The Coleman Foundation Chair of Blood and Bone Marrow Transplant

Appreciating You

> *"I am deeply grateful to the Coleman Foundation, especially at this uncertain time in medicine. We work with pride and confidence that this partnership makes groundbreaking research possible. Your support makes a meaningful difference in the lives of hundreds of patients who continue to turn to Rush for some of the most advanced cellular therapies science has to offer."*

Dr. Ustun and his team continue to make important contributions to the field of cellular therapy while incorporating the latest discoveries and innovative medical advancements into their practice. Since the establishment of The Coleman Foundation Chair of Blood and Bone Marrow Transplant in 1985, our understanding of hematological malignancies and ways to treat them have meaningfully extended patients' lives. Survival rates for blood-related cancers like leukemia continue to rise. Meanwhile, the immunotherapies that have made these increases possible are showing great potential to improve outcomes for other diseases. **The following report highlights key program updates across clinical care, education and research that stand to continue to improve the lives of patients at Rush and beyond.**

Strengthening Our Reputation for Patient-Centered Care

Under Dr. Ustun's leadership, our bone marrow transplant and cellular therapy program continues to reach new heights, **enhancing Rush's reputation as a leading destination for cancer care**, especially for hematological malignancies:

Adhering to global standards of care: Our program completed and received its seventh FACT reaccreditation in January 2024 — the highest level of accreditation for BMT and cellular therapy programs — reaffirming our compliance with quality standards for cell collection, laboratory processing and transplantation. **Rush is one of 294 institutions globally to receive this accreditation**.

Achieving exceptional survival outcomes: Rush tracks and reports patient outcomes to the Center for International Blood and Bone Marrow Transplant Research, or CIBMTR, the organization whose data informs the National Marrow Donor Registry's advocacy and research efforts. **Their analysis confirms our care and expertise deliver reliable, positive outcomes for patients — and have since CIBMTR began recording and publishing this data in 2005.**

Increasing clinical volumes: As a result of our **clinical excellence, exceptional outcomes and patient satisfaction scores that rank among the best in the nation**, more people are seeking care from Rush. Our patient-centered approach to care and commitment to offering the most innovative treatment options ensure the best outcomes for each patient.

These outcomes show that our program improves the lives of people with blood-related disorders. And The Coleman Foundation is an inextricable part of this success. With your ongong support, the program has continued to record excellent outcomes, deepen collaborations across Rush and advance research to transform hematological care.

Introducing RUSH MD Anderson

By partnering with MD Anderson Cancer Center in Houston, we're enhancing our ability to solve complex problems and deliver advanced cancer care across greater Chicago and Northwestern Indiana. RUSH MD Anderson Cancer Center provides a high level of care that aligns with MD Anderson's protocols and practices, reinforcing our commitment to improving access to advanced cancer treatment. Patients have access to clinical trials, treatments and research that are among the most advanced in the world — close to home.

"Our Rush community includes some of the brightest minds in medicine, scientific research and medical education. Our mission, vision, strategy and goals align with MD Anderson's clinical standards of care. We are stronger together and look forward to providing continued comprehensive care for all RUSH MD Anderson patients."

— Amina Ahmed, MD
Director, RUSH MD Anderson Cancer Center
The Sheba Foundation Director of the Rush Cancer Program

The Future of Care at RUSH MD Anderson Cancer Center's Cell Therapy Center

Cell therapy represents a bright hope for a future where no one worries about a cancer diagnosis. **RUSH MD Anderson Cancer Center's Cell Therapy Center will play a significant role in moving the field forward in the Midwest.** Since the completion of the $7 million renovation of the Rush Cell Therapy Lab, Dr. Ustun and his team have been preparing to move into their new space in the Joan and Paul Rubschlager Building. This space is also the new home of RUSH MD Anderson's Cell Therapy Center and will continue to offer some of the most innovative cell therapies for a range of diseases.

As we mentioned last year, biopharmaceutical companies produce most cells manufactured for research and patient care in the U.S. Only a handful of academic medical centers are equipped to create their own because these cells are difficult to commercialize. There are currently two such centers in the Midwest. As RUSH MD Anderson Cell Therapy Center continues to expand its capacity, it plans to:

- Produce cells in-house for Rush University scientists to use in research
- Reduce the cost of life-extending therapies by up to 80%
- Cut the time to treatment in half for people needing cellular transfusions
- Meet an international need for these cutting-edge therapies

With state-of-the-art equipment and a lab director in place to oversee these activites, Dr. Ustun and his team are prepared to launch the next phase of their expansion. First, the endowment will help purchase a flow cytometer. This machine is used to evaluate bone marrow and blood, including counting blood cells and detecting physical and chemical differences between them.

Currently, the Cell Therapy Center collaborates with pathology to get this information. With their own flow cytometer, Dr. Ustun and his clinician and research partners can process results, produce cells and deliver therapies, faster. They are also in the process of hiring a second technologist with experience in flow cytometry to ensure there is always someone available to use the device.

"On the clinical side, the flow cytometer will help us count donor stem cells. It will be able to tell us when we have enough cells to administer cell therapy. Now we have the personnel with the knowledge and and ability to use it, and we have the facility that we can use it in, then we are also able to develop our research program and create our own cells."

— Dr. Ustun

Cell Therapy Leadership at Rush

RUSH MD Anderson's Cell Therapy Center and the Rush Cell Therapy Lab at RUSH MD Anderson are led by four of the world's most respected experts in cell therapy. Collectively, they bring over 130 years of experience in the field, covering patient care, laboratory management, basic science research, mentorship and expertise in rare and understudied diseases. **The newly refurbished cell therapy lab will allow them to grow their teams, deepen their research and identify potential therapeutic interventions for people with blood cancers and other diseases.**

Celalettin Ustun, MD

Dr. Ustun leads the direction and development of the Cell Therapy Center. Under his leadership over the last eight years, the program has recorded increasingly better survival rates for allogenic transplants, launched clinical trials for groundbreaking immunotherapies, and promoted a holistic approach to healing and survivorship. He is regarded as an international expert in mast cell disorders, particularly systemic mastocytosis, a rare but serious blood disorder. His commitment to studying this condition has expanded research globally.

Sunita Nathan, MD

Dr. Nathan is an associate professor of medicine and associate director of the Cell Therapy Center. She received her medical degree from B.J. Medical College at the University of Pune in India. She completed her residency in internal medicine, followed by a fellowship in hematology-oncology at John H. Stroger Hospital of Cook County. Dr. Nathan is board certified in internal medicine, hematology and medical oncology. Her research largely centers on improving delivery and effectiveness of stem cell and cellular therapies in cancer treatment. She oversees clinical protocols and trials of stem cell transplant and cellular therapies for all hematologic malignancies, with a specific interest in cellular therapy options for lymphoma.

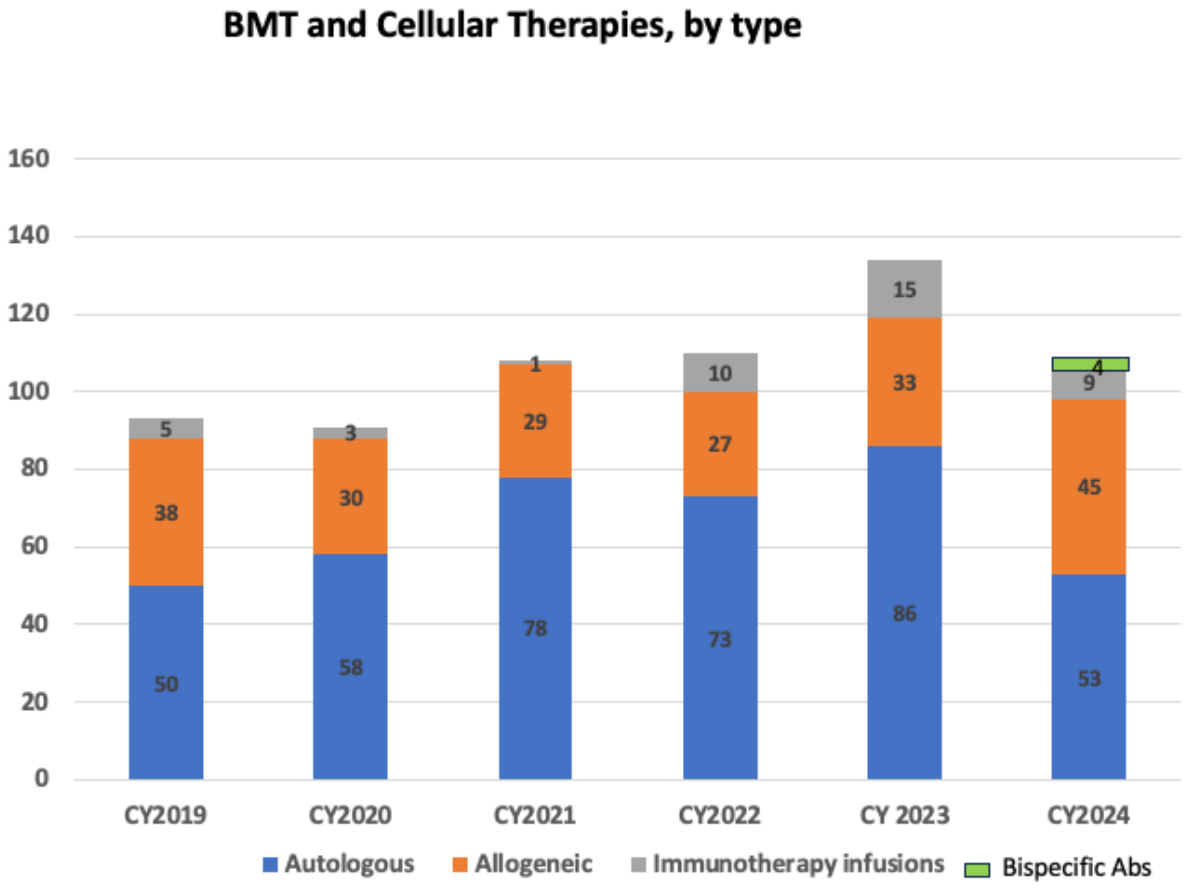
Mahzad Akbarpour, PhD

Dr. Akbarpour serves as the director of the Cell Therapy Lab. A skilled and passionate immunologist, he is dedicated to expanding the availability of cellular therapies, such as CAR-T, in clinical settings. His work focuses on producing CAR T-cells in hospital settings and his research developing cell and gene therapies in autoimmune disease is highly regarded internationally. Dr. Akbarpour's postdoctoral fellowships at the University of Chicago and Northwestern University led to significant discoveries in immunobiology of lung transplantation and graft dysfunction.

Fotis Asimakopoulos, MB BChir, PhD

Dr. Asimakopoulos joined Rush in December 2024. He was appointed the Robert E. and Emily H. King Professor of Cancer Research in March 2025. Prior to joining Rush, he served as the Robert Shillman Scholar in Cancer Research at the University of California San Diego Moores Cancer Center. His research focuses on designing effective therapies for multiple myeloma by studying the tumor microenvironment, tumor inflammation and experimental therapies. Dr. Asimakopoulos' immunotherapy work has received international accolades and support from the public sector and private philanthropy. He is an elected member of the American Society for Clinical Investigation (ASCI), the top honor society for physician-scientists in the country.

Clinical Updates



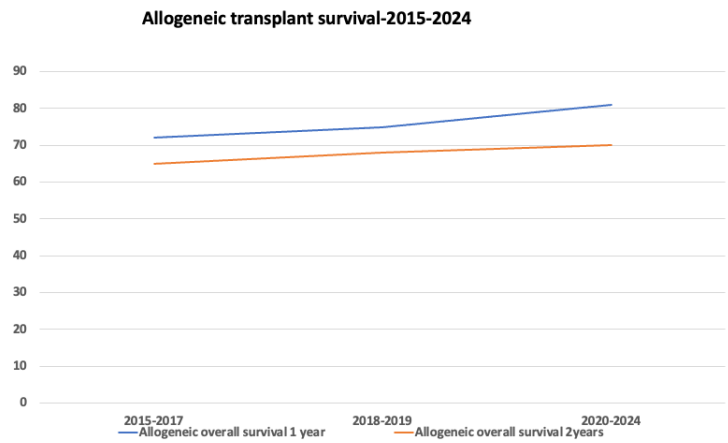
As you can see from the graphic above, we have performed more than 100 transfusions annually over the last four years. These treatments include approaches such as traditional bone marrow transplantation as well as innovative immunotherapies such as CAR-T and bispecific antibodies.

Whereas CAR-T therapy modifies and replicates a patient's T-cells *outside* the body, bispecific antibodies target and modify immune cells *inside* the body. Since this process happens in real-time versus a laboratory setting, bispecific antibody therapy can cut patients' time to treatment by two to four weeks. As early investigations hint at the therapy's effectiveness at treating non-blood-related disorders, scientists across the country — including at Rush — are exploring other applications for bispecific antibody treatment.

Our clinical volume in 2024 was slightly lower than previous years because of transitions in the group, including the move to a new space. The Cell Therapy Center continued to record impressive survival rates after transplantation. Among patients receiving **autologous transplants** and **CAR-T infustions**, the one-year survival rate is nearly 100%. **Allogenic transplants**, which involve the transplantation of stem cells from a matched relative or unrelated donor, have also made considerable progress. Over the last eight years, the survival rates for people who undergo allogenic transplants at Rush have improved:

- Patients currently have an **81% survival rate after one year**, meeting expectations based on CIBMTR's data analysis. We have consistently met expectations for overall survival, demonstrating our reliability and ability to deliver the best outcomes for patients.

- The two-year survival rate **just surpassed 70%** — a critical milestone for predicting long-term health outcomes. A national study of CIBMTR data on people who received allogenic transplants found that 85% of patients who passed this threshold were alive and disease-free after a decade.



- Older patients (61+) — for whom the procedure was perceived to be too high-risk — have a **one-year survival rate of 67%.**

These outcomes are a significant point of pride for Dr. Ustun, especially considering the complex cases at Rush. Dr. Ustun is hopeful our continued success in this area will eventually earn Rush an "over-performer" designation in the CIBMTR's annual ranking of BMT programs.

Transplants and infusions are not the only measure of success for Dr. Ustun and his team. They want all patients to feel seen and heard. The team recognizes how difficult and isolating the first 12 months post-transplant are for patients. They are committed to making the journey a little easier and commemorating patients' milestones along the way. With support from the endowment, Dr. Ustun and his team produced pill boxes to support patients' post-transplant routines and help them take their medications regularly.

The team also decided to make small gift bags for stem cell patients to celebrate one-year post-transplant — affectionately called their "birthday," because it represents a new life. The bags contain reusable travel mugs that recognize the Coleman Foundation as a key supporter of the center's work. These small gestures are as important to Dr. Ustun as the life-saving therapies he and his team administer.

"It's a really big day for patients who live a year because it's a really tough process. It's something to celebrate. We wanted to give patients something to keep and commemorate this accomplishment. I also believe giving should be from institutions to patients, too. I'm trying to give patients whatever they need, even small things, to show them we have been thinking about them and that we're in this together."

— Dr. Ustun

Extending treatment options to other disease sites at Rush

The Cell Therapy Center is expanding its application of cell therapies by collaborating with solid tumor treating-colleagues and non-cancerous diseases. After receiving the appropriate approvals from the Federal Drug Administration, or FDA, Rush oncology patients diagnosed with melanoma, lung cancer, and sarcoma can now access these contemporary therapies, especially CAR-T and bispecific antibodies. One to two patients with lung cancer receive an infusion each month.

Early research is showing promising outcomes for rheumatological, autoimmune and neurological diseases treated with cell therapies. Dr. Ustun and his colleagues have been collaborating with their neurology colleagues to explore cell therapy approaches for conditions such as multiple sclerosis, or MS, based on these results so far.

This approach is still rare. It is experimental and not approved by all insurers. Currently, younger patients with advanced MS symptoms are the best candidates for cell therapies such as bone marrow transplants. Dr. Ustun and his team performed an autologous stem cell transplant for a patient with MS in March 2024. During their one-year follow-up, the patient told Dr. Ustun their life has changed dramatically — and for the better.

Dr. Ustun and his colleagues are optimistic that cases like this will prove that cell therapy is a highly effective, realistic treatment option for many more people with MS.

Training the Next Generation of Hematology Experts

Beyond the powerful research that promotes unparalleled patient outcomes, Rush faculty believe deeply in the institution's educational mission. Rush's hematology-oncology fellowship is a three-year program providing clinical training in all areas of hematology, medical oncology and stem cell therapy. Trainees have the opportunity to learn about some of the most advanced cell therapies available, contribute to cutting-edge research and learn from leaders in the field, including **Sunita Nathan, MD**. By offering a robust fellowship, Rush continues to influence practice and grow its own highly-skilled workforce.

Dr. Ustun and his colleagues recognize that a well-prepared workforce leads to better patient care. As one of the top cellular therapy programs in the Midwest, they also recognize that a collaborative approach to training will reach more early career clinicians — and benefit more patients. The Cell Therapy Center partners with Cook County Health and Sinai Chicago to expose their trainees to cellular therapy practices and protocols. The third rotation of fellows from John J. Stroger, Jr. Hospital began in the winter/spring of 2025. At the beginning of the 2024-2025 academic year, Sinai Chicago started sending their fellows to Rush for a BMT rotation.

"We are very excited to have all these young trainees. These partnerships have worked really well. In fact, we have a new faculty member joining us in September 2025 who trained at Rush through Stroger's fellowship program and continued his training and BMT research at Mayo Clinic."

— Dr. Ustun

Research Updates

Dr. Ustun is regarded as an international expert in mast cell disorders, particularly systemic mastocytosis, a rare but serious blood disorder that results from an overproduction of mast cells. Mast cells are a type of white blood cell that protect your body from certain intruders, such as allergens. An overproduction of mast cells leads to a continuous allergic response, including a blotchy, itchy rash. While some aggressive forms of systemic mastocytosis can be treated with a bone marrow transplant, there is no known cure for the disorder.

Dr. Ustun and CIBMTR developed a unique partnership to further our understanding of this disease. Because of CIBMTR's longstanding relationship with Dr. Ustun and the robust financial backing of the Cell Therapy Center, they agreed to support a more in-depth study. Their additional data collection efforts helped Dr. Ustun and his research team conduct critical research on this understudied disease. More than 20 centers and CIBMTR statisticians contributed to this study, which is currently undergoing review for publication. Once published, it will be only the third comprehensive study on systemic mastocytosis in the nation. This study will serve as a catalyst for future research and hopefully lead to better treatment options for patients diagnosed with this rare disease.

This partnership and groundbreaking research would not have been possible without The Coleman Foundation's investment in Rush.

In anticipation of this publication, Dr. Ustun and his colleagues published an article about the state of systemic mastocytosis diagnostics, treatment approaches, and research as well as the gaps in knowledge and challenges to improving outcomes. This piece helps educate hematologists on the disease, demystify it and encourage greater scientific inquiry around it. Ideally, it also gives clinicians the knowledge they need to help patients manage and mitigate their symptoms.

First-in-their-field Studies and Innovative Approaches to Care

Dr. Ustun's clinical and research colleagues in the center have also published groundbreaking case study reports, updated practice guidelines, observational studies and analyses.

- Dr. Nathan recently published a novel risk score to assess the cardiovascular risk for patients undergoing a stem cell transplant. This tool can guide clinicians' care planning and support more preventive measures to mitigate these risks and improve patients' outcomes.
- Dr. Asimokopoulos and colleagues at the University of California San Diego published the first known report of a triple organ transplant for AL amyloidosis, a condition that leads to the build-up of amyloid deposits in organs such as the heart and kidneys. The build-up eventually causes organ failure.

2024 Publications

- Systemic Mastocytosis: Current Status and Challenges in 2024.**Ustun C**, Keklik Karadag F, Linden MA, Valent P, Akin C.Blood Adv. 2025 Jan 24:bloodadvances.2024012612. doi:0.1182/bloodadvances.

- Measurable residual disease and posttransplantation gilteritinib maintenance for patients with FLT3-ITD-mutated AML. Levis MJ, Hamadani M, Logan BR, Jones RJ, Singh AK, Litzow MR, Wingard JR, Papadopoulos EB, Perl AE, Soiffer RJ, **Ustun C**, Ueda Oshima M, Uy GL, Waller EK, Vasu S, Solh MM, Mishra A, Muffly L, Kim HJ, Stelljes M, Najima Y, Onozawa M, Thomson KJ, Nagler A, Wei AH, Marcucci G, Chen C, Hasabou N, Rosales M, Hill JE, Gill SC, Nuthethi R, King D, Mendizabal AM, Devine SM, Horowitz MM, Chen YB.Blood. 2025 Jan 7:blood.2024025154. doi: 10.1182/blood.2024025154.

- Enhancing Therapeutic Efficacy of FLT3 Inhibitors with Combination Therapy for Treatment of Acute Myeloid Leukemia. Leifheit ME, Johnson G, Kuzel TM, Schneider JR, Barker E, Yun HD, **Ustun C**, Goldufsky JW, Gupta K, Marzo AL.Int J Mol Sci. 2024 Aug 30;25(17):9448. doi: 10.3390/ijms25179448.

- Outcomes of patients with primary central nervous system lymphoma following CD19-targeted chimeric antigen receptor T-cell therapy. Mercadal S, Ahn KW, Allbee-Johnson M, Ganguly S, Geethakumari PR, Hong S, Malone A, Murthy H, Pawarode A, Sica AR, Solh M, **Ustun C**, Shadman M, Sauter CS, Hamadani M, Herrera AF, Lee CJ.Haematologica. 2025 Jan 1;110(1):218-221. doi: 10.3324/haematol.2024.285613.

- Late effects after allogeneic haematopoietic cell transplantation in children and adolescents with non-malignant disorders: a retrospective cohort study. Kahn J, Brazauskas R, Bo-Subait S, Buchbinder D, Hamilton BK, Schoemans H, Abraham AA, Agrawal V, Auletta JJ, Badawy SM, Beitinjaneh A, Bhatt NS, Broglie L, Diaz Perez MA, Farhadfar N, Freytes CO, Gale RP, Ganguly S, Hayashi RJ, Hematti P, Hildebrandt GC, Inamoto Y, Kamble RT, Koo J, Lazarus HM, Mayo SJ, Mehta PA, Myers KC, Nishihori T, Prestidge T, Rotz SJ, Savani BN, Schears RM, Sharma A, Stenger E, **Ustun C**, Williams KM, Vrooman LM, Satwani P, Phelan R.Lancet Child Adolesc Health. 2024 Oct;8(10):740-750. doi: 10.1016/S2352-4642(24)00167-6. Epub 2024 Aug 30.

- Health-related quality of life with gilteritinib vs placebo posttransplant for FLT3-ITD+ acute myeloid leukemia.Hamilton BK, Pandya BJ, Ivanescu C, Elsouda D, Hamadani M, Chen YB, Levis MJ, Ueda Oshima M, Litzow MR, Soiffer RJ, **Ustun C**, Perl AE, Singh AK, Geller N, Hasabou N, Rosales M, Cella D, Corredoira L, Pestana C, Horowitz MM, Logan B.Blood Adv. 2024 Oct 8;8(19):5091-5099. doi: 10.1182/bloodadvances.2024013746

- Donor types and outcomes of transplantation in myelofibrosis: a CIBMTR study.Jain T, Estrada-Merly N, Salas MQ, Kim S, DeVos J, Chen M, Fang X, Kumar R, Andrade-Campos M, Elmariah H, Agrawal V, Aljurf M, Bacher U, Badar T, Badawy SM, Ballen K, Beitinjaneh A, Bhatt VR, Bredeson C, DeFilipp Z, Dholaria B, Farhadfar N, Farhan S, Gandhi AP, Ganguly S, Gergis U, Grunwald MR, Hamad N, Hamilton BK, Inamoto Y, Iqbal M, Jamy O, Juckett M, Kharfan-Dabaja MA, Krem MM, Lad DP, Liesveld J, Al Malki MM, Malone AK, Murthy HS, Ortí G, Patel SS, Pawarode A, Perales MA, van der Poel M, Ringden O, Rizzieri DA, Rovó A, Savani BN, Savoie ML, Seo S, Solh M, **Ustun C**, Verdonck LF, Wingard JR, Wirk B, Bejanyan N, Jones RJ, Nishihori T, Oran B, Nakamura R, Scott B, Saber W, Gupta V.Blood Adv. 2024 Aug 27;8(16):4281-4293. doi: 10.1182/bloodadvances.2024013451

- Allogeneic haematopoietic cell transplantation for advanced systemic mastocytosis: Best practice recommendations on behalf of the EBMT Practice Harmonisation and Guidelines Committee. McLornan DP, Czerw T, Damaj G, Ethell M, Gurnari C, Hernández-Boluda JC, Polverelli N, Schwaab J, Sockel K, Raffaella G, Onida F, Sánchez-Ortega I, Battipaglia G, Elena C, Gotlib J, Reiter A, Rossignol J, **Ustun C**, Valent P, Yakoub-Agha I, Radia DH.Leukemia. 2024 Apr;38(4):699-711. doi: 10.1038/s41375-024-02182-1. Epub 2024 Mar 12.

- Gilteritinib as Post-Transplant Maintenance for AML With Internal Tandem Duplication Mutation of *FLT3*. Levis MJ, Hamadani M, Logan B, Jones RJ, Singh AK, Litzow M, Wingard JR, Papadopoulos EB, Perl AE, Soiffer RJ, **Ustun C**, Ueda Oshima M, Uy GL, Waller EK, Vasu S, Solh M, Mishra A, Muffly L, Kim HJ, Mikesch JH, Najima Y, Onozawa M, Thomson K, Nagler A, Wei AH, Marcucci G, Geller NL, Hasabou N, Delgado D, Rosales M, Hill J, Gill SC, Nuthethi R, King D, Wittsack H, Mendizabal A, Devine SM, Horowitz MM, Chen YB; BMT-CTN 1506/MORPHO Study Investigators.J Clin Oncol. 2024 May 20;42(15):1766-1775. doi: 10.1200/JCO.23.02474. Epub 2024 Mar 12.

Additional 2023/2024 Publications from Cell Therapy leadership

- Residual endotoxin induces primary graft dysfunction through ischemia/reperfusion-primed alveolar macrophages. **Akbarpour M**, Lecuona E, Chiu SF, Wu Q, Querrey M, Fernandez R, Núñez-Santana FL, Sun H, Ravi S, Kurihara C, Walter JM, Joshi N, Ren Z, Roberts SC, Hauser A, Kreisel D, Li W, Chandel NS, Misharin AV, Mohanakumar T, Budinger GRS, Bharat A. J Clin Invest. 2020 Aug 3;130(8):4456-4469. doi: 10.1172/JCI135838. PMID: 32692317; PMCID: PMC7410086.

- Heart-Liver-Kidney Transplantation for Advanced AL Amyloidosis using Normothermic Recovery and Storage Modalities from a Donor following Circulatory Death: Short-term Outcome in a First-in-world Experience. Brubaker AL, Urey MA, Taj R, Parekh JR, Berumen J, Kearns M, Shah M, Khan A, Kono Y, Ajmera V, Barman P, Tran H, Adler ED, **Asimakopoulos F**, Costello C, Bower R, Pretorius GV, Schnickel GT. *Am J Transplantation,* 2023 Feb: 23(2): 291-93.

- ASTCT Clinical Practice Recommendations for Transplantation and Cellular Therapies in Diffuse Large B Cell Lymphoma. Epperla N, Kumar A, Abutalib SA, Awan FT, Chen YB, Gopal AK, Holter-Chakrabarty J, Kekre N, Lee CJ, Lekakis L, Lin Y, Mei M, **Nathan S**, Nastoupil L, Oluwole O, Phillips AA, Reid E, Rezvani AR, Trotman J, Zurko J, Kharfan-Dabaja MA, Sauter CS, Perales MA, Locke FL, Carpenter PA, Hamadani M. Transplant Cell Ther. 2023 Sep;29(9):548-555. doi: 10.1016/j.jtct.2023.06.012. Epub 2023 Jul 5. PMID: 37419325

- Cardiovascular Risk Stratification of Patients Undergoing Hematopoietic Stem Cell Transplantation: The CARE-BMT Risk Score. Vasbinder A, Catalan T, Anderson E, Chu C, Kotzin M, Murphy D, Cheplowitz H, Diaz KM, Bitterman B, Pizzo I, Huang Y, Xie J, Hoeger CW, Kaakati R, Berlin HP, Shadid H, Perry D, Pan M, Takiar R, Padalia K, Mills J, Meloche C, Bardwell A, Rochlen M, Blakely P, Leja M, Banerjee M, Riwes M, Magenau J, Anand S, Ghosh M, Pawarode A, Yanik G, **Nathan S**, Maciejewski J, Okwuosa T, Hayek SS. J Am Heart Assoc. 2024 Jan 2;13(1):e033599. doi: 10.1161/JAHA.123.033599. Epub 2023 Dec 29.PMID: 38158222

- Incidence and Impact of Fungal Infections in Post-Transplantation Cyclophosphamide-Based Graft-versus-Host Disease Prophylaxis and Haploidentical Hematopoietic Cell Transplantation: A Center for International Blood and Marrow Transplant Research Analysis. Papanicolaou GA, Chen M, He N, Martens MJ, Kim S, Batista MV, Bhatt NS, Hematti P, Hill JA, Liu H, **Nathan S**, Seftel MD, Sharma A, Waller EK, Wingard JR, Young JH, Dandoy CE, Perales MA, Chemaly RF, Riches M, **Ustun C.** Transplant Cell Ther. 2024 Jan;30(1):114.e1-114.e16. doi: 10.1016/j.jtct.2023.09.017. Epub 2023 Sep 28.PMID: 37775070