Andy Evens, Susan Parsons, Julia Driessen, Marie Jose Kersten, Alison Moskowitz, Alex Herrera

* Welcome/Introductions (All)
	+ Andy, Susan, Julia, Marie Jose, Alison, Alex
	+ HoLISTIC members (differentiation between consortium and grant members), HoLISTIC countries, HoLISTIC timeline, kept HoLISTIC at Tufts to anchor it and also based on TMC team expertise
	+ Receiving deidentified patient level data vs serving as validation (no sending of data - ex. Germany)
		- 11 phase 3 clinical studies, 4 large HL registries
* Quick review of overarching grant aims (Parsons/Evens)
* Aim 1: predictive modeling (starting now with ESWG)
* Aim 2: multi-state modeling (starting now with ASWG)
* Aim 3: simulation modeling (looking to the future)
	+ NCI R01 grant funded $4m in 2021
	+ Looking to anchor smaller supplement related to relapse/refractory registries
	+ ‘PET Scans’ has not been decided yet 🡪 imaging group
		- Julia interested
	+ ‘Radiation fields’ available?
		- Clinical trials: yes
		- Registries: compensation available to get additional information if discovered it is needed
* Discuss operational process: advanced-stage HIPI as a model (Parsons/Evens)
	+ E-hipi, r-hipi in the future?
	+ Involved PIs of the data, monthly meetings, weekly modeling meetings with statisticians
* Review Relapsed/Refractory data available (Moskowitz/Herrera and colleagues)
	+ AM: retrospective data but a lot of patients were in clinical trials = 1000 total
		- Have info on which clinical trial they were on
		- 2010-2020, transplanted pts
		- Will want to look at other registry data to harmonize the dictionaries; will want to know if there is any missing data that can get from treating institutions
	+ Julia + Marie: 6 clinical trial data (3 with BV + chemo), individual patient data = 770 total
* Discuss data agreements and data transfer (Parsons)
	+ Data meets GDPR standards
	+ Each of the data sources remain a stand-alone database
	+ Don’t need to wait for DUAs for high level data
	+ Can use the language that is a “passionate plea” for the work that will be done in the supplement; include radio mix part?
		- Rough estimate of patients + source
* Discuss intersection with other working groups (Evens/Parsons)
	+ CIBMTR \*might put off for next year\*, Lymphoma working committee
	+ How to count duplicates… with different propensity scores and labels?
* Next Steps/Wrap-Up (All)
	+ Share drafts of initial trial
	+ Review existing DUAs, may be able to amend the newer ones (see if there is clinical trials office to see if new vs amended DUAs is better?
		- DUAs from registries will be easier
* Everyone should prepare description of each registry’s data so SKP can make a case for the data in suppl
* Biosketches will be needed, can a group letter be done…?
* SKP will start work after February
* If there are other data/countries, will want to bring them on
	+ Ex. Chair of EBMT (Anna)
* Will want to continue to refresh data and reflect novel treatments in database