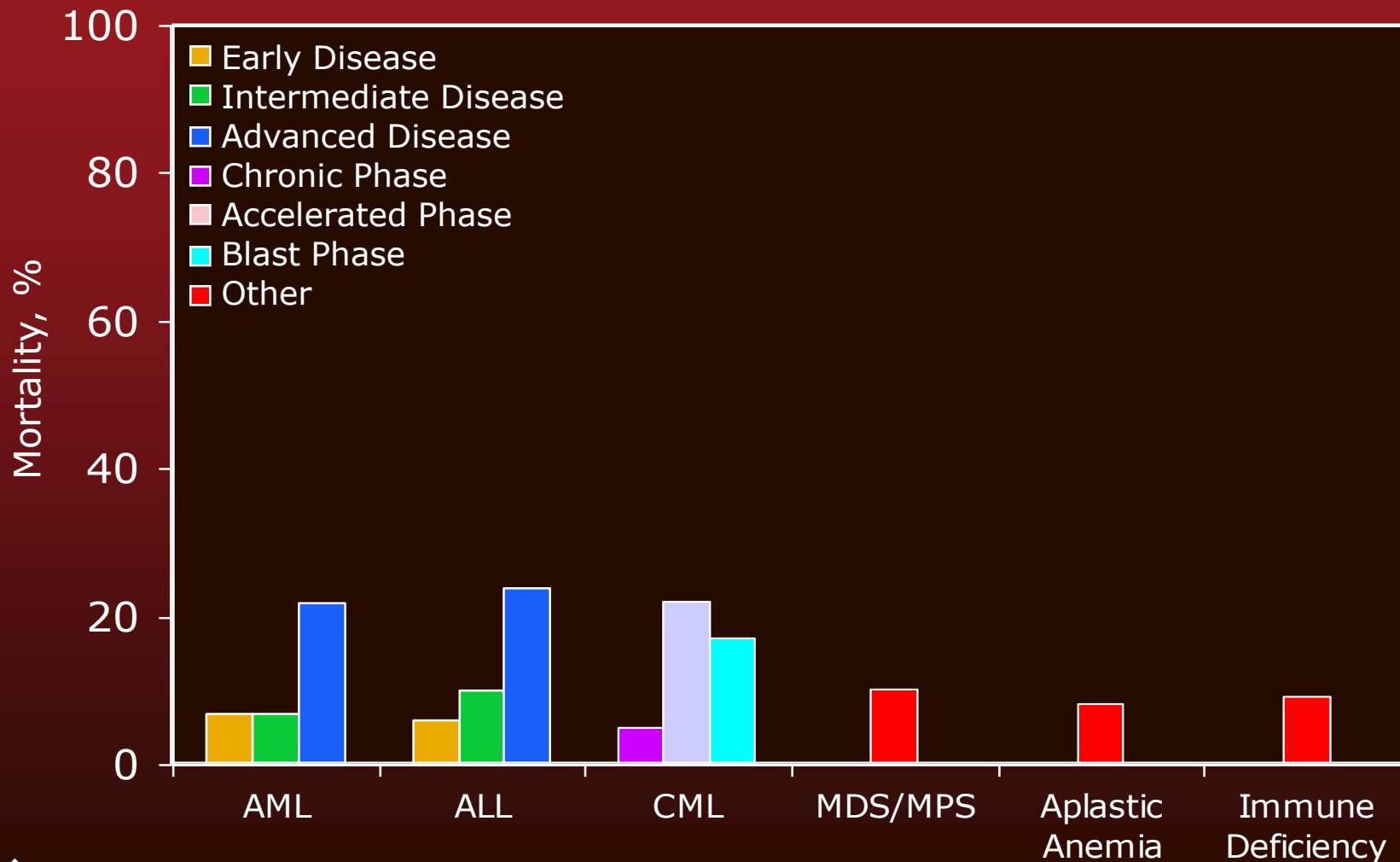


How to develop a Transplant program

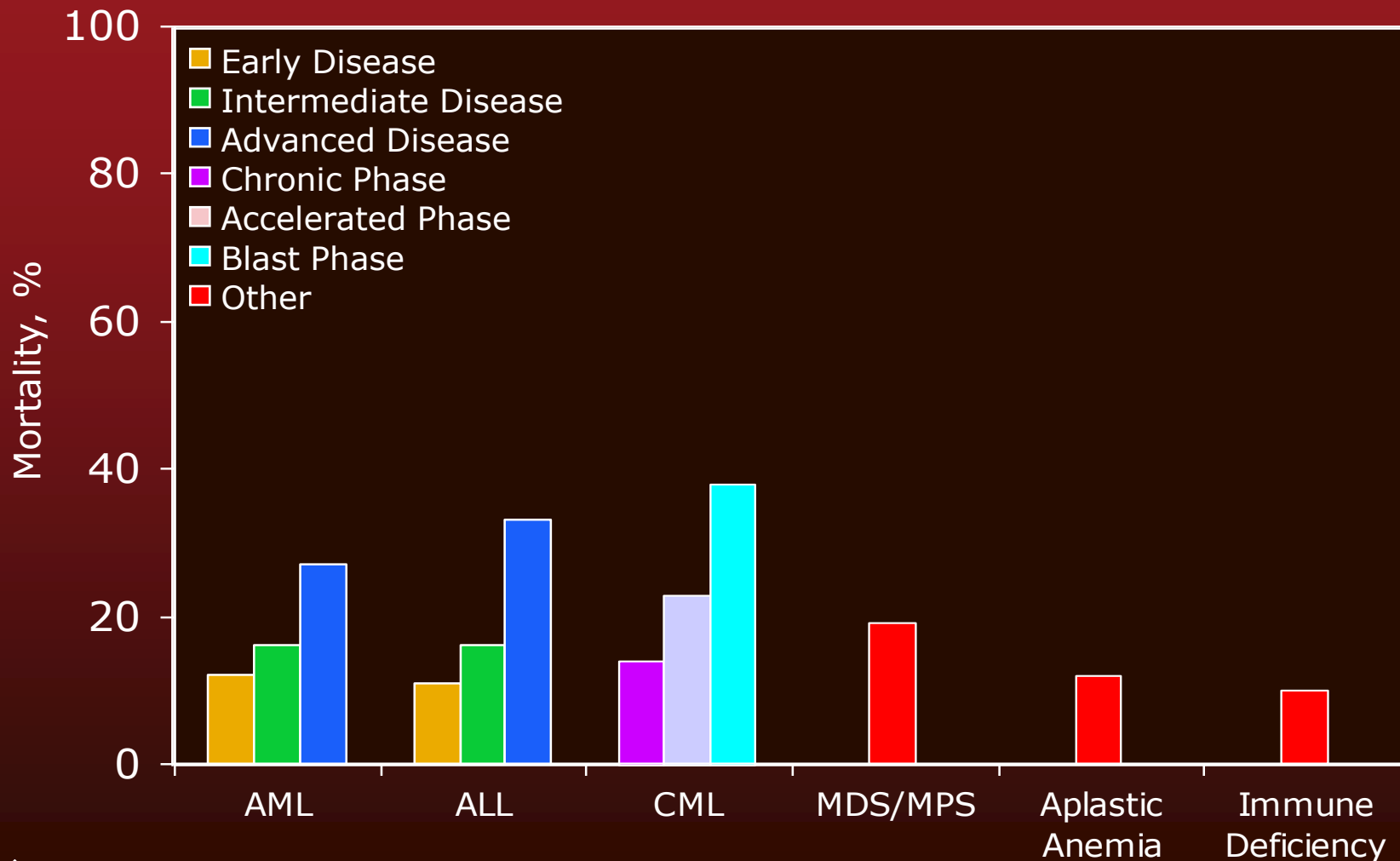
Which patients are best to choose when you are starting?

Or you have a small program

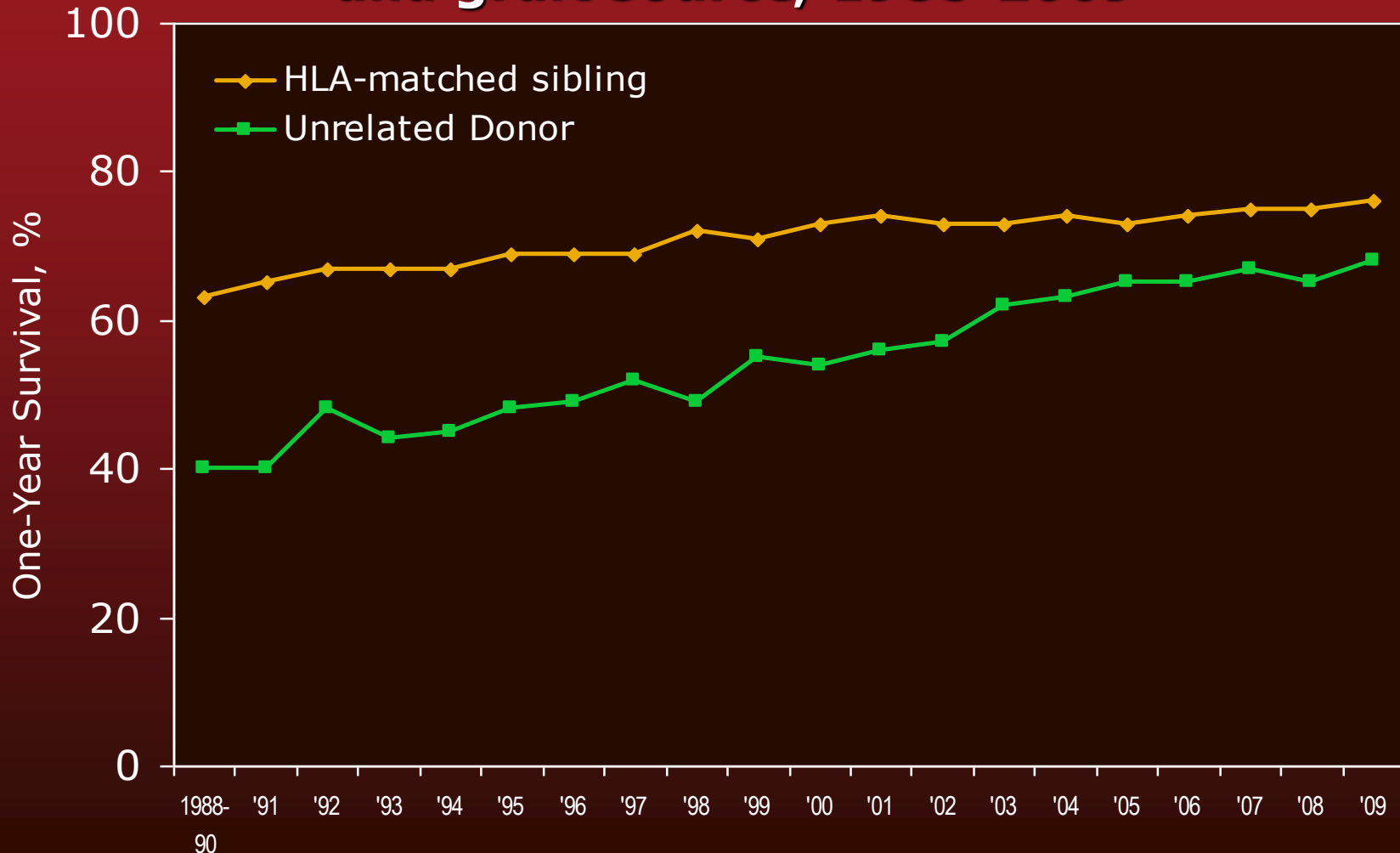
100-day Mortality after HLA-identical Sibling Transplants, 2008-2009



100-day Mortality after Unrelated Donor Transplants, 2008-2009



One-year survival after myeloablative conditioning for acute leukemias in any remission phase, CML or MDS, age <50 years, by year of transplant and graft source, 1988-2009



Getting Started

- What are the advantages of starting the program with autologous HCT?

Getting Started

- What are the advantages of starting the program with autologous HCT?
 - Troubleshoot program components without dealing with most complex immunologic issues
 - Pharmacy support
 - Apheresis and cell processing lab
 - Nursing support
 - Infection control
 - Laboratory support

Getting Started

- What are the advantages and disadvantages of starting the program with allogeneic HCT

What are the advantages and disadvantages of starting the program with allogeneic HCT

- Greater pool of potential allogeneic recipients
- Troubleshoot all program components during the same period of time
- Greater risk of early poor outcomes due to “infrastructure”
- Loss of confidence of stakeholders
 - Referring MDs, hospital, local authorities

Getting Started

- How should the program evaluate the needs of the population when considering the initial strategy?

Getting Started

- How should the program evaluate the needs of the population when considering the initial strategy?
 - What is the impact of the transplant center upon health in the region?
 - Will the impact differ if either autologous or allogeneic HCT are not part of the portfolio
 - Is regional reputation, based upon outcomes, an important factor of success and sustainability?

Getting Started

- What consideration should be given to transplant candidate selection in the program's first few years?

Getting Started

- What consideration should be given to transplant candidate selection in the program's first few years?
 - Which diseases and disease status to focus upon?
 - Those with best opportunity for cure?
 - Those with limited alternative treatments?
 - How to consider recipient risk and comorbidities
 - What about distance?

Getting Started

- Does all follow-up of the HCT recipients need to occur at the Transplant center?

Getting Started

- Does all follow-up of the HCT recipients need to occur at the Transplant center?
 - After care and support affect the outcomes
 - Should the availability of good post HCT care affect patient selection?
- And, if follow-up of the HCT recipients has to occur at the Transplant center, for how long?

Getting Started

- Should a center establish cross-center collaboration within a region to capitalize on expertise and efficiencies?