



The Eastern Mediterranean Blood and Marrow Transplantation Group (EMBMT)

Meeting Name: [EMBMT GROUP MEETING](#)

Date: [04 Rabi Al-Thani 1430 \(31 March 2009\)](#)

MEETING MINUTES

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Participants:		Meeting time/place	
<p>Present:</p> <p>Dr. Hassan El-Solh (Presiding Chairman) Dr. Ardeshir Ghavamzadeh Dr. Abdelkefi Abderrahman Dr. Omar A. Fahmy Dr. Said Yousuf Dr. Saleh Al-Muhsen Dr. Abdullah Al-Jefri Dr. Ali Al Ahmari Dr. Mahmoud Aljurf Ms. Reggie Belkhedim Dr. Abdulaziz Al AbdulAaly Dr. Ali Bazarbachi Dr. Hanooli Rafii El Ayoubi</p>	<p>Dr. Kamal Al-Aboudi Dr. David Dennison Dr. Mohamed Jurrar Dr. Abdellah Madani Dr. Mohamed Rachid Dr. Mohamed Laabid Dr. Ayad Ahmed Hussein Dr. Syed Osman Ahmed Dr. Moosa Patel Dr. Amir Ali Hamidieh Dr. Fawzi Abdel-Rahman Dr. Lakhai Amel Dr. Lamia Torjemane Dr. Fazal Hussain</p>	<p>Convened:</p> <p>Adjourned:</p> <p>Venue:</p>	<p>6:00 p.m.</p> <p>9:00 p.m.</p> <p>Gothia Towers Hotel, Room #21, Goteborg, Sweden</p>

TOPIC	DISCUSSION	RECOMMENDATION/ ACTION
1. Call To Order	Dr Hassan ElSolh called the meeting to order at 6:00 p.m.	
2. Approval of Previous Minutes	<p>Dr. H. El-Solh provided an overview of the structure of the group as approved in the last meeting. Dr. A. Ghavamzadeh introduced himself followed by Dr. M. Aljurf, Dr. F. Hussain and other members present.</p> <p>Minutes of the previous meeting held on 17 Dhu Al-Qada 1429 (15 November 2008) in Dubai was approved with the following clarifications:</p> <p>A. Eligibility of participating member: On page 4 of the meeting minutes: Full time members : ≥ 10 cases/year and commit for reporting of data. Associate : ≥ 5 cases/year Separate category for not representing a particular country: ≤ 5 cases/year</p> <p>B. Representation of countries on the Board of Directors</p>	Minutes approved with clarification.



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	<p>On page 7 of the meeting minutes regarding representation of countries on Board of Directors. It was established that countries with less than 100 transplants per year will have 1 representative. Countries with more than 100 transplants per year will have two. Maximum of 2 representatives from each country will be allowed regardless of highest number of cases. Dr. M. Al-Jurf stated that this will be subject for adjustment and will be discussed on every meeting. Dr. H. El-Solh added that it is dynamic, and subject to adjustment. Dr. S. Yusuf commented that the pyramid of the membership will increase. The group should be all inclusive. Hospitals working in underprivileged areas should be included.</p>	
<p>3. Welcome / Announcements</p>	<p>Dr. H. El-Solh welcomed the members to the second meeting of the EMBMT Group. He announced that the meeting will be followed by dinner at Incontro Restaurant right next to Gothia Towers Hotel. Members who cannot attend the meeting can send a representative. M. Dr. Aljurf added that one member from each country should attend to provide continuity.</p> <p>Dr. El-Solh added that they would like to involve all players in the region. Spirit is all inclusive and would welcome any suggestion and modifications. He informed that decision making process is open and the meeting is interactive.</p> <p>Dr. El-Solh announced that the group has been invited to the Worldwide Network for Blood and Marrow Transplantation (WBMT) group. Dr. A. Ghavamzadeh and Dr. Aljurf will be there. They will bring issues back to you. He thanked Novartis for their generous support.</p>	<p>For information</p> <p>For information.</p>
<p>4. Old Business 4.1 Organizational Structure</p>	<p>As discussed in the previous meeting regarding organizational structure, Dr. H. El-Solh noted that in other organizations, there is no General Secretary. There was a motion to change the title General Secretary to Vice Chairman. The Members agreed changing the name to Vice Chairman.</p> <p>Iran representative is confirmed by Dr. A, Ghavamzadeh. All other country representatives have confirmed. Dr. Ghavamzadeh inquired if there are any other countries who intend to serve the Board of Directors.</p> <p>On the issue raised by Dr. A. Bazarbachi regarding Algeria representation, Dr. Aljurf replied that it is based on WHO EMRO region representation. He added that it may open for other countries out of EMRO region. Dr. H. El-Solh queried if it is going to be based upon WHO geographic distribution or not? Dr. A. Bazarbachi said NCCN has come up with MENA region.</p> <p>Dr. A. Ghavamzadeh, suggested to be practical and encourage other BMT centers/countries to join.</p> <p>Dr. El-Solh said we do not have higher obligations. Dr. A. Hamidieh recommended changing the name to Middle East African Blood and Marrow Transplantation Group (MEABMT). Dr. El-Solh stated that he prefers to</p>	<p>Agreed to change the title of General Secretary to Vice Chairman.</p> <p>Algeria and Turkey will be invited to be a part of the group.</p>



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<p>4.2 Nursing Participation</p>	<p>keep the name of the group as it is. Invitation will be extended to Algeria and Turkey and if they expressed interest to join, then that will be the time to consider changing the name. Issue of Algeria is important if group is not here, it is by their choice. Dr. Bazarbachi said keep it open, if center would like to joint they should be welcome. He informed the group that Libya just started BMT program.</p> <p>Preparation is in process. Ms. R. Belkhedim is working closely with the regional nurses and nursing program will be included in the agenda for the next meeting. Eventually, they will include other health care professionals involved in HSCT.</p>	<p>Noted.</p>
<p>5. New Business</p> <p>5.1 Working Committees distribution and chairpersons</p>	<p>The number of working committees may change in the future. Dr. A. Al-Ahmari suggested lumping adult and pediatrics Bone Marrow Failure Disorders Committee because it will be hard to find member in separate committee. Dr. M. Al-Jurf replied that IBMTR has separate adult and pediatric committees. Dr. F. Abdel-Rahman stated that it is not very practical. Dr. A. Bazarbachi suggested that since most of the members are attending major HSCT meetings. He suggested for the heads of these working committee to find out from their members who are on the same meeting so they can organize their respective working committee at the same time to save travel time and resources. Related to this Dr. M. Al-Jurf also suggested exploring possibility of holding a teleconference to save travel time.</p> <p>On the other hand, Dr. M. Al-Jurf inquired how many members should be on each committee. Secondly, he raised the issue of clear guidelines for these committees. If there are by-laws/guidelines, these by-laws should make these committees more effective and productive.</p> <p>Dr. H. El-Solh replied that with regard to committee membership, it cannot be open ended. There should be one Chair and 3-5 members. Dr. Al-Ahmari suggested that membership should be based on interest and area of expertise and not country driven. With regard to the term of the committee, Dr. El-Solh said that term of each committee would be two (2) years. He is open for discussion for research guidelines.</p> <p>It was unanimously approved that each committee should be composed of 1 Chairman and 4 members and the term of appointment will be for three (3) years renewable once.</p> <p>Dr. O. Fahmy asked how chairmanship of the committee will be decided and if there is a limit for chairmanship. Dr. El-Solh responded that Chair of the committee will be decided by the respective committee. Additional members will be decided by the Scientific Chair. He requested the members to provide a list of HSCT centers in each country. He said that EMBMT will assign a three-digit number for each centers.</p> <p>Discussion ensued about Survey studies and the members suggested that this may be helpful. Additional ideas about isolation techniques, expertise in health care cost and resources related survey were also raised.</p>	<p>Noted.</p> <p>For information.</p> <p>Approved to have 1 Chairman and 4 members for a three 3-year term.</p>



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	<p>A motion was raised about translational research and it was seconded by Dr. A. Bazarbachi. Dr. M. Al-Jurf suggested starting with this and discussing this further in six (6) months time during next meeting . Dr. El-Solh proposed to start with Bone Marrow Failure as one group with internal subdivisions. Other suggestions raised are the following:</p> <ul style="list-style-type: none"> - quality and standards committee - nursing committee - survey studies - translational research <p>Dr. Al-Jurf suggested looking into other groups for evaluation and discussion at the next meeting. Dr. H. El-Solh advised not to make decision for countries like Pakistan, who are not present. He added that Members of the Board of Directors will not chair any working committee but they can be a member.</p> <p>The following are the list of working committees and proposed Chair:</p> <ol style="list-style-type: none"> 1. Hemoglobinopathies: Cellular therapy for B-Thalassemia, Sickle Cell Anemia and other hemoglobin disorders. Proposed Chair: Iran 2. Plasma Cell Disorders: Cellular therapy for multiple myeloma and other plasma cell disorders. Proposed Chair: Tunisia 3. Lymphoma: Cellular therapy for Hodgkin's and non-Hodgkin's lymphoma. Proposed Chair: Lebanon 4. Pediatric Cancer: Cellular therapy for childhood malignancies and other issues related to use of cellular therapy in children. Proposed Chair: Jordan 5. Bone marrow failure disorders: Cellular therapy for congenital and acquired bone marrow failure disorders in adult and pediatric age group. Proposed Chair: Saudi Arabia 6. Acute Leukemia: Cellular therapy for acute leukemias, preleukemia and myelodysplastic disorders. Proposed Chair: Egypt 7. Alternate Donor Transplantation, Histocompatibility, Donor health: Proposed Chair: Iran 	<p>Noted.</p> <p>For information.</p> <p>For information.</p>
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<p>5.2 Status of Publication in progress</p>	<p>8. Immune Deficiencies/Inborn Errors: Cellular therapy for congenital and acquired immune deficiencies and inborn errors of metabolism. Proposed Chair: Oman</p> <p>9. Chronic Leukemia: Cellular therapy for chronic leukemias and myeloproliferative disorders. Proposed Chair: Egypt</p> <p>10. Infection/Immune Reconstitution: Prevention and treatment of post-transplant infections and issues related to recovery of immune function. Proposed Chair: Morocco</p> <p>11. HSCT/Graft vs. Host Disease and transplantation related toxicity: Preparative regimens, prevention and treatment of early non-GVHD toxicities, acute and chronic GVHD. Proposed Chair: Iran</p> <p>12. Late effects, supportive care and Quality of Life: Issues related to long term survivors of cellular therapy, including clinical and psychological effects of transplantation and HSCT supportive care. Proposed Chair: Saudi Arabia</p> <p>Dr. M. Al-Jurf gave a presentation regarding EMBMT Group publications and an update on the progress of on-going publications.</p> <p>Dr. H. El-Solh commended the group for the outstanding achievements for the past four (4) months and the credit should be given to everyone. He added that efforts for more studies will bring more visibility and recognition in the international arena.</p> <p>Dr Aljurf informed the members about attending a BMT Symposium in Cape Town where he presented EMBMT activities, publications and progress. He also mentioned that the EMBMT Registry form is currently under review.</p> <p>Regarding survey projects, Dr. Al-Jurf shared that survey is basically a questionnaire that will take about 30 minutes or so or can be done within a short period of time. There are 17 programs that are registered at this time. He suggested looking at the UN Data (UN World Bank), population density, HDI, level of educations. The project can be partnered with Stefani Lee and other experts in this field.</p> <p>Dr. M. Al-Jurf went over retrospective analysis briefly and outlines the plans for future</p> <p>Dr. A. Bazarbachi questioned the possibility of funding, Dr. Al-Jurf replied as affirmative.</p>	<p>For information.</p>
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	<p>Dr. A. Bazabachi raised the issue that more studies are supported by statistician in EBMT, etc. and are also financially supported. Dr. Al-Jurf responded that we already have Gulf Oncology Research Group (GORG) set up and will have similar arrangement for EMBMT.</p> <p>Dr. H. El-Solh noted that support staff, support office, and space allocation are needed by the Group. For the time being, he mentioned that KFSH&RC can provide statistical support until there is an open line for statistician. In the future, there will be direct support.</p> <p>Dr. H. El-Solh and Dr. M. Al-Jurf thanked Novartis Oncology for their unconditional support and commitment. Novartis is the cornerstone behind this project.</p> <p>There will be additional source of funding, corporate funding.</p> <p>Dr. H. El-Solh stated that any one can submit a proposal. The mechanism is as follows:</p> <ol style="list-style-type: none"> 1. Proposal goes to the Chairman of the working committee. 2. Then to the Scientific Director. <p>Funding and CRF related issues will be discussed. The Board of Directors will deal with the administration.</p> <p>Dr. M. Al-Jurf said that there are authorship guidelines that need to be reviewed. Dr. Ghavamzadeh stated that whoever initiated the study will be the first author. Co-Authorship will be decided based upon the number of cases from each country. In general, authorship should be dealt at the committee level. Should there be conflicts, the Board of Directors will decide. Authorship guidelines should be clarified.</p> <p>Dr. Al-Jurf reviewed all the possible special opportunities for research by the Group enumerated as follows:</p> <p>I - Retrospective analyses:</p> <ul style="list-style-type: none"> • HSCT for Beta Thalassemia • HSCT for Sickle Cell Anemia • Acute Myeloid Leukemia with t(8;21) • Tuberculosis in HSCT • HCV in HSCT • Schistosomiasis in HSCT • Fanconi Anemia • Other rare congenital bone marrow failure syndromes • Acquired Severe Plastic Anemia 	<p>Support for statistician can be provided by KFSH&RC for the time being.</p> <p>For information.</p> <p>Noted.</p>
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<p>5.3 Logo</p>	<ul style="list-style-type: none"> • HLA Phenotype Clustering • HSCT for severe immunodeficiency <p>II – Prospective research opportunities:</p> <ul style="list-style-type: none"> • Multi center Studies - Supported by pharmaceutical industry • Pharmacogenomics • GVHD related research <p>Dr. Yusuf suggested that two things are most important: publications and assigning statistical support.</p> <p>Dr. A. Bazarbachi asked about TED/MED A Form submission. Dr. El-Solh said there will be no duplication of forms.</p> <p>Dr. A. Hamidieh pointed out that there is a major Bone Marrow Transplant Center called Tallaghani Hospital in Iran chaired by Dr. Hajfatali. Private hospitals should not be included because of no quality control.</p> <p>Dr. D. Dennison has designed the logo and will be taken to graphic designer. The name, contact numbers, maps will be corrected and emails to the members for their feedback. Time frame to finish the logo is within four (4) weeks.</p>	<p>Noted.</p>
<p>6. Other Business</p>	<p>Cord Blood Bank</p> <p>Dr. A. Bazarbachi stated that it may be difficult to set-up a Cord Blood Bank to this Group. The idea is not to make money but to self sustain. Dr. El-Solh said we would look into histocompatibility and donor issues and start working on it. He added that that KFSH&RC has Cord Blood Bank; units will be available for use in other regional centers. Furthermore, he mentioned that the group should not support commercial Cord Blood Banks for quality reasons.</p>	<p>For information only.</p>



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	<p>Dr. El-solh said that Cord Blood Bank in large centers will be quick solutions. Linked, accessible to all centers</p> <p>As far as MUD, he asked how many are needed. Probability of getting a donor is much higher in our region than in the US. It requires massive amount of money. He mentioned that if this cannot be supported by each country, it will not work.</p> <p>Dr. Dennison informed that they have Cord Blood bank and needs to be linked.</p> <p>MUD – it is much cheaper to outsource to alternative donor registry. It is much easier to get it done by outsourcing. If donors are recruited, the cost will come down significantly.</p> <p>Dr. Al-Jurf said that it is very costly, Cord Blood Bank alternatives, should target 15000 cord blood units in the region., quality of the cord blood bank is very important</p> <p>Alternate Donor Registry - Dr. Al-Jurf said it is very hard to do. If Saudi Arabia or Iran can do it, it and it will help every center in the region.</p> <p>To establish Alternate Donor Registry the following factors need to be considered:</p> <ul style="list-style-type: none"> - government/politics - each within in their own country - 100,000 potential donors in the region will give high probability of finding a match - It will take 4-5 years to take off - Working committee should prepare proposal and put it for discussion and approval. <p>Dr. O. Fahmy said we should take advantage of ethnic similarity.</p>	
<p>7. Next Meeting</p>	<p>Business meeting in Amman, Jordan in six months followed by Scientific Meeting in Cairo, Egypt in November 2010.</p>	
<p>8. Adjournment</p>	<p>The meeting was adjourned at 9:00 p.m.</p>	



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Treasurer, EMBMT

Approved: _____

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