

Presidio BMT

Blood & Marrow Transplant and Cellular Therapy Application



Infusion/Transplant Clinic • Cellular Therapy

Apheresis Lab • Cell Processing Lab

Allows you to manage recipients, donors and products

- Manages patient care through all phases and episodes
- Uploads and downloads to CIBMTR all AGNIS supported forms
- ASBMT RFI report and outcomes
- Built-in algorithms for comorbidity score, TBSA calculation and more...
- Integrates to any hospital EMR

Transplant and Cellular Therapy

- Recipient
- Donor
- Evaluation
- Infusion
- Follow-up
- Adverse Events
- Tests including Cytogenetics

Patient Lab Tests Reports Transplant CIBMTR Apheresis Records Setup Others Help

Patient: Anne, Brown (51F) DOB: 08/12/1967 MRN: 10023458

Tx Type	CRID	Episode Type	Num	Patient Status	Baseline Date	Infuse Date	Graft Status
Recipient		HSCT	2	Referral - New Referr			
Recipient		Cellular Therapy	1	Referral			
Recipient	4220739	HSCT	1	Transplant Recipient - 07/01/2015		02/01/2016	Failed on 11/16/2016

Tx Notes Tx Account Number Chart #: CIBMTR Forms DCI (#1)

Blood Marrow - 1 - Recipient (POD: 1169) (Organ Failed On on 11/16/2016)

Recipients Phase

Phase	Start Date	End Date	Comment
Transplanted	02/01/2016		

Referral (Lastest Referral Num: 1)
 Referral Date: 05/02/2015
 Remarks:
 Referring physician: Becker, Mathew
 Coordinator: Hamilton, George
 Group Name:

Donor

Donor	HSCT Type
178245_MUD-6	Allogeneic
145789_MUD-6	Allogeneic

Evaluation
 Evaluation Date: 07/01/2015

Presentation

Ref Num	Pres Num	Presentation Date
1	1	08/05/2015

Pre-Transplant

Transplant
 Transplant Date: 02/01/2016

Follow-up
 Follow-up Period: 6 Months

Adverse Events
 Acute GVHD

Diagnosis on	Follow-up	Resolution Date	Diagnosis on	Follow-up	Resolution Date
04/12/2016	Day 100	04/19/2016	08/16/2016	6 Months	

Reports

- Evaluation
- Donor matching
- Survival
- Outcomes
- ASBMTR RFI
- CIBMTR

Survival First Allogeneic

All Adult Pediatrics Year 2016 Show

Myeloablative	2016		2017		2018		Cumulative 2016-2018		2019 (thru 04/12/2019)	
	#	%	#	%	#	%	#	%	#	%
1) Survival Statistics										
Total Patients	1		1		0		2		0	
100 day survival	1	100	1	100	0	0	2	100	0	0
6 months survival	1	100	0	0	0	0	1	50	0	0
1 year survival	0	0	0	0	0	0	0	0	0	0
3 years survival	0	0	0	0	0	0	0	0	0	0
Lost to follow - up < 100 days	0	0	0	0	0	0	0	0	0	0
Lost to follow-up between 100 days and 6 months	0	0	0	0	0	0	0	0	0	0
Lost to follow-up between 6 months and 1 year	1	100	0	0	0	0	1	50	0	0
Lost to follow-up between 1 year and 3 years	0	0	0	0	0	0	0	0	0	0
2) Length of Stay										

Non-Myeloablative	2016		2017		2018		Cumulative 2016-2018		2019 (thru 04/12/2019)	
	#	%	#	%	#	%	#	%	#	%
1) Survival Statistics										
Total Patients	0		1		1		2		0	
100 day survival	0	0	1	100	1	100	2	100	0	0
6 months survival	0	0	1	100	0	0	1	50	0	0
1 year survival	0	0	1	100	0	0	1	50	0	0
3 years survival	0	0	0	0	0	0	0	0	0	0
Lost to follow - up < 100 days	0	0	0	0	0	0	0	0	0	0
Lost to follow-up between 100 days and 6 months	0	0	0	0	0	0	0	0	0	0
Lost to follow-up between 6 months and 1 year	0	0	0	0	0	0	0	0	0	0
Lost to follow-up between 1 year and 3 years	0	0	0	0	0	0	0	0	0	0
2) Length of Stay										

Total	2016		2017		2018		Cumulative 2016-2018		2019 (thru 04/12/2019)	
	#	%	#	%	#	%	#	%	#	%
1) Survival Statistics										
Total Patients	1		2		1		4		0	
100 day survival	1	100	2	100	1	100	4	100	0	0
6 months survival	1	100	1	50	0	0	2	50	0	0
1 year survival	0	0	1	50	0	0	1	25	0	0
3 years survival	0	0	0	0	0	0	0	0	0	0
Lost to follow - up < 100 days	0	0	0	0	0	0	0	0	0	0
Lost to follow-up between 100 days and 6 months	0	0	0	0	0	0	0	0	0	0
Lost to follow-up between 6 months and 1 year	1	100	0	0	0	0	1	25	0	0
Lost to follow-up between 1 year and 3 years	0	0	0	0	0	0	0	0	0	0
2) Length of Stay										

Date From 4/12/2016 To 4/12/2019

Time Completed	05:42	10:12
Vascular Access		Dialysis-type catheter
Access	Right	Right
Access Pressure	-57	-67
Return	Right	Right
Return Pressure	111	111
Total Blood Volume	4.0076	4.0076
Average Replacement Fluid HCT		
End HCT %		
Fluid Balance %	100	100
Replacement Fluid Type	5% Albumin	
Replacement Fluid Volume		2000
Comments	First run	

Apheresis Procedure

	06/01/17 10:08	06/01/17 10:20	06/01/17 10:37	06/01/17 10:52	06/01/17 11:11	06/02/17 09:00	06/02/17 09:10
AC Flow	5.3	8	8	8	419	6.3	7.8
AC Volume	73	156	256	371		62	187
Inlet Flow	80	80	80	80		80	80
Inlet Volume	1033	2040	3143	4189	4671	780	1910
RBC/Plasma Flow	50.8	52.9	42.8	46		49.8	52.9
RBC/Plasma Volume	656	1155	1797	2399	2677	501	1210
Collect Flow	32.8	41.3	33.2	36.1		34.2	42.4
Collect Volume	519	911	1365	1839	2045	330	1009
AC Ratio	14	10	10	10		12.5	10.3
Time (min)	15	26	40	53	59	10	24
RPM	15	15	15	15		2131	
Blood Warmer Temperature	40	40	40	40	40	40	40
Comments							

Product

	06/01/17 00:00	06/02/17 00:00
Anticoagulant Used	Yes	
Anticoagulant Type	CPD	
Anticoagulant Used Amount	419	
Total Bag Number	2	2
Volume - Bag 1	1022	64
Component Number - Bag 1	C7302-A	C7311-A
Volume - Bag 2	1022	64
Component Number - Bag 2	C7302-B	C7311-B
Volume - Bag 3		
Component Number - Bag 3		
Volume - Bag 4		
Component Number - Bag 4		

Apheresis Lab

- Physician Orders
- Flowcharts
- Quantification
- Mobilization
- Collection
- Procedures (example TPE)

Date From 4/12/2016 To 4/12/2019

Product

	07/10/2017	07/10/2017	07/10/2017
	Initial	Plasma Depletion	Freezing
Volume (ml)	429.9	151.7	151.1
Cell Conc. (cells/ml)	2.48E+08	6.77E+08	1.06E+11
Total Cells	1.066E+11	1.027E+11	1.023E+11
Cells / kg			
HCT (%)	2.5	2.5	2.5
RBC (ml)	10.7	10.6	

Cell Antigen

	07/10/2017	07/10/2017
	Init	Post
% CD3+ Cells	37.09	37.46
Total CD3+ Cells	3.954E+10	3.847E+10
Total CD3+ Cells / kg	5.492E+08	5.343E+08
% CD34+ Cells	0.18	0.18
Total CD34+ Cells	1.919E+08	1.849E+08
Total CD34+ Cells / kg	2665000	2568000
% CD19+ Cells		
Total CD19+ Cells		
Total CD19+ Cells / kg		

Cellular Processing Lab

- Physician Orders
- Product received from Apheresis Lab
- Manipulation (example Plasma Depletion)
- Freezing and Freezer Management
- Procedure Summary
- Storage
- Supplies Management
- Quantification
- Labels ISB-128

Templated Workflow

- SOP and deviation
- Preparative regimens
- Physician instructions
- Physician orders
- Presentation report

Standard Operating Procedure

Procedure: 01/29/2016 - Presidio-2013-2

Date: 1/29/2016 Policy Number: Presidio-2013-2

Comments

Primary Eligibility Criteria

Diagnosis: Acute Myelogenous leukemia (AML)

	Deviation	Reference
<input checked="" type="checkbox"/> 1. Acute Myelogenous leukemia (AML)		
a. Eligible Stage at Transplant based on disease risk and donor match grade		
i. First remission:		
<input type="checkbox"/> 1. Antecedent Hematologic disease (e.g., myelodysplasia (MDS))	<input type="checkbox"/> Deviation	
<input type="checkbox"/> 2. Treatment related leukemia	<input type="checkbox"/> Deviation	
<input type="checkbox"/> 3. Induction failure	<input type="checkbox"/> Deviation	
<input type="checkbox"/> 4. High risk cytogenetics or adverse molecular mutations in intermediate risk disease	<input type="checkbox"/> Deviation	
ii. After first remission: reinduction should be considered if advanced disease or circulating blasts, prior to transplantation		
b. Preferred Donor Type: allogeneic		

Secondary Eligibility Criteria

	Deviation	Reference
<input type="checkbox"/> 1. Patient Age	<input type="checkbox"/> Deviation	Patient Age: 51
<input type="checkbox"/> a. Autologous: 18-75 years of age	<input type="checkbox"/> Deviation	
<input checked="" type="checkbox"/> b. Allogeneic: 18-75 years of age		
<input type="checkbox"/> 2. Donor Age:	<input type="checkbox"/> Deviation	Donor: 145789, MUD-6 Donor Age: 23 Relation: Unrelated
<input type="checkbox"/> a. Related <= 65 years of age	<input type="checkbox"/> Deviation	
<input checked="" type="checkbox"/> b. Unrelated <= 60 years of age		
<input type="checkbox"/> 3. Performance Status	<input type="checkbox"/> Deviation	90 - Able to carry on normal activity
a. Karnofsky performance > 70% and/or ECOG score of 0 or 1		

EMR Platform

An EMR option is available to support the transplant and cellular therapy. However, clients do not need to utilize all of the features of our EMR as we can interface with the hospital EMR to retrieve data for some of these modules.

Order: Autologous - Pre HSCT

Admission Date: 1/31/2016 Transplant Date: 2/1/2016 (Day 0)

Height: 170.2 cm (5 ft 7 in) Actual Weight: 72.1 kg (159 Lbs) Allergies: penicillin

Dosing Weight: 65.8 kg BSA: 1.76 m²

HSCT Type: Autologous TX Stage: Pre HSCT

Have readily available for anaphylaxis to any therapies or transfusions starting day of admission

<input checked="" type="checkbox"/> Epinephrine 1 mg/mL	0.3	mL/dose (0.01 mL/kg/dose) IM x1 PRN anaphylaxis, may repeat x1 every 5 mins MAXIMUM DOSE: 0.3 mL
<input type="checkbox"/> Normal Saline		mL (20 mL/kg/dose) IV bolus x1 PRN anaphylaxis MAXIMUM DOSE: 1000 mL
<input checked="" type="checkbox"/> Diphenhydramine	50	mg/dose (1 mg/kg/dose) IV x1 PRN anaphylaxis MAXIMUM DOSE: 50 mg
<input type="checkbox"/> Ranitidine		mg/dose (1 mg/kg/dose) IV over 15 minutes x1 PRN anaphylaxis MAXIMUM DOSE: 50 mg
<input checked="" type="checkbox"/> Hydrocortisone	200	mg/dose (4 mg/kg/dose) IV x1 PRN anaphylaxis MAXIMUM DOSE: 200 mg
<input type="checkbox"/> Albuterol		mg in 3 mL NS via nebulizer -or- 2 puffs via MDI PRN anaphylaxis w/wheeze/bronchoconstriction May repeat dose x 1 if symptoms are not controlled

Admission Date: 1/31/2016

Maintenance Hydration: Begin on admission and continue until otherwise ordered

<input checked="" type="checkbox"/> D5 NS		mL/hour (62.5 mL/m ² /hour)
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Admission Date: 1/31/2016

Antiemetics: Begin at least 1 hour prior to the first dose of chemotherapy

<input checked="" type="checkbox"/> Ondansetron	0.2	mg/dose (0.15 mg/kg/dose) IV every 8 hours MAXIMUM DOSE: 8 mg
<input type="checkbox"/> PRN		



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