

### President's Report



*Transferring the reins of power in Halifax 2002*

On taking over as your CBMTG President from Jim Russell, I was very encouraged by the success of the Halifax meeting. The presentations were informative and interesting, interactions among the members were enthusiastic and productive, and of course the social program was just "gob-smacking great". My impression was of an energetic, vibrant and growing organization.

On returning home, I settled down to focusing on my job; what exactly should I be doing? Of course I would need to work closely with Malachite Management (Tanis and Wendy) to help them maintain the amazing work they do, and to take a lead, with other members of the finance committee (Stefan Glück, Jim Russell and myself) to promote fund raising initiatives. As for the rest, it was helpful to look back at the tenures of my predecessors, Hans Messner and Jim Russell. At the annual meeting of CBMTG in March 1998 Hans had the foresight to form a Strategic Planning committee. This committee met in Toronto in May of that year to formulate a Vision for CBMTG, a kind of "wish list" for the future. This Vision, outlined in the box on this page, later guided the formation of the By-Laws which were finally approved at the CBMTG Annual Membership

meeting in Halifax. When Jim Russell took over as President, at the memorable Quebec meeting in 2000, his stated intention was to "be a figurehead and let everyone else do the work" (a direct quote). This statement, while being a good example of Jim's ironic English humour, hides a deep truth. He was saying that the Vision and organizational structure was providing good direction and that people charged with carrying that vision forward were in place.

*continue on page 2*

### CBMTG OUR VISION

- **Will** have an efficient and effective administrative structure which encourages participation by all members, regardless of discipline
- **Will** have a national transplant registry
- **Will** have an administrative infrastructure
- **Will** be a truly multi-disciplinary organization
- **Will** have a productive clinical trials program
- **Will** have clear and effective relationships with external agencies
- **Will** harness information technology to effect better communication within and beyond the organization, and to promote its presence and ideas
- **Will** have a broad education program fulfilling the needs of the members
- **Will** systematically consider issues relating to clinical care.

### MAKING NEWS

### CONTENTS

Volume 6, Issue 1 | Spring 2003

President's Report .....1

Letter from the Editor .....2

From our Halifax host .....3

Program Profile-Transplant Centres Across Canada ....4

CTN Report .....5

Report from the Committee on Communications and Transplant Registry .....6

Expanded National BMT Statistics .....8

Montreal Success Story .....9

Canadian Blood Services Communiqué .....10

New CBMTG Committee .....10

Corporate Members .....10

Contributing Authors .....10

I totally agree with this assessment. So then, what's left for me to do? I feel that my job is to see that progress towards the Vision is being maintained, and that we don't lose sight of it as CBMTG increases in size and complexity. We don't want to drift. Reassuringly, the goals of the committees do fit the Vision very well (no accident of course) and excellent progress is being made. However, these committees do not deal with two items in the Vision: Firstly, participation by all members, regardless of discipline and, secondly, progression towards a truly multidisciplinary organization. I will therefore focus on these two items during the first year. I would like all members to know what sub-Committees we have, and to feel that they can participate. The next few issues of the Newsletter will feature the committees and their memberships. In this issue we start with the Clinical Trials Network Committee, chaired by Kirk Schultz, as it is one of the most important committees, and is working well. I will be keeping an eye on the memberships of all the

committees, looking for a broad representation. Please think about your role in the organization and how you can help. If you are a member of a discipline not represented by a committee, you are encouraged to form one.

Finally, after only a few months as president, a new item has appeared on my job description. *"Will promote communication"*. The price to pay for successfully having more people involved in CBMTG is the challenge to keep everyone informed, and to avoid misunderstandings. This is a job for everyone. My advice is: please keep pumping information in to CBMTG Head Office; we'll see that it gets to the right place. CBMTG Head Office can be reached by email - [cbmtg@malachite-mgmt.com](mailto:cbmtg@malachite-mgmt.com)

Sincerely,

Irwin Walker, MD  
President, CBMTG

## Letter from the Editor

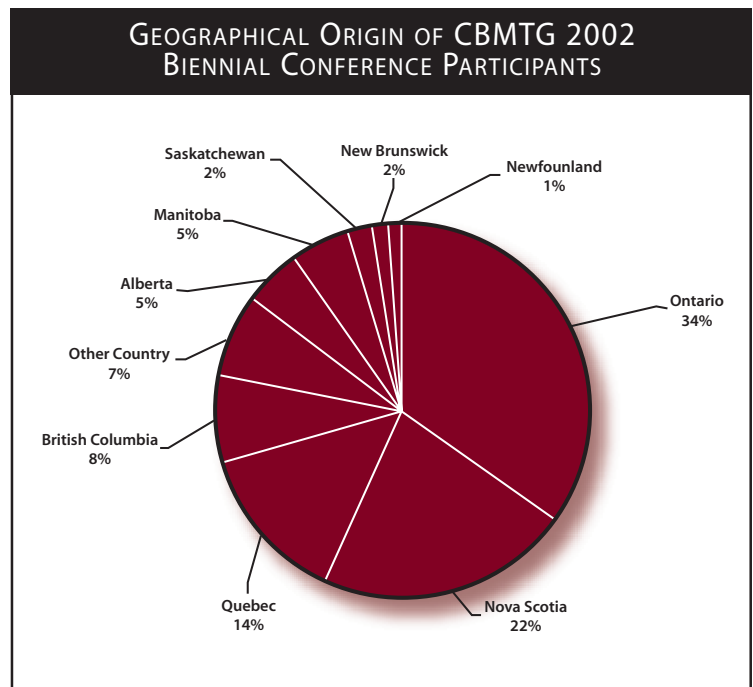
# Notes on Halifax and the CBMTG in 2002

First, congratulations to the hosts and sponsors of the 2002 Biennial Conference held in Halifax this past June. Dr. Couban and the rest of the conference planning committee did everything just right. A remarkable array of speakers, each an expert in their field, presenting information on every imaginable transplant related subject. Even the Halifax weather was ordered up (as per Dr. Couban) and perfectly presented, a little fog rolling inland from the sea for the morning and evening, sunny and warm in between!

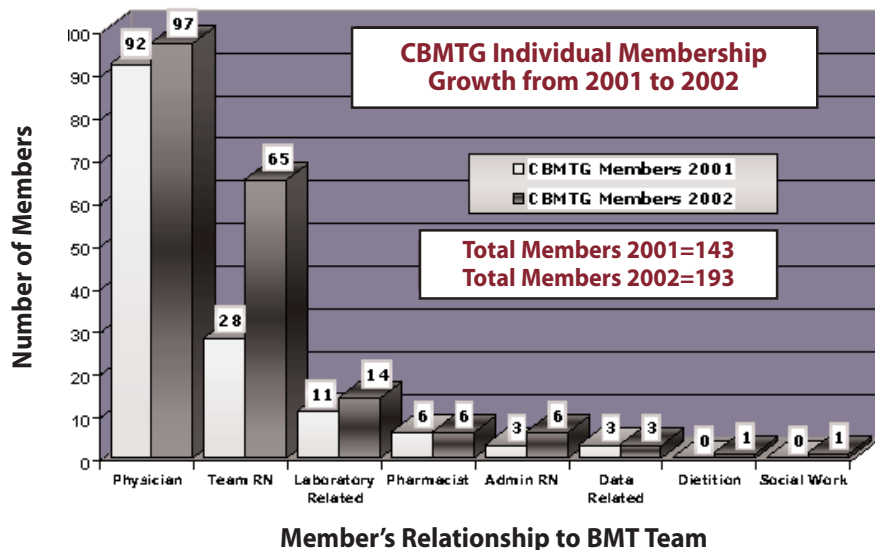
Statistics derived from the Halifax Conference are impressive. The conference was attended by a total of 362 people coming from eight different countries (including Canada). The geographic distribution of participation of members by province of origin (including those from other countries) appears below in Table 1.

Even more impressive are the data comparing CBMTG membership from 2001 to 2002. Consider the figures shown in Table 2.

Table 1



**Table 2**



There was a substantial 35% increase in overall CBMTG individual membership from 2001 to 2002. Six out of the eight BMT Team categories displayed in this graph show more members in 2002.

But true progress becomes evident when looking at the change in distribution of members in these BMT Team categories.

In 2001 the distribution by discipline was: physician 64%, nursing 22%, other team member 14%. However, in 2002 the complement changed significantly to: physician 50%, nursing 37% and other team member 13%.

In theory, the transplant centre's multidisciplinary BMT Team composition should be a microcosm of CBMTG membership discipline distribution. To this end, and front and centre in this issue of the CBMTG Newsletter, Dr. Irwin Walker states that as he assumes the role of CBMTG President, one focus of his first year in office will be to "progress towards a truly multidisciplinary organization". Dr. Walker is well on his way to realizing this goal.

## From our Halifax host...

*S. Couban*



The dust has now settled and fog has returned to the waterfront in Halifax. For several days at the end of May 2002, members of the CBMTG gathered in Halifax for our biennial meeting. At last count, we have 361 registrants and I think

the meeting was successful opportunity to listen to world class Canadian and International speakers, to collaborate and exchange ideas with colleagues from across Canada and, of course to socialize!

Dr. Kirk Schultz and the Clinical Trials Committee organized a very successful "think tank" on the day prior to the start of the conference and important strategies were proposed and discussed to promote collaborative research in bone marrow transplantation in Canada.

We had three action packed days of lectures, symposia and discussion groups, all of which were very well attended. There were a record number of scientific abstracts (57) submitted and eight abstracts were selected for oral presentation.

The meeting was a success, largely due to the work of the local Organizing Committee, led by Cathy Schwindt (Jo-Ann Edwards, Somaya Elseisi, Joan Hamilton, Jane Palmer and Cara Slaunwhite), the National Scientific Committee (Michael Barnett, Michael Crump, Conrad Fernandez, Ronan Foley, Donna Forrest, Joan Hamilton, Hans Messner, Jane Palmer, Denis-Claude Roy, Jean Roy, Cathy Schwindt, Irwin Walker and Donna Woloschuk) and the ceaseless work of Tanis Steward, Lisa Markus, Wendy MacLean and the group at Malachite Management. Thanks also to our generous corporate sponsors and here's to London, Ontario in 2004!

# Program Profile-Transplant Centres Across Canada

N. Henderson

*We move a little west from Halifax for the next stop on our tour of Canadian transplant centres. As new CBMTG President Dr. Irwin Walker takes office, we thought it the perfect opportunity to introduce you to the Team Dr. Walker leads as the Program Director of the Blood and Bone Marrow Transplant Program at Hamilton Health Sciences.*



## Hamilton Health Sciences Blood and Bone Marrow Transplant Program Hamilton, Ontario

Hamilton Health Sciences (HHS) Blood and Bone Marrow Transplant Program currently operates out of two acute care facilities in Hamilton, Ontario. The allogeneic portion of the program resides at the McMaster University Medical Centre Campus, while the autologous program is housed at the Henderson General Hospital Campus. Members of both the allogeneic and autologous teams are looking forward to the day when they will come together in one state of the art transplant unit, which will be located at the redeveloped Henderson General Campus, adjacent to the Hamilton Regional Cancer Centre.

### Hamilton's HPC Transplant Team

An impressive combination of dedicated Physicians, Nurses, Nurse Practitioners, Dieticians, Social Workers and Pharmacists round out the efficient, caring and dynamic Blood and Bone Marrow Transplant Program Team. The Program performs approximately 70 hematopoietic transplants every year (55% autologous, 25% related and 20% unrelated) and reports to the IBMTR/ABMTR as a Research Centre. Additionally, the Transplant Team supports a FACT Accreditation Steering Committee, members of which are vigorously working to develop the formal set of policies and procedures necessary to achieve the goal of FACT accreditation.

### Allogeneic Transplant In Hamilton

As well as overseeing all transplant related activity as Program Director, Dr. Irwin Walker also heads up the Allogeneic Team with the help of fellow transplant

physicians Drs. Brian Leber and Parveen Wasi, and Transplant Co-ordinators Kathy Greene and Tina Horrocks.

The allogeneic program owes its existence today to the vision of Dr. Michael Brain, who established the program in 1981 following approval by a site visit team from the then National Advisory Committee on Marrow Transplantation. Since its inception, the program has observed impressive and notable milestones such as a letter of acknowledgment for their treatment of leukemia from Nobel Prize winner, Dr. E. Donnall Thomas, and in 1987 the program performed the first adult, unrelated allogeneic bone marrow transplant in Canada, the recipient of which continues to be a happy, healthy, family physician in rural Ontario.

### Autologous Transplant in Hamilton

The Autologous Transplant Team, lead by Dr. Deborah Marcellus is equally as distinguished in its role as Autologous Transplant Centre for the large region in Ontario that it serves. Dr. Marcellus and her colleagues, Drs. Ann Benger, Ralph Meyer, Ronan Foley and Tom Kouroukis, along with Transplant Co-ordinator Carol Ingram are members of this diligent group that have offered autologous transplant as treatment for a variety of malignant conditions for more than 10 years. The Autologous Team has been and continues to be extremely active in NCIC and CBMTG run clinical trials, and has not only participated in, but also initiated cutting edge treatment using dendritic cells. Many of these activities have been made possible through the technical excellence of a highly specialized stem cell processing lab, headed by Dr. Ronan Foley and Pam O'Hoski (Stem Cell Laboratory Specialist), another integral part of the Program.

You can expect to hear more about the Hamilton Health Sciences Blood and Bone Marrow Transplant Program in the coming year as they help London Health Sciences Team with preparations for the CBMTG 2004 Biennial Conference.

Finally, we would like to extend a warm welcome to the newest CBMTG Transplant Program, the General Hospital Health Sciences Centre of Newfoundland, Dr. Peter Duggan, Director. You can look forward to learning more about Newfoundland's Team in the next Program Profile article.

# CTN Report

K. Shultz

## Report on the Activities of the CBMTG Clinical Trials Network July to September 2002



K. Shultz

### Positive Progress

The last few months have again, been a very active period for the Clinical Trials Network (CTN). During this time, the CTN was successful in obtaining a \$104,000 CIHR Rx & D grant to support biology studies for CBMTG protocol 101, which is "A Phase II Study Investigating the Feasibility of Haplo-identical

Peripheral Blood Progenitor Cell Transplants in Hematological Disorders". The Study Chair for CBMTG protocol 101 is Dr. Irwin Walker. Additionally, a second grant was recently approved by the FDA totaling \$890,000 in U.S. funds (or \$1.4 million in Canadian funds), for the project entitled "A Phase III Trial of Hydroxychloroquine plus Standard Therapy for Chronic Graft-versus Host Disease". Designated as CBMTG protocol 302, this project's CBMTG co-investigators are Drs. Kirk Schultz and Kang Howson-Jan. It is anticipated that the CBMTG will accrue approximately 25 to 30% of the patients on CBMTG protocol 302.

Another wonderful and notable success was the first publication resulting from a CBMTG trial. "A randomized multi-center comparison of bone marrow and peripheral blood in recipients of matched sibling allogeneic transplants for myeloid malignancies," by Dr. Stephen Couban et al., appears as a plenary paper in the September 1<sup>st</sup>, 2002 issue of the high impact journal, "Blood".

### A look to the Near Future



Sub-committee at work in Halifax 2002

CBMTG Protocol 102, a study for prophylaxis of CMV, recently opened and a number of clinical trials are currently under development.

As CTN trial activity continues to grow, so too does sub-committee development. Dr. Cindy Toze, was recently appointed to Chair the

Data Management Sub-Committee and Dr. Ronan Foley, is the newly appointed Chair of the Biology Sub-Committee. Also, Dr. Harry Atkins is leading the Graft Manipulations Task Force, while Dr. Stephen Couban heads up the G-CSF Bone Marrow vs PSCP Task Force. The IBMTR/ ABMTR meetings held recently in Keystone, Colorado, acted as a setting for the continued development of several of these important sub-committees, as well as providing other groups with a wonderful venue for their first meeting. Each of these task forces is working on comprehensive CBMTG projects that will be submitted to major granting agencies for funding.

Current CTN Sub-Committee membership lists are posted above. Membership is voluntary and is open to all interested CBMTG members. If there is a sub-committee that you feel you are interested in joining, please contact CBMTG Head Office at [cbmtg@malachite-mgmt.com](mailto:cbmtg@malachite-mgmt.com).

#### CBMTG-Clinical Trials Network Committee Membership Chair — Dr. Kirk Schultz, Vancouver

Dr. Stephen Couban, Halifax	Dr. Jeff Lipton, Toronto
Dr. Ronan Foley, Hamilton	Dr. Jean Roy, Montréal
Dr. Lothar Huebsch, Ottawa	Dr. Cynthia Toze, Vancouver
Dr. Pierre Laneuville, Montreal	Dr. Irwin Walker, Hamilton

#### Current CBMTG-Clinical Trials Network Subcommittee Membership

##### Supportive Care Strategy Subcommittee

###### Chair

###### Dr. Jeff Lipton, Toronto

Dr. Andrew Daly, Toronto  
Dr. Dr. John Doyle, Toronto  
Dr. Peter Duggan, St. John's  
Dr. Brian Leber, Hamilton  
Dr. Kang Howson-Jan, London  
Ms. Nancy Jenkins, Hamilton  
Dr. Brian Leber, Hamilton  
Ms. Roxanne MacAskill, Toronto  
Dr. Tony Mazzulli, Toronto  
Dr. Thomas Nevill, Vancouver  
Ms. Jane Palmer, Halifax  
Dr. Cindy Toze, Vancouver  
Dr. Parveen Wasi, Hamilton

##### Preparative Regimens Strategy Subcommittee

###### Chair

###### Dr. Jean Roy, Montréal

Dr. Harold Atkins, Ottawa  
Dr. Isabelle Bence-Bruckler, Ottawa  
Dr. Donna Forrest, Halifax  
Ms. Nancy Henderson, Hamilton  
Dr. Thomas Kiss, Toronto  
Dr. Silvy Lachance, Montréal  
Dr. Juleye Lavoie, Vancouver  
Dr. Anne Smith, Kingston  
Dr. Richard Tsang, Toronto  
Dr. Donna Woloschuk, Winnipeg

##### Stem Cell Sources Strategy Subcommittee

###### Chair

###### Dr. Stephen Couban, Halifax

Dr. John Akabutu, Edmonton  
Ms. Norma Auger, Calgary  
Ms. Bev Campbell, Ottawa  
Dr. Sunil Desai, Edmonton  
Dr. Allen Eaves, Vancouver  
Dr. Connie Eaves, Vancouver  
Dr. Ronan Foley, Hamilton  
Dr. A. Janowska-Wieczorek, Edmonton  
Dr. Pierre Laneuville, Montréal  
Ms. Lisa Marie Martin, Ottawa  
Dr. Hans Messner, Toronto  
Dr. David Mitchell, Montréal  
Mr. D. Robert Sutherland, Toronto  
Dr. Rachel Syme, Calgary  
Dr. Irwin Walker, Hamilton  
Ms. Tammy Whitteker, Ottawa

##### Laboratory Biology Strategy Subcommittee

###### Chair

###### Dr. Ronan Foley, Hamilton

Dr. Harold Atkins, Ottawa  
Dr. Allen Eaves, Vancouver  
Dr. Connie Eaves, Vancouver  
Ms. Nancy Henderson, Hamilton  
Dr. Donna Hogge, Vancouver  
Dr. Armand Keating, Toronto  
Dr. Pierre Laneuville, Montréal  
Dr. Brian Leber, Hamilton  
Ms. Lisa Marie Martin, Ottawa  
Dr. Hans Messner, Toronto  
Dr. Don Morris, Calgary  
Dr. David Spaner, Toronto  
Dr. Heather Sutherland, Vancouver  
Dr. Rachel Syme, Calgary  
Ms. Tammy Whitteker, Ottawa  
Dr. Anargyros Xenocostas, Toronto

## The Mission of the CBMTG Clinical Trials Network

- To improve the safety, availability and efficacy of hematopoietic stem cell transplantation for adults and children in Canada;

- To perform clinical research trials that will define optimal hematopoietic stem cell transplantation for adults and children;

- To conduct laboratory research that will translate into more effective treatments with reduced short and long-term side effects;

- To build partnerships that will help fulfill the mission of the Canadian Blood and Marrow Transplant Group and improve the health of adults and children throughout the world.

# Report from the Committee on Communications and Transplant Registry

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

The CBMTG's Committee on Communications and Transplant Registry's pilot registry project is funded by Health Canada for a three-year period and is coordinated by a joint CBMTG and Health Canada Working Group with members selected because of the specific areas of expertise that each person brings to the table. The group, spurred on relentlessly by the project's coordinator Sheryl McDiarmid, reports a hectic but productive summer and fall, with meetings in June, July, August, and October and November of 2002, with more to come. Here are just a few of their important accomplishments so far:

- Funding has been secured for a 3 year period
- Five pilot centres have agreed to participate
- A Data Managers Working Group has been formed with Daphne Brockington and Michele Joseph and others bringing a vast amount of experience to the project
- A consensus data set has been created, an electronic database for centres has been written, and the first version of this has been installed in three of the five pilot transplant centres already (2 sites will use BMT Serve).

The Pilot Registry Project will be gathering, collating and ultimately analyzing three types of information: clinical data on both patients and donors, laboratory data primarily on the marrow or stem cells, and biospecimen storage. Data will be collected on all patients and their donors transplanted after October 1, 2002 at the five centres.

In developing a Canadian Transplant Registry the Working Group is following certain themes and principles as the registry evolves. In particular it will attempt to:

- Restrict the collected information to that which is most often useful
- Emphasize infections and long-term outcomes
- Design a marrow donor database that allows for the detection of emergence of new syndromes

- Use terminology which is compatible with existing reporting requirements and facilitate the work of data managers' multiple demands (e.g. IBMTR reporting will be embedded in this database)
- Keep it technologically simple
- Make the information as complete, valid and accessible as possible while still meeting the new privacy and security and consent rules now in place in Canada, the United States and the European Union.

To achieve its goals the project team has enlisted expertise from a number of areas. For example, Bev Campbell from the Unrelated Bone Marrow Donor Registry and Karen Munn from the Vancouver General Hospital have been asked to provide their expert input into donor issues. In addition the project is collaborating with the IBMTR and will benefit immensely from its work on data dictionaries, data management and statistical manuals and so on.

As a result of the interests of regulatory and accrediting bodies on the nature and quality of the transplanted marrow, the project has a keen interest in stem cell laboratory data and enlisted Mike Halpenny from the CBS, Ottawa Centre to help facilitate the collection and submission of stem cell data as part of the project. Not surprisingly, in retrospect, privacy and consent issues have emerged as the main stumbling blocks to the development of the Project and the ultimate implementation of a Canadian registry. It now appears that a major part of

## Mission of the Committee on Communication and Transplant Registry

■ To design and maintain a comprehensive data base of all transplanted patients in Canada

■ To design and implement a Registry of Canadian transplant centres that would allow analyses of the database for research, educational and Health policy purposes

*continue on page 7*

Report from the Committee continued



*Dr. Lothar Huebsch and Dr. Pierre Laneuville are Co-Chairs of the CBMTG's Committee on Communications and Transplant Registry*

the project's energy will need to be devoted to these issues, some of which appear to be quite difficult to overcome. Leslie Forrester from Health Canada is leading the group through this controversial area. Legal opinions on who and what can

be collected, submitted and analyzed is being sought. Dr. David Roy from the Centre for Bioethics at the Clinical Research Institute of Montreal has been enlisted to provide advice to the group. A Privacy Impact Analysis will be prepared by the project for scrutiny by the Federal (and ultimately provincial) Privacy Commissioner.

It is a good thing then that the working group's timeline's are spread over 36 months. The group plans, by the second half of the project, to expand the pilot project to any Canadian site that is willing to participate. This would involve a commitment to transmit TED-type data on every allogeneic transplant. The group's major hope is that this Canadian registry will provide valuable clinical and laboratory research information to the CBMTG and its diverse membership and will also help promote the prospective clinical research conducted by the Clinical Trials Network. The registry will also be an important source of information for Health Canada and the provincial and territorial Ministries of Health. Other end users may be:

- Canadian Blood Services
- Canadian Institute for Health Information
- Scientists
- The pharmaceutical industry
- Health policy analysts
- Lobbyists

As the project becomes inevitably more complex but more clearly defined we will devote an entire Newsletter outlining the Project. In the meantime questions and comments concerning this project can be sent to us through CBMTG Head Office at [cbmtg@malachite-mgmt.com](mailto:cbmtg@malachite-mgmt.com)

## Transplant Registry Working Group Members

**Ms. Sheryl McDiarmid (Project Coordinator)**

Chair of Accreditation Committee, CBMTG

**Dr. Lothar Huebsch** - Registry Committee Co-Chair, CBMTG

**Dr. Pierre Laneuville** - Registry Committee Co-Chair, CBMTG

**Dr. Hans Messner** - Chair, External Affairs and Standards Committee, CBMTG

**Dr. Kirk Schultz** - Chair, Clinical Trials Network Committee, CBMTG

**Dr. Chris Bredeson** - Assistant Scientific Director, IBMTR Statistical Center

**Dr. Antonio Giulivi** - Head of Surveillance Group, Health Canada

**Dr. Leslie Forrester** - Epidemiologist, Health Canada, Surveillance Group

**Dr. Anton Andonov** - Director of Diagnostic Virology, National Microbiology Laboratory, Winnipeg

**Mr. Nick Karitsiotis** - Information Technology, Health Canada

## CBMTG Transplant Registry Pilot Centres are:

- Vancouver General Hospital and British Columbia's Children's Hospital
- Princess Margaret Hospital
- Hôpital Maisonneuve-Rosemont
- McGill University Health Centre (Montreal Children's Hospital, Montreal General Hospital, Royal Victoria Hospital)
- Ottawa Hospital

# Expanded National BMT Statistics

I. Walker

Statistics on the number of transplants done in each transplant centre, each province, and the whole of Canada, are available on the CBMTG website. Currently these tables are able to provide facts on the number of transplants per centre, with additional information such as donor type, i.e. allogeneic/autologous, pediatric/adult, and graft source, i.e. marrow/peripheral or cord blood, also available. This stratification has been very helpful, but we now need more detailed statistics, particularly with respect to diagnoses and stage of disease, so that we can better plan clinical research trials. Not only will these expanded statistics be particularly valuable to those developing studies, but we anticipate that these data will be of interest to other members as well, to learn about trends in transplantation indications across the country.

A new form to collect 2002 statistics has been sent out to centres. It is only slightly more detailed than its predecessor and will retain a one page format. The form still will only require simple totals to be inserted into a table. As before, this request for data will relate to the transplant centre's collective activity only, with no individual patient information being requested.

With respect to individual patient data, we are planning ultimately to use the IBMTR forms to register each and every Canadian transplant, allowing the collection of very detailed information and the ability to analyze our data in a number of ways - without centres having to fill out extra forms. This will be our national registry, which we urge you to read more about in this issue of the newsletter. In the meantime, the statistics for 2002 will be a compromise, but useful nevertheless, and still not too arduous for centres to provide.

Canadian BMT Statistics - January 1, 2002 to December 31, 2002

Centre

Diagnosis	Age Group & Stage	Autologous		Allogeneic (Myeloablative)								Allogeneic (Non-Myeloablative)				TOTALS				
		BM	PB	Related				Unrelated				Related		Unrelated						
				BM		PB		Cord		BM		PB		Cord			BM	PB	BM	PB
				0-1	≥2	0-1	≥2	0-1	≥2	0-1	0-1	0-1	≥2							
AML	Adult 1st CR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Adult not 1st CR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Pediatric 1st CR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Pediatric not 1st CR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
ALL	Adult 1st CR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Adult not 1st CR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Pediatric 1st CR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Pediatric not 1st CR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
CML	Adult 1st CP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Adult not 1st CP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Pediatric 1st CP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Pediatric not 1st CP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
MDS	Adult	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Pediatric	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
Non-Hodgkins Lymphoma	Adult	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Pediatric	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
CLL	Adult	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
Hodgkin's Disease	Adult	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Pediatric	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
Myeloma	Adult	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
Solid Tumour	Adult	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Pediatric	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
Immune	Pediatric	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
Aplastic Anemia	Adult	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
	Pediatric	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
Other Indication	Age Group & Stage																			
TOTALS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

- Notes:
- Pediatric is <18 years, Adult is ≥18 years
  - BM = Bone marrow; PB = Peripheral blood; Cord = Cord blood
  - CR = complete remission; CP = chronic phase
  - 0-1 means 0-1 HLA antigen mismatch; ≥2 means ≥2 HLA antigen mismatch (includes haploidentical) - DEFINITION IS HLA-A, -B, -DR, AND LOW RESOLUTION, ONLY.
  - Other Indication: Use this section for any transplants which for any reason do not fit elsewhere on the table. Please specify each separate diagnosis on a new line.
  - If the number of entries in Other Indication exceed existing space, please contact CBMTG Head Office at [www.cbmtg.org](http://www.cbmtg.org) and a second form will be provided.

QUESTIONS REGARDING THE COMPLETION OF THIS FORM MAY BE DIRECTED TO:  
Dr. Irwin Walker - [walker@cmaster.ca](mailto:walker@cmaster.ca)

# A Success Story in Montreal Helps Pave the Way for Many More

N. Henderson



*Dr. Pierre Laneuville*

Maybe you saw the headlines, or possibly heard CBMTG member, Dr. Pierre Laneuville's voice recently on CBC radio.

If you didn't, perhaps you will be able to catch the movie...

The source of the much-deserved attention centres on a young woman, diagnosed with acute leukemia in the third trimester of her pregnancy, at Montreal's Royal Victoria Hospital. Following a premature delivery and the failure of standard chemotherapy, Dr. Pierre Laneuville began the search for a hematopoietic progenitor cell donor, with a view to transplantation. The patient's brother was typed first, but unfortunately, was not HLA compatible. Then the search for an unrelated donor also proved unsuccessful. With time running out, one final option was presented. Umbilical cord blood cells had been collected and frozen at the time of the baby's birth, and these would eventually be the cells that were used in the transplant that saved this young mother's life. At the time of the CBC interviews, the patient had been in complete remission for seven months, with a happy, healthy seven-month-old baby girl.

But the positive outcomes don't end there. This success story has brought national attention to the need for the creation of a Canadian cord blood banking system that includes the vital and currently absent component of cord blood derived, stem cell research.

At present, Canadians have few options when it comes to cord blood banking, with one public facility and a few private banks in operation. Compare these figures with those of countries like France and the United States, both of which have dozens of successful cord blood banks available, and one can understand the significance of the need.

Enter again Dr. Laneuville and the McGill University Health Centre with more good news. Preliminary approval has been granted and funding secured for the initiation of the Montreal Cord Blood Bank, in association with the McGill University Health Centre. Although details of the operation have not yet been finalized, it is known that the bank will function primarily as a public donor bank, with some private, self-directed donations.

But the proposed Montreal Cord Blood Bank has the dual and perhaps even more essential function of providing the much-needed base for clinical and scientific research in the field of umbilical cord blood-derived stem cells.

Finally, as if a leukemia-free mother and baby daughter, the promise of a new public cord blood banking facility, and a much needed platform from which to conduct clinical and scientific research were not enough, there are two more items connected to this story that are worthy of print.

First, the Royal Victoria Hospital made the news again, when the hospital's cleaning staff were given an award of recognition for the part that they played in making this patient's story a success, proving just how diverse and important a transplant team truly is.

And lastly, as alluded to in the first paragraph of this story, yes, the patient, Dr. Laneuville, and the hospital's administration have been approached by film-makers, interested in creating a movie based on this event that has so many happy endings!

## CBMTG Welcomes New Committee

The CBMTG Executive is pleased to announce the formation of a new and vital Technologists Committee. Mike Halpenny, MLT, from Ottawa, Ontario and Brigitte Morin, from Montreal, Quebec have accepted the role of the Committee Chairs. Although membership has not yet been finalized and will no doubt continue to grow, goals of the new committee have been identified.

### The Technologists Committee aims to:

- Promote communication, discussion and education in the field of hematopoietic progenitor cell processing;
- Provide leadership in the development, implementation and promotion of standardized organizations;
- Represent the technologist membership to government agencies and other professional organizations;
- Participate in the development of a national quality assurance program for hematopoietic progenitor cells processing laboratories.

The new Technologists Committee will give a formal voice to the important role of laboratory and hematopoietic progenitor cell processing issues involved in the field of transplantation.

If, as a member of the CBMTG, you are interested in joining this latest committee, please contact the CBMTG Head Office at [cbmtg@malachite-mgmt.com](mailto:cbmtg@malachite-mgmt.com)

### CBMTG - Technologists Committee Membership

<b>Co-Chairs</b>	Lisa Martin, Ottawa
<b>Mike Halpenny, Ottawa</b>	Marie Morrell, Halifax
<b>Brigitte Morin, Montreal</b>	Patty Bakkestad-Legare, Winnipeg

## Canadian Blood Services Communiqué



### CBS Launches New Software Tool to Help Secure Bone Marrow Donors for Transplant Patients

Canadian Blood Services (CBS) has developed a sophisticated new information system that will enhance the operations and services of its Unrelated Bone Marrow Donor Registry. This new system, which was implemented on June 24, 2002, will allow the Registry to more effectively perform its work of securing compatible bone marrow donors for transplant patients.

A key feature of this information system is its ability to accommodate more sophisticated HLA typing data. As CBS plans to have all new potential donors DNA typed at the time of joining the Registry, the system will complement this service, and allow the Registry to provide precise and timely donor information to transplant centres.

The new system also offers an improved search function. With the CBS Registry conducting approximately 1,000 searches a year to locate matching donors, this will help the Registry to effectively carry out these searches, as it will better manage donor information, and provide more support and efficiency to the search and work-up processes. In addition, the system operates in "real time," interfacing with the HLA laboratories and accounting departments of CBS.

We are very pleased with the benefits of this tool, which will play a significant role in helping us to meet the needs of transplant patients and physicians.

## > Corporate Sponsors

Thank you to our 2003 corporate members for their ongoing support of the CBMTG and Canadian BMT community...

Celmed BioSciences Inc. (Corporate Supporter)  
 Fujisawa Canada (Corporate Partner)  
 Genesis Bio-Pharmaceuticals Inc. (Corporate Patron)  
 Hoffman-La Roche Limited (Corporate Supporter)  
 Novo Nordisk Canada Inc. (Corporate Supporter)  
 Orphan Medical, Inc. (Corporate Partner)  
 Pfizer Canada Inc. (Corporate Partner)  
 Sangstat Medical Corporation (Corporate Supporter)  
 StemSoft Software, Inc. (Corporate Supporter)  
 THERAKOS, a Johnson & Johnson Company (Corporate Patron)

For more information about CBMTG's corporate membership program, please visit [www.cbmtg.org](http://www.cbmtg.org).



### CONTRIBUTING AUTHORS

#### Irwin Walker, MD

President, CBMTG  
 Director, BMT Program  
 Hamilton Health Sciences  
 Hamilton, ON

#### Kirk R. Schultz, MD

Chair, Clinical Trials Network  
 Committee  
 Associate Professor Pediatrics  
 BC Children's Hospital  
 Vancouver, BC

#### Pierre Laneuville, MD

Co-Chair, Committee on  
 Communications  
 & Registry  
 Director of Hematology  
 Royal Victoria Hospital  
 Montréal, QC

#### Beverly Campbell, RN, BScN, MEd

Director  
 Unrelated Bone Marrow Donor  
 Registry  
 Canadian Blood Services  
 Ottawa, ON

#### Stephen Couban, MD

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

#### Mike Halpenny, MLT

Co-Chair, Technologists Committee  
 Charge Technologist  
 Canadian Blood Services  
 Ottawa, ON

#### Nancy Henderson

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

#### Wendy MacLean, BSc, LLB, MHSc

Executive Director, CBMTG  
 CBMTG Head Office  
 Vancouver, BC

#### Lothar B. Huebsch, MD

Co-Chair, Committee on  
 Communications  
 Director, BMT Program  
 The Ottawa Hospital-General  
 Campus, Ottawa, ON