

ASTCT Committee of Practice Guidelines (CoPG)

Standard Operating Procedure for
Manuscript New Proposals

Approach Taken

Part 1

- Learnings from past problems and mitigation strategy
- Review Key Questions for manuscript origination
- Manuscript types
- Subject Matter Expert selection

Part -1

Past Problems with Guidelines Origins

- Historically no formal process, with origins variably from:
 - Committee of Practice Guidelines (CoPG)
 - Special Interest Groups (SIGs)
 - Ad Hoc Task Forces, **or by...**
 - Individuals (who solicit approval from ASTCT Editors)
- Manuscripts originating outside of CoPG have led to:
 - Duplicative efforts
 - Late requests for ASTCT/CoPG endorsement despite:
 - CoPG having no say in project scope, manuscript type/format, methodology, subject matter expert panel selection, etc.

To avoid this problem:

Any manuscript proposal that falls under the purview of the Committee of Practice Guidelines and seeking ASTCT endorsement must begin by:

- 1) Individual/SIG/Task Force representative completing an online proposal form to the "Education Coordinator" from the CoPG.
- 2) Proposal will be scheduled for presentation at the next CoPG Zoom call
- 3) A vote to proceed (or not); the vote occurs by email survey immediately following (2) and feedback (approved/not approved) is provided within one week.

*CoPG Favors FAQ-based guidelines
papers to force a concise read for our
main audience of mainly MD/APPs*

Manuscript Types relevant to CoPG's Purview¹

1. Evidence Based Review Guidelines (EBRG)²
2. Expert Panel Opinion Papers (EPOP)^{2 or 3}
3. Considerations papers (CP)^{2 or 3}
4. Position statement papers (PSP)³
5. Task Force Reports (TFR)²
6. Survey Paper (SP)³
7. Review and Commentary (R&C)^{2 or 3}

¹(1-6) above all have clinical practice recommendations or considerations as being central to the purview of CoPG

² EC review and final approval sufficient to be accepted for JTCT
(see Appendix A)

³ Regular peer review before can be accepted by JTCT

CoPG's Key Q's for Manuscript Origination

1. Will the key targeted readership audience be MDs and APPs?
 - Is the topic/title highly relevant/timely?
2. Who is proposing/leading the project
 - a. Are they a recognized (or up and coming) SME committed to the topic at hand? If up and coming who will be the senior mentor?
 - b. For very broad scope topics, does (a) still apply or should the topic be split into sub-sections (discreet topics) led by relevant SMEs?
3. What paper type fits best (EBRG, EPOP, CP, PSP, TFR)?
4. What methodology best fits the project?
5. What is the SME panel diversity and inclusivity?
 - Gender, academic seniority, geographic, race and ethnicity

Evidence-Based Review Guidelines: **Examples**

Title	Methodology
PBPC Mobilization for auto and allo-HCT: Guidelines from ASBMT (Duong et al, BBMT 2014)	Relevant SMEs were identified and reviewed literature with grading of quality and strength of evidence. Iterative harmonization of recommendations (Pre-Delphi era)
Role of cytotoxic therapy with HCT in the treatment of HL: guidelines from the ASBMT (Perales et al, BBMT 2015)	
HCT in the treatment of adult ALL: Updated 2019 Evidence-Based Review from ASTCT (De Filipp et al, BBMT 2019)	
HCT in the management of MDS: Updated 2019 Evidence-Based Review from ASTCT and CoPG (De Filipp et al, TCT 2023)	
Clinical Practice Recommendations for Use of Allo-HCT in CLL on behalf ASBMT (Kharfan-Dabaja, BBMT 2019)	Systematic review utilizing GRADE
Allogeneic HCT for SAA: Evidence-Based Guidelines from the ASTCT (Iftikhar et al, TCT 2024)	Systematic review by adult and pediatric hematologist and HCT physician SMEs using GRADEpro-GDT development tool.

Expert-Panel Opinion Papers: **Examples**

Title	Methodology
Maintenance therapies for HL and NHL after autoHCT: a consensus project of ASBMT, CIBMTR, & Lymphoma Working Party of EBMT (Kanate et al, JAMA 2019)	Modified Delphi
Bone health management after HCT: An expert opinion from the ASTCT (Bar et al, BBMT 2020)	Literature review by HCT and bone mineral metabolism SMEs.
Standardizing definitions of hematopoietic recovery, GR, GF, PGF, and donor chimerism after allo-HCT: A report on behalf of ASTCT (Kharfan-Dabaja, BBMT 2021).	Modified Delphi
ASTCT Series #1: Enterobacterales Infection prevention and Mx after HCT (Satlin et al, TCT 2021)	Collaboration with ID-SIG Topic SMEs
ASTCT Series #8: Management and prevention of non-aspergillus molds in HCT recipients. (Douglas et al, TCT 2025)	Collaboration with ID-SIG Topic SMEs
TAME: A new classification for acute neurocognitive changes associated with HCT from the ASTCT CoPG. (Meyers et al, TCT 2024)	Literature review and consensus by HCT and Gerontologist SMEs
International recommendations for screening and preventative practices for long-term survivors of TCT: A 2023 Update. (Rotz et al, TCT 2024)	Literature review, survey with multiple late fx SMEs

Consideration Papers: Examples

Title	Methodology
Personalizing Busulfan-based conditioning: Considerations from the ASBMT CoPG (Palmer et al, JAMA 2019)	EBR attempted but literature too heterogeneous.
Systematic reviews in TCT: Considerations and guidance from ASTCT, ESBMT, and CIBMTR late effects and QoL Working Committee (Sharma et al, TCT 2021)	Literature review
Best practice considerations by the ASTCT: Infection prevention and management after CAR-T therapy for hematological malignancies. (Shahid Z et al, TCT 2024).	10 key clinical practice FAQs were developed. Responses were formulated based on published literature and mutually agreed upon expert opinions of the panel. Mutual agreement was reached via a series of email correspondence.

Position Statement Papers: **Examples**

Title	Methodology	Conclusions
Conditioning chemotherapy dose adjustment in obese patients: a review and position statement by ASTCT and CoPG (BBMT 2014)	Literature review	Cannot recommend clear standards or dosing guidelines (lack of level I/II evidence). Encourage future prospective trials in the obese population.
Systemic sclerosis as an indication for auto-HCT: Position Statement from ASBMT (2018)	Literature review of 3 RCTs by panel of SMEs in HCT and rheumatology	Based on high-quality evidence, recommend SS as an “SOC” indication for autologous HCT. Close collaboration between rheum/HCT clinicians is critical to optimizing outcomes.
ASBMT statement on routine prophylaxis for CNS recurrence of ALL following allogeneic HCT (BBMT 2019)	Literature review	Paucity of data to support as a routine practice. Ultimately, only well-designed prospective trials will elucidate the role of its use.
Autologous HCT for treatment-refractory relapsing MS: Position statement from ASBMT (BBMT 2019)	Literature review by panel of SMEs in HCT and MS neurologists	Auto-HCT is an efficacious and safe Rx for active relapsing forms of MS, and recommended as an “SOC, clinical evidence available” indication for HCT.
Harmonization of BuPEU: A community-initiated consensus statement (McCune BBMT 2019)	Modified Delphi	AUC in mg × h/L was selected as the harmonized BPEU; it satisfied most of ideal properties for the harmonized BPEU and easily understood in the clinical practice environment

Task Force Papers: Examples

Title	Comments
Indications for autologous and allogeneic HCT: Guidelines from ASBMT (Majhail et al, BBMT 2015)	Task Force: multiple stakeholders including HCT experts, payer representatives, and a patient advocate to provide guidance on indications for HCT and IECT
Indications for HCT and IEC Therapy: Guidelines from the ASTCT (Kanate et al, TCT 2020)	
Updated indications for IEC: 2023 Guidelines from the ASTCT (Kanate et al, TCT 2024)	

Survey Papers: **Examples**

Title	Conclusions
ASBMT CoPG Survey on LTFU Clinics for HCT survivors (BBMT 2018)	77 programs responded; 55% did not have LTFU clinics but 100% agreed allo-HCT survivors have unique needs beyond GVHD and complications could arise during transitions of care; barriers to clinics were identified.
ASTCT CoPG Survey on E&M of Relapsed/refractory myeloma after failure of CAR-T therapy (TCT 2022)	80 respondents. Substantial cross-center variation in practice patterns raises the need for collaborative studies and expert clinical recommendations to describe best practices for post-CAR-T surveillance, optimal w/up for TF and choice of rescue therapies.
ASTCT CoPG Survey on E&M for MM: after failed CART (TCT 2024)	Paucity of data to support routine practice of posttransplant CNS prophylaxis. Ultimately, only well-designed prospective trials will elucidate the role of its use.
US Geriatric assessment practices for older adults undergoing HCT or CAR-T: ASTCT Physician Survey from Aging SIG and CoPG. (TCT 2025)	96 respondents; 86% affiliated with academic centers. >50% interested in GA but 68% described barriers (lack of time, support staff, and expert GA knowledge). HCT leadership and GA experts need to combine efforts to address gaps.

Subject Matter Expert Panel Selection: **Example 1**

Allogeneic HCT for SAA: **Evidence-Based Guidelines** from the ASTCT – Journal of TCT 2024

Authors	Sex	Rank	Country	Peds/Adults	Institution/City
Iftikhar R (Lead)	M	Assoc. Prof	Pakistan	Adult	National U. Med Sciences, Rawalpindi
De Fillipp Z	M	Assoc. Prof	USA	Adult	MGH/Harvard, Boston, MA
De Zern AE	F	Professor	USA	Adult	SKCC, Johns Hopkins SOM, Baltimore, MD
Pulsipher M	M	Professor	USA	Peds	Primary Children's, Salt Lake City, UT
Bejanyan N	F	Professor	USA	Adult	Moffit, Tampa, FL
Burroughs L	F	Professor	USA	Peds	SCH/FHCC, Seattle, WA
Kharfan-Dabaja M	M	Professor	USA	Adult	Mayo, Jacksonville, FL
Arai S	F	Assoc. Prof.	USA	Adult	Stanford U, Stanford, CA
Kassim A	M	Professor	USA	Adult	Vanderbilt, Nashville, TN
Nakamura R	M	Professor	USA	Adult	City of Hope, Duarte, CA
Davila-Saldana B	M	Assoc. Prof.	USA	Peds	Cincinnati Children's, OH
Aljurf M	M	Professor	Saudi Arabia	Adult	King Faisal Specialist Hospital, Riyadh
Hamadani M	M	Professor	USA	Adult	Froedtert Hospital, MCW, Milwaukee, WI
Carpenter PA	M	Professor	USA	Peds	SCH/FHCC, Seattle, WA
Antin JH (Senior)	M	Professor	USA	Adult	DFCI, Boston, MA

Subject Matter Expert Panel Selection – Example 2

Harmonization of BuPEU: A community-initiated consensus statement (McCune BBMT 2019)					
Authors	Sex	Rank	Country	Peds/Adults	Institution/City
McCune J (Lead)	F	Prof (PharmD)	USA	Peds/Adult	City of Hope, Beckman Res Institute, Duarte, CA
Quinones CM	F	Assoc. Prof	USA	Adult	Beckman Res Institute, Duarte, CA
Ritchie J	M	Professor	USA	Adult	Emory University, Atlanta, GA
Carpenter PA	M	Professor	USA	Peds	Fred Hutchinson Cancer Center, Seattle, WA
Van Maarseveen E	M	Professor	Netherlands	Peds	Princess Maxima Ctr for Peds Onc, KKGt and SKML, Utrecht
Yeh RF	F	Professor	USA	Peds/Adults	PK lab, FHCC, Seattle, WA
Anasetti C	M	Professor	USA	Adult	Moffitt, Tampa, FL
Boelens JJ	M	Professor	USA	Peds	MSKCC, New York, NY
Hamerschlak N	M	Professor	Brazil	Adult	Hospital Israelits Albert Einstein, Sao Paulo
Hassan N	M	Professor	Sweden	Adult	Karolinska Institutet, Stockholm
Jin HK	M	Professor	Korea	Peds	Seoul National University Children’s Hospital, Seoul
Kanda Y	M	Professor	Japan	Adult	Jichi Medical University, Saitama Medical Center, Saitama
Paci A	M	Professor (PharmD)	France	Adult	Inst. Gustave Roussy Cancer Center, School of Pharmacy, Paris
Perales M-A	M	Professor	USA	Adult	MSKCC, New York, NY
Shaw PJ	M	Professor	Australia	Peds	The Children’s Hospital at Westmead, University of Sydney
Seewaldt VJ	F	Professor	USA	Adult	City of Hope Comprehensive Cancer Center, Duarte, CA
Savani BN	M	Professor	USA	Adult	Department of Medicine, Vanderbilt University, Nashville, TN
Hsieh A	F	PharmD	USA	Adult	Seattle Cancer Care Alliance
Poon B	F	PharmD	USA	Peds	Dept Pharmacy Advent Health for Children, Orlando, FL
Mohty M	M	Professor	France	Adults	Dept Hem and Cell Therapy, EBMT Paris Office, Paris
Pulsipher M	M	Professor	USA	Peds	CHLA, USC Keck School of Medicine, Los Angeles< CA
Pasquini M	M	Professor	USA	Adult	CIBMTR, Dept Med, Medical College of Wisconsin
Dupuis LL	F	Professor (PhD)	Canada	Peds	Dept Pharmacy and Res. Inst., Hospital for Sick Children, Toronto

Subject Matter Expert Panel Selection: **Example 3**

ASTCT Series: #8-Management and Prevention of Non-Aspergillus Molds in HCT – Journal of TCT 2024					
Authors	Sex	Rank	Country	Peds/Adults	Institution/City
Douglas AP(Lead)	F	Postdoctoral Fellow/ID Physician	Australia	Adult	Peter MacCallum CC, National Centre for Infections in Cancer, Melbourne
Lamoth F	M	Assoc. Prof	Switzerland	Adult	Institute Micro, Lausanne U.
John TM	M	Assistant Prof	USA	Adult	MD Anderson, Houston, TX
Groll AH	M	Professor	Germany	Peds	University Children's Hospital, Muenster
Shigle TL	F	Pharm D	USA	Adult	MD Anderson CC, Houston, TX
Papanicolaou GA	F	Professor	USA	Adult	MSKCC, New York, NY
Chemaly RF	M	Professor	USA	Adult	MD Anderson CC, Houston, TX
Carpenter PA	F	Professor	USA	Peds/Adult	Seattle Children's/Fred Hutch, WA
Dadwal SS	M	Professor	USA	Adult	City of Hope, Duarte, CA
Walsh T	M	Professor	USA	Adult	U. Maryland, Baltimore, MD
Kontoyiannis DP (Senior)	M	Professor	USA	Adult	MD Anderson, Houston, USA