

Dr. Jacopo Mariotti
Curriculum Vitae

Indirizzo lavorativo:

Unità di Terapie Cellulari
Humanitas Cancer Center
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Domicilio:

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Luogo e Data di nascita:

Firenze, 7 Settembre 1972

Stato Civile:

sposato

Codice Fiscale:

MRTJCP72P07D612L

Titoli Accademici:

2021 Master in Clinical Epidemiology

2012 Dottorato in Ematologia Sperimentale c/o *Università degli Studi di Milano*, titolo del progetto: “Modulating STAT Signaling to Promote Engraftment of Allogeneic Bone Marrow Transplant”.

2002 Specialità in Oncologia c/o *Università degli Studi di Milano*, 70/70.

1999 Abilitazione professionale.

1998 Laurea in Medicina e Chirurgia c/o *Università degli Studi di Firenze*, 110/110 cum laude.

1991 Diploma di maturità c/o *Liceo Scientifico Leonardo da Vinci, Firenze*.

Esperienze lavorative:

Maggio 2016-attuale: assistente medico presso l'Unità di Terapie Cellulari/Ematologia presso Istituto Clinico Humanitas, Rozzano. Si occupa di pazienti sottoposti a trapianto autologo o allogenico di cellule staminali periferiche e

di pazienti sottoposti a terapia CAR-T. Inoltre, svolge attività come tutor e come adjunct professor presso Hunimed (Humanitas University)

Giugno 2013-Aprile 2016: dirigente medico di 1° livello presso l'unità di Ematologia/Centro Trasfusionale dell'ospedale di Treviglio, diretta dal dr Rosti A. Si è occupato di pazienti affetti da patologie oncoematologiche quali linfomi e mielomi in trattamento di 1° linea e alla recidiva. E' il referente del centro per la REL (Rete Ematologica Lombarda) delle mielodisplasie e per i linfomi all'interno della FIL.

Agosto 2012-Giugno 2013: dirigente medico di 1° livello presso l'unità di Medicina Interna dell'Ospedale San Paolo diretta dal prof. Marco Cattaneo. Ha svolto prevalentemente attività clinica seguendo i pazienti affetti da malattie ematologiche ed oncoematologiche. Ha proseguito in contemporanea la sua attività di ricerca connessa con i grant Marie Curie ed AIRC presso l'Istituto Nazionale dei Tumori di Milano, di cui risulta frequentatore attivo.

Agosto 2009-Luglio 2012: dirigente medico di 1° livello presso la S.C. di Ematologia e Trapianto di Midollo Osseo Allogeneico presso la Fondazione IRCCS Istituto Nazionale dei Tumori sotto la supervisione del Prof. Paolo Corradini. Le sue attività prevedono il monitoraggio clinico dei pazienti ematologici sia in regime ambulatoriale che di ricovero, la refertazione degli aspirati midollari, la registrazione dei pazienti trapiantati nel registro europeo PROMISE. Ha proseguito la sua attività di ricerca occupandosi di caratterizzare l'effetto sul sistema immunitario di pazienti immunocompromessi della vaccinazione contro il virus influenzale H1N1 e sviluppando modelli murini di trapianto volti a individuare il ruolo di Jak e STAT signaling e dei micro-RNA nello sviluppo della GVHD (vedi grant Marie Curie e AIRC).

Dicembre 2007-Luglio 2009: ha lavorato come dipendente del National Cancer Institute in qualità di research fellow presso la Experimental Transplantation and Immunology branch sotto la supervisione del Dr. Daniel H. Fowler. In questi anni, ha esteso le sue precedenti osservazioni e ha iniziato diverse collaborazioni scientifiche. Ha individuato come il signaling di Jak e STAT sia in grado di condizionare lo sviluppo di alloreattività o tolleranza a livello linfocitario. Ha iniziato una collaborazione con il laboratorio del Dr. JJ. O'Shea per studiare il ruolo di STAT3 nello sviluppo della GVHD: per questo progetto ha utilizzato modelli murini conditional knocked-out CD4Cre-STAT3 foxp3 GFP positive. Ha contribuito alla caratterizzazione delle cellule T regolatorie in modelli murini di tumore polmonare (con il laboratorio del Dr. P. Dennis) e in modelli murini di xenotrapianto per lo studio della GVHD. Ha inoltre collaborato con il laboratorio del Dr J. Medin su esperimenti volti ad aumentare l'attività anti-tumorale del sistema immunitario mediante l'impiego di cellule tumorali trasdotte con lentivirus. Ha partecipato ad un progetto volto all'impiego sinergistico di linfociti Th1 e rapamicina in un modello murino singenico di tumore mammario. Ha inoltre elaborato un nuovo regime di condizionamento a ridotta intensità che è stato inizialmente sviluppato in un modello murino e successivamente applicato in un trial clinico (protocollo NCI-08-C-0088). Ha inoltre proseguito la caratterizzazione degli effetti molecolari indotti da rapamicina ipotizzando un possibile coinvolgimento del signalling di wnt in collaborazione con il laboratorio del Dr. J.M. Sen.

Da luglio 2008 ha ottenuto i “patient privileges” per cui ha seguito personalmente i pazienti sottoposti a HSCT allogenico all’interno del trial clinico 04-C-0055 K. E’ stato investigatore associato per il trial clinico NCI-08-C-0088 volto a studiare l’efficacia di rapamicina e di cellule Th2 del donatore in pazienti con ca. renale sottoposti a HSCT allogenico.

Giugno 2004-Dicembre 2007: ha lavorato come post-doctoral fellow presso la Experimental Transplantation and Immunology Branch del National Cancer Institute, Bethesda, USA, sotto la supervisione del Dr. Daniel H. Fowler. E’ stato responsabile di progetti volti a sviluppare modelli murini di graft versus host disease (GVHD) e di rigetto del trapianto dopo HSCT allogenico. Ha studiato l’impiego di linfociti di tipo Th2 manipolati ex-vivo con la rapamicina al fine di modulare il sistema immunitario del donatore e del ricevente, riuscendo ad abrogare sia il rigetto del trapianto sia lo sviluppo di GVHD. Ha inoltre osservato come l’impiego di rapamicina ex-vivo sui linfociti fosse in grado di indurre una modulazione di lunga durata delle vie molecolari che si traduceva in un fenotipo cellulare resistente all’apoptosi. I linfociti così generati si sono rivelati di potenziale impiego clinico al fine di migliorare il controllo del tumore post-trapianto. A questo proposito, il dr Mariotti è stato coinvolto in trial clinici che utilizzavano linfociti Th2 del donatore in pazienti sottoposti a HSCT allogenico. Il dr Mariotti è stato responsabile del monitoraggio della risposta immunitaria di questi pazienti post-trapianto. Durante questo periodo, ha acquisito notevole esperienza in tecniche di immunologia di base come la citofluorimetria di flusso a otto colori, il cytokine capture assay, il Luminex assay, il Western blotting. In questi anni ha sviluppato un interesse sempre maggiore nella ricerca traslazionale nel campo del trapianto allogenico: ha studiato i meccanismi molecolari alla base dello sviluppo della tolleranza immunologica durante la GVHD o il rigetto; ha elaborato strategie alternative volte a migliorare la graft versus tumor e a ridurre la tossicità del regime di condizionamento pre-trapianto; ha studiato le vie molecolari che venivano modulate dalla rapamicina a livello linfocitario.

Novembre 2002-Giugno 2004: ha lavorato con un contratto di collaborazione professionale presso la S.C. di Ematologia e Trapianto di Midollo Osseo Allogenico, *Direttore prof. P. Corradini*, Fondazione IRCCS Istituto Nazionale dei Tumori di Milano. Il dr Mariotti ha seguito pazienti affetti da malattie ematologiche sottoposti a chemioterapia e a HSCT autologo o allogenico dopo condizionamento mieloablativo o a ridotta intensità. Ha partecipato ad uno studio clinico volto a monitorare l’andamento della malattia minima residua in pazienti con linfoma o mieloma multiplo dopo trapianto allogenico a ridotta intensità. Durante questo periodo ha acquisito esperienza nel trapianto allogenico di cellule staminali ematopoietiche come una delle forme più efficaci di modulazione del sistema immunitario in vivo.

Novembre 1998-Ottobre 2002: internato relativo alla specialità di Oncologia c/o *Fondazione IRCCS Istituto Nazionale dei Tumori di Milano*.

Novembre 1998-Settembre 2000: internato presso l’Unità’ di Oncologia Medica, *Direttore prof. A.M. Gianni*. Ha acquisito esperienza nel trattamento delle malattie ematologiche ed in particolare nel trapianto autologo di cellule staminali ematopoietiche.

Ottobre 2000-Luglio 2001: internato c/o l’Unità’ di Oncologia Medica A, *Direttore prof. L. Gianni*. In questo periodo ha seguito pazienti affette da Carcinoma mammario sia alla diagnosi che metastatico.

Agosto 2001-Ottobre 2002: internato presso la S.C. di Ematologia e Trapianto di Midollo Osseo Allogeneico, Direttore prof. P. Corradini. Ha acquisito esperienza nel trapianto allogeneico di cellule staminali ematopoietiche (HSCT).

Agosto 1998-Novembre 1998: Tirocinio Medico c/o *Ospedale Careggi di Firenze.*

1996-1998 Frequentatore presso il laboratorio di biologia molecolare del *Prof. A. Becciolini c/o Istituto di Radiobiologia-Università degli Studi di Firenze.* Titolo del progetto e della tesi di laurea: “Sporadic colorectal carcinoma: research of biomolecular parameters as potential prognostic markers”. Il dr Mariotti ha analizzato le mutazioni di oncogeni (K-ras) e oncosoppressori (p-53) e ha acquisito una notevole esperienza in tecniche di biologia molecolare quali PCR, SSCP, Northern-blotting, Southern-blotting, sequenziamento secondo Sanger. Durante questo tirocinio ha acquisito il suo interesse nel correlare le osservazioni cliniche con i dati pre-clinici.

Awards/Grants:

1 Gennaio 2012-Dicembre 2015: My First AIRC Grant, titolo del progetto: “Identifying new molecular pathways and predictor biomarkers of GVHD after allogeneic-HSCT”

Febbraio 2011-2014: Marie Curie International Reintegration Grant con il progetto “Role and Modulation of Jak and STAT signaling in Graft Rejection and Graft versus Host Disease”.

2009: Assegno di ricerca SIES, col progetto “Modulating STAT Signaling to Promote Engraftment of Allogeneic Bone Marrow Transplant”.

2008: NIH-Regione Lombardia Research Career Transition Award, col progetto “Modulation of STAT signaling to promote engraftment of allogeneic bone marrow transplant”.

2003: Fellowship “Hans Wyder” della European School of Oncology.

Training, attività di Peer-Review e insegnamento:

Durante il periodo trascorso al NCI, il dr Mariotti si è occupato del training di diversi studenti sia durante il loro PhD program sia all'interno del programma Howard-Hughes. È stato anche coinvolto sia personalmente sia tramite il suo supervisor nella revisione di manoscritti sottomessi a riviste scientifiche internazionali.

Attualmente svolge attività di revisione per riviste internazionali quali l'American Journal of Transplantation, Vaccine, BMC journals, Journal of Cancer Science and Therapy, Annals of Hematology, Expert Review of Hematology.

Corsi di aggiornamento professionale:

Corso di formazione JACIE in data 15/11/2010, 13/04/2011.

Pubblicazioni:

Mariotti J, Raiola AM, Evangelista A, Carella AM, Martino M, Patriarca F, Risitano A, Busca A, Giaccone L, Brunello L, Merla E, Savino L, Loteta B, Console G, Fanin R, Sperotto A, Marano L, Marotta S, Frieri C, Sica S, Chiusolo P, Harbi S, Furst S, Santoro A, Bacigalupo A, Blaise D, Bruno B, Bramanti S, Mavilio D, Angelucci E, Castagna L. Impact of Collateral Related Donor on the Outcomes of T Cell-replete Haploidentical Transplantation with Post-transplant Cyclophosphamide (under revision)

Mariotti J, Legrand F, Furst S, Giordano L, et al. Risk Factors for early CMV reactivation and Impact of early CMV reactivation on Clinical Outcomes after T Cell-replete Haploidentical Transplantation with Post-transplant Cyclophosphamide (under revision)

Zaghi E, Calvi M, Puccio S, Spata G, Terzoli S, Peano C, Roberto A, De Paoli F, van Beek JJ, Mariotti J, De Philippis C, Sarina B, Mineri R, Bramanti S, Santoro A, Le-Trilling VTK, Trilling M, Marcenaro E, Castagna L, Di Vito C, Lugli E, Mavilio D. Single-cell profiling identifies impaired adaptive NK cells expanded after HCMV reactivation in haploidentical-HSCT. JCI Insight. 2021 May 18:146973.

Sarina B, Mancosu P, Navarria P, Bramanti S, **Mariotti J**, De Philippis C, Clerici E, Franzese C, Mannina D, Valli V, Carlo-Stella C, Scorsetti M, Santoro A, Castagna L. Nonmyeloablative Conditioning Regimen Including Low-Dose Total Marrow/Lymphoid Irradiation Before Haploidentical Transplantation with Post-Transplantation Cyclophosphamide in Patients with Advanced Lymphoproliferative Diseases. Transplant Cell Ther. 2021 Mar 15:S2666-6367(21)00767-3.

Castagna L, Doderio A, Patriarca F, Onida F, Olivieri A, Russo D, Giordano L, Majolino I, Bramanti S, **Mariotti J**, Sarina B, De Philippis C, Farina L, Carlo-Stella C, Corradini P, Santoro A. Multicenter Phase II Study on Haploidentical Bone Marrow Transplantation Using a Reduced-Intensity Conditioning Regimen and Posttransplantation Cyclophosphamide in Patients with Poor-Prognosis Lymphomas. Transplant Cell Ther. 2021 Apr;27(4):328.e1-328.e6

Castagna L, Valli V, Timofeeva I, Capizzuto R, Bramanti S, **Mariotti J**, De Philippis C, Sarina B, Mannina D, Giordano L, De Paoli F, van Beek JJP, Zaghi E, Calvi M, Vito CD, Mavilio D, Crocchiolo R, Lugli E. Feasibility and Efficacy of CD45RA+ Depleted Donor Lymphocytes Infusion After Haploidentical Transplantation With Post-Transplantation Cyclophosphamide in Patients With Hematological Malignancies. Transplant Cell Ther. 2021 Mar 11:S2666-6367(21)00753-3.

Mariotti J. American Society of Hematology 2020 Podcast Collection: Graft versus Host Disease. Advances in Therapy, ahead of press, 2021

Liccardo G, Corrada E, Bertoldi L, Briani M, Sanz-Sanchez J, Chiarito M, **Mariotti J**, de Philippis C, Santoro A, Reimers B, Regazzoli D. Clinical challenges in an unusual setting: ST-elevation in a patient suffering from graft versus host disease,

between thrombosis and coronary spasm. *Cardiovasc Revasc Med*. 2021 Feb 15:S1553-8389(21)00098-1.

Giaccone L, Faraci DG, Butera S, Lia G, Di Vito C, Gabrielli G, Cerrano M, **Mariotti J**, Dellacasa C, Felicetti F, Brignardello E, Mavilio D, Bruno B. Biomarkers for acute and chronic graft versus host disease: state of the art. *Expert Rev Hematol*. 2020 Dec 10. doi: 10.1080/17474086.2021.1860001

Mariotti J, Bramanti S, Santoro A, Castagna L. Haploidentical Stem Cell Transplantation in Lymphomas—Expectations and Pitfalls. *Journal of Clinical medicine*, 2020 Nov 7;9(11):3589.

Mariotti J, Penack O, Castagna L. Acute Graft-versus-Host-Disease Other Than Typical Targets: Between Myths and Facts. *Biol Blood Marrow Transplant*. 2020 Oct 2:S1083-8791(20)30626-1.

Castagna L, Busca A, Bramanti S, Raiola A, Malagola M, Ciceri F, Arcese W, Vallisa D, Patriarca F, Specchia G, Raimondi R, Devillier R, Furst S, Giordano L, Sarina B, **Mariotti J**, Olivieri A, Bouabdallah R, Carlo-Stella C, Rambaldi A, Santoro A, Corradini P, Bacigalupo AP, Bonifazi F, Blaise D. Haploidentical related donor compared to HLA-identical donor transplantation for chemosensitive Hodgkin lymphoma patients. *BMC Cancer*. 2020 Nov 24;20(1):1140.

Mariotti J, Raiola AM, Evangelista A, Carella AM, Martino M, Patriarca F, Risitano A, Bramanti S, Busca A, Giaccone L, Brunello L, Merla E, Savino L, Loteta B, Console G, Fanin R, Sperotto A, Marano L, Marotta S, Frieri C, Sica S, Chiusolo P, Harbi S, Furst S, Santoro A, Bacigalupo A, Blaise D, Angelucci E, Mavilio D, Castagna L, Bruno B. Impact of Donor Age and Kinship on Clinical Outcomes after T Cell-replete Haploidentical Transplantation with Post-transplant Cyclophosphamide. *Blood Adv*. 2020 Aug 25;4(16):3900-3912.

Castagna L, Pagliardini T, Bramanti S, Schiano de Colella JM, Monte De Oca C, Bouabdallah R, **Mariotti J**, Fürst S, Granata A, De Philippis C, Harbi S, Sarina B, Legrand F, Maisano V, Weiller PJ, Chabannon C, Carlo-Stella C, Santoro A, Blaise D, Devillier R. Allogeneic stem cell transplantation in poor prognosis peripheral T-cell lymphoma: the impact of different donor type on outcome. *Bone Marrow Transplant*. 2020 Nov 15:1-7.

Montes de Oca C, Castagna L, De Philippis C, Bramanti S, Schiano JM, Pagliardini T, Collignon A, Harbi S, **Mariotti J**, Granata A, Maisano V, Furst S, Legrand F, Chabannon C, Carlo-Stella C, Santoro A, Blaise D, Devillier R. Nonmyeloablative Conditioning Regimen before T Cell Replete Haploidentical Transplantation with Post-Transplant Cyclophosphamide for Advanced Hodgkin and Non-Hodgkin Lymphomas. *Biol Blood Marrow Transplant*. 2020, Dec;26(12):2299-2305.

De Philippis C, Legrand-Izadifar F, Bramanti S, Giordano L, Montes de Oca C, Duléry R, Bouabdallah R, Granata A, Devillier R, **Mariotti J**, Sarina B, Harbi S, Maisano V, Furst S, Pagliardini T, Weiller PJ, Lemarie C, Calmels B, Chabannon C, Santoro A, Mohty M, Blaise D, Castagna L Checkpoint inhibition before

haploidentical transplantation with posttransplant cyclophosphamide in Hodgkin lymphoma. *Blood Adv.* 2020 Apr 14;4(7):1242-1249

Mariotti J, Taurino D, Marino F, Bramanti S, Sarina B, Morabito L, De Philippis C, Di Vito C, Mavilio D, Carlo-Stella C, Della Porta M, Santoro A, Castagna L. Pretransplant active disease status and HLA class II mismatching are associated with increased incidence and severity of cytokine release syndrome after haploidentical transplantation with posttransplant cyclophosphamide. *Cancer Med.* 2020 Jan;9(1):52-61

Mariotti J, Devillier R, Bramanti S, Giordano L, Sarina B, Furst S, Granata A, Maisano V, Pagliardini T, De Philippis C, Kogan M, Faucher C, Harbi S, Chabannon C, Carlo-Stella C, Bouabdallah R, Santoro A, Blaise D, Castagna L. Peripheral Blood Stem Cells versus Bone Marrow for T Cell-Replete Haploidentical Transplantation with Post-Transplant Cyclophosphamide in Hodgkin Lymphoma. *Biol Blood Marrow Transplant.* 2019 May 22, pii: S1083-8791(19)30328-3

Granata A, Fürst S, Bramanti S, Legrand F, Sarina B, Harbi S, De Philippis C, Faucher C, Chabannon C, Lemarie C, Calmels B, **Mariotti J**, Maisano V, Weiller PJ, Mokart D, Vey N, Bouabdallah R, Castagna L, Blaise D, Devillier R. Peripheral blood stem cell for haploidentical transplantation with post-transplant high dose cyclophosphamide: detailed analysis of 181 consecutive patients. *Bone Marrow Transplant.* 2019 Mar 19. doi: 10.1038/s41409-019-0500-x

Bramanti S, Calafiore V, Longhi E, **Mariotti J**, Crespiatico L, Sarina B, De Philippis C, Nocco A, Santoro A, Castagna L. Donor-Specific Anti-HLA Antibodies in Haploidentical Stem Cell Transplantation with Post-Transplantation Cyclophosphamide: Risk of Graft Failure, Poor Graft Function, and Impact on Outcomes. *Biol Blood Marrow Transplant.* 2019 Jul;25(7):1395-1406.

Mariotti J, Granata A, Bramanti S, Devillier R, Furst S, Sarina B, Harbi S, Legrand F, Faucher C, Weiller PJ, Chabannon C, Carlo-Stella C, Santoro A, Blaise D, Castagna L. The new refined minnesota risk score for acute graft-versus-host disease predicts overall survival and non-relapse mortality after T cell-replete haploidentical stem cell transplant with post-transplant cyclophosphamide. *Bone Marrow Transplant.* 2019 Jul;54(7):1164-1167

Mariotti J, De Philippis C, Bramanti S, Sarina B, Tordato F, Pocaterra D, Casari E, Carlo-Stella C, Santoro A, Castagna L. Caspofungin for primary antifungal prophylaxis after T-cell-replete haploidentical stem cell transplantation with post-transplant cyclophosphamide. *Eur J Haematol.* 2019 Apr;102(4):357-367.

Mussetti A, De Philippis C, Carniti C, Bastos-Oreiro M, Gayoso J, Cieri N, Pennisi M, Ciceri F, Greco R, Peccatori J, Patriarca F, **Mariotti J**, Castagna L, Corradini P. CD3+ graft cell count influence on chronic GVHD in haploidentical allogeneic transplantation using post-transplant cyclophosphamide. *Bone Marrow Transplant.* 2018 Apr 27.

Roberto A, Di Vito C, Zaghi E, Mazza EMC, Capucetti A, Calvi M, Tentorio P, Zanon V, Sarina B, **Mariotti J**, Bramanti S, Tenedini E, Tagliafico E, Biciato S,

Santoro A, Roederer M, Marcenaro E, Castagna L, Lugli E, Mavilio D. The early expansion of anergic NKG2Apos/CD56dim/CD16neg natural killer cells represents a therapeutic target in haploidentical haematopoietic stem cell transplantation. *Haematologica*. 2018 Apr 26. pii: haematol.2017.186619.

Sarina B, **Mariotti J***, Bramanti S, Morabito L, Crocchiolo R, Rimondo A, Tordato F, Pocaterra D, Casari E, De Philippis C, Carlo-Stella C, Santoro A, Castagna L. A reduced dose of fluconazole as primary antifungal prophylaxis is not associated with increased risk of invasive fungal infections after allogeneic stem cell transplantation from a HLA identical sibling. *Transpl Infect Dis*. 2018 Apr 18:e12906.*: equally contributing and corresponding author

Mineri R, **Mariotti J**, Sarina B, Morabito L, Crocchiolo R, Bramanti S, Sarno T, Tordato F, Carlo-Stella C, Santoro A, Castagna L. Genomic Integration of HHV-6 Mimicking Viral Reactivation after Autologous Stem Cell Transplantation. *Mediterr J Hematol Infect Dis*. 2018 Feb 15;10(1):e2018013.

Mariotti J, Devillier R, Bramanti S, Sarina B, Furst S, Granata A, Faucher C, Harbi S, Morabito L, Chabannon C, Carlo-Stella C, Bouabdallah R, Santoro A, Blaise D, Castagna L. T-cell replete haploidentical transplantation with post-transplant cyclophosphamide for Hodgkin lymphoma relapsed after autologous transplant: reduced incidence of relapse and of chronic GVHD compared to HLA-identical related donors. *Biology of Blood and Marrow Transplantation* 2018;24(3):627-632

Mariotti J, Bramanti S, Devillier R, Furst S, El Cheikh JE, Sarina B, Granata A, Faucher C, Harbi S, Morabito L, Weiller PJ, Chabannon C, Mokart J, Mineri R, Carlo-Stella C, Santoro A, Blaise D, Castagna L. Tandem autologous-haploidentical transplantation is a feasible and effective program for refractory Hodgkin lymphoma. *Bone Marrow Transplantation*, 2018;53(3):366-370.

Castagna L, Bramanti S, Devillier R, Sarina B, Crocchiolo R, Furst S, Cheikh JE, Granata A, Faucher C, Harbi S, Morabito L, **Mariotti J**, Puvinathan S, Weiller PJ, Chabannon C, Mokart D, Carlo-Stella C, Bouabdallah R, Santoro A, Blaise D. Haploidentical transplantation with post-infusion cyclophosphamide in advanced Hodgkin lymphoma. *Bone Marrow Transplant*. 2017;52(5):683-688.

Castagna L, Sarina B, Bramanti S, Perseghin P, **Mariotti J**, Morabito L. Donor lymphocyte infusion after allogeneic stem cell transplantation. *Transfus Apher Sci*. 2016;54:345-355.

Molteni A, Riva M, Borin L, Bernardi M, Pelizzari AM, Freyrie A, Porta MD, Nichelatti M, Ravano E, Quaresmini G, **Mariotti J**, Caramazza D, Ubezio M, Guarco S, Gigli F, Greco R, Cairoli R, Morra E. The influence of disease and comorbidity risk assessments on the survival of MDS and oligoblastic AML patients treated with 5-azacitidine: A retrospective analysis in ten centers of the "Rete Ematologica Lombarda". *Leuk Res*. 2016 Jan 18;42:21-27

Carniti C, Gimondi S, Vendramin A, Recordati C, Confalonieri D, Corradini P, **and Mariotti J**. Pharmacologic Inhibition of JAK1/JAK2 Signaling Protects from Acute GVHD while Preserving GVT in mice. *Clin Cancer Res*. 2015 Aug 15;21(16):3740-9

Mossoba ME, Halverson DC, Kurlander R, Schuver BB, Carpenter AE, Hansen B, Steinberg DM, Ali SA, Tageja N, Hakim FT, Gea-Banacloche JC, Sportes C, Hardy NM, Hickstein DD, Pavletic S, Khuu H, Sabatini M, Stroncek DF, Levine B, June CH, **Mariotti J**, Rixe O, Fojo AT, Bishop MR, Gress RE. High-Dose Sirolimus And Immune Selective Pentostatin Plus Cyclophosphamide Conditioning Yields Stable Mixed Chimerism and Insufficient Graft-Versus-Tumor Responses. Clin Cancer Res. 2015 Jun 12. pii: clincanres.0340.2015

Mariotti J, Locatelli G, Cirrincione S, Agostinelli E, Maggioni A, Falanga A, Rosti A. Eradication of Acquired Haemophilia associated with non-Hodgkin lymphoma with a disease specific treatment: a case report. Leuk Lymphoma. 2015;56(11):3210-2

Mariotti J, Maura F, Spina F, Roncari L, Dodero A, farina L, Montefusco V, Sarina B, Patriarca F, Corradini P. Cytomegalovirus Replication after Allogeneic Stem Cell Transplantation is Associated with a Decreased Relapse Risk in Patients with Lymphoma. Biology of Blood and Bone Marrow Transplantation, 2014; 20(6): 885-890.

Mariotti J, Caberlon S, Podda GM, Bertinato E, Cattaneo M. Primary Autoimmune Neutropenia in adults: case report and review of the literature Transfusion, 2014; epub ahead of print.

Fowler DH, Mossola ME, Steinberg SM, Odom J, Layton P, Blacklock-Schuver B, Halverson DC, Stroncek D, Khuu HM, Yan X-Y, Hakim FT, Fellowes VS, Sabatino M, Leitman SF, Read EJ, Kurlander R, Amarnath S, Felizardo T, **Mariotti J**, Gea-Banacloche J, Sportes C, Hardy NM, Hickstein DD, Paveletic SZ, Rowley S, Goy A, Donato M, Friedman T, Korngold R, Pecora A, Levine BL, June CH, Gress RE, Bishop MR. Phase II clinical trial of rapamycin-resistant donor CD4+ Th2/Th1 (T-Rapa) cells after low-intensity allogeneic hematopoietic cell transplantation Blood. 2013; 121(15): 2864-74.

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Oral Communications:

C1. Meet the expert session. 46th EBMT, virtual meeting, August 31th-September 2nd, 2020

C2. “Graft source and Pre-Transplant Disease Status are the Main Variables Affecting the Outcome of T Cell-replete Haploidentical Transplantation with Post-transplant Cyclophosphamide for Hodgkin Lymphoma”. 45th EBMT, Frankfurt, March 24-7, 2019

C3.” Collateral Related Donor and the Outcome of patients receiving T Cell-replete Haploidentical Transplantation with Post-transplant Cyclophosphamide”. 45th EBMT, Frankfurt, March 24-7, 2019

C4.“Acute GVHD Alloreactivity in organs others than skin, gut and liver”, 4th International Chronic GvHD Symposium and EBMT Transplant Complications Working Party Educational Course Joint Meeting, 8-10 November, Zagreb, Croatia

C5. “Nuovi Farmaci nella GVHD acuta e cronica”, Corso Triennale di Formazione GITMO, Pescara, 12/10/2018

C6. “The Minnesota Refined acute GVHD Score Predicts Response to Initial Therapy, Survival and Non-relapse Mortality after Haploidentical Transplantation with post-transplant Cyclophosphamide”. 44th EBMT, Lisbon, March 17-21, 2018

C7. “Severe Cytokine Release Syndrome is a fatal complication after PBSC, but not after BM Haploidentical transplantation with post-transplant cyclophosphamide”. 60th ASH meeting, Atlanta, December 9-12, 2017

C8. “Haploidentical transplantation for Hodgkin lymphoma relapsed after autologous transplant: reduced incidence of relapse and of chronic GVHD

compared to HLA-identical related donors". 43rd EBMT. Marseille March 26–29 2017

C9. "Tandem Autologous-T cell replete Haploidentical transplantation with post-infusion cyclophosphamide (PT-Cy) in primary refractory Hodgkin lymphoma". Haplo 2016. San Diego December 1st, 2016

C10. Chairman and speaker at **"La gestione globale della malattia oncoematologica del paziente anziano"**, Treviglio October 30, 2015

C11. Chairman at **"Approccio Clinico alle Sindromi Mielodisplastiche"**. Milan, September 25-26, 2014.

C12. "Modulating STAT Signaling to Promote Engraftment of Allogeneic Bone Marrow Transplant". SIES Workshop, Verona, May 21st-22nd, 2009

C13. Prevention of graft rejection by apoptosis resistant donor Th2-type cells through an IL-4/STAT6 pathway. *Istituto Toscano Tumori, Firenze, October 29th, 2008*

C14. Th2 Cell "Infectious" Tolerance Prevents Graft Rejection. *Experimental Transplantation and Immunology Branch Seminars, March 19th, 2008 and San Raffaele Hospital, Milan, Italy, June 26th, 2008.*

C15. Rapamycin Generated Donor Th2/Tc2 Cells Selectively Inhibit Th1/Tc1 Cell Host-Versus-Graft Reactivity. *Experimental Transplantation and Immunology Branch Seminars, November 15th, 2006*

C16. Rapamycin generated murine Th2/Tc2 cells potently abrogate fully MHC-mismatched hematopoietic stem cells (HSC) graft rejection. *47th ASH Annual Meeting, Atlanta, December 10-13, 2005*

C17. Abrogation of Graft Rejection by Rapamycin Generated Murine Th2/Tc2 Cells. *Experimental Transplantation and Immunology Branch Seminars, December 7th, 2005*

C18. k-ras and p-53 point mutation in sporadic colorectal cancer. *Riunione dell'Associazione Nazionale di Radiobiologia, 1998; Baveno, Italy*

Milano, 8 Giugno 2021

JACOPO MARIOTTI
