Participants

The group discussed and decided about the following new deliverables for the period of month 25 – 42.

Reduced intensity conditioning for allografting
Responsible: Niederwieser, Berdel, Suciu, de Witte.
Ideally, a randomized trial with or without reduced intensity conditioning, would be designed. However, this may be too ambitious for a LeukemiaNet activity. Quality of life should be included in the study (Niederwieser performed a quality of life assessment in bone transplanted patients before)

Retrospective analysis by Martino includes all ages. Next step would be a prospective study. Reduced intensity conditioning in elderly patients/other patients. A dataset needs to be determined. The study should start at centres where tissue typing is performed. A letter will be sent to study groups to inventory which groups are interested in this study. De Witte, Muus, Burnett, Suciu, Niederwieser, and others will be involved.

Lead participants of each Working Package (WP) will request the statisticians of the WP’s to develop a joint protocol/draft agreement. This can be defined as a joint, new deliverable for LeukemiaNet WP5 and WP8.

Harmonization of core data sets in AML and MDS/myeloid diseases
This will be a deliverable as well. Deadline 2006, July. A letter will be sent to study groups before the LeukemiaNet meeting in Heidelberg, January 31.
Extracting key-data from existing datasets. For MDS a dataset has been defined already.
Rules for patient identification code: as in country-studygroups. Should be harmonized with EBMT codes. Exists already for CML.

Seattle Frailty index (published in Blood) (reference?)
F. Giles tested it: AML in elderly patients (MD Anderson) (ref?) Index was developed as a method for treatment decision-making regarding SCT. Burnett presently investigates additional parameters to develop a MRC frailty index for elderly patients (value yet unknown). The published index must be tested to investigate whether the index is useful.

MDS (primarily RAEB-t) and AML
Responsible: Lübbert, de Witte, Büchner.
Options:
1 Defined by morphology, restricted to AML-like treatment.
   Separate analysis for RAEB-t patients?
   Biological aspects: cytogenetics, micro-arrays (this method is not working very well for MDS) (DNA analysis better than RNA analysis),
   Disease factors like Antecedent Haematological Disorder.
2 To validate the WHO classification.
3 Differences between translational and other parameters.
4 Cross trial analysis.
Necessary:
1 Development of a simple informative dataset, e.g. restricted to cytogenetics and morphology for: Meta-analysis. (as an example: e.g. 5aza/decitabine studies)
   Examples of datasets: Cytopenia and blast counts (T de Witte), cytogenetics and response rate (M Lübbert). Patients with 20-30% blasts (WHO definition AML versus FAB definition RAEB-t) , for young patients or those eligible for high intensity treatment.

Statisticians of several WP’s may cooperate to perform this analysis.

Marked in bold: first actions to be taken by whom?