



**BONE MARROW TRANSPLANT SCIENTIST'S
ASSOCIATION OF AUSTRALASIA**

Annual Scientific Meeting

15 - 16 July 1998

**Sydney Convention and Exhibition Centre, Darling
Harbour**

Program

15 July 1998

8.00 - 9.00 A breakfast session prior to the beginning of proceedings. To get the tongues loosened up for the day, and do some networking before the meeting begins.

9.00 - 10.00 "Regulation of Haemopoietic Stem and Progenitor Cell Products"
Dr Mark Weinstein

10.00 - 10.30 Open Forum

10.30 - 11.00 Morning Tea

11.00- 12.00 Proffered Papers

12.00 - 1.00 HSA Education Session
"Bone Marrow Transplantation in Hodgkins Disease"
Dr Volker Diehl
"Autografting in NHL"
Dr John Gribben

1.00 - 2.00 Lunch

2.00 - 3.00 "CD 34 Biology and the Development of the ISHAGE Guidelines for CD34+ Enumeration"
Dr Robert Sutherland

3.00 - 3.30 Open Forum

3.30 - 4.00 Afternoon Tea

4.00 - 5.15 AMRAD Investigator Award Symposium

16 July 1998

11.00 - 12.00 Annual General Meeting

2.00 - 2.30 AMGEN Australia BMTSAA Travel Grant Recipient's Report
Pamela Dyson

***Presentation of the 1998 AMGEN
Australia BMTSAA Travel Grant***

2.30 - 3.30 "Transplantation of Ex Vivo Expanded Cord Blood Cells in Leukaemia Patients"
Dr Ian McNiece

3.30 - 4.00 Afternoon Tea

4.00 - 5.00 Proffered Papers / Open Forum

5.0 *Presentation of 1998 AMRAD Investigator Award*

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IMPORTANT NOTICE FROM THE SECRETARY

There will be a temporary alteration to the contact numbers for **The Secretary** effective from Friday 13th February. For enquires:-

Telephone **08 9310 7006**

Fax **08 9310 7001**



Editorial

All members would have been circulated with the program of our next annual meeting, the minutes of the last AGM. and call for abstracts. Except for the call for abstracts this has been repeated in the newsletter for the benefit of members.

In last newsletter, I neglected to print Pam Dyson's successful application for the AMGEN Australia Travel Grant that was awarded in Auckland last year. AMGEN again this year have supported this grant so please consider the enclosure with this newsletter.

Please note the other enclosure, Dianne Tucker asked that the TGA workshop receive an extra 'plug'.

Please note this years meeting has another award under the name of AMRAD Investigator Award Symposium. It is good to see the encouragement we as a body are receiving from scientific supply originations.

You will notice submission from Simon Bol on the adventures of a bone marrow courier. Could I suggest we have more stories like this from our ranks and associates that may get the see the world this way.

Maybe as a regular column with a chatty phrase? Suggestions please?

David Ford



MINUTES OF THE ANNUAL GENERAL MEETING OF THE BONE MARROW TRANSPLANT SCIENTISTS ASSOCIATION OF AUSTRALASIA HELD ON SUNDAY 12TH OCTOBER 1997 AT THE AOTEA CENTRE, AUCKLAND, NEW ZEALAND AT 8.30 AM .

1. WELCOME TO MEMBERS

The president, Dianne Tucker welcomed members to the Annual General Meeting of The Bone Marrow Transplant Scientists Association of Australasia.

2. PRESENT

Lisa Barrow, Simon Bol, Annabella Chang, Christine Culverhouse, David Ford, Andrew Fryga, Mark Glover, Peter Hobson, John Ivey, Kylie James, Geraldine Jones, Kerrie Jones, Natalie Kotlovsky, Gail Lazzaro, Nancy Messino, Jan Nelson, Ian Nivison-Smith, Noor Parker, Humphrey Pullon, Beth Rees, Alison Rice, Helen Tao, Mary-Ann Thomson, Dianne Tucker, Dominic Wall, Caryll Waugh.

3. APOLOGIES

Sue Carnoutsos, Pam Dyson, Michael Lees, Midge Quinn, Rosanna Picciuto, Robyn Rodwell.

4. REGISTRATION OF PROXIES

Peter Chapple	appointed by Midge Quinn
Jan Nelson	appointed by Sue Carnoutsos
Dianne Tucker	appointed by Robyn Rodwell

5. CONFIRMATION OF THE MINUTES OF THE ANNUAL GENERAL MEETING OF THE BONE MARROW TRANSPLANT SCIENTISTS ASSOCIATION OF AUSTRALASIA HELD ON SUNDAY 13TH OCTOBER 1996 AT THE ADELAIDE CONVENTION CENTRE, ADELAIDE.

Caryll Waugh moved that the members accept the minutes as being true and correct. Seconded by Nancy Messino. Carried.

6. PRESIDENT'S REPORT

Dianne Tucker presented her report for 1996/1997.

My first year as President of the BMTSAA has been a very interesting and fruitful year both professionally and personally. I have to admit that I was somewhat unaware of the duties and responsibilities in running an association such as this, and when I accepted the nomination for President, I was looking forward to a challenge - a challenge is certainly what I got.

I am indebted to my fellow committee members who have guided me through my very steep learning curve, and particularly Gail Lazzaro and Nancy Messino, who continually helped me and gave me the benefit of their previous experience on executive.

It is not until you are actually involved yourself, that you realise exactly how much time is committed by people in developing our organisation - a commodity that is so precious to us these days. I would personally like to thank Gail Lazzaro, Nancy Messino, David Ford and the members of the council, Annette Trickett, Midge Quinn, Sue Carnoutsos, Mark Shepherd and Gary Ablett for their commitment to the BMTSAA.

During the year we unfortunately lost the membership of a very dedicated person and a close friend. Mark Shepherd was offered and took a redundancy package from the Queen Elizabeth Hospital in Adelaide. Mark was a foundation member of The Association and was instrumental in putting together the constitution under which we now operate. He was also instrumental in establishing guidelines (in association with the RCPA) for stem cell processing. I hope however, that we have not lost contact with Mark altogether, and we may see him in a different capacity in the future.

The newsletter is looking more professional as The Association develops and the printing and distribution now

being handled by CSL is very successful. Thanks to David Ford for his excellent editorial duties, a job that I know from experience can be frustrating and time consuming.

This meeting hosted by Auckland would not have been possible without the help from the New Zealand members, and in particular, Jan Nelson and Sue Carnoutsos. I am sorry that Sue can't be here today to enjoy the fruits of her labour, but I am sure you will agree that it is a very successful meeting so far. Jan has been heavily involved in the organisation of the scientific program, and organised dinner last night. Jan, it was an excellent meal and venue, thank you very much.

As a result of the logo competition announced at the Annual meeting in Adelaide last year, we have now produced our own identity as a professional organisation, with our own letter head and accessory stationary. It is hoped that this will help lift the profile of our organisation and make us a recognisable entity. In addition, we have launched ourselves head on into the 21st century and have our own home page on the world wide web. This is still in its infancy but we can create links with other associations worldwide.

In closing, I would like to thank the membership of the organisation (which is steadily growing), and welcome all new members. I look forward to an equally prosperous year next year. See you all in Sydney.

Dianne Tucker.

7. TREASURER'S REPORT

Nancy Messino presented the financial report for 1996/1997.

The Treasurer announced that copies of the report were available to all members on request. The report was scheduled for publication in the December 1997 edition of the Bone Marrow Transplant Scientists Association Newsletter.

8. MEMBERSHIP COMMITTEE REPORT

Gail Lazzaro presented the report on behalf of the Chairman of the Membership Committee, Pam Dyson. The recommendations of the membership committee which had been approved by council were read.

9. RATIFICATION OF NEW MEMBERS

The Secretary proposed that all new members be ratified collectively. There were no objections.

The following applicants were ratified as members of the Bone Marrow Transplant Scientists Association of Australasia.

Scientific Members

Kerry Carlton
Lisa Fava
Kerrie Jones

Joy Monteath
Peter Chapple

Associate Members

Peter Hobson
Francesca Rodriguez
Kylie James
Nicole Wiggins
Lanny Ramadi
Catherine Simpson
Andrew McCutchen
Andrea Cook
Andrew Fryga

Sustaining Members

Derek Brown

Honorary Membership

Mark Shepherd

10. BUSINESS ARISING FROM PREVIOUS MINUTES

Guidelines

Simon Bol enquired about the current status of the Guidelines for the Collection, Processing and Storage of Haemopoietic Stem and Progenitor Cells. Dianne Tucker advised that there had been no further advice with respect to these guidelines. With the retirement of Mark Shepherd, council would seek to communicate with the Royal College of Pathologists of Australasia to determine the outcome.

11. ELECTION OF COUNCILLORS

A postal ballot had been completed on 6th October 1997 for the election of six vacant council positions. Current financial scientific members were eligible to participate in the postal ballot. The President Dianne Tucker announced the elected general councillors for 1997 - 1998.

Sue Carnoutsos
Rosanna Picciuto
Midge Quinn
Beth Rees
Robyn Rodwell
Annette Trickett

The Council of The Bone Marrow Transplant Scientists Association of Australasia

Dianne Tucker	President
David Ford	Vice President
Gail Lazzaro	Secretary
Nancy Messino	Treasurer
David Ford	Editor
Sue Carnoutsos	Councillors
Rosanna Picciuto	
Midge Quinn	
Beth Rees	

Robyn Rodwell
Annette Trickett

12. APPOINTMENT OF AUDITOR

The Treasurer proposed that K. R. Evans and Associates be appointed as Auditor for the 1997/1998 financial year. Seconded Gail Lazzaro. Carried.

13. COMMITTEE APPOINTMENTS

The President announced the organising committee for the 1998 ASM in Sydney:-

David Ford (Chairman)
Annette Trickett
Dianne Tucker
Gail Lazzaro
Nancy Messino

14. GENERAL BUSINESS

(a) 1998 Annual Scientific Meeting, Sydney, New South Wales.

David Ford announced that the 1998 ASM would be conducted at the Sydney Convention and Exhibition Centre in Darling Harbour from 15th to 16th July. He advised that the Therapeutic Goods Administration would be organising a satellite symposium on Tuesday 14th July relating to the regulation of the blood industry and that some topics may be of particular interest to BMTSAA members. David extended a warm welcome to all to attend the Sydney meeting.

(b) BMTSAA Meeting 1999

Gail Lazzaro advised that The Association had been invited by the Haematology Society of Australia to conduct its 1999 meeting in Hobart from 17th to 20th October. Gail Lazzaro advised the members that the ASBT meeting for that year would not be held in association with HSA but would run "back to back" in Melbourne. Comments were sought. There was no objection to The Association holding its ASM in Hobart provided financial arrangements were acceptable.

(c) AMRAD Investigator Award

Dianne Tucker announced that the AMRAD Pharmaceutical's Investigator Award would be officially launched at the close of the 1997 meeting.

(d) Affiliations with ISHAGE

A closer relationship with The International Society of Hematotherapy and Graft Engineering had been formed in 1997 through the invitations to David Ford and Gail Lazzaro to sit on the Communications and Membership Services Committee and the Membership Committee respectively. David Ford invited members to take the printed material made available relating to ISHAGE, its membership application and forthcoming meetings.

(e) AFCG Guidelines

Jan Nelson asked about the AFCG guidelines and in particular guidelines relating to CD34+ cell enumeration. Simon Bol advised that the guidelines were available, the CD34 section was still in draft form, and that these could be distributed to interested BMTSAA members. He called for closer cooperation between the two organisations and advised that the coordinators of the guidelines were Noor Parker, Peter Hobson and Greg Ryson. It was suggested that the Secretary write to Mr Jeff Osborn to seek BMTSAA representation in finalising the CD34+ cell enumeration guidelines.

(f) Life Membership

Humphrey Pullon paid tribute to Mark Shepherd and his outstanding contributions to The Association and raised the subject of life membership for his service. The Secretary advised that while Life Membership was not provided for in the Constitution, Honorary Membership had been bestowed upon Mark in recognition of his service.

(g) Registration Costs and Scheduling of the ASM

Beth Rees enquired about the possibility of avoiding conflicts of members' interests by scheduling the Annual Scientific Meeting at a time other than Education Day and also questioned the disparity between registration costs of the BMTSAA and the AFCG.

The Secretary advised that the fees associated with the hire of the conference facilities outside the time frame for the main meeting were too great for the BMTSAA given the size of its membership and the inability to predict income through registration fees. The option of using an alternative venue for the Sydney meeting had been explored but rejected based on the high costs involved. The Secretary advised that the program for Education Day varied from year to year and in some instances held no strong interest for members. Where there were sessions of potential interest, every effort was made to schedule the program around these as was the case for the Auckland meeting.

The Secretary pointed out that registration costs for the BMTSAA ASM included not only the hire of the venue but also the professional services of the conference company, catering, hire of equipment and all associated printing and administrative costs including the processing and publication of abstracts.

There being no further business the meeting closed at 9.15 am.

Gail Lazzaro
Secretary

Dianne Tucker
President



The Grape Vine

In the Christmas newsletter you would have noted the range of temperatures data loggers were noted to be as low as -102 °C. Please note the Melbourne group are using loggers to much colder temperatures for the monitoring of dry shippers. One needs to contact Dianne Tucker for further details.



Gail and Tony Lazzaro are the proud parents of a bouncing baby boy, Benjamin Michael born on the 5th March. Mother, Father and Baby doing well. Congratulations Gail, form all!



THANK YOU

Dear Editor,

I would like to thank the members of the BMTSAA for all their congratulations, good wishes, and for sharing the joy of the birth of our baby Benjamin Michael. We appreciate the very special welcome given to our little boy.

With the kindest regards
from
Gail and Tony Lazzaro

Benjamin Michael Lazzaro
Born on 5th March 1998 at 8.16 am
weight: 6lb 15 oz
length: 48cm



Guidelines prepared by the RCPA by the College's Haematology Discipline Advisory Committee chaired by Bik To have been approved by the College's Executive Committee and passed on the N.A.T.A.

This document is also to be the framework document for a submission to the Commonwealth Dep. of Health and Family Services by the National Pathology Accreditation Advisory Committee "Haemopoietic Stem Cells Sub-Committee". This committee is chaired by Dr. Michael Pitcock, Canberra. Simon Bol/Dianne Tucker and David Ford are representatives from your group.

Off the Web

After registration, there is a link to over 155,000 American and Canadian companies are found in Thomas register..

["http://www.thomasregister.com/"](http://www.thomasregister.com/)

An interesting page on cord blood with some good links is ["http://www.medscape.com/CPG/ClinReviews/1998/v08.n02/c0802.02.chan/c0802.02.chan.html"](http://www.medscape.com/CPG/ClinReviews/1998/v08.n02/c0802.02.chan/c0802.02.chan.html)

Come on web surfers how about some interesting links to work related pages.



Dry shipper transport woes of a cord blood courier.

The preparation.

Early November last year, a frozen Cord Blood unit had to be collected from Milan, Italy, for one of our transplant patients. Since we are operating a Cord Blood Bank at the Royal Children's Hospital, this was a good opportunity to visit the bank in Milan and since the cord blood was frozen and the time schedule was more flexible, I could include another visit to the bank at the Red Cross Blood Bank in Amsterdam. The booking of the trip went smoothly. Although the cord blood transplant was not directly their responsibility, the ABMDR was very helpful with organisational issues and advice that they normally supply for the bone marrow transports.

The journey.

The itinerary was as follows: Melbourne - London - Amsterdam - 3 days stay - Amsterdam - London - Milan - 2 days stay - Milan - London - Melbourne. All flights booked on British Airways. It was organised that the dry shipper could be taken on board in the passenger cabin, and that, if space allowed, an empty seat would be reserved next to me. This all seemed fine, but as will become clear from my story, the actual contents and dimensions of a dry shipper does not always register with airline service staff at various airports.

Melbourne - London

The departure from Melbourne was a breeze. I was met by the British Airways duty manager, got priority check in and full escort through emigration and security check. At boarding, the dry shipper could be stored in one of the coat cupboards and there were no hassles at all getting off in London.

London - Amsterdam

At Heathrow Airport I inquired whether I could store the dry shipper in a safe place, but was unsuccessful, and I decided that it would be a good trial run to take the dry shipper on my side trip to A'dam. Since I was booked through to A'dam and had my boarding pass, I went straight to the gate and not via the check in desk. There is where the first hick up occurred. "The dry shipper was too big, couldn't possibly go on board, leave it to us, it will be stored in the hold, please hurry boarding". After half an hour explaining that it was fragile, had to be kept upright, and transported in a pressurised cabin or hold, I was still not allowed to take it on board. Since I didn't have the cord blood in the dry shipper yet, I finally agreed that it would be stowed in the pressurised, secure cargo hold used by the aircraft crew, and that it would be handed to me in person at A'dam Airport when unloading, so that it would not end up on the luggage carousel. This was my first experience with rather dominant and arrogant British ground crew, not really prepared to listen, and 'commanded' to go on board quickly, while they would handle the dry shipper as they thought fit. It turned out that we had to sit, in our seat on the plane, for 4 hours, waiting for clearance to take off, because A'dam was closed due to thick fog.

Amsterdam - London

With my excellent treatment in Melbourne and the trouble at the gate in London, I decided to handle matters via the check in desk at A'dam. After a couple of enquiry calls to the technical and dangerous goods departments, I got first class treatment! Was allowed on the plane first; Since the dry shipper didn't fit in one of the cup boards, it was tied down on the seat next to me; Got all help needed when getting off at London Heathrow; etc; No troubles

London - Milan

Although I had my boarding pass for Milan issued in A'dam, I made sure to go via the check-in desk in order to avoid trouble at the gate. I had three hours for transfer so there was enough time. Bad mistake! What have you got there sir? After my explanation: "I don't think we can take that on board, I will have to check up on that" To cut a long story short, the 'supervisor' claimed, with the IATA bible in his hand, that anything containing liquid nitrogen was not allowed on any passenger aircraft, neither in the cabin, nor in the hold. He (1) ignored the documentation I had copied from the IATA regulations, (2) ignored the statements of the duty manager in Melbourne, (3) claimed that absorbed liquid nitrogen was still liquid, (4) did not think that the fact that the dry shipper was not pressurised was relevant, (5) claimed that all the years that I and others had been travelling with a dry shipper on various airlines, we and the airlines had acted against the safety regulations, (6) refused to contact the dangerous goods department or anybody else in London or Melbourne, because the text in the IATA regulations was crystal clear to him, and (7) did not trust me even though I told him I was a doctor. He was however very 'concerned' that I wouldn't get to Milan in time and promised to 'help' me to transfer my ticket to another airline. (Apparently it is quite

OK to blow up the competition). By that time I got a bit itchy. What would happen on my way back with the precious, frozen cord blood in my tank? I decided to call home and inform people about the situation and see whether a couple of strings could be pulled from Melbourne. Dianne was my first contact to air my frustration. She would try to contact the clinician in charge, the ABMDR and the duty manager in Melbourne. Although I had mentioned that I needed to discuss the situation with people in Melbourne, I was not offered to use the phone and used the phone booth with my VISA card (great invention!). When I returned to the desk I noticed that a German traveller was using a British Airways desk phone to tell his Vati und Muti that he was delayed and they had to pick him up later. Needless to say I made another long phone call to Melbourne. In the meantime my 'supervisor' had disappeared and had handed the case to two or three of his colleagues. I was told that they had cancelled my ticket to Milan and handed me a voucher that allowed me to transfer my ticket to another airline. I had almost reached boiling point, but managed to restrain myself and friendly explained that if they refused me on their flight, the least they could do was to arrange another flight for me. Al-Italia! (may be the biggest competition?). After explaining my load at the check-in desk of Al-Italia, in the presence of a British Airway staff member, a phone call to the relevant people gave the all clear. At the gate they were a bit hesitant, but after explaining and showing that the tank was not pressurised, all was immediately cleared. The dry-shipper could be carried on board and stored in one of the cupboards. After arriving in my hotel a bit later than expected, I tried to contact British Airways offices in Milan and Heathrow, in order to lodge a complaint and hopefully make sure that the return journey would not give any troubles. The Milan office was closed after 5pm. Heathrow was in a state of emergency because of a crash on the landing strip. Dangerous Goods said somebody would phone me back, but they didn't. Next morning: straight onto the Dangerous Goods at Heathrow. What a delight to talk to an intelligent person! The guy on the phone was appalled about the situation and told me that nobody should ever have denied me carrying the dry shipper on board. He promised he would make work of it, and if there was any problem I had to call him immediately. At about the same time I got news from Melbourne saying that everything had been sorted out at higher levels of the organisation and that the return journey should not give any problems. And so it went

Milan - London - Melbourne

At Milan Airport I was greeted by British Airway staff as a VIP. At the security check they didn't even put my personal luggage through the X-rays (wow . . Italian style). At Heathrow a lovely lady was waiting for me and escorted me all the way to the other Terminal and arranged that I could use the First Class Lounge to kill a couple of hours. I didn't get a good seat on the plane though! The long way back was rather uneventful . . .

The conclusion.

The message of this story? Never leave home without your VISA card. Ignore difficult people (especially some English ones with a colonial attitude) and take action yourself. At the first sign of serious problems I should have phoned the Dangerous Goods department myself..... When booking flights, allow enough time for transfers. Sometimes it needs some show and tell at security points, and sometimes the check-in may take a bit longer As you probably know, as initiated by QANTAS, we are trialing the transport of dry shippers in the secured hold of the aircraft, under strict supervision of QANTAS Operations Managers (see report by Dianne Tucker). Wouldn't that be a boring trip?

Simon Bol



Method Guidelines for CD34+ Cell Enumeration

The Australasian Flow Cytometry Group (AFCG) has formulated Method Guidelines for various Flow Cytometer Applications in the fields of haematology, immunology, and oncology. Last year, draft guidelines were prepared for the enumeration of CD34+ cells, which is of immediate importance to all bone marrow transplant scientists. After the BMTSAA had expressed concerns of not being involved in the development of the guidelines, the CD34 draft guidelines were distributed at the Auckland meeting in October last year for your comments. The AFCG sub-committee for the CD34 guidelines, of which I am a member, would like to finalise the guidelines. Please send us your comments before 8th May 1998, so that we can finalise and present the guidelines at the next AFCG and BMTSAA meetings in July.

Simon Bol
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Royal Children's Hospital
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email bols@cryptic.rch.unimelb.edu.au



TRANSPORTING FROZEN CORD BLOOD FROM LONDON TO MELBOURNE IN A DRY SHIPPER

We recently had occasion to pick up an Umbilical Cord Blood unit from the London Cord Blood Bank for one of our patients (MUD transplant). We were a little apprehensive about the prospect of accomplishing this

mission, as on a previous run, Simon Bol had encountered enormous difficulties with the airlines in transporting the dry shipper.

The ABMDR posted a memo last year, explaining that QANTAS would no longer agree to carry the dry shippers in the passenger compartment of the plane (as they had previously been carried). This caused us a moderate degree of anxiety as we would prefer to keep 'an eye' on the dry shipper during the return flight, to ensure that a) it was actually on board and 2) that it did not fall over during the flight.

QANTAS made a special carrying box for the dry shipper, that could be placed in the cargo hold, in the same area as the staff's luggage. The box was constructed in such a way that it could be anchored in the hold to prevent the dry shipper from falling over during the flight. We were assured by QANTAS that this would be a safe area in which to carry the precious material.

As the time drew near to pick up the cord blood unit from London, we had almost daily correspondence with QANTAS, and in fact dealt directly with the Operations Manager in Head Office to ensure that everything went smoothly. The operations manager wrote an operating procedure for the transport of dry shippers for the QANTAS staff. The duty managers at all ports involved (in our case, Melbourne, Singapore and London) were notified of the dry shipper and the importance of the product which it contained. The baggage handling staff were instructed to take the dry shipper from us at the airport, and the baggage supervisor was to personally place it in the hold with the staff luggage. Once it had been loaded, he was instructed to contact the operations manager in Sydney, to advise which hold number it was carried in. This information was telexed to London (port of disembarkment), so it could be retrieved and handed to our courier as quickly as possible. Although on this leg of the journey, the dry shipper did not contain any stem cells, it was a good 'practise' for the return journey. We were satisfied that all precautions had been taken into account. The next step was to put it into practise.

• *Departure from Melbourne*

I decided to take the courier (Jacqui) to the airport so I could see exactly what went on. We went to seat allocation and baggage check-in (QANTAS had instructed us to go to Business Class check-in). The check-in clerk had all of Jacqui's details on the computer, and the fact that she was a Bone marrow Courier for the ABMDR, and was transporting a dry shipper. The Clerk check all her luggage and the dry shipper as priority, and then instructed us to see the Duty Manager. In fact, the duty manager was waiting at baggage check-in for us, and had her memo from the Operations manager in her hand. we spent a short time explaining what Jacqui was actually carrying (dry shipper) and how it worked, and why it was so important. The baggage supervisor was contacted, and asked to report to the duty manager. We were introduced to him, and once again we explained the story of

the dry shipper to give him some insight on what was actually required, and why we were so anxious about this cargo. The dry shipper was taken from us, and presumably loaded onto the plane. When I arrived back at the lab, the Operations manager confirmed that she had informed London of its imminent arrival, and the hold number in which it was placed.

- *Arrival In London*

As the plane docked in London, Jacqui was met at the door of the aircraft by the Duty manager, and escorted to customs. One of the baggage handlers brought the dry shipper and her luggage to her, so Jacqui was quickly out of the airport and on her way. We were very impressed by the operations so far, but we still a little concerned for the return journey.

- *Return to Melbourne*

Jacqui experienced the same degree of organisation on the return journey. It seems that the QANTAS staff were a little confused however, because they informed her that they had plenty of dry ice on board! Jacqui was notified that the dry shipper was on board. During the flight, the Captain asked to see Jacqui, so he could understand what 'all the fuss was about'. Jacqui explained the situation, ie that she was responsible for transporting umbilical cord blood that was to be used as a life-saving treatment for a child with leukaemia. I think that the explanation of the purpose of the trip to as many QANTAS staff as possible is beneficial to us.

- *Arrival in Melbourne*

Apparently, all the procedures followed for the transport of the dry shipper from Melbourne to London were followed on the return trip. On arrival at Melbourne, Jacqui was not met at the door of the plane by the duty manager, but was met in the customs hall by somebody who brought the dry shipper to her. Customs and quarantine were both well informed of the arrival, so Jacqui did not encounter any difficulties with respect to these people.

In terms of time, it took only forty minutes for Jacqui to disembark from the plane, to the time that she arrived at the Royal Children's Hospital with the Cord Blood (albeit midnight when traffic from the airport was light). The cord blood unit was checked by myself, signed in and placed in the LN2 tank until it was required for transplant approximately one week later.

I am pleased to report that the cord blood transplant went well, and the patient shows evidence of granulopoietic engraftment.

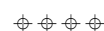
- *Conclusion*

Our initial concerns about carrying the dry shipper out of sight of the courier have been somewhat alleviated by the success of this trip. Obviously we still prefer to carry the dry shipper on board, but have to respect the safety

regulations of the airlines. We were very impressed by the service given to us by QANTAS, who now say that these are part of their Standard Operating Procedures. The operations manager followed up on the case, the following day to ask for our appraisal of the system. It appears that they are indeed dedicated to the cause.

I forgot to mention that the temperature of the dry shipper was monitored throughout the journey by a cataloguer. Although we cannot do anything about the dry shipper if there was a problem during the flight, but at least we will know if anything abnormal had occurred during the flight which might compromise the quality of the stem cell product.

Dianne Tucker



AMGEN Australia Travel Grant 1997

Abstract

In the late 1970's the pioneering studies performed in the Bone Marrow Transplant Unit of the Royal Adelaide Hospital were important in demonstrating that mobilised peripheral blood could be used as an alternative to bone marrow for haemopoietic rescue. The demonstration that recombinant human cytokines mobilised haematopoietic progenitor cells from bone marrow into the blood, either alone, or with chemotherapy, was crucial to realising the full potential of this modality. The reduced morbidity and mortality of autologous peripheral blood transplantation has been a major factor in extending the approach to a wide range of diseases. As a result high dose therapy followed by haematopoietic rescue is now a treatment option for patients to whom bone marrow transplantation is not available. More recently peripheral blood progenitor mobilisation and transplantation has been used in the allogeneic setting further increasing the range of application of this approach.

Of major concern in the use of autologous progenitor cells is the question of malignant contamination. The advent of PCR technology has made it possible to measure contaminating cells at very low incidence and malignant contamination has been demonstrated in many autologous progenitor cell collections. However it is still unclear what contribution these cells make to relapse. Our unit has pioneered in Australia the clinical application of CD34⁺ selection as a means of purging malignant cells. Since May 1995 we have used CD34⁺ selection in an attempt to purging malignant plasma cells (which do not express the CD34 antigen) from autologous peripheral blood transplants in patients with Multiple Myeloma. We have demonstrated 3-4 log reduction in CD38⁺ plasma cell numbers using this methodology.

The success of this approach is dependent on purging not only mature myeloma cells but the myeloma initiating cell. We are currently performing studies to further characterise this cell. First we aim to identify cells belonging to the myeloma

clone by means of the patient specific IgH gene that are expressed by the cells. Using these patient specific gene sequences myeloma cells can be identified and quantitated using in situ RT-PCR. This technique makes it possible to specifically identify calls belonging to the myeloma clone at any stage during disease progression. Secondly, since a malignant cell can be positively identified by its ability to initiate disease we are transplanting subsets of patient myeloma cells into SCID/NOD mice to demonstrate disease initiation by these cells. By means of application of these two approaches we aim to identify the cells responsible for disease initiation and progression in myeloma.

If I am successful in obtaining the AMGEN Bone Marrow Scientist Travel Grant I plan to attend the Intentional Society of Hematotherapy and Graft Engineering Meeting in Baltimore in 1998. At ISHAGE meetings there is strong emphasis on laboratory issues and in particular on purging and tumour detection so not only would I be able to obtain the latest information from the worldwide experts who attend this meeting but also I would make contacts that foster stronger association between members of ISHAGE and the Australian Bone Marrow Transplant Scientists. The aims and interests of ISHAGE are very similar to our group and we as a group have much to gain by forging strong links with them. It is essential if we are to gain strength and credibility as a group that we form as many international links as possible.

I would also like to include on my itinerary a visit to the laboratory of Prof. Linca Pilarski in Edmonton where the technique of in situ RT-PCR has been developed to a high degree of precision and reliability to identify subsets of the myeloma clone in the circulation.. I feel I could gain many valuable insights which I could apply in my laboratory on my return. I would also like to visit the laboratory of Dr Gay Crooks in Los Angeles where I could learn much about the use of immune deficient mice to study aberrant human haemopoiesis

On my return to Adelaide, I hope that the application of information gained will facilitate the identification of the myeloma initiating cell. The identification of this cell is critical to the development of more effective treatments for myeloma. The identification and quantification of this cell in response to treatment will make it possible to address a question of major interest to all transplant scientists, that of the contribution of residual malignant cells to relapse

Pam Dyson, Adelaide.

**Bone Marrow Transplant Scientists Association
of Australasia**

Application For Membership

Title: First Name: Surname:

Position:

Institute:

Address:

.....

Telephone Number: Fax Number:

e-mail Address:

Residential Address:

.....

Application for Scientific Membership Associate Membership

Proposed by: (Print) Signed:
Financial Scientific Member

Seconded by: (Print) Signed:
Financial Scientific Member

Curriculum Vitae: Please complete brief summary on page 2.

Signature of Applicant: Date:

Please forward membership application to:-
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APPLICATIONS FOR 1998 CLOSE ON FRIDAY 15TH MAY

Attach further pages where necessary.



Consent form for use of cryopreserved stem cells from deceased patients for research

Cryopreserved stem cells from deceased patients are a valuable source of cells for research. Theoretically, consent should be obtained for such use of these cells. Approval of the consent form should be obtained from the institution ethics committee; unapproved consent forms have questionable validity. However, at this hospital, the Ethics Committee will not approve a consent form unless there is a specific research proposal for use of the cells. We do not currently have a specific research protocol in mind, hence the options appear to be: (1) use the cells without obtaining consent; or (2) use an unapproved 'blanket' consent form.

The literature concerning such an issue seems to be scant, and there are no official government guidelines. The only relevant documentation that I could find was a preliminary discussion paper report from the Australian Health Ethics Committee (AHEC) (1993) on discussions regarding use of patient blood and tissue samples for research. This document only summarises people's views and hence does not give any guidelines. A phone call to AHEC revealed that there still are no guidelines, but it is on the agenda!

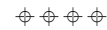
Issues raised by various respondents in the discussion paper:

- It may be inconvenient or unnecessary to obtain consent for research use of samples collected for a diagnosis or routine/therapeutic procedure.
- If cells are frozen and stored, then subsequently thawed for re-use, ethical approval should not be required for the project.
- The law, although unclear, probably does not permit patient tissue to be used without consent, except in the most limited cases. However, legal actions are unlikely to be initiated and are even less likely to succeed, since patients are unlikely to find out about research on stored material, and are unlikely to have suffered any loss for which they could be awarded compensation. Hence the value of continued research may outweigh the risk of litigation.
- Patients should have the option of stating that they do not want their tissues used for research.
- If, at the time of sample collection, it is known or it is likely that samples will be used for research, consent of the patient should be sought.
- Where research can be performed on tissue excess to the purpose for which it was collected, consent may not be required.
- An ethics committee should consider the practicalities of obtaining consent when reviewing a request for waiving informed consent.
- It is impossible to predict which archival or tissue bank samples may be used for research, and obtaining informed consent may therefore be impossible or impractical, hence hospital ethics committees may decide that consent need not be obtained.

- Blanket consent may be appropriate for research use of samples in excess of the planned use. A blanket consent may not meet the legal requirements for consent, but a person who has been alerted to the fact that their tissues may be used for research may be less likely to take legal action. Blanket consent should reflect that hospital ethics committee approval for the study will be obtained, and that patient confidentiality will be maintained.

We have decided to use an unapproved blanket consent form, with the opinion that some sort of consent is better than none. A copy of this form is shown. All patients so far have been pleased that their cells may be used for research in the future. I would appreciate any feedback from other centres who have addressed this issue.

Annette Trickett



CONSENT FORM

I, _____ hereby give permission that, in the event of my death, any cells remaining in frozen storage from my stem cell harvest be discarded* / used for research purposes* in the Haematology Laboratory of the South Eastern Area Laboratory Service. Confidentiality is ensured and research will only be undertaken following approval by the Hospital Ethics Committee.

Name _____

MRN _____

DOB _____

Signed _____

Witness _____

Designation _____

Signed _____

Date _____

* Delete as applicable

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