



Biology of Blood and Marrow Transplantation

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ASBMT Notes

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Oral Abstract at TCT Brings Together Researcher and the Nurse She Helped Save

Michele Brown had just gotten out of a session at the TCT Meetings of ASBMT and CIBMTR when something in the program caught her eye.

It was the second year the BMT RN clinical quality improvement coordinator from New York had attended the meetings. As a session she attended came to a close, she saw an oral abstract presentation was just about to start. She took a seat, listened as Ann Leen, PhD, presented her research on a clinical trial she helped conduct at The Center for Cell and Gene Therapy, Baylor College of Medicine. It used a unique type of cellular therapy to help some patients with Hodgkin's and non-Hodgkin's lymphoma.

After Leen finished, she invited attendees to ask questions. Brown perked up, and made her way to the microphone. She introduced herself to Leen—first by her credentials: MSN, RN, University Hospital New York. Then, she identified herself as a patient in Leen's clinical trial.

"I said, 'I'm here, and this will be year five [in remission] for me,'" Brown said.

Brown and Leen had never met in person before, but they were both intimately intertwined. Both were at Baylor College of Medicine in 2014 to address a nasty disease that affected them so personally. For one, it was her life's work. For the other, it was her life.

And both women stood in awe of each other at that Q&A as Brown told the story of how Leen and her colleagues helped save her life.

"I was stunned," Leen said. "It was just amazing."

Brown's story started in the mid-2000s. She decided it was time for a career change and enrolled in school to be a nurse. In 2009, she was hired at

University Hospital in New York City as an orthopedic nurse. Two years later she was diagnosed with Hodgkin's lymphoma and everything changed.

Despite undergoing radiation and an autologous transplant—and despite having an initial positive response to it—she relapsed a few months later. More treatments followed, including a surgery, and her doctors started searching for an allogeneic transplant donor.

"There were not a whole lot of great matches for me," Brown said of her allogeneic transplant. "I was in the hospital and I had gotten bored. I was looking up clinical trials, and I found one at Baylor. So I called."

Leen had conducted her PhD work in the field of immunology with specific focus on T cells and was fascinated by the science and research behind oncology and immunology. However, she wanted to take what she had learned and develop novel therapies that could be beneficial to patients. This dream led her to seek opportunities at Baylor College of Medicine in 2002, where she soon realized her chance to make an impact.

"I really wanted to utilize the knowledge to develop therapies that could actually be beneficial to patients," she said.

She and her team explored how they could develop immune-based therapies for different diseases, with initial focus on lymphoma. They reasoned that an effective treatment for lymphoma would require a therapy that could target malignant cells, not all of which "look" the same. Could it be possible, using patient-derived cells, to get T cells to attack multiple signatures of a tumor? Soon, she and the researchers at Baylor were developing a clinical trial to study multi-antigen targeted T-cells and how

they would affect Hodgkin's and non-Hodgkin's lymphoma patients who had relapsed, or were at risk of relapsing.

"We were looking for something new and different to not only treat active disease," Leen said "but also an immunotherapy that could be provided to those with a history of multiple prior lapses. Looking at the history of these patients, one might predict a high risk of relapse on the horizon."

Brown and her husband traveled to Houston, unsure of what to expect. She had the full support of her medical team—who assured her that if it didn't work, they would continue on with an allogeneic transplant. But she knew that would take a toll on her health, and she knew there were no guarantees.

She had two treatments at Baylor. It was not an invasive treatment. In fact, she felt great after it. After one of her sessions, she and her husband had lunch on the beach.

The trial came and went in a flash. Doctors told her they would monitor her progress through periodic blood work and telephone interviews. As her body began to heal—and the disease showed no signs of returning—Brown really thought about her purpose in life. Those doctors, nurses and researchers who helped save her life, before and during the clinical trial, were her heroes.

And just like that, Brown was requesting a transfer: to be a BMT Quality Coordinator.

"If I hadn't been through what I've been through, I would never have considered a job working with oncology, let alone transplant," she said. "As a survivor, it's given me an opportunity to give back; to be part of the growth and the industry. I can come to meetings and offer a perspective of both a nurse and a patient, and marry that with quality

outcomes and the other half of my job, but still keep it patient-centered. It's just been a great opportunity to be part of a field I feel really passionate about.”

When the women met for the first time after the oral abstract, they said they were both overwhelmed with emotions: happiness, surprise and gratitude.

“To be able to share my story with a room, to put a face to the data, was super moving,” Brown said. “And to be able to thank the researchers for their work—it was amazing. To be able to thank [Leen] and to go up to her afterwards and shake her hand and say ‘Thank you for the work you do,’ it was emotional.”

Leen said Brown was equally as awe-inspiring. Never in her life had anything like that happened, and she was at a loss for words.

“It was a gratifying moment for me,” Leen said. “Oftentimes with clinical trials, we’re catering to patients who have failed multiple lines of therapy. They’re been through a lot and they’re still fighting. We’re also fighting for them.

Ultimately, we want as many patients that could benefit from this therapy to have access. And this is fuel to keep us going forward.”

WHAT'S NEW AT ASTCT

Congratulations to Those Selected for the 2019 Clinical Research Training Course

ASTCT would like to extend a formal congratulations to the 12 scholars selected for the 2019 Clinical Research Training Course. This four-day course gives fellows and faculty with no more than two years of BMT experience the tools to take findings from the laboratory to the clinic.

Those selected are:

- **Akshay Sharma**, St. Jude Children's Research Hospital
- **Theodora Anagnostou**, Mayo Clinic Rochester
- **Rahul Banjeree**, University of California San Francisco
- **Tyler Ketterl**, Fred Hutchinson Cancer Research Center

- **Jennifer Saultz**, Oregon Health & Science University
- **David Steffin**, Texas Children's Cancer & Hematology Centers/Baylor
- **Arnab Ghosh**, Memorial Sloan Kettering Cancer Center
- **Neeraj Saini**, MD Anderson Cancer Center
- **Michelle Schoettler**, Boston Children's Hospital/Dana Farber Cancer Institute
- **Dipenkumar Modi**, Karmanos Cancer Institute/Wayne State University
- **Roni Shouval**, Memorial Sloan Kettering Cancer Center

Registration Open for CEC

Registration is now open for the 2019 Clinical Education Conference for NPs, PAs and Fellows. This conference will be held from Thursday, Sept. 19 to Saturday, Sept. 21 at the Washington University School of Medicine in St. Louis, MO.

This is a multi-day conference that focuses on the care of blood and marrow transplant and cell therapy patients. To register, and for more information, please visit http://bit.ly/ASTCT_CEC.