

European LeukemiaNet, MDS Work Package meeting, Geneva, 10-6-2004

Present

de Witte, Hellström-Lindberg, Ganser, Bowen, Fenaux, Lübbert, Cazzola, Bernasconi, Delforge, Sole, Sanz, Huber

Kiss, Tamaska, Opat, Scurr, Braester, Leone, Liso, Ramos, Busuttil, Darbeslo, Bullock, Maenpaa, Fenu, Palombi, Virgolini, Aburajab, Ezelcwesili, Alimena, Onida, Varkonyl, Gologan, Georgopulos, Marks, Invernizzi, Kahlenberg, Giombelli, Passweg, Szabo, Solomon, Della Bitta, Jacobsen, Han, Sallen, Hanan Hamed

General issues

New meeting(s): Depending on the possibilities of individual participants, the MDS subcommittee may meet in conjunction with:

1. Chronic Leukemia meeting of EBMT, Nijmegen, Friday September 10, 2004, 11.00-13.00.
2. New advances and Management of Myelodysplastic Syndromes, Salamanca, Friday November 5, 2004, following meeting 17.00-19.00.
3. ASH meeting, San Diego, Friday December 3, 2004, following MDS Foundation meeting.

Please fill in attached questionnaire.

Introduction for those who attend MDS WP for the first time.

Fenaux: Proposes to merge the working group EHA-MDS, with LeukemiaNet MDS WP.

De Witte: Gives an introduction of the history of LeukemiaNet background and application.

Management structure of MDS WP

WP chairman: T. de Witte

Secretariat WP chairman: O. Huber.

Steering committee: D. Bowen
P. Fenaux
A. Ganser
E. Hellström
G. Mufti
M. Lübbert

List of coordinators and participants MDS Work Package and the main coordinating activities

J. Apperley, London

C. Aul, Duisburg

C. Bernasconi/P. Bernasconi, Pavia

D. Bowen, Dundee

M. Delforge

P. Fenaux, Avicenne

A. Ganser, Hannover

N. Gattermann, Düsseldorf

U. Germing, Düsseldorf

E. Hellström-Lindberg

W-K. Hofmann, Frankfurt

J.H. Jansen, Nijmegen

G. Mufti, London

GJ. Ossenkoppele

Diagnostics

Registry

Steering Committee/Registry

Steering Committee

Steering Committee

Prognostic factors

Registries

Steering Committee

Gene profiling

Molecular biology

Steering Committee/AlloSCT

| | |
|---------------------------|---|
| R-A. Padua, London | MRD |
| C. Preudhomme, Lille | |
| G. Sanz, Valencia | SCT |
| F. Sole | |
| G. Verhoef, Leuven | |
| T. de Witte, Nijmegen: | Chairman |
| M. Cazzola | Immunophenotyping |
| S. Peters, Lübeck | |
| M. Lübbert, Freiburg | Steering Committee/DNA meth. studies |
| Sten-Eirik Jacobsen, Lund | to be invited: Stem cell biology |

Finances

The provisional grant has been approved in January 2004. The final budget of the grant is 6 million euros, to support the infrastructure of the LeukemiaNet network, of which 50.000 euros per year is allocated to the MDS WP. This money is not intended for scientific work but mainly for developing the infrastructure and communication. The procedure for application goes slow, but Prof. Hehlman, Network Coordinator, indicated that it's likely that the grant application will be honoured this summer.

Website MDS WP

This will be an integrated part of the LeukemiaNet website (www.leukemia-net.org). The secretariat will develop the MDS website in cooperation with Dr. Gökbuget of ELIC WP. Everybody who likes to contribute to the website, please contact the secretariat of MDS WP (Olga Huber).

Interaction with other work packages

Cooperation with CMPD WP: Germing will take responsibility for this.

Cooperation with AML WP: treatment of young patients with poor-risk MDS, is often similar to AML patients. Lübbert will take care for this.

Standardisation of diagnostic and therapeutic procedures

Guidelines for diagnostic standards (Hellström). Important for consistency of diagnosis. It is necessary to develop uniform datasets for diagnosis. Bowen: relate diagnosis standards to morphology. Interaction with morphology working group (diagnostic WP) will be helpful. Availability and exchange of bone marrow slides on the website. It is necessary to relate a quality assurance program to the diagnostic standards.

Guidelines for therapeutic approaches. A group of experts will work continuously on this. Overviews have been published in the Br J of Hematology and Hematologica. Guidelines will be available on the website. Patients need to have access as well. Bowen is coordinator of the British guidelines, revision is planned next year. These should be transformed into European guidelines. Witte: there should be a separate meeting to prepare a proposal on the basis of existing documents. Bowen and Cazzola will be involved.

Sample banking for exchange, translational studies and interaction with clinical studies. This has not been organised yet. Jansen is coordinating this for several groups (EORTC, HOVON). Padua is also active in this field (member of molecular WP). Cooperation with molecular WP.

MDS registry

Suggested subcommittee: Hellström-Lindberg (Nordic MDS), Bowen (UK), de Witte (EORTC), de Witte (EBMT), Fenaux (France), Germing (Germany), C. Bernasconi (Italy): others

Dr. Bowen. See attachment for slides.

Population based datasets: first priority

Trying to merge existing population based datasets.

Database Dundee: smaller database which includes some clinical information linked to a tissue bank.

Database Düsseldorf: see publications.

Database Dijon: comprehensive.

Clinical trial dataset

See registry of clinical trial data.

National registries: second priority

Italian registry: most advanced.

French registry: just started.

Sweden and Scotland: governmental cancer registries

Questionnaire results

One of the conclusions is that retrospective data collection from 1996 onwards will be difficult. Follow-ups are often lost. Other important issues: definition of MDS for consistent diagnosis. Quality of the follow-ups must be comprehensive. Less priority: data ownership issue. EBMT has no fixed contracts or agreements. Names of MDS experts in other European countries: few responses on this question, however this remains important to know.

IT structure

Interface with WP3 (IT solutions) and WP 17 (Registry). But WP17 is thus far concentrating on CML. Therefore we will develop our own IT structure, by integrating existing registries on MDS into a central registry. Later on this MDS platform will integrate with the LeukemiaNet platform. University of Dundee has the expertise for developing the IT structure. Funding for a part-time programmer is required.

Bowen: There are no governmental cancer registries on MDS in Europe.

Hellström: Sweden has a population based leukaemia registry. In 2005 this will be started for MDS as well. A quality control group checks morphology centrally.

Ganser: In Germany the database only contains a restricted number of data.

Bowen: Ideal if morphology would be registered digitally as well.

Clinical trials

De Witte: MDS was an unmanageable disease in the past, but nowadays many treatment approaches exist, ranging from supportive therapy to stem cell transplantation. The goal will be to exchange this information. A subcommittee on trials needs to be installed which may meet separately from the WP MDS. Hellström is coordinator of this subcommittee.

Hellström: MDS foundation has a list of trials, and a newsletter includes a regular update of the list. It's unclear whether this list is comprehensive.

First we need to know whether all participants are willing to send information on all ongoing trials. The audience was in favour, but this has to be confirmed formally.

Secondly, what is the definition of a clinical trial ?

Bowen/de Witte: GCP approved trials, approved by the local ethical committee. In first instance clinical trials. Separately/later on diagnostic/prognostic factors trials.

Hellström: Conclusion: consensus on definition of clinical trials: treatment intervention trial, GCP, approved by national authorities, according to the EU guidelines. Setting up a list of clinical trials together with the MDS foundation. June 2005 this list of trials should be ready.

Ganser: Implementation of EU guidelines in different countries will be difficult.

Passweg: Network has no task to judge whether a trial is according to EU standards or not.

De Witte: The subcommittee does not represent a controlling body. Goals: exchange of knowledge, to inform patients by presenting the trials on the website. In this way patients may consult centres specialised in certain treatments.

Kathy Heptinstall (Operating Director of the International MDS Foundation): MDS Patients initiated this foundation. Cooperation with scientists and pharmaceutical companies followed later on. NCI trials from US are listed, but also trials outside the US are collected by the MDS Foundation. The MDS Foundation asks for updates of ongoing clinical trials from centres every 3 months. They also refer patients from worldwide to particular centres.

Bowen: WP2 or 3 are making a list of trials. It's necessary to present inclusion criteria as well; they are used by physicians to referring patients.

De Witte: Conclusions: We have agreement on presenting all trials on the website. Cooperate with other trial groups, like Nordic MDS group. Put all the trials in one list. If there is overlap between trials try to get them together, cooperate to perform metaanalysis, etc.. It is important to exchange with other WP, because trials may overlap (MPS, AML). The website will include a format for trial protocols, in this way everybody can use this to develop a protocol. Similar to the MDS foundation, WP MDS should also form an intermediate between pharmaceutical companies and centres.

Registry of clinical trial data

De Witte: Data collected by EBMT are not always complete enough for in depth analysis. It is often necessary to go back to the centres for missing data. MDS WP puts higher aims regarding quality of the database, compared to the EBMT. Start with smaller group of patients from countries which have good registries (Sweden, Scotland).

Hellström: Formation of a small group for registry of trial data. Registry of trial data in conjunction with MDS registry. Inclusion data for registry should be defined as soon as possible, like morphology, lab values.

Bowen: Start with: phase III, randomized, non-commercial studies. Patients have to consent. This will deliver most data. A central committee should take care for data ownership issues.

Specific trials

See attachment as well.

De Witte: There are seven different groups of phase I/II trials. The purpose is to get exchange of the trials and to avoid overlap or repetition. The platform should be accessible for the industry, so that they can find out which trials are performed in which centres. Phase I/II trials are mostly conducted by 1 or a few centres. Funding of phase II/III trials is more complicated. Phase IV trials: for example even established treatment like use of hematopoietic growth factors or iron chelators are not performed in many countries.

Fenaux: Lobby on regulation agents like EPO, there exist ample data to obtain EPO approval.

De Witte: MDS WP can be a platform for these kind of studies.

Hellström: Funding required from pharmaceutical companies.

Lübbert: Presentation of 5-azacytidine and decitabine studies (demethylating agents).

Action Items

| Action | Coordinator | Target Date | Priority |
|--|--------------------|---------------------|-----------------|
| Start with website MDS WP | De Witte/Huber | September 2004 | 1 |
| Proposal for guidelines for diagnostic standards | Hellström | As soon as possible | 1 |
| Proposal for guidelines for therapeutic approaches | Bowen/Cazzola | June 2005 | 1 |
| Clinical trials: Subcommittee sets up a list of all clinical trials to put on the website. | Hellström | June 2005 | 1 |
| Format for trial protocols (standard protocols) on the website | De Witte | | 1 |
| MDS registry: population based datasets. Setting up IT structure | Bowen/Bernasconi | | 1 |
| MDS registry: clinical trial datasets. Formation of a subcommittee | Hellström | | 1 |
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| MDS registry: national registry | Bowen/Bernasconi | | 2 |
| Cooperation with CMPD WP | Germing | | 2 |
| Cooperation with AML WP | Lübbert | | 2 |
| Sample banking | Jansen | | 2 |