

# Multidisciplinary Approach to Clinical Trials: A Regional Perspective

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A stylized graphic of a DNA double helix, with one strand in red and the other in yellow, curving around the text.

**LABIMT**

LATIN AMERICAN  
BLOOD & MARROW  
TRANSPLANTATION

- No COI

# Regional View

Latin America remains one of the most economically unequal regions globally

Cultural diversity and social inequality significantly affect the implementation and participation in clinical trials across the region

# Regional View

Latin America remains one of the most economically unequal regions globally

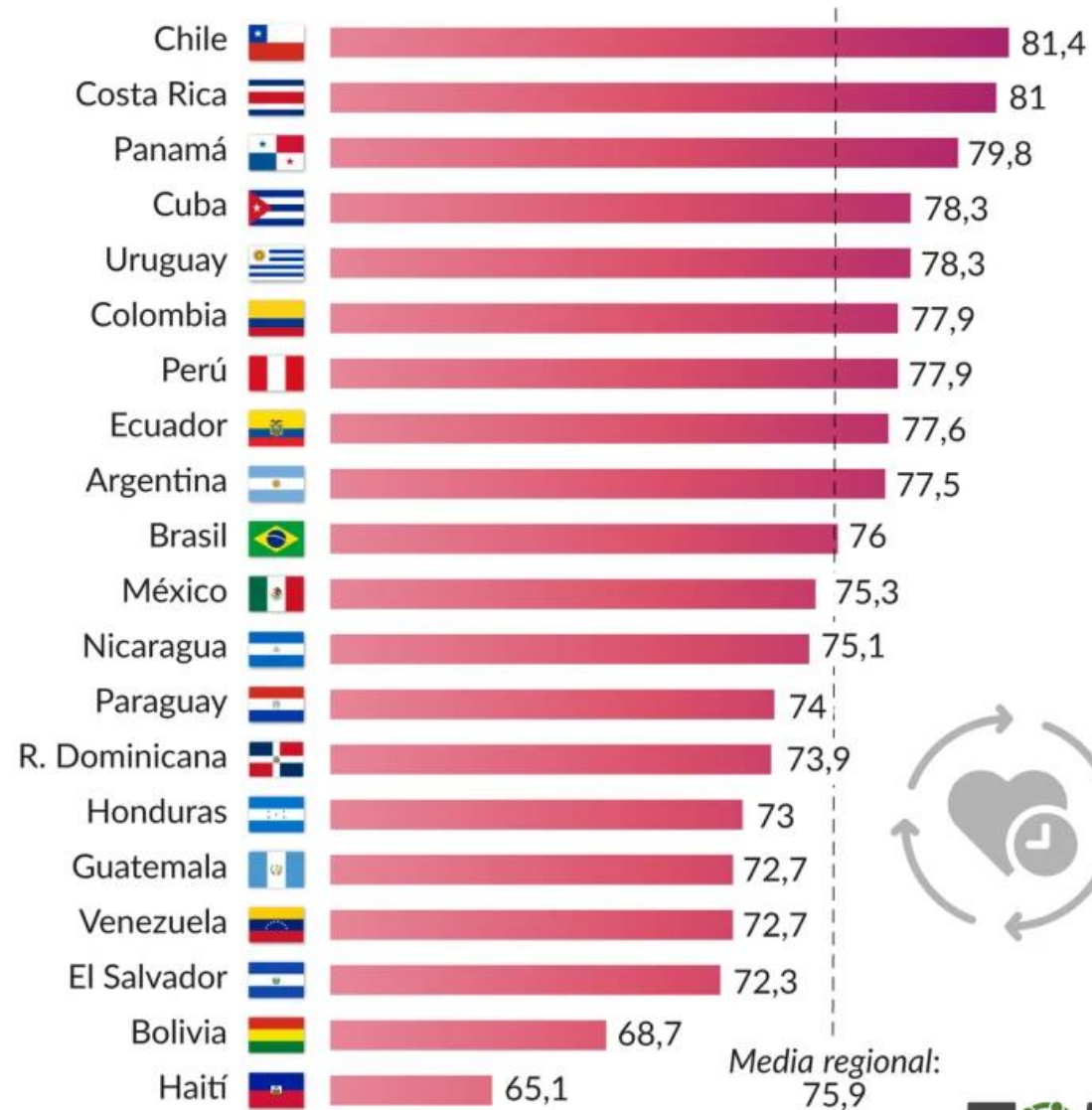
Cultural diversity and social inequality significantly affect the implementation and participation in clinical trials across the region

ASCO: 20% of Latin American countries contribute 90% of accepted studies

País	Ensayos Clínicos
Brasil	1123
Argentina	780
México	747
Chile	407
Colombia	311
Perú	249
Panamá	52
Costa Rica	37
Venezuela	24
Ecuador	23
Uruguay	12
Cuba	7
Paraguay	4
Bolivia	2

<b>País</b>	<b>Ensayos Clínicos</b>	<b>Población Estimada (2025)</b>	<b>Ensayos por millón</b>
Chile	407	19.690.323	20.67
Argentina	780	46.337.520	16.83
Panamá	52	4.586.672	11.34
Perú	249	35.015.825	7.11
Costa Rica	37	5.280.199	7.01
Colombia	311	52.610.722	5.91
México	747	130.301.391	5.73
Brasil	1123	218.803.058	5.13
Uruguay	12	3.423.454	3.51
Ecuador	23	18.289.896	1.26
Venezuela	24	29.926.368	0.8
Cuba	7	11.152.631	0.63
Paraguay	4	7.031.341	0.57
Bolivia	2	12.746.148	0.16

## Años de esperanza de vida en América Latina (2024)



# Regional View



HCT Centers in Latin America (2025.03.30)



COUNTRY	Number of Centers	Number of Reporting Teams* (Ped/Ad)
ARGENTINA	33	44 (16/28)
BOLIVIA	4	4 (1/3)
BRAZIL	137	275
CHILE	13	16 (4/12)
COLOMBIA	25	29 (6/23)
COSTA RICA	4	4 (1/3)
CUBA	2	3 (1/2)
ECUADOR	4	5 (1/4)
MEXICO	26	33 (10/23)
PANAMA	5	5 (1/4)
PARAGUAY	3	4 (2/2)
PERU	10	13 (4/9)
URUGUAY	4	4 (1/3)
VENEZUELA	3	6 (3/3)
<b>TOTAL</b>	<b>273</b>	<b>445</b>

\*If more than one team reported at the same center, they were considered as separate teams. In the case of centers with mixed activity (pediatric and adult) they were considered as different teams (even if they operate in a unified manner).



# WBMT/LABMT Database

## Global Transplant Registry (GTR)



gtr.nulyse.com

Global Transplant Registry

Save Download Reset Values

Questionnaire: WBMT Global Transplant Activity

Center: Uruguay [1060077] Number of centers: 0

Year of Report: 2025 Patient Age Group: Adults (≥ 18 ... Report status: 0

	Fam HLAid BM	Fam HLAid PB	Fam HLAid CB	Fam HLAid BM	Fam HLAid PB	Fam HLAid CB	Fam HLAid BM	Fam HLAid PB	Fam HLAid NS	Family total	URD BM	URD PB	URD CB	Unrelated Total	Allo Total	Auto BM	Auto PB	Auto CB	Auto Total	HSCT Total
AML 1st CR																				
AML non 1st CR																				
Total AML																				
ALL 1st CR																				
ALL non 1st CR																				
Total ALL																				
CML 1st cP																				
CML not 1st cP																				
Total CML																				
Other Leukemia																				
MDS or MDS/MPN																				
MPN																				
Total MDS/MPN																				
CLL incl. PLL																				
Total LEU																				
PCD - Myeloma																				
PCD - other																				

*Worldwide Network for Blood and Marrow Transplantation  
NGO in official relations with World Health Organization*

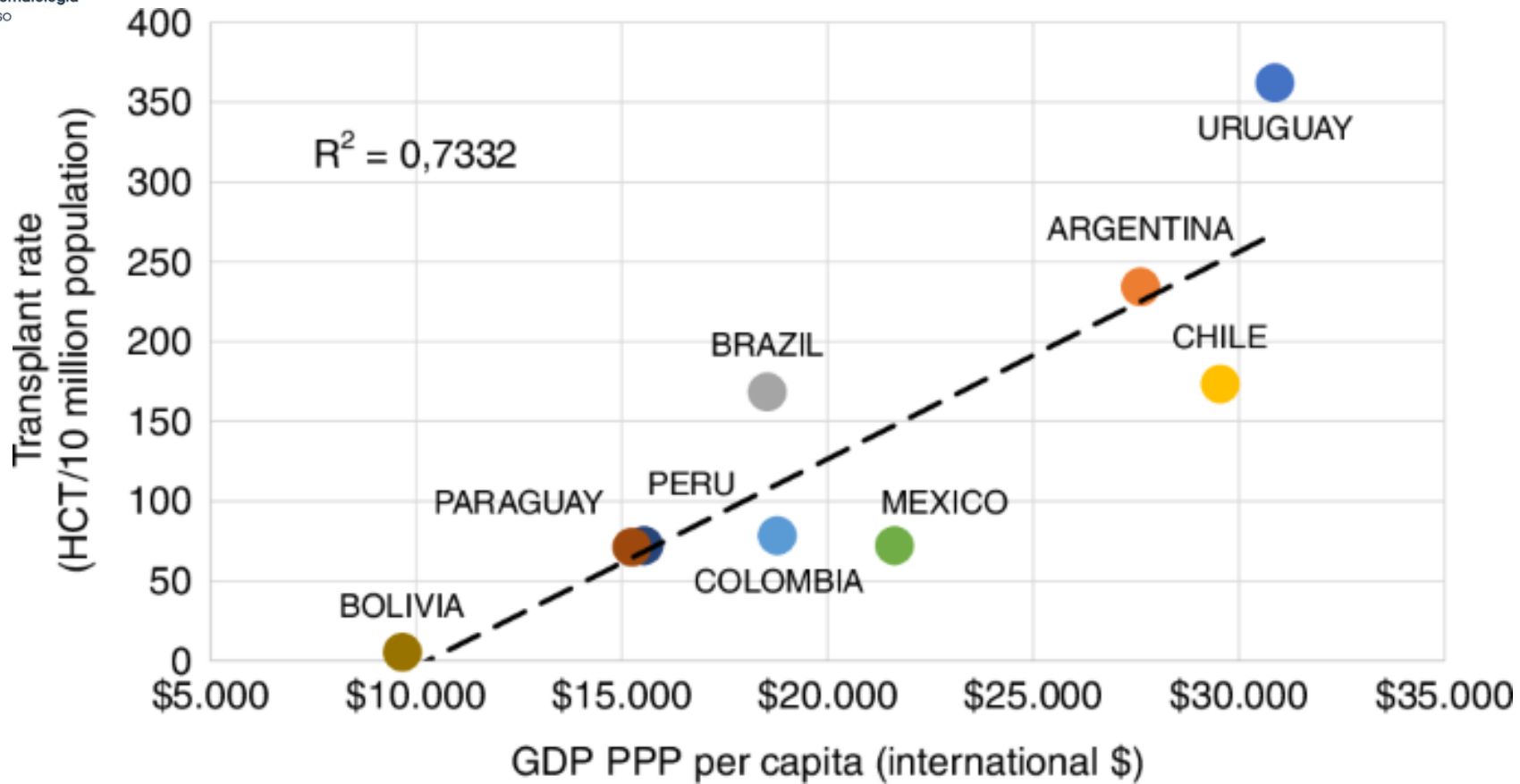


# Actividad de Trasplantes de Medula Ósea en América Latina

	ALLO HCT		AUTO HCT		TOTAL	
	NUMBER	TR	NUMBER	TR	NUMBER	TR
ARGENTINA	408	90	651	144	1059	234
BOLIVIA	0	0	6	5	6	5
BRAZIL	1358	64	2225	104	3583	168
CHILE	203	105	132	68	335	173
COLOMBIA	172	34	230	45	402	78
CUBA	0	0	5	4	5	4
MEXICO	340	27	576	46	916	72
PANAMA	1	2	28	65	29	67
PARAGUAY	13	20	34	51	47	71
PERU	116	35	125	37	241	72
URUGUAY	28	82	96	280	124	362
VENEZUELA	7	2	13	5	20	7
LABMT	2646	40	4121	63	6767	103



# Actividad de Trasplantes de Medula Ósea en América Latina





4<sup>to</sup> Congreso Iberoamericano de Hematología  
6<sup>to</sup> Congreso SPHyMT / 1<sup>er</sup> Congreso SPMTC

# Resultados de Pacientes con Linfoma de Hodgkin Post Trasplante Autólogo de Médula Ósea en América Latina: un Análisis Multicéntrico de GELL-LABMT

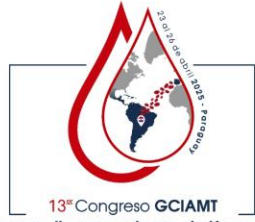
Cristobal Frutos, Nelson Hamerschlak, Guilherme Perini, Larissa Teixeira, Carolina Feres, Cecilia Sernaque, Sofia Rivarola, Barbara Puga, Rodrigo Santacruz, Maria Augusta Pacheco, Renata Rolim de Sousa, Fernando Barroso, Mariana Tavares, Calixto Hernandez, Juan Carlos Jaime, Carolina Oliver, Sebastian Galeano, Byron Figueroa, Mauricio Sarmiento, Perla Colunga, Cesar Gutierrez, Luis Villela, Martha Alvarado, Miguel Lopez, Jule Vasquez, Maria Alejandra Torres, Maria Elvira Enciso, Aline Paats, Alana von Glasenapp, Luis Malpica, Gregorio Jaimovich, Brady Beltran, Ana Basquiera

Organizan:



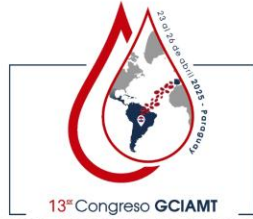
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4º Congreso Iberoamericano de Hematología  
6º Congreso SPHyMT / 1º Congreso SPMTC

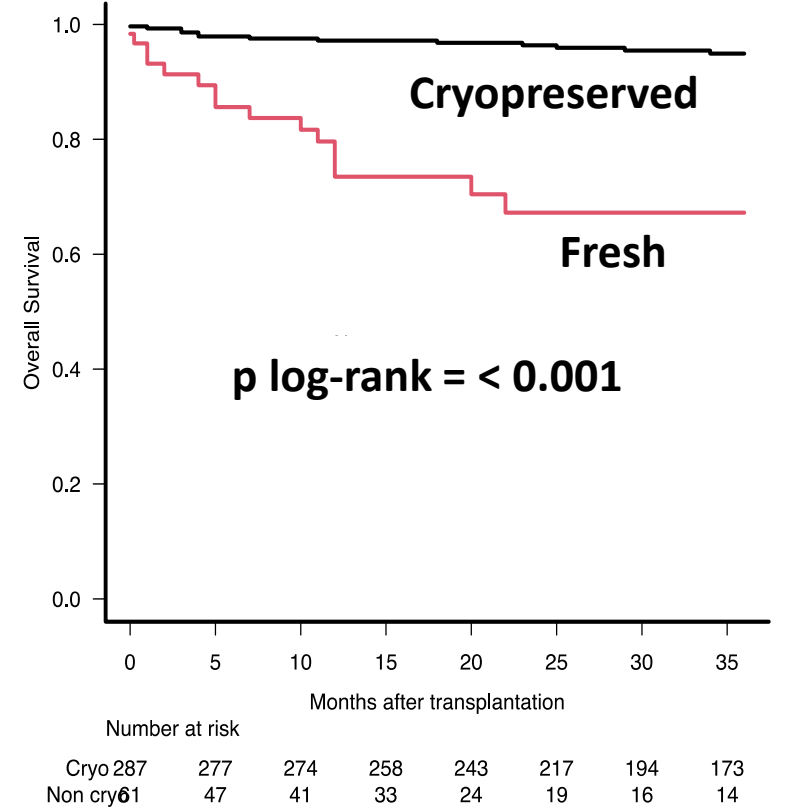
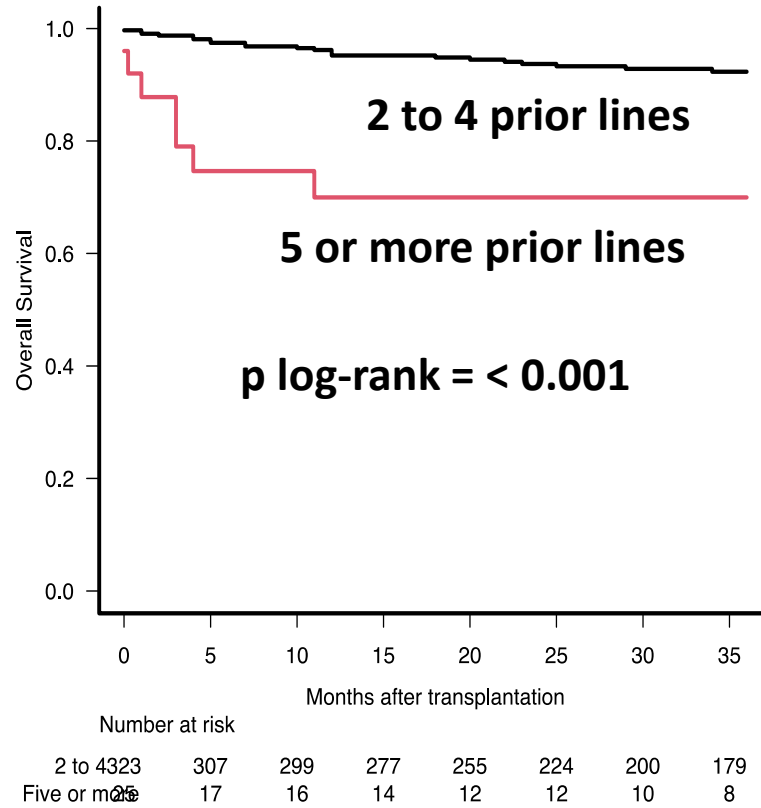
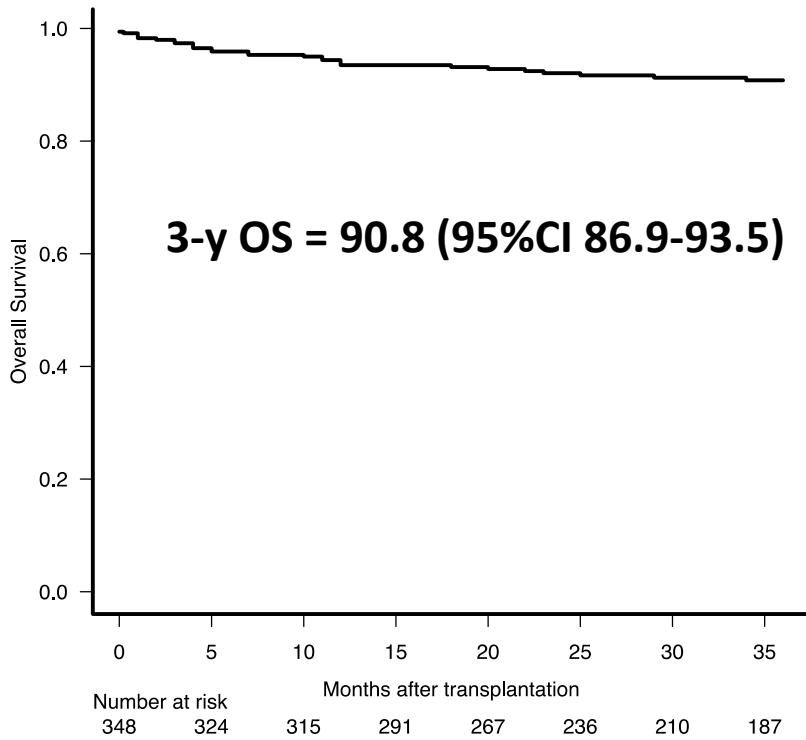
Variable	Results
<b>Number of lines of chemotherapy previous to transplant, n (%)</b>	
Two	159 (45.3)
Three	119 (33.9)
Four	48 (13.7)
Five or more	25 (7.1)
<b>Pre-transplant brentuximab, n (%)</b>	95 (28.2)
<b>Pre-transplant anti-PD1, n (%)</b>	37 (11.0)
<b>Age at transplant, median, years (range)</b>	30 (7-74)
<b>HCT-CI, n (%)</b>	
Low risk	174 (49.6)
Intermediate risk	94 (26.8)
High risk	49 (13.9)
Missing	34 (9.7)
<b>Disease status, n (%)</b>	
Complete remission	258 (73.6)
Partial remission	85 (24.2)
Others	3 (0.8)
Missing	5 (1.4)
<b>Disease evaluation pre-transplant, n (%)</b>	
PET	294 (83.8)
TC	54 (15.4)
Missing	3 (0.8)
<b>Time from end of treatment to transplant, median, months (range)</b>	2 (0.4-15)
<b>Stem cell source, peripheral blood, n (%)</b>	349 (99.4)
<b>Product processing, n (%)</b>	
Cryopreserved	289 (82.3)
Fresh	62 (17.7)
<b>Conditioning regimen, n (%)</b>	
BEAM	230 (65.5)
Others	121 (34.5)



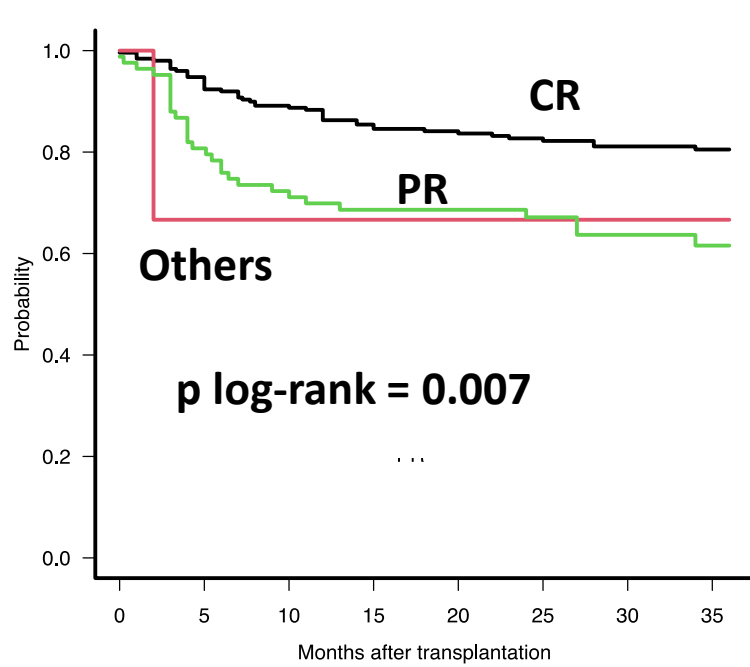
13º Congreso GCIAMT  
 4º Congreso Iberoamericano de Hematología  
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Variable	% 3y-OS (95%CI)	Univariate		Multivariate	
		HR (95%CI)	p		
<b>Sex</b>			0.151	-	-
Female	92.3 (87.1-95.5)	1			
Male	89.2 (82.8-93.2)	1.60 (0.84-3.06)			
<b>Age</b>			0.233	-	-
< 40	91.5 (87.1-94.5)	1			
40 or more	88.7 (79.3-94.0)	1.51 (0.76-2.95)			
<b>Age (continuous variable)</b>	-	1.02 (0.99-1.04)	0.141	-	-
<b>Prior lines</b>			< 0.001		< 0.001
2 to 4	92.3 (88.5-94.9)	1		1	
5 or more, vs.	70.0 (46.9-84.5)	5.79 (2.73- 12.26)		5.48 (2.57-11.68)	
<b>Disease status at transplant</b>			0.287	-	-
CR	91.9 (87.6-94.8)	1			
PR	88.7 (78.1-94.3)	1.26 (0.62-2.6)			
Others	66.7 (5.4-94.5)	4.65 (0.63- 34.5)			
<b>Stem cell source</b>			0.059	-	-
Peripheral blood	91.0 (87.2-93.7)	1			
Bone Marrow	50.0 (5.9-91.0)	6.84 (0.93-50.3)			
<b>Conditioning regimen</b>			0.005		0.545
BEAM	93.5 (89.3-96.1)	1		1	
Others	84.1 (74.5-90.3)	2.51 (1.32-4.79)		1.24 (0.61-2.51)	
<b>Product type</b>			< 0.001		< 0.001
Cryopreserved	94.9 (91.4-97)	1		1	
Fresh	67.2 (51.4-78.9)	7.32 (3.85-13.93)		7.15 (3.75-13.63)	

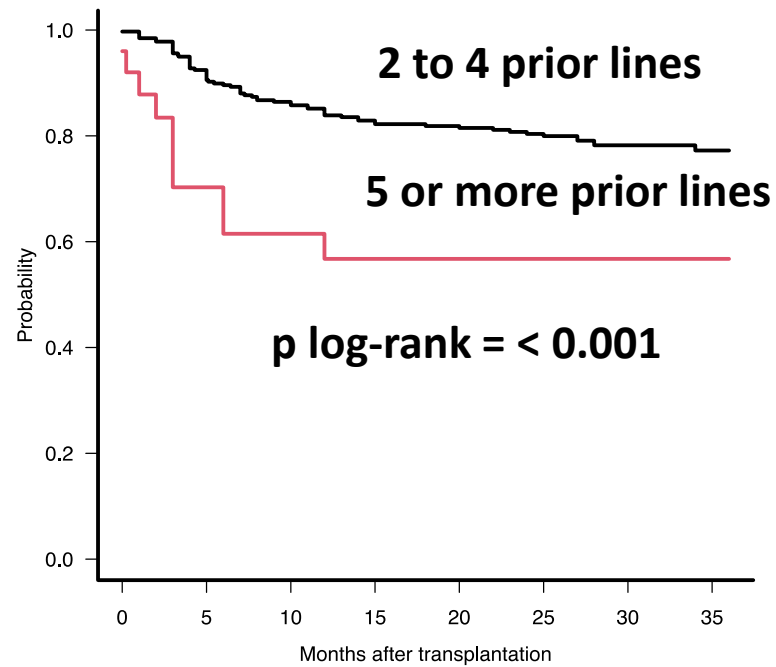
# Sobrevida Global



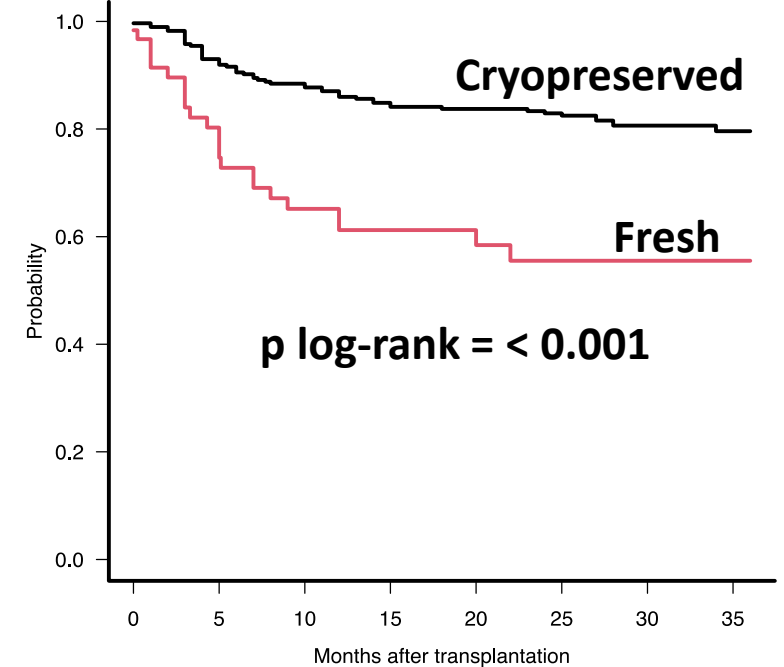
# Sobrevida Libre de Progresión



	0	5	10	15	20	25	30	35
CR	256	235	219	198	183	162	144	128
Others	3	2	2	2	2	2	1	1
PR	84	67	60	53	48	42	35	29



	0	5	10	15	20	25	30	35
2 to 4	432	292	272	246	225	197	173	153
Five or more	25	16	13	11	10	10	8	6



	0	5	10	15	20	25	30	35
Cryo	287	265	252	228	213	190	167	147
Non cryo	61	43	33	29	22	17	14	12



13<sup>er</sup> Congreso GCIAMT

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# Mantenimiento con Lenalidomida vs No Mantenimiento en Mieloma Múltiple Post-trasplante Autólogo: un Análisis de una Cohorte de Latam

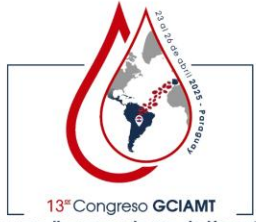
**Cristobal Frutos**, Jose Luis Alvarez-Vera, Francisca Bass, Jose de la Peña, Maria Cecilia Foncuberta, Sebastian Galeano, Laurent Garderet, Marcos Hernandez, Dietger Niederwieser, Paola Ochoa, Shirley Quintana, Eloisa Riva, Guillermo Ruiz-Arguelles, Oscar Ruiz-Franco, Luz Tarin, Jule Vasquez, Rafael Pichardo-Rodriguez

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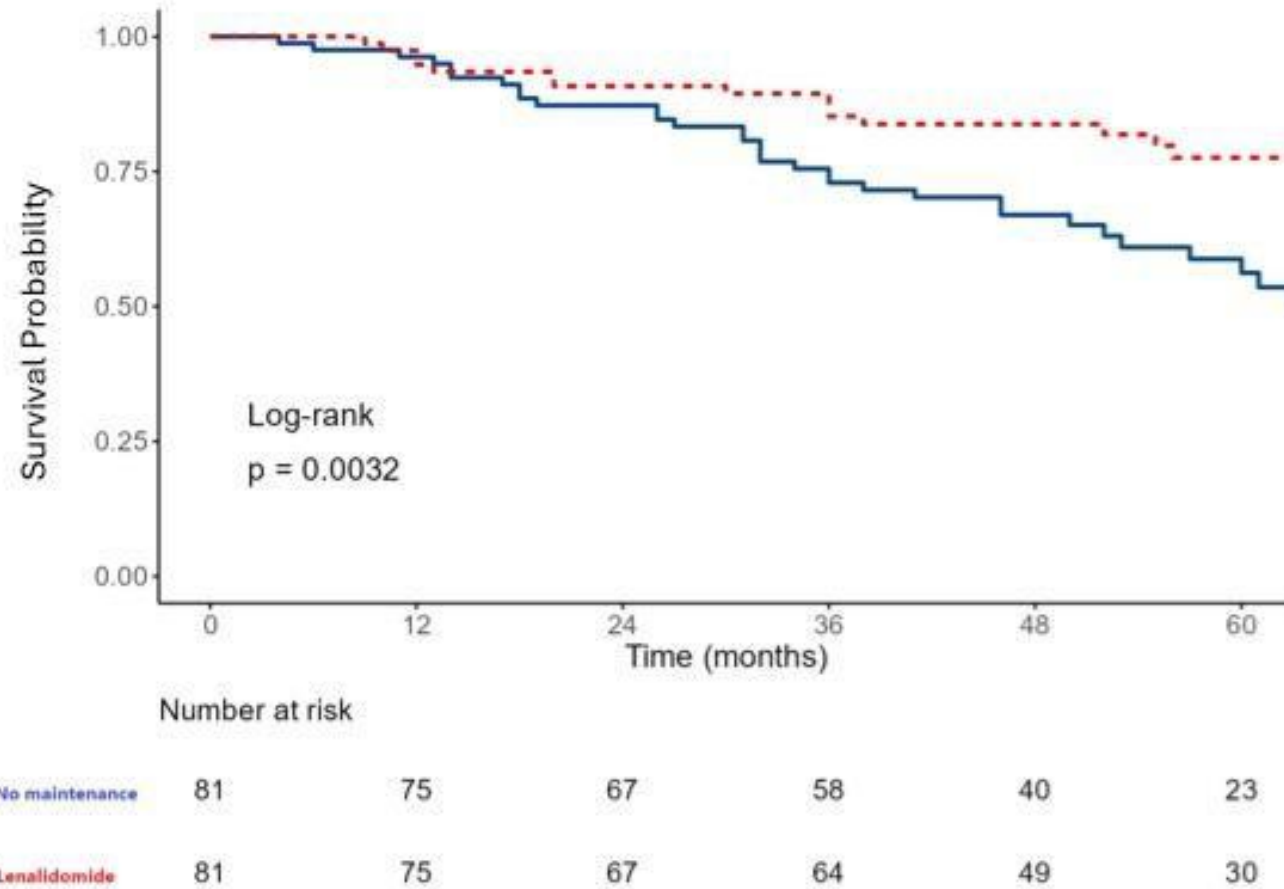
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# Figura 1



**Figure 1.** Comparison of survival curves between the Lenalidomide group vs. without maintenance.

# What about Multidisciplinary influence?

- **Why Multidisciplinary Care Matters in Hematology**
- Hematologic diseases are complex and require holistic management
- High-risk patients (e.g., transplant recipients) benefit from coordinated care
- Multidisciplinary teams reduce complications and improve outcomes.

# What about Multidisciplinary influence?

## **Clinical Nutrition**

Improves treatment tolerance  
(chemo, transplant)

Reduces infection and hospital  
stay

Supports hematopoietic  
recovery

## **Nursing**

Enhances treatment adherence  
Early detection of complications

Reduces medication  
administration errors

# What about Multidisciplinary influence?

## **Infectious Diseases**

Reduces mortality from  
opportunistic infections

Optimizes antimicrobial use

Guides prophylaxis protocols  
(CMV, fungal, bacterial)

## **Dental Oncology**

Prevents oral sepsis and  
bacteremia

Controls mucositis-related pain

Enables better nutritional  
intake.

# What about Multidisciplinary influence?

## **Physiotherapy**

Prevents thrombosis, ulcers,  
sarcopenia

Improves energy and  
independence

Enhances quality of life

## **Psychology**

Reduces anxiety, depression,  
and sleep disorders

Improves adherence and coping

Enhances well-being and hope

# Take Home Messages

- Regional Disparities Exist: Brazil, Argentina, and Mexico have the highest trial activity; Bolivia, Paraguay, and others have minimal engagement
- Access Shaped by Socioeconomic Factors: Income inequality (Gini index), life expectancy, and health infrastructure strongly influence clinical trial availability
- Low Trial Density per Capita: Countries like Chile and Argentina lead in trials per million inhabitants, but many nations remain underserved
- Multidisciplinary Support Matters: Integration of nutrition, nursing, infectious disease, dentistry, physiotherapy, and psychology improves outcomes, especially in transplant settings

# Take Home Messages

- Operational Costs Are a Strategic Advantage: Latin America offers competitive research costs and a growing pool of trained investigators
- Major Challenges Remain: Regulatory heterogeneity, limited local funding, and infrastructure inequality hamper trial execution and expansion
- Opportunities for Growth: International collaborations, regional harmonization, and favorable public policy could boost trial capacity
- Equity and Ethics Must Be Central: Ensure post-trial treatment access and inclusion of underrepresented populations to maintain ethical standards.

# Thanks!

 @chano\_py

