



## **Advanced Cellular Therapy Sub-committee Terms of Reference**

### **1. Context**

- 1.1. The diversity of cellular therapies, the rapid pace of change and the varied challenges in their delivery on an academic and licensed basis via NHS and other BSBMTCT member centres, support the need for a sub-committee of BSBMTCT focusing on aspects of advanced cellular therapies outside of HSCT and other minimally manipulated haematopoietic cellular therapy.

### **2. Purpose**

To improve patient outcomes and patient experience through:

- 2.1. Promoting collaboration, partnership and cohesion between BSBMTCT member centres, allied specialities as well as partners in academia, NHS England, industry, laboratory medicine, governance, patients and interested parties in the UK.
- 2.2. Agreeing best-practice on matters relating to cellular therapy, including production of guidelines and recommendations for UK practice.
- 2.3. Identifying and addressing areas of unmet need within the UK community.
- 2.4. Education and training within the BSBMTCT and related cell therapy communities, including shared learning.
- 2.5. To collaborate with international partners, including professional societies, for the benefit of BSBMTCT centres and their patients.

### **3. Aims**

- 3.1. To create a UK forum and information exchange within the BSBMTCT network for clinical and research activities related to advanced cellular therapies.
- 3.2. To develop standards/benchmarks of care in advanced cellular therapies, defining common practice and the evidence base supporting advanced therapies.



- 3.3. To foster scientific and clinical research in advanced cellular therapies through co-ordination of studies and identification of research priorities.
- 3.4. To promote education, training and competency as shared learning in advanced cellular therapies.
- 3.5. To provide a platform whereby centres new to the delivery of advanced cellular therapies (e.g. CAR-T cells) are supported by more experienced centres.
- 3.6. To issue guidelines and recommendations on delivery of advanced cellular therapies for UK application.
- 3.7. To promote exchange of scientific and clinical information related to cellular therapy through meetings and publications.
- 3.8. To represent a forum for the various medical and scientific disciplines outside of haematology which contribute to advanced cellular therapy.
- 3.9. To advocate on behalf of UK cellular therapy in collaboration with other relevant organisations, including NHSE, EBMT, JACIE, FACT, and regulatory bodies, and thereby support accreditation, benchmarking and other quality assurance and regulatory requirements across BSBMTCT centres.

#### **4. Membership**

- 4.1. The principles of membership of this sub-committee aim to be as inclusive as possible. The membership will aim to reflect rapidly changing R&D and NHS service delivery environments, thereby ensuring outputs from the group remain state of the art, fit for purpose within specific indications, whilst at the same time representative of the breadth of advanced cellular therapies available to patients within the UK.
- 4.2. Membership of the Advanced Cellular Therapies Sub-Committee is open to all of those BSBMTCT members with expertise in the field of cellular therapy. Members may join one or more subgroups on the basis of their expertise (Table 1). Each member is expected to attend the biannual meetings and contribute to Sub-committee outputs. The role of each subgroup will be to draft proposals and guidance, facilitating decision-making and publication of outputs.



- 4.3. Each subgroup will have a nominated lead for a period of 2 years.
- 4.4. The subgroup structure of the Advanced Cellular Therapies Sub-Committee is displayed in Table 1. Sub-groups may be removed or additional sub-groups formed by Chair's action after agreement with the secretary and BSBMTCT executive.

**Table 1**

<b>ACT-SC Subgroups</b>
B-ALL paediatrics/TYA
B-NHL
Myeloma
Myeloid
Solid tumours
Non-malignant
Research and Development*
Ambulatory Care
Manufacture, Regulatory and Quality
Nursing/Trial Co-ordinators/Allied Health
Pharmacy
Patient advocacy

\*This subgroup may contain leads from many areas of ACT (MSCs, TILs, TCRs, VSTs, gene-modified HSCs, and NK etc.)

## **5. Appointment of Chair/Vice Chair**

- 5.1. Only BSBMTCT members will be eligible to be nominated and stand for election as Sub-Committee Chair.
- 5.2. The Sub-Committee Chair will be elected by the BSBMTCT membership for a term of three years.
- 5.3. Once elected the Sub-Committee Chair may hold office for a period of three years from the 1st January following their election, and may be re-elected for one further three year term, making a maximum term of six consecutive years.



- 5.4. The Chair of the Sub-Committee shall nominate a Vice Chair in the event that the Chair is unavailable. If the Chair, for whatever reason is unable to do that, then the members of the Sub-Committee may nominate a Vice Chair in the Chairs absence.

## **6. Meetings**

- 6.1. An annual meeting of the Sub-Committee (in-person or virtual) may be held as determined by the Chair.
- 6.2. Ad-hoc meetings of members may be convened at the request of the Chair or sub-group leads
- 6.3. The conduct of the Sub-Committee and any sub-groups shall be consistent with the BSBMTCT Code of Conduct and Articles of Association.
- 6.4. Virtual meetings may be convened to agree best practice and expert opinion in evidence-free areas.

## **7. Minutes**

- 7.1. The Sub-Committee will choose a member to act as Secretary or minute taker and this may be rotated to share the administrative burden.
- 7.2. Minutes of each sub-committee meeting will be taken and circulated within 1 week of the date of each meeting.

## **8. Reporting mechanism**

- 8.1. The Chair of the Advanced Cellular Therapy Sub-Committee will report to the biannual BSBMTCT Executive Committee meeting.
- 8.2. Subgroup leads will report to the Sub-Committee Chair in advance of each biannual meeting.



## **9. Conflicts of Interest**

- 9.1. Under the BSBMTCT Conflicts of Interest Policy, perceived or actual conflicts of interest must be declared using the Society's form. These will then be added to Register of Interests for the Sub-Committee. (Policy will be provided for guidance).
- 9.2. The Register of Interests will be presented as the first item on the agenda at the start of each Sub-Committee meeting.
- 9.3. All attendees must declare if they have any conflicts of interest pertaining to agenda items for each meeting.
- 9.4. Where a conflict of interest pertaining to an agenda item exists, sub-committee members will withdraw from the room/not contribute/mute when meetings are virtual in nature.
- 9.5. Members of the Sub-Committee must advise the Chair and Society when their interests change to ensure the Register of Interests is updated in a timely manner.
- 9.6. The Register of Interests will be formally reviewed annually.

## **10. Publications**

- 10.1. Outputs from the group will be published on the BSBMTCT website on a dedicated tab for the ACT Sub-Committee.

## **11. Review of Terms of Reference (ToR)**

- 11.1. The suitability/contents these Sub-Committee ToR will be reviewed annually.
- 11.2. Date approved by sub-committee:
- 11.3. Date approved by the Board of Trustees/Executive Committee:
- 11.4. Future date for review by Advanced Cellular Therapy Sub-Committee:
- 11.5. Version ACTSCv1 09022023