2nd Meeting of the European ALL Working Group (EWALL) in the European Leukemia Network

San Diego, Sunday December 5, 2004
8:00 – 10:00

Agenda

General issues
- How can the deliverables for 2004 be fulfilled
- Which deliverables should be defined for the next 12 months.

Specific issues

▪ Central project structures, internet presence and reporting	Gökbuget
▪ Action plan for education	Ribera
▪ Action plan for network extension	Labar/Willemze
▪ Registry on European studies	Gökbuget
▪ Overview on current prognostic models	Bassan
▪ First European Intergroup studies	Hoelzer
▪ Proposal for standard diagnostic procedures	Foa
▪ Definition and overview on patients within rare subgroups of ALL	Kovacsovics

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Participants

R.Bassan, H.Dombret, R.Foa, N.Gökbuget, D.Hoelzer, T.Kovacsovics, B.Labar, J.Ribera, P.Rousselot, J.Walewski

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Results

How can the deliverables for 2004 be fulfilled ?
The participants agreed that it should be possible to fulfil all suggested deliverables for 2004.

Which deliverables should be defined for the next 12 months ?
Each participant will suggest a deliverable within his allocated field in the network

Central project structures, internet presence and reporting
N.Gökbuget reported that the central structures are defined and that the internet presence of the project is ready. Together with Dieter Hoelzer she will prepare the annual activity report.

Action plan for education
J. Ribera explained that he will give a short summary of the educational activities in 2004 including an education session during the EHA- Meeting. For 2005 he suggested the preparation of a patient information as new deliverable.

Action plan for network extension
B.Labar will prepare a short report on procedures for future inclusion of additional countries in the working groups, including specific suggestions and a plan how to contact them; already this year the British MRC ALL working group (T.Goldstone) could be approached and asked whether she will join officially.

Registry on European studies

N.Gökbuget discussed that a form for the registry has been defined and distributed and the information on the current GMALL study is enclosed as a sample. The participants agreed that each group should contribute a short synopsis of their current main protocol in de novo ALL (see enclosed form again)

Overview on current prognostic models

R. Bassan reported that he has created a form to collect data on current prognostic models. He will write a short description on aims and methods which he selected for the activity report. The current version of the form will be enclosed.

First European Intergroup studies

D. Hoelzer stated that the first European intergroup studies in ALL were already started or are in preparation.

GMALL B-ALL/NHL 2002: Protocol is used in Italy by the NILG (R.Bassan, N pts), in Spain by Pethema (J.Ribera, so far no pts) and in Poland (J.Walewski, N pts). It will be activated in the GIMEMA group as well.

Depocyte Study for CNS relapse in ALL and high-grade NHL: The protocol is activated in Germany and in Italy (NILG). Several other countries will participate (e.g. Austria, Poland, Spain). There are some delays due to the new European drug law.

Randomized European Study in Elderly Pts with Ph/BCR-ABL positive ALL: The German (GMALL) and the French (GRAALL) groups agreed in a joint protocol which combines chemotherapy elements of their respective studies for elderly pts in a joint consolidation therapy. Before consolidation there will be a randomised comparison of the GMALL induction, the GRAALL induction and a Imatinib monotherapy. Other countries are cordially invited to join.

Proposal for standard diagnostic procedures

R. Foa will design a form to collect information on diagnostic procedures used in the different study groups. This form together with a short description of aims and procedures to create a consensus document on basic diagnostic standards in ALL will be included in the activity report.

Definition and overview on patients within rare subgroups of ALL

T.Kovacsovics will write a short report with small subgroups of ALL and assumed patient numbers, which could be combined in a joint data base. This would mainly apply to rare cytogenetic aberrations. The short report should include a description of aims and procedures for future analysis.