Participants
Petra Muus, Dietger Niederwieser, Jean-Pierre Marie, Michael Lübbert, Wolf-K. Hofmann, Thomas Büchner, Jörg Hasford, Miguel Sanz, Jerzy Holowiecki, Alexandra Holowiecka- Goac, Paolo Bernasconi, Alan Burnett, Wolfgang Berdel, Theo de Witte.

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 inventarize 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?