

Group Talk

Our
Medical Group
Newsletter

JUNE 18, 2020

Spotlight: The Only Stem Cell Transplant Center in Central New England

Did you know that UMass Memorial is the only stem cell transplant (SCT) center in Central New England? Our SCT program is accredited by the Foundation for the Accreditation of Cellular Therapies, has over 25 years of experience and performed more than 1,200 transplants since inception.

Patients in our region benefit from transplant procedures being done close to home. Studies show a linkage between improved outcomes and the patient's proximity to their treatment center. The time it takes to get to the hospital is critical when you are receiving transplant treatment, especially when it comes to preventing life threatening complications ([learn more here](#)). In addition to improved outcomes, proximity to treatment is also a convenience for patients with these diagnoses who need to be seen multiple times a week.

We do even more than cancer care here! We participate in the ["Beat MS" Multiple Sclerosis Study](#) in collaboration with our MS Neurology team, Cancer Research office, striving to provide great outcomes for this debilitating disease.

We have five transplant physicians and a sixth physician joining the program in summer 2020:

- [Jonathan Gerber, MD](#) – chief division of Hematology/Oncology
- [Muthalagu Ramanathan, MD](#) – co-director of SCT Program and Director of Myeloma Program
- [Jan Cerny, MD, PhD](#) – co-director of SCT Program and Director of Leukemia Program
- [Shyam Patel, MD, PhD](#) – focus is in Myeloid disorders
- [Sakiko Suzuki, MD](#) – physician scientist
- Andrew Gillis-Smith, MD – will start in August 2020 (focus on Lymphoma)

You can also reach out to BMT transplant Coordinator Lisa O'Connell at (774) 442-5413, or [Dr. Muthalagu Ramanathan, MD](#), director of the Myeloma Program and co-director of the Blood and Marrow Transplant Program. To learn more, please see this helpful FAQ that follow.

Jill's Story

Jill underwent her stem cell transplant in August 2017 at UMass Memorial—and she is incredibly grateful for her wonderful care team, led by Dr. Muthalagu Ramanathan. As soon as she could, Jill got back to the lab and to the classroom—not to mention on the sidelines of soccer and field hockey games. [Read Jill's story!](#)



FAQ

1. Is Stem cell transplant (SCT) surgery?

SCT is not surgery. The collection process is like blood donation and happens as an outpatient in the blood donor room. The infusion is like receiving a blood transfusion and is infused at the bed side by nursing.

2. What is autologous stem cell transplant (Auto SCT)?

Auto SCT is the term used to describe the administration of high-dose chemotherapy followed by stem cell rescue. Patient's own stem cells are collected (mobilization) in blood donor room about two to four weeks prior to transplant admission and cryopreserved. When the patient gets admitted for transplant these cells are thawed and transfused back after high-dose chemotherapy is administered.

3. How does Auto SCT work and what is the benefit?

Auto SCT enables the administration of high doses of chemotherapy (that can otherwise not be given without stem cell rescue) to obtain maximum cancer kill and a deep response.

4. What are some of the common indications for Auto SCT?

Multiple Myeloma, relapsed lymphoma or high-risk lymphoma.

5. What are the risks associated with Auto SCT?

Risk of chemotherapy such as infection and organ damage. In the absence of comorbidities, the risk of a life-threatening complication is <5%

6. Is there an age cut off for transplant?

There is no absolute age cut off for transplant. We have transplanted patients as old as 82 (auto) and 83 (allo) years of age at UMass Memorial.

7. What is Allogenic Stem Cell Transplant?

Allogeneic means 'not from self' but from a donor.

8. What are the risks associated with Allogenic Stem Cell Transplant?

- Graft versus host disease which refers to donor cells attacking host cells
- Risk of infection due to immunosuppression
- Risk of organ damage from use of chemotherapy

9. What are the indications for Allo SCT?

Indications for donor transplant are many including bone marrow failure, leukemias such as acute myeloid leukemia (AML), acute lymphocytic leukemia (ALL), chronic myeloid leukemia (CML), myelodysplastic syndrome (MDS), and myelofibrosis (MF).

What We Do, At a Glance

- We perform both autologous (self) and allogeneic (donor) stem cell transplants.
- Donor transplant includes transplants from related donors such as siblings and children and unrelated transplants.
- After initial induction treatment, consolidation with autologous transplant is standard of care in Multiple Myeloma and in relapsed or high-risk lymphomas.

10. How do I make a referral to the SCT Program?

The transplant program is a combined hematologic malignancy and Stem cell Transplant program at UMass Memorial.

- You can make a referral to our Hematology/Oncology Program, state the diagnosis and request for a transplant physician.
- Call the HOPE line at 866-597 HOPE (4673)

11. Is it safe to transplant during this COVID pandemic?

Cancer treatments including transplant often cannot wait and hence treatment is offered as long as benefit outweighs the risk. We have utilized telehealth where appropriate and continued to perform urgent transplants during the pandemic and are moving forward with elective transplants starting in the latter part of June 2020. We ensure that our transplant patients are well informed. In fact, our transplant patients are often the most experienced in taking and following social distancing precautions.

12. Is there a difference in treatment offered at UMass Memorial versus Boston?

While offering cancer treatments — including transplants — oncologists typically offer “standard of care protocols.” This means that the first steps all physicians take in treating cancer are delivered as successfully here in our cancer program as they are delivered in Boston. Clinical trials are used typically when standard of care treatments are exhausted or there is no good standard treatment available.

13. What does the Dana Farber Collaborative mean?

When a clinical trial referral is needed due to lack of appropriate clinical Trial at UMass Memorial, or a rare cancer is presented, UMMHC oncology physicians have direct means to get in touch with and referring to Dana Farber specialists when needed. In the future, we will be working with Dana Farber in offering even those same clinical trials here in Worcester. [Read more from Dr. Gerber.](#)

14. Do we have a dedicated bone marrow transplant unit? Where is it located?

We have a dedicated 8-bed transplant unit to care for our transplant patients. In addition, we have access to 24 single rooms at University 8 West and 8 North for our neutropenic patients. Our transplant program is only located at university campus; transfusion medicine department and tertiary care is an integral part of our transplant program.

15. What are the transplant outcomes at UMass Memorial?

UMass Memorial transplant outcomes are well within the expected survival range for comparable patient population across different transplant centers. UMass Memorial has experience performing high-risk transplants including transplants in patients with multiple comorbidities and older age. Data on each center’s transplant outcomes are published and can be found at bethematch.org.

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