



OFFICIAL NEWSLETTER

MAKING NEWS

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President's Report

It occurs to me that this will be my final letter in the role of President before handing over to Irwin Walker in May. It seems appropriate to wonder where all the time went and then to reflect on how far the CBMTG has come in that time. In many ways it has been a period of consolidation. The group appears to be on a relatively secure financial basis, the Bylaws have been revised, and a Board of Directors has been established, in part to give us more credibility in our relationships with the outside world.

An enormous amount of effort has gone into the establishment of a National Registry and Clinical Trials Network. Our major clinical trial activity accomplishment to date, spearheaded by Stephen Couban and David Simpson, will soon be published in Blood as what many see as the best study to date comparing blood and bone marrow as stem cell sources. Finally, we are coming up towards what promises to be an outstanding CBMTG conference in Halifax.

The vastly increased number of abstract submissions to this conference is but one indicator of the activity of our group as a whole.

Throughout this time I believe I have stayed true to my stated purpose, which was to act as a mere figurehead while everybody else did all the work. For a relatively small group with such limited resources, I think our achievements are a testimony to the hard work of many individuals whose contributions have been beyond the call of duty. Not a fraction of this could have been achieved, moreover, without the efficiency and dedication of our colleagues at Malachite Management.

In conclusion, it has been a privilege and a pleasure to act in this role with such a wonderful group of colleagues. So a big thank you to everyone and I look forward to seeing as many of you as possible in Halifax.

Sincerely,

James A. Russell, FRCPE
President, CBMTG

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Welcome to a New Regular Article

IT'S OFFICIALLY SPRING, and so the perfect time to introduce readers to a new column that will appear regularly in the CBMTG Newsletter. The purpose of the column is twofold. First, we believe that it's important for transplant programs to have the chance to "boast" a little about their programs, to share with readers a bit about who they are, where they are, as well as some of the special things that they do. Second, and equally as important, we want our readership to know just how robust transplant activity is in Canada by offering a "profile" of each of the vital transplant programs in operation across the nation.

With so many transplant centres to choose from, we thought we might have a difficult time deciding where to begin this tour of programs. In fact, deciding on the program was relatively easy, even logical, since so many of us will be visiting this program's city shortly. The Bone Marrow Transplant Program at the Queen Elizabeth II Health Science Centre, in Halifax, Nova Scotia kindly agreed to participate in this first in a series of regularly appearing articles.

Program Profile-Transplant Centres Across Canada



The Queen Elizabeth II Health Sciences Centre Bone Marrow Transplant Program of Atlantic Canada



THE QEII HEALTH SCIENCES CENTRE BONE MARROW TRANSPLANT PROGRAM

is located in Halifax, Nova Scotia.

It includes a specialized six-bed HEPA filtered unit on the 8th floor of the Centennial Building, the Hematology Clinic in the Dickson Building, the Day Hospital, and the Apheresis Unit on the 4th floor of the Victoria Building. The newest addition to the transplant program is the Moncton Bone Marrow Transplant Clinic, established in February 2000, and located at the Moncton Hospital in New Brunswick. Every six weeks, a BMT physician and BMT coordinator travel from the QEII to Moncton to see new referrals and follow up with post BMT care. The new clinic provides an excellent opportunity to network with the Oncology team at the Moncton Hospital.

MILESTONES

The QEII Health Sciences Centre BMT Program was established in December 1991, and was under the direction of Dr. Thomas Nevill. Presently, Dr. Stephen Couban and Dr. Donna Forrest are the primary BMT physicians.

The first allogeneic transplant at the QEII was performed on May 27, 1992.

The first autologous transplant was on August 4, 1992 and the first unrelated donor harvest was performed in April 1994.

Currently, approximately 65 transplants are performed each year, 40 autologous, 20 sibling allogeneic and 5 matched unrelated transplants.

OUR PROGRAM

The BMT Program primarily serves residents of Nova Scotia, New Brunswick, and Prince Edward Island. The QEII's BMT Team provides care to patients in both the inpatient and outpatient settings. The Team consists of two BMT physicians, two BMT nurse coordinators, one secretary, one data administrator, one clinical associate, one nurse educator, one clinical nurse specialist, one social worker and approximately seventy specially trained health care workers and Registered Nurses. Hematologists with an interest in blood and marrow transplantation, Dr. Darrell White and Dr. Bonnie McCarron, also actively participate in the transplant program.

Dr. Couban, Dr. Forrest and the entire BMT Team are looking forward to being host city for the CBMTG Biennial Conference, to be held in Halifax later this month.

Report on National Transplant Registry

Co-Chairs Dr. Lothar Huebsch and Dr. Pierre Laneuville

LOTHAR HUEBSCH AND PIERRE LANEUVILLE are pleased to report the great strides forward that have been made towards the realization of an interactive National Transplant Registry and Clinical Trials Network. The key players involved in bringing this project to its much anticipated fruition are:

LOTHAR HUEBSCH, PIERRE LANEUVILLE

Co-chairs of the Committee on Communications and Transplant Registry, and **HANS MESSNER**, who each have a role in overseeing the entire registry project, from locating funding sources to ensuring all facets of functionality of the registry are addressed.

KIRK SCHULTZ, Chair of the Committee on Clinical Trials, who brings the needs of CBMTG Clinical Trials Network (CTN) to the table.

SHERYL MCDIARMID, the Chair of the Committee on Accreditation, who is working with the group to ensure that all components of the developing registry will comply with FACT and CSA standards.

CHRIS BREDESON, who provides the Registry and CTN with a vital link to the IBMTR and ABMTR.

REPRESENTATIVES FROM HEALTH CANADA, who are helping to fund this important project and have a vested interest in the information the registry will be able to produce.

This list of participants is by no means exhaustive. There are many other individuals who regularly lend their time and expertise in order to help move this important project along.

PHASE I - PILOT PROJECT

The first phase of the Transplant Registry's pilot project was reported on at the Keystone Meetings in Orlando, Florida. A draft essential data set was developed and a database was populated with approximately 400 simulated patients.

The fundamental design of this registry "mock-up", as well as the production of quality data, proved this endeavor successful and much was learned.

PHASE II - PILOT PROJECT

The second phase of the pilot project involves "live data" and will begin some time this Spring, with completion and analysis scheduled to occur approximately 10 months later.

The plan involves the creation and operation of a functional database with a central data bank. In other words, this pilot project will perform as a "miniature" version of what the final Canadian Transplant Registry will eventually look like. It is anticipated that 3 to 4 Canadian Transplant Programs will be asked to participate, over a 4 to 5 month period, by electronically submitting IBMTR-like data to a central data bank.

KEY ELEMENTS OF THE CANADIAN TRANSPLANT REGISTRY

- central data bank
- electronic data submission
- operational policies and procedures in place
- Quality Manager
- Quality Integrity Manager
- diverse data set design that has had the advantage of learning from the IBMTR TED form experience, and can also address specific Canadian needs
- data set that will have the capability of electronic interaction with other transplant and government agencies, such as: IBMTR, ABMTR, NMDP, and Health Canada
- diverse reporting capabilities

Finally, and most importantly, the CBMTG Transplant Registry initiative has had the advantage of being developed and built in concert with the CBMTG Clinical Trials Network, thus facilitating an integral link to ongoing and new clinical trials.

Although there has been an enormous amount of work done to date on this project, there is still much left to do. The pursuit of necessary funding continues to be a project in itself and the actual methodology for information collection, collation, analysis, and dissemination is also undergoing continuous refinement.

Simply stated, the ultimate goal of this CBMTG project is to build a healthy Canadian research network. As this pilot project moves forward, CBMTG members can expect informative progress reports to be delivered at regular intervals.

PLEASE WATCH FOR THESE REPORTS IN THE CBMTG NEWSFLASH AND ON THE CBMTG WEB SITE.

Clinical Trials Network Update

Chair - Dr. Kirk Schultz

The **CBMTG CLINICAL TRIALS NETWORK (CTN)** has been very busy over the last six months focusing on the development of new study protocols. We are pleased to report that several clinical trials will soon open and that work on various other trials is steadily progressing (up to date list of CBMTG-CTN studies and their status, appears below).

Study News

At the present time, the CTN has one trial that is open. "A Phase II Study Investigating the Feasibility of Haploidentical Peripheral Blood Progenitor Cell Transplants in Hematological Disorders" is currently accruing patients. Also, there is a funding application relating to this trial that has been submitted to the Canadian Institutes of Health Research (CIHR), Rx & D Program. The CBMTG-CTN can also report that we are a major collaborator on a grant submitted to the Food and Drug Administration (FDA), supporting a study entitled "Phase III Trial of Hydroxychloroquine plus Standard Therapy for Chronic Graft-versus-Host Disease".

Infrastructure - Groundwork in Halifax

The CBMTG Clinical Trials Network group and its Subcommittees will continue to work at further refinement of their infrastructure needs, and they will also endeavor to secure necessary and sufficient funding for the

support of this infrastructure and the planned National Transplant Registry. To this end, the CIHR's Institute of Infection and Immunity has funded a one day CTN strategic planning session for May 29th, in Halifax, on the day before the CBMTG Biennial Conference officially opens. The overall goal of this session will be to initiate the basic strategy for proposals to fund the infrastructure and studies performed by the CBMTG-CTN.

The CTN group and the Subcommittees will continue their work at meetings that have been scheduled to occur at different points throughout the Conference in Halifax. These meetings will cover subjects relating to current and planned clinical trial activity, as well as important issues in group-wide support of clinical trials.

For more information about the CBMTG-CTN, we invite you to visit us at the CBMTG website, by clicking on "What's New" and then "CBMTG Calls for Clinical Trials Concept Proposals".

List of CBMTG-CTN Studies

STUDY No.	STUDY TITLE	CONCEPT APPROVED FOR DEVELOPMENT BY CTNC	CONCEPT APPROVED BY PROGRAM DIRECTORS	PROTOCOL APPROVED BY CLINICAL TRIALS NETWORK COMMITTEE	PROTOCOL APPROVED BY EXECUTIVE COMMITTEE	STUDY OPENED	STUDY CLOSED
CBMTG-101	A Phase II Study Investigating the Feasibility of Haploidentical Peripheral Blood Progenitor Cell Transplants in Hematological Disorders	n/a	1/24/01	2/14/01	2/19/01	03/01	
CBMTG-201	A Study to Determine the Optimum Time to Harvest Bone Marrow Cells Following GCSF Priming in Normal Volunteers	11/14/01	n/a	11/14/01	11/21/01		
	Prevention of Recurrent Cytomegalovirus Infection Using a Preemptive Approach with Ganciclovir and Intravenous Immunoglobulin	11/14/01	1/9/02	1/9/02	2/23/02		
	Allogeneic Non-Myeloablative Stem Cell Transplantation Using Matched Unrelated Donor Stem Cells for Treatment of Hematological Malignancies in Patients above the age of 40	11/14/01	Pending Review				
	Sequential Autografting followed by non-Myeloablative Related Allografting for Multiple Myeloma	11/14/01					
	Phase III Trial of Hydroxychloroquine + Standard Therapy for Chronic Graft-Versus-Host Disease	1/9/02					

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EDITOR

NANCY HENDERSON
HAMILTON HEALTH SCIENCES
HAMILTON, ON
E-MAIL: HENDENAN@HHS.CA

CBMTG OFFICERS

JAMES RUSSELL, FRCPE, PRESIDENT
IRWIN WALKER, MD, PRESIDENT-ELECT
STEPHEN COUBAN, MD, SECRETARY
STEFAN GLÜCK, MD, PHD, TREASURER
HANS MESSNER, MD, PHD, PAST-PRESIDENT
AND CHAIR, ADVISORY BOARD

HEAD OFFICE

777 WEST BROADWAY, SUITE 401,
VANCOUVER, BC, CANADA, V5Z 4J7
PHONE: 604.874.4944 • FAX: 604.874-4378
E-MAIL: CBMTG@MALACHITE-MGMT.COM

National Liaison Committee (NLC)

Canadian Blood Services

THE KREVER INQUIRY STRONGLY SUGGESTED that the blood agency in Canada receive input from a broad constituency including donors, patients and "consumer" organizations. Canadian Blood Services (CBS) has established a National Liaison Committee which reports directly to the Board of CBS and advises the Board on strategic issues. The National Liaison Committee is chaired by members of the Board of CBS (Adelaide LaPlante and Linda Rankin) and has broad representation from Canadian groups and organizations: Anemia Institute, Arthritis Society of Canada, Canadian Association of Transplantation, Canadian Blood and Marrow Transplant Group, Canadian Healthcare Association, Canadian Hemophilia Society, Canadian Immunodeficiency Patient Organization, Canadian Society for Transfusion Medicine, Community Liaison Committees (St. John's, London, Winnipeg),

Neutropenia Support Association, Physicians and Nurses for Blood Conservation Inc., Canadian Transplant Society, Canadian Cancer Society and Thalassemia Foundation of Canada.

I was asked by the CBMTG Executive Committee to represent our organization on this committee. While the function and agenda of the National Liaison Committee is a "work in progress", it is an explicit conduit through which important issues about the blood supply and the unrelated registry can be brought to the Board. I would appreciate receiving comments and suggestions from members of the CBMTG about issues related to the Canadian blood supply and Unrelated Bone Marrow Donor Registry (UBMDR).

Please send me your comments at scouban@is.dal.ca

STEPHEN COUBAN, MD
SECRETARY, CBMTG

Promising Work Using Autologous CD34⁺

Derived Dendritic Cells

INVESTIGATORS IN HAMILTON, Ontario have developed a novel approach to cancer therapy using transfected dendritic cells (DCs) to generate enhanced immunity to defined tumor antigens. Dendritic cells are highly specialized antigen presenting cells found in the bone marrow, lymph nodes, skin and thymus. Until recently, the ability to study DCs has been limited by their scarcity in most culture systems.

This exciting research initiative is based on the knowledge that specific cytokines can be used to significantly derive DCs from hematopoietic progenitors or monocytes, ex vivo, and that human and murine DCs are susceptible to adenoviral (Ad)-based gene transfer.

Given the potent immuno-stimulatory properties of DCs, and the ability to use gene transfer to "load" DCs with tumor antigen, investigators hypothesize that administration of transduced autologous DCs may have potential therapeutic benefit as a cancer vaccine.

In the laboratory, the Hamilton group applied their hypothesis to animal models, resulting in animals with specific in vitro immunity and protection against subsequent injection of cancer cells.

In addition to this finding, complete resolution as well as significant long-term survival in animals with established metastatic disease was noted.

On the basis of these promising pre-clinical studies, pilot trials in patients with advanced melanoma, breast cancer, and chronic lymphocytic leukemia have been developed.

Investigators have been encouraged by the results found to date, demonstrating that the administration of autologous DCs is safe and feasible. Also promising is the finding of an increase in IFN gamma secretory T-cells against defined tumour antigens following therapy, that appear to correlate with clinical response.

RONAN FOLEY
ASSOCIATE PROFESSOR
HAMILTON HEALTH SCIENCES, HAMILTON, ONTARIO

Changes at Head Office

BEGINNING IN LATE JULY 2002, Tanis Steward will be away from the office for a few months of maternity leave. While Tanis is away, Wendy MacLean will assume the role of Acting Executive Director. Wendy has been working closely with the CBMTG over the last 8 months and will continue to step up her involvement in preparation for a seamless transition at the Halifax Biennial Conference.

Tanis will continue to be very involved with CBMTG's activities, and is looking forward to seeing everyone at the CBMTG 2002 Conference in Halifax. For questions or concerns about the transition, contact Tanis at the CBMTG Head Office at 604-874-4944 or tanis@malachite-mgmt.com.

"FACT" Finding MISSION

In an effort to keep our members informed, CBMTG is conducting a poll to determine the level of Foundation for the Accreditation of Cellular Therapy (FACT) activity present in Canada. CBMTG participating transplant programs will be contacted and asked to answer 5 or 6 short FACT related questions. Results of the poll will be published in an upcoming issue of the CBMTG Newsletter.

CBMTG BIENNIAL CONFERENCE

The CBMTG 2002 Biennial Conference in Halifax is just around the corner. The Conference is expected to be attended by at least 450 delegates, and a record number of abstracts have been received. The format will include scientific plenary sessions, keynote presentations, multidisciplinary and discipline specific sessions, oral research presentations, committee and working meetings and satellite symposia. All plenary sessions will be presented in both English and French.

Updated Conference and Program details can be found on the CBMTG website at <http://www.cbmtg.org/cbmtg2000.php>, which is updated continuously. For more information about the Conference or registration details, visit the CBMTG website or contact the CBMTG Head Office at **604.874.4944** or info@cbmtg.org

The Ontario Hospital Association presents

The Certificate of Enhanced Nursing Practice In Organ and Tissue Donation

Location: The Ontario Hospital Association, 200 Front Street West, Suite 2800, Toronto, Ontario

June 3, 4 & 5, 2002

This intensive three-day program will provide nurses with the comprehensive skills, training and knowledge needed to fully participate in the organ and tissue donation process. This program will enhance the practice of nurses employed in acute care settings who work with potential and actual organ and tissue donors, and will allow them to improve the quality of end-of-life care that is provided to patients and their families.

Topics covered will include:

- Overview of the Organ Donation Process
- Legislation
- The Unique, Interdependent Roles in the Donation Process
- Identifying a Patient's Options for Donation
- Donor Maintenance
- Organ Allocation for Transplantation
- Sharing the Option of Donation with Next-of-Kin

TARGET AUDIENCE: REGISTERED NURSES IN ACUTE CARE SETTINGS WITH/WITHOUT VENTILATOR CAPACITY.

TO REGISTER: VISIT THE OHA WEBSITE AT www.oha.com for on-line registration | FOR ADDITIONAL INFORMATION: PLEASE EMAIL bbott@oha.com OR CALL 416.205.1352.

contributing authors

James A. Russell, FRCPE
President, CBMTG
Director, Alberta BMT Program
Tom Baker Cancer Centre,
Calgary, AB

Hans A. Messner, MD, PhD
Past-President, CBMTG
Director, BMT Program
Princess Margaret Hospital,
Toronto, ON

Kirk R. Schultz, MD
Chair, Clinical Trials Network
Committee Associate Professor
Pediatrics, UBC, Vancouver, BC

Lothar B. Huebsch, MD
Co-Chair, Committee on
Communications and Registry
Director, BMT Program
The Ottawa Hospital-General
Campus, Ottawa, ON

Nancy Henderson
CBMTG Newsletter Editor
BMT/Decision Support
Program Analyst
Hamilton Health
Sciences, Hamilton, ON

Pierre Laneuville, MD
Co-Chair, Committee
on Communications
and Registry
Director of Hematology
Royal Victoria Hospital,
Montréal, QC

Ronan Foley, MD
Assistant Professor
Hamilton Health Sciences,
Hamilton, ON

Stephen Couban, MD
Secretary, CBMTG
Director, BMT Program
Queen Elizabeth II Health
Sciences Centre, Halifax, NS

Tanis B. Steward, BComm, LLB
Executive Director, CBMTG
CBMTG Head Office,
Vancouver, BC

**Wendy B. MacLean, BSc, LLB,
MHSc**
CBMTG Head Office,
Vancouver, BC

Thank You

Thank you to our 2002 corporate members for their ongoing support of the CBMTG and Canadian BMT community...

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