

- Identify patients who – based on risk factors – are likely to have difficulty achieving ideal stem cell collection targets within an acceptable number of apheresis sessions.
 - Develop treatment plans that help to maximise the number of stem cells collected during apheresis.
 - Evaluate the clinical relevance of plerixafor in the autologous HSCT setting and how this relates to clinical practice.
 - Critically examine emerging data in allogeneic transplantation.
- Upon completion of this educational activity, participants will be better able to:

Learning objectives

Haematologists, oncologists, and other healthcare professionals involved in the management of patients with haematological malignancies who undergo haematopoietic stem cell transplantation.

Target audience

21–24 March 2010

EBMT

A GENZYME-SUPPORTED EDUCATIONAL EVENT AT THE 36TH ANNUAL MEETING OF THE EUROPEAN GROUP FOR BLOOD AND MARROW TRANSPLANTATION

The emerging role of plerixafor in stem cell transplantation

Co-Chairs: Hildegard Greinix
and Mohamad Mohty

Sunday 21 March 2010
13.30–15.30 | Hall C
Austria Center Vienna | Austria



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Dear Colleague,

We hope you will accept our invitation to attend this informative symposium, which will focus on the potential applications of the stem cell mobilising agent plerixafor. This novel CXCR4 antagonist can be used to enhance CD34+ cell yield prior to HSCT in patients with multiple myeloma and lymphoma whose cells mobilise poorly. We are delighted to have such a distinguished and respected Faculty to contribute to the proceedings. After an introduction to plerixafor and its possible applications, we will hear about the compassionate use programme and the key data obtained from using plerixafor in this setting. The symposium will continue with an overview of how to identify patients who are likely to yield insufficient numbers of stem cells to proceed with autologous transplantation and what the intervention strategies are for these individuals. This will be followed by a discussion about the pivotal clinical trial data for plerixafor and the quality of stem cell product achieved using this treatment approach. The symposium will conclude with a review of current mobilisation regimens used in allogeneic transplantation, and an examination of emerging data in this setting.

We look forward to welcoming you to this insightful event.

Sincerely,

Hildegard Greinix

Mohamad Mohty

PROGRAMME

- 13.30–13.35 Welcome and introduction
Hildegard Greinix AKH, Vienna, Austria
- 13.35–13.40 Introduction to plerixafor – a selective CXCR4 antagonist and stem cell mobiliser
Mohamad Mohty CHU Hôtel-Dieu, Nantes, France
- 13.40–14.00 Compassionate Use Experience with plerixafor: from treating to preventing failure?
Jane F Apperley Imperial College, Hammersmith Hospital, London, UK
- 14.00–14.20 Risk factors for poor mobilisation and clinical options for intervention
Roberto Lemoli St Orsola-Malpighi, Bologna, Italy
- 14.20–14.40 Plerixafor pivotal clinical data, cell quality and engraftment
Stefan Fruehauf Paracelsus Clinic, Osnabrueck, Germany
- 14.40–15.00 Emerging data in allogeneic transplantation
Jan Cornelissen Erasmus Cancer Center, Rotterdam, The Netherlands
- 15.00–15.30 Plenary discussion
Hildegard Greinix and Mohamad Mohty
- 15.30 Close



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