

# The Microenvironment Newsletter



199-435 St. Laurent  
Blvd., Ottawa, ON



Spring Issue

July 12, 2010

Dr. Nevill President of CHS

## President's Report

<b>In this issue:</b>	
President's Report	1
Editorial Address	2
History Corner	2
Annual CHS Abstract Competition	3
Canadian Bone Marrow Transplantation Group Biennial Meeting Report	6
Canadian Blood & Marrow Transplant	6
Canadian Hemophilia Society	8
Canadian Society for Transfusion Medicine	9
Thrombosis Interest Group of Canada	10
Pediatric Oncology Group of Canada	12
Canadian Conference on MDS September 24 & 25, 2010	13
CHS AGM 2010	13
Job Postings	14
Up Grades to the CHS Website	15
CHS 2010 Dues	16

### *What does the CHS do for you?*

It is a great challenge to assume the role of President of the CHS, a role that so many prominent hematologists have undertaken over the past 40 years. Appreciating the historical background of an organization is important in understanding its purpose and, with this in mind, we are introducing *The History Corner* to our regular CHS Newsletter which will focus on prominent past Canadian hematologists. In my three years on the Executive, the most frequent criticism of the CHS has been "what does the CHS do for me"? A fair statement. I have certainly reflected upon this comment many times in recent months. CHS has a head office in Ottawa and communicates with haematologists and hematopathologists across Canada through our newsletters which have been sent electronically over the past few years. We have had a strong presence at the American Society of Hematology Annual Meetings with a CHS Reception and Awards Dinner that recognizes the best Canadian research abstracts submitted to ASH for presentation. However, the CHS Executive has struggled to unite haematologists for an annual meeting within Canada. The challenge has been to find a format that would at-

tract enough haematologists (with a variety of subspecialty interests) from across a country as geographically wide as Canada to create a strong meeting. This year, CHS did co-host (with the American Society of Hematology) the Highlights of ASH Meeting in Toronto in January. This concept could be refined to attract a Canadian hematology contingent for a late winter/early spring meeting but other possibilities are also being explored by the CHS Executive. The CHS have strived to upgrade their website (as outlined within this newsletter) and it will use it to improve communication with its membership. We will also be expanding our newsletter to include, starting with this newsletter, the most interesting and relevant research developments for haematologists in Canada and to review important clinical questions for clinicians. Finally we have a new name for our newsletter, "*The Microenvironment*", which will be published three times yearly. I sincerely hope that this newsletter will be the beginning of an answer to that frequently asked question: "what does the CHS do for me".

Editor Gail Rock  
Executive 2010

President: Tom Nevill Secretary-Treasurer: Molly Warner  
Past-President: Jerry Teitel

## Editorial Address

This issue of the Canadian Hematology Society newsletter has a new face which is reflective of the ongoing changes within your society. Along with the new look for the newsletter you will notice a renewed energy in pursuing issues of interest to hematologists across the country. The executive would like to further involve the membership in sharing information on their various activities. In this regard we are starting a new section called “*How I Treat...*” and a review section both of which are planned for the next issue. Please contact our office if you would like to submit one of these articles. Once a list has been generated our office would then rotate between these individuals so that no one person would be responsible to write this sec-

tion on a regular basis

You will also note that our website has undergone some considerable updating. We encourage you to let us know of any employment opportunities or blood related information or meetings that are open to our members so that they can be posted on the website.

In moving forward we recognize that the society, which was original founded in 1971, has gone through several iterations following the change in the format of the annual meet which for many years was held jointly with the Royal College meeting. In a transition period, for several years we held our own annual meeting either as a stand – alone function or in collaboration with other groups such as the CBMTG. More recently, we have focused

on ASH and expanded the traditional “Canada at ASH” reception to include an awards night – recognizing papers given at ASH by residents, fellows, scientist and junior faculty followed by a dinner for all members.

Through all of this it has remained clear that there is still an important role for the Canadian Hematology Society to share information and link practitioners across this broad country. We need to figure out how this can best be done. However, to do this we need your help. Please let us hear from you.

---

Dr. Gail Rock  
Editor,  
Canadian Hematology Society

## History Corner

John Hamill Crookston (1922-1987) was the Laboratory Hematologist-in Chief at Toronto General Hospital and a Professor of Medicine and Pathology at the University of Toronto from 1957 until his death in 1987. He had left Toronto in 1951 after being elected to an Elmore Research Studentship at the University of Cambridge. He worked closely in London with Sir John V. Dacie, one of the preeminent hematologists of the 20th century, and together they wrote

three seminal papers on cold antibody-induced hemolytic anemia. It was in London that he met Marie Cutbush Crookston (1920-2009), a graduate of the University of Melbourne in Australia, who had come to London in 1947. She worked for a decade with Dr. P.L. Morrison at the MRC Blood Transfusion Unit, had discovered and described the Duffy blood group system and had co-authored many articles on hemolytic disease of the newborn, exchange transfusion, red cell survival and long-term pres-

ervation of blood. However, when she married John Crookston in 1957, she abandoned her PhD and the two moved to Toronto where they both ultimately assumed key roles in organizing the first Blood Transfusion Laboratory at Toronto General Hospital in the mid-1960s. The Crookstons had an intense interest in immunohematology and formed the Ontario Antibody Club which was active for the next quarter of a century. Marie Crookston became an assistant professor in the Department of

Pathology at the University of Toronto. She published data on the conversion of incomplete antibodies to direct agglutinins by chemical modification which directly led to the commercial development of modified Rh antisera. In 1984, she co-authored with Dr. Peter Issitt, the landmark paper "Blood Group Terminology: Current Conventions". It was John and Marie Crookston who coined

the term "HEMPAS" and described the features of this condition, a hereditary dyserythropoietic anemia associated with a positive acidified-serum test. John Crookston also authored numerous papers relating to hemoglobinopathies and developed a large collection of hematopathology slides that can now be accessed through the Internet ([www.thecrookstoncollection.com](http://www.thecrookstoncollection.com)). Following his untimely

death in 1987, the Canadian Hematology Society established an award to be given for the best paper, given by a resident, at ASH in honor of John H. Crookston. In 2002 the Canadian Blood Services presented Marie Cutbush Crookston with a CBS Lifetime Achievement Award.

Dr. Tom Nevill  
President of CHS

## Annual CHS Abstract Competition

This year the CHS recognized young Canadian researchers and gave awards of excellence for original research in all fields of benign and malignant hematology. There were five awards given by the Research & Education Committee of the Canadian Hematology Society. The winning abstracts were selected from papers that were accepted for presentation at ASH. The award categories were: Residents and Fellows, PhDs and Postdoctoral and Junior Faculties.

## Crookston Award Winner



**Targeted Gene Sequencing to Identify Polymorphisms in the Protein C and EPCR Genes in Patients with Unprovoked Venous Thromboembolism.**

*Cynthia M. Wu et al.*

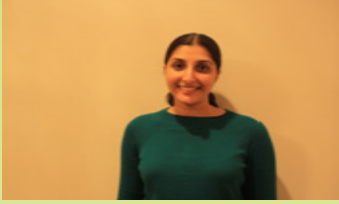
*Venous thromboembolism (VTE) is an increasingly diagnosed and important health problem for which there are many known precipitants. Over the past two decades, molecular diagnostic techniques have allowed for the*

*identification of key genetic abnormalities predisposing to what was formerly thought to be unprovoked DVT. In this study, for which she was awarded the prestigious John Crookston Award, Dr. Cynthia Wu and colleagues have extended our understanding of genetic predisposition to VTE through the use of DNA sequencing of the protein C (PC) and endothelial cell protein C receptor (EPCR) genes.*

This study involved 669 patients with unprovoked VTE and 75 healthy volunteers who underwent DNA sequencing of intron 2 an exon 3 of the PC gene and exons 2, 3 and 4 of the EPCR gene, the areas on the respective

genes that encode the binding regions of PC and EPCR. Five single nucleotide polymorphisms (SNPs) were identified in the PC gene and two SNPs in exon 3 of the EPCR gene of VTE patients but not in the controls. Analysis of exon 4 of EPCR showed that the A3 haplotype that is associated with increased shedding of the receptor was significantly more common in the VTE patients (12.23% versus 7.16%,  $p=0.001$ ). The authors conclude that the described sequence polymorphisms in the regions encoding binding of PC to EPCR may be a predisposing risk factor for VTE and warrant further study.

## Resident Award Winner



### Quantitation of Changes in VWF and FVIII Following Elective Orthopedic Surgery in Normal Individuals.

Patients with inherited bleeding disorders often receive perioperative treatment to prevent hemorrhagic complications from surgery. However, a much more common complication following surgery is ve-

*nous thromboembolic disease and, with this in mind, Dr. Amrit Kahlon and coworkers have carried out a prospective study examining fluctuations in von Willebrand factor (VWF) and factor VIII activity (FVIII) following orthopedic surgery in otherwise healthy individuals. In so doing, they have established a baseline for future studies examining the relative risks of post-surgical thrombosis and bleeding.*

In the study, VWF antigen (Ag), VWF ristocetin cofactor activity (RCo) and FVIII were measured at five time points before, during

and after total joint replacement surgery in 37 otherwise healthy subjects. Statistically significant decreases in VWF:Ag, VWF:RCo and FVIII were observed during surgery but the VWF:Ag, VWF:RCo and FVIII all increased in the postoperative period. The investigators also identified significant interpatient variability in the postoperative measurements, highlighting the need for larger prospective studies to determine the clinical significance of these perioperative changes in coagulation factor levels.

## Fellows Award Winner

### In Vitro and In Vivo Mouse Models of the Type I Von Willebrand Disease Mutations Y1584C and R1205H.

*Von Willebrand's disease (the WD) is a relatively common bleeding disorder that is genetically and clinically heterogeneous. It can be subdivided into type I VWD, in which the amount of circulating VWF is reduced, type II VWD, in which*

*a dysfunctional VWF protein is produced in normal amounts and an abnormal multimeric structure may be demonstrated and type III VWD, in which VWF production is essentially absent. Cynthia Pruss and colleagues have performed a series of elegant in vitro and in vivo experiments to expand our knowledge of this disease's heterogeneity.*

The study involved the transfection of HEK293T cells to produce recombinant murine and human VWF and ADAMTS13, the Von Willebrand's factor cleavage protein. Murine knockout models and ADAMTS13 di-

gests of wild-type VWF and two distinct type I VWD mutations (Y1584C and R1205H) were then analyzed for VWF antigen levels over time and cleavage patterns. The Y1584C mutation, associated with a mild clinical phenotype, demonstrated an increase to ADAMTS13 cleavage and clearance in the VWF115 assay with a loss of high molecular weight material. Conversely, the R1205H mutation, representing a more severe phenotype, showed little change in VWF antigen levels over time and a normal multimeric structure.

## Fellows Award Winner

### **ETO2 Controls Hematopoietic Stem Cell Expansion.** *Stéphane*

*A small population of frequently dormant long-term hematopoietic stem cells (HSCs) expand to provide short-term reconstituting HSCs and hematopoietic progenitors but the*

*mechanisms of this expansion have not been clearly elucidated. ETO/CBFA2T1 is a translocation partner for AML1 in acute myelogenous leukemia with a favourable prognosis [AML with t(8;21)]. ETO 2/CBF2T3 is highly homologous to ETO/CBFA2T1 and its critical role in HSC expansion has recently been demonstrated by Dr. Stéphane Barakat and colleagues.*

In the study, a Q-PCR technique was used to show that ETO2 was highly expressed in short-term

HSCs and hematopoietic progenitors and at lower levels in long-term HSCs. Subsequent murine transplantation experiments demonstrated that ETO2 overexpression led to 100-fold expansion of long-term HSCs and ETO2 knockout led to a 10-fold decrease in the same cell population. Investigators went on to show that ETO2 down-regulation affects cell division resulting in long-term HSCs accumulating in the G0/G1 state.

## Junior Faculty Award Winner

### **Treatment of Hodgkin Lymphoma without G-CSF Does Not Increase the Risk of Febrile Neutropenia.**

*Dr. Leonard Minuk et al.*

*The majority of patients with advanced Hodgkin lymphoma (HL) can be cured with combination chemotherapy with or without involved field radiation. The standard chemotherapy regimen in HL remains adriamycin, bleomycin, vinblastine and dactinomycin (ABVD) with timely delivery of full-dose therapy frequently limited by treatment-induced myelosuppres-*

*sion. Granulocyte colony-stimulating factor (G-CSF) is often employed to prevent or treat ABVD-related neutropenia and allow for maintenance of dose intensity. However, G-CSF is extensive and delaying chemotherapy administration for neutropenia may unnecessarily compromise results. Dr. Leonard Minuk and colleagues have challenged the need for G-CSF in the setting of ABVD treatment for HL through a study in which treatment was delivered without routine G-CSF, regardless of the neutrophil count on this scheduled day of therapy.*

In the study, 17 patients with newly diagnosed HL were given day one and day 15 ABVD without delay or dose attenuation,

irregardless of the neutrophil count on the day of treatment. One-half of the subject's chemotherapy doses were given at a time when the absolute neutrophil count was less than  $1.5 \times 10^9/L$  but only one patient (5.9%) developed febrile neutropenia (culture-negative). This patient subsequently received preemptive G-CSF, the only patient in the study to receive the drug (cost per patient: \$563). The investigators compared their study cohort to a retrospective cohort of 89 HL patients given routine G-CSF during ABVD treatment. In the retrospective group, 7.4% required dose delays for neutropenia, 5.6% developed febrile neutropenia and 81 patients received G-CSF (cost per patient: \$10,815).

# Canadian Bone Marrow Transplantation Group Biennial Meeting Report

The Canadian Bone Marrow Transplant Group held their biennial meeting in Vancouver April 8-10, 2010. The Organizing Committee spanned multiple disciplines, reflecting the growing role of allied health professionals and basic scientists in CBMTG. The conference decided upon three themes for CBMTG 2010 – novel uses for pluripotent stem cells, ethical issues in stem cell transplantation and multidisciplinary approaches to transplant patient care. Dr. Hal Broxmeyer, the current President of ASH, was the keynote speaker and recipient of the Till and McCulloch

Lectureship Award for his talk on developments in umbilical cord blood transplantation. Dr. Philippe LeBouche delivered the Fred Saunders Lecture on the first gene therapy stem cell transplant in a patient with thalassemia. The session on ethical issues in SCT was highlighted by Dr. Rainer Storb's talk on the use of the comorbidity score to select patients for transplantation for which he received the Hans Messner Award. The competition for the best research submission was won by Dr. Donna Hogge from Vancouver for her presentation on cryopreservation of stem cells and she received

her award at the Gala held at the Vancouver Art Gallery. A comprehensive session from a multidisciplinary group of speakers including Ms. Beverley Biggs (Social Work), Ms. Sheryl McDiamaird (Transplant Coordination) and Dr. Lothar Huebsch (Outpatient Transplantation) closed the meeting. Participants left the meeting in anticipation of the next CBMTG Meeting in Toronto in 2012.

---

Dr. Tom Nevill  
President of CHS  
Vancouver General Hospital

## Canadian Blood and Marrow Transplant Group (CBMTG)

I am writing to update membership of the CHS about the activities of the CBMTG in 2009. This will be my last letter. In April at the biannual meeting to be held in Vancouver, I will turn over the presidency to Dr. Ronen Foley from Hamilton. Ronen has been a strength and hard worker as chair of the CBMTG research committee which many consider one of the major if not major strengths of our group. I wish him success in his new role.

The CBMTG-CTG is an important part of the group. We have put together several large collaborative studies both with our Canadian membership and have collaborated with colleagues in the US and Europe in several studies involving transplant decisions in the elderly, unrelated donor transplant graft sources, related donor graft sources and GVH, GVH prophylaxis and others which will be significant sources of information for the worldwide transplant commu-

nity. It helps bring together members in Canada at a level that we could not reach as individual centers.

Our Vancouver meeting is the highlight of our functioning and there is always that much more involvement of all levels of membership during the conference year. This year it will come on the coattails of the Vancouver Olympics. Our organizing committee has put together a program

that will interest clinicians and scientists, nurses and pharmacists and laboratory technologists and that is exciting as it brings in foreign speakers and gives a platform for Canadians to present up to date basic and clinical information to the participants. Our chairmen Keith Humphries and Tom Nevill and their organizing committee as well as our management group Malachite have worked hard to put together a great program. Our industrial colleagues have come through with full sponsorship that will allow delivery of a first rate meeting. I urge all members of the hematology community in Canada with an interest in stem cell allografting to attend. We have chosen Toronto as the host city for the 2012 meeting. Janice Wright and John Kuruvilla have agreed to co-chair this event.

For the last three years, we have worked hard to expand our mandate and with it, our membership. The transplant committee is not as we realize, made up only of physicians. If not for the many nurses, pharmacists, technologists, scientists and other health care providers that work together as teams across the country, we could not help the hundreds of individuals who benefit from this therapeutic mo-

dality. We have tried hard to bring these people into the organization and give them the same opportunities to interact both with individuals in their respective disciplines as well as across disciplines. A new multidisciplinary committee has sprouted with a strong mandate and interest and I hope continue to provide leadership for all transplant workers across the country. I want to welcome them all to our group if they are new and hope they realize that their importance to stem cell transplant in Canada is not underestimated and that further and greater participation in the CBMTG is welcomed.

Communication and networking as a source of cross-fertilization and education has grown significantly. It has been our goal to expand this beyond the borders of the biannual meeting into an everyday framework. An exciting series of webinars has been well attended and on-line venues for sharing experiences and questions are expanding.

As a group, the CBMTG has been a source of information for industry, government and other transplant groups around the world as well as our own mem-

bership. We have participated in multi-national projects to capture data on who is being transplanted and why. Hopefully this can be expanded in the future.

We have initiated a program of small grants to members, particularly those in disciplines where the opportunity for peer reviewed funding is difficult. I hope this program will continue and that the number of individuals in our multi-disciplinary community who have an interest in research, and apply for this funding and use it as a basis for local and even multicenter studies in the future.

Finally, I would like to thank the membership and in particular the executive committees in the recent past and present of the hard work, sound advice and judgment in running the group. As well, the staff of Malachite Management who are always organized and in control of things need our sincerest appreciation for their efforts. Thank you all.

---

Jeff Lipton  
President CBMTG 2008-2010  
Vancouver , BC



# Canadian Hemophilia Society

## November 2009 conference on: Progress in comprehensive care for rare blood disorders

**Silvia Marchesin**, *past president, Aplastic Anemia and Myelodysplasia Association of Canada*

In 2004, a group of organizations representing patients with rare blood disorders came together as the Network of Rare Blood Disorder Organizations (NRBDO) under the mentorship of the Canadian Hemophilia Society (CHS). Early on it became clear that the topic of comprehensive care was a key one for all of the groups. Although the hemophilia patients had numerous clinics across the country, virtually none of the other patient groups had access to such resources.

In 2006, we held our first conference, with national and international presenters describing comprehensive care models that worked well. At this conference we developed a list of the principles which comprise comprehensive care. The organizations were then to work in their respective communities in order to further the cause of comprehensive care.

We felt it would be good to have another conference to see what progress has been made in this area since that first gathering. So, on November 13-15, 2009 in Toronto the *Progress in Com-*

*prehensive Care for Rare Blood Disorders Conference* — Presented by CSL Behring was held. The focus was on patient registries and comprehensive care for rare blood disorders. It was also an opportunity to reinforce and build partnerships. The delegates included leaders from patient organizations, healthcare providers, and members of industry.

Friday was dedicated to the topic of patient registries, a cornerstone of comprehensive care. Registries contribute to the understanding of these rare disorders, help quantify the number of people affected, measure treatment outcomes and facilitate research. Seven excellent examples of registries were presented. These included discussion on how data is collected, how patients are enrolled, outcomes that have been made possible by the registries, privacy, security, governance and funding. There were also presentations on the many challenges in implementing national registries.

Saturday was an opportunity to share experiences and best practices in comprehensive care. We heard from many speakers who described how their clinics were attempting to become more “comprehensive” or expanding to include other patient populations. It was very encouraging to hear about the successes across

the country. Indeed, progress is being made, and we recognized the many achievements, as well as the areas that still need improvement. We were also fortunate to have a session on advocacy led by a local patient advocate.

Sunday was a time for the delegates to discuss what we can do within our respective roles: for example, how patient groups, healthcare providers and industry can work together. We also discussed the barriers and challenges to moving toward comprehensive care. From this list of challenges, we then identified four priority areas to be addressed in the short and long term. Finally, we proposed concrete tasks and strategies that could be used to create an action plan to accomplish these goals.

The NRBDO as a whole will now have to prioritize this list and decide how to move forward. The network and the individual associations will advocate and work to push initiatives forward together and in our separate communities.

The NRBDO is a coalition of the following patient groups:

- Aplastic Anemia and Myelodysplasia Association of Canada
- Canadian Association for



### Porphyria

- Canadian Hemophilia Society
- Canadian Hereditary Angioedema Network
- Canadian Immunodeficiencies Patient Organization
- Canadian Neuropathy Association
- Canadian Organization for Rare Disorders
- Canadian Sickle Cell Society, Sickle Cell Association of Ontario, Sickle Cell Disease Patient Support Group of Ottawa, Quebec Sickle Cell Anemia Association
- Thalassemia Foundation of Canada

The conference was an occasion to welcome a new group into the NRBDO: the Canadian Association of Paroxysmal Nocturnal Hemoglobinuria (PNH).

For more information on the NRBDO, please visit the CHS Web site [www.hemophilia.ca/en/](http://www.hemophilia.ca/en/) and click on the NRBDO icon on the left hand side of the page (under Our Partners). For more information on the conference, select *2009 Progress in Comprehensive Care for Rare Blood Disorders Conference — Presented by CSL Behring*. There you will find almost all of the presentations posted as well as the conference proceedings.

Thanks to the sponsors who made this event possible: Alexion Pharma Canada, Canadian Blood Services, Celgene Corporation, CSL Behring, Héma-Québec, Novartis Canada, and Shire Canada. Also, thank you to the CHS for their continued support of this network, and to David Page, its first coordinator, and Michel Long, its current one.

*This article first appeared in the Spring 2010 issue of Hemophilia Today, the newsmagazine of the Canadian Hemophilia Society*

## Canadian Society for Transfusion Medi-

Dear Colleagues,

The Canadian Society for Transfusion Medicine (CSTM) is a multidisciplinary society that promotes and supports best transfusion practices in Canada through education, communication and partnerships. Our mission is to promote a high level of ethics and professional standards in transfusion medicine.

One of the many highlights in 2009 was celebrating its 30<sup>th</sup> Anniversary of promoting efficient, effective and safer transfusion practices. In June, Ottawa hosted

our Joint Annual Scientific Conference. Members had the opportunity to reflect on the history of the CSTM organization and acknowledge the commitment of the founding members to enhancing transfusion practices in Canada. In addition, delegates participated in an outstanding scientific program that demonstrated the ongoing dedication of many Transfusion Medicine Specialists to promote safer and evidence-based transfusion practices. Abstracts from the Ottawa 2009 meeting were published in

the British Journal Transfusion Medicine, October 2009 edition. The next Joint Conference of the CSTM, Canadian Blood Services and Héma-Québec is planned for Vancouver May 13-16<sup>th</sup> 2010, Toronto 2011 and the east coast for 2012.

The Society continues to support and facilitate local educational opportunities with sessions held in Winnipeg in April and Thunder Bay in October. These interdisciplinary sessions have inspired more local speaker participation as well as the contribu-

tion of articles or case presentations showcased in the CSTM Bulletin, our official quarterly online publication.

On a national note, early in 2009, the CSTM submitted a bid for the 2012 XXXII<sup>nd</sup> International Congress of the International Society of Blood Transfusion (ISBT) in Toronto. This was an opportunity for the Society to cultivate regional, national and international partnerships and although unsuccessful, in many ways it demonstrated how we could meet our own goals and objectives. Within days of making the decision to submit a bid, the CSTM established an exceptional and enthusiastic local organizing committee. The proposed Scientific Committee consisted of leaders in research, laboratory and clinical transfusion medicine practice and tissue

banking.

The CSTM serves the needs of the hospital-based Transfusion Services by providing Standards that strive for safer laboratory and clinical transfusion practices while being compliant with the CSA Standards for Blood and Blood Components. Moving into 2010, the CSTM Standards Committee, is poised to review and if required, revise the CSTM Standards for Hospital Transfusion Services ver 2 Sept 2007. Where necessary the committee will align the standards with the soon to be released CSA Z902-09 Standards for Blood and Blood Components.

**Finally, one of the many goals of the CSTM is “to support the advancement of knowledge and services in developing countries”. Through a financial contribution to the ISBT**

**Foundation in 2009, the CSTM has contributed to the many on-going ISBT programs of research and development in several underdeveloped countries.**

On behalf of the CSTM I invite you to the CSTM bilingual website: <http://www.transfusion.ca> to learn more about the Society, its mandate, activities and our upcoming conferences. Hope to see you and many of your colleagues in Vancouver!

---

Shelley Feenstra RN,  
President CSTM  
Vancouver, BC

## Thrombosis Interest Group of Canada

### Update on The Thrombosis Interest Group of Canada (TIGC) for 2009 – 2010

The TIGC was founded in 1991 by Dr. Jack Hirsh and Dr. A. Graham Turpie, from McMaster University and is an incorporated non-for profit scientific society. The mandate of the group is to further education and research in the prevention and treatment of thrombosis in Canada. Funding has been ob-

tained by unrestricted educational grants from pharmaceutical companies. In 2009 Dr. Andre Roussin, a specialist in vascular medicine at Montreal University Hospital Center again chaired the TIGC and welcomed 10 new members to the group. These members include from Hamilton Dr. Shannon Bates and Dr Jeffrey Weitz, hematologists, Dr. Alex Spyropoulos and Dr John Eikelboom, internists and Dr. Fred Spencer,

cardiologist. Dr. William Semchuk, a PhD Pharmacist joined the group from Regina. Dr. David Gladstone, a neurologist from Sunnybrook, Dr. Marc Carrier and Dr. Marc Rodger, hematologists from Ottawa and Dr. Julio Fernandes, an orthopedic surgeon from Montreal also joined the TIGC. The majority of members are adult hematologists/internists/respirologists. However, to add depth and expertise the group now includes a

number of neurologists, cardiologists, an orthopedist, a number of pharmacists and a family physician, Dr. Alan Bell from Toronto. In addition Marilyn Johnson, Head of The Hemostasis Research Lab at Henderson Research Centre adds her expertise to the group. Mary Bauman, a thrombosis research nurse working with Dr. Patti Massicotte is one of the most creative members of the group. Her work can be viewed on the Kid-Clots section of the TIGC website at [www.tigc.org](http://www.tigc.org).

One of the most important functions of the TIGC is to support the TIGC Research Fellowship. The deadline for receipt of completed applications for 2010 – 2011 is April 30, 2010. Dr. James Douketis was the first TIGC fellow. Dr. Karen Valentine and Dr. Anthony Chan shared the fellowship, followed by Dr. Melissa Forgie, Dr. Shannon Bates, Dr. Marc Rodger, Dr. Rita Selby, Dr. Lori Ann Linkens, Dr. Stephanie Cloutier, Dr. Wendy Lim, Dr. Raja Bobba, Dr. Anne Grand'Maison, Dr. Sachin Sud, Dr. Menaka Pai and Dr. Jorina Albers. It is gratifying to see that four former recipients of the fellowship are now members of the group. The training provided through this fellowship program has certainly contributed to the number of well-trained researchers in the field of thrombosis in Canada.

To further education, members of TIGC contribute through organizing and presenting at regional symposia and at the annual general meeting as well as

through the development of practical clinical guides for use by Canadian healthcare professionals. Currently these guides are available for free on TIGC website at [www.tigc.org](http://www.tigc.org). The guides are written by members of the group and then reviewed by the entire membership. This process ensures that the guides are evidence based and also have been filtered by a wide group of healthcare professionals working in Canada to ensure that international studies are referenced to Canadian practice. The guides are designed to be short, practical and helpful in routine practice. Currently 22 adult clinical guides are available for review and 3 pediatric clinical guides are posted on the website. Evidence based patient information is also posted on the website under patient information section. In 2009 the annual general meeting for The Thrombosis Interest Group of Canada (TIGC) was held at The Delta Bow Valley Hotel in Calgary. The educational session was chaired by Dr. Patti Massicotte and Dr. Agnes Lee and can be viewed on the TIGC website; topics reviewed include venous thromboembolism in pregnancy, thromboprophylaxis in atrial fibrillation, new anticoagulants in everyday practice, controversies with regards to perioperative management of patients on warfarin and duration of anticoagulation in patients with a first unprovoked DVT. In September of 2009 Dr. Alan Bell chaired a very successful regional symposium in Toronto. The focus of the symposium was advances in

oral anticoagulation treatment with an emphasis in a trial fibrillation. Later in December Dr. Linda Vickars chaired a very successful symposium in Vancouver on this topic.

Please mark your calendar now for the next annual TIGC symposium for 2010, which will be held on Saturday, November 6<sup>th</sup>, The Westin Hotel in Ottawa; further information will be posted on the website. If you are interested in helping to organize a regional symposium please contact your local TIGC members. This is a very exciting time for patients, families and healthcare professionals working in the field of thrombosis as we welcome new and very promising oral anticoagulants into practice into Canada. There will clearly be a demand for credible, evidence-based educational material on these new therapies. The TIGC by facilitating collaboration and interaction between healthcare professionals right across Canada can contribute significantly to quality of care and quality of education and research in this most important field.

---

Drs Mary-Frances Scully and André Roussin, for the TIGC  
Etobicoke, ON

# The Pediatric Oncology Group of Ontario (POGO)

POGO began in 1983 as an informal association of the five university-affiliated, pediatric oncology tertiary care centres in the Province of Ontario. It has grown in the past 25 years and more to encompass a wide array of stakeholders, reflecting its continuing determination to be a “bottom up” organization that includes all members of the broad community of health care providers and consumers as well as other interested parties who are invested in pediatric oncology.

POGO’s mission is – to improve the lives of all children with cancer, and those of their families and caregivers, by ensuring equitable access to state-of-the-art care and cancer control through research, planning and advocacy.

POGO carried out the first ever needs assessment of Ontario’s children with cancer and their families in 1988. Over the next several years it established staffing ratios for multi-disciplinary teams that were accepted and funded by the Ministry of Health and Long-Term Care (MOHLTC); and it created POGONIS, an elec-

tronic networked database on childhood cancer, enabling evidence-based health planning and providing a rich data source for research purposes.

In 1994 POGO provided the MOHLTC with a 10 year plan for childhood cancer control, and POGO has been the official adviser to the Ministry on pediatric oncology since 1995. Subsequent developments include the establishment of a network of satellite clinics in community hospitals and of aftercare clinics (for the long term follow-up survivors) in tertiary care centres.

In 1998 POGO created its research unit. This became the responsibility of the first medical director of POGO, supported by the endowed university position: The POGO Chair in Childhood Cancer Control.

POGO proceeded to formal incorporation as a not-for-profit entity and achieved charitable institutional status in 2003. Under federal-provincial privacy legislation POGO was designated as only one of 4 entities in the Province with 45.1 status that affords the organization the right to hold detailed

health information on patients and link to administrative databases.

The national cancer surveillance program for children and adolescents, that is operated by the Public Health Agency of Canada in concert with C17 (the consortium of all pediatric oncology centres in the country), has benefited from POGO’s involvement and leadership. Since 2004 POGO has partnered with St. Jude Children’s Research Hospital to support the development of pediatric oncology in the Spanish-speaking countries of Central America. POGO is a role model in cancer control and is pleased to share its expertise within and beyond Canada.

---

Dr. Barr

Chief of Service, Pediatric Hematology/Oncology  
Children’s Hospital, Hamilton  
Health Sciences

# Canadian Conference on MDS

## September 24 & 25, 2010

### Words of Welcome

On behalf of the organizing committee we are pleased to welcome you to the inaugural Canadian Conference on Myelodysplastic Syndromes September 24 & 25, 2010 in Vancouver.

We are very excited to have with us international experts in MDS reviewing the new developments in this rapidly evolving field. The scope of this meeting will highlight both recent research findings elucidating the pathophysiology of the disease, as well as changes in classification and therapeutic advances that have had a large impact in the management of MDS patients. We look forward to an even greater availability of therapeutic options for MDS patients as advances in understanding the biology of MDS are translated into the clinic. Case presentations will highlight current treatment standards and feature discussions of

where the new therapies could be positioned. There will be opportunity for audience participation via keypad polling devices with the entire clinical faculty featured during the panel discussion. We aim to bring a Canadian perspective to the management of MDS patients and look forward to your input as to ways in which we can work together to optimize the care of our patients.

This event has been planned and implemented in accordance as an Accredited Group Learning activity (Section 1) as defined by the Maintenance of certification program of the Royal College of Physicians and Surgeons of Canada. This program will be reviewed by the UBC Division of Continuing Professional Development and Knowledge Translation.

We hope you will make plans to join us in Vancouver.

Yours truly,

Dr. Aly Karsan

Dr. Wendy Lam

On behalf of the Planning Committee

### Planning Committee

Dr. Donna Hogge, Vancouver, British Columbia

Dr. Heather Leitch, Vancouver, British Columbia

Dr. Michelle Geddes, Calgary, Alberta

Dr. Loree Larratt, Edmonton, Alberta

Dr. Richard Wells, Toronto, Ontario

Dr. Rena Buckstein, Toronto, Ontario

Dr. John Storrington, Montreal, Quebec

Dr. Robert Delage, Quebec City, Quebec

Dr. Darrell White, Halifax, Nova Scotia

### Faculty

Dr. Joop H. Jansen, Nijmegen, Netherlands

Dr. Peter D. Aplan, Bethesda, Maryland

Dr. H. Joachim Deeg, Seattle, Washington

Dr. Carolyn Owen, Calgary, Alberta

Dr. John Bennett, Rochester, New York

Dr. Alan List, Tampa, Florida

Dr. David Steensma, Boston, Massachusetts

Dr. Lewis Silverman, New York, New York

Dr. Mario Cazzola, Pavia, Italy

## Canadian Hematology Society 2010 AGM

Plan ahead to attend this year's 2010 CHS annual general meeting to be held in Orlando. This meeting will be held in conjunction with the 52nd American Society of Hematology's (ASH) Annual Meeting and Exposition.

The CHS reception will be on December 5th, 2010 and will be followed by the business meeting, research and education awards and dinner. Additional information regarding the location and schedule for the meet-

ing will be provided in the upcoming months and placed on the website. We look forward to seeing you at the meeting.

Canadian Hematology Society



# Job Postings

## Cancer Care Ontario

### POSITION SUMMARY:

Stem cell transplant (also encompassing bone marrow transplant) is intensive, highly specialized treatment that offers potential for cure or prolonged disease control in patients with selected blood-related cancers and other conditions. In follow-up to the Advisory Panel's 2008 report "Ensuring Access to

High Quality Bone Marrow and Stem Cell Transplantation Services in Ontario" CCO is introducing structures and processes to provide clinical and operational advice to clinicians and policy makers to ensure equitable access to high quality stem cell transplant (SCT) services in Ontario. The Chair, Stem Cell Transplant Steering Committee will play a significant role in

the implementation of the stem cell transplant program's vision, goals and objectives at the provincial and regional levels.

This is a contract position responsible for launching the CCO SCT program in the first year. Pending outcomes of initiation process, future years will.

**For More Information Please Visit The CHS Website.**

## Jewish General Hospital

**The JGH Thrombosis Program is currently accepting applications for a one year**

**clinical fellowship (July 1, 2011-June 30, 2012) to acquire and consolidate expertise**

**in Thrombosis.**

This position is approved by McGill University Faculty of Medicine and requires application via

McGill Postgraduate Medical Education **by Sept. 1, 2010**

([http://www.medicine.mcgill.ca/postgrad/admission\\_nonministryfunded.htm](http://www.medicine.mcgill.ca/postgrad/admission_nonministryfunded.htm)). Applicants could include trainees

interested in Thrombosis Medicine who have completed

specialty training in relevant specialties, e.g. Hematology, General Internal Medicine (GIM) or

Respirology. For GIM trainees in Quebec, this fellowship could be done as your R5 Year

(subject to approval by your Program Director)

During the fellowship, the trainee will acquire knowledge of the physiology, pathology,

diagnosis and treatment of thrombotic diseases through a variety of activities, including direct

inpatient and outpatient care and exposure to pertinent diagnostic laboratory and imaging facilities. The trainee will be assigned to the in-patient Thrombosis Consult Service as well as the outpatient Anticoagulation and Thrombosis Clinics, where he/she will be directly supervised and taught by Thrombosis attending physicians during all rotations. For interested candidates,

a broad range of research opportunities in various aspects of Thrombosis are available as well.

**For More Information Please Visit The CHS Website.**

## Ottawa Thrombosis Fellowship Program

The Ottawa Hospital Thrombosis Program offers Thrombosis Clinical and Research Fellowships

(up to 3 positions).

### Who can apply?

Applications are encouraged from MDs who have completed/will complete General Internal Medicine,

Respirology and/or Hematology training. Foreign medical graduates with equivalent qualifications are

eligible to apply.

### What are the three training streams?

Applicants apply to one of the following: **Thrombosis Fellow-**

### ship Stream Length General Objective

· Clinical Fellowship 1 year To consolidate expertise in Thrombosis

· Clinical and Research Fellowship 2-3 years To become a clinician investigator in Thrombosis.

(Fellows enroll in the Master's of Clinical

Epidemiology Program at the University of Ottawa)

<http://www.med.uottawa.ca/epid/eng/>

· Clinical and Education Fellowship 2-3 years To become a clinician educator in Thrombosis.

(Fellows enroll in a Master's in Education)

### What does the Ottawa Hospital Thrombosis Program have to offer?

The Thrombosis Program of the Division of Hematology at the University of Ottawa is an active,

academic, tertiary care subspecialty service. The program's culture is one of energetic pursuit of the goal

of bettering our patients' lives. The Ottawa Hospital Thrombosis Program provides an ideal training

**For More Information Please Visit The CHS Website.**

## Upgrades to the CHS Website

<http://www.canadianhematologysociety.org/index.htm>

We are pleased to announce upgrades to the CHS website. The recent upgrade to our website includes a Members Section, Membership Information section, Membership Application section and a Members Only section.

The Membership Section has a brief description of the three membership categories within

the CHS. The membership application tab consists of a pdf CHS application that can be used to become a member of the association. The Members Only section consists of all pertinent CHS information, such as important highlights, surveys, and documentations. An additional feature of this section allows all CHS members the ability to pay their

CHS dues online. Coming soon is a search option that will allow all members the ability to con

duct a search by email to determine payment status.

The CHS website is continuing to grow and improve each year. If you have any suggestions or items you would like to include on the website please contact the CHS head office.

# Canadian Hematology Society Dues

## CHS 2010 Dues – Notice

**Active members – Please remit your annual dues to CHS upon receipt.**

Please complete your contact information to assist us in keeping the CHS files up-to-date

Send your \$50.00 due payment to:

199-435 St. Laurent Blvd.

Ottawa, Ontario

K1K 2Z8

or payments can be made on the CHS website located at:

<http://www.canadianhematologysociety.org/index.htm>

---

<b>Membership Status</b>	<b>ACTIVE</b>	<b>ASSOCIATE</b>	<b>EMERITUS</b>
--------------------------	---------------	------------------	-----------------

<b>Has Your Status Changed?</b>	<b>Yes/No</b>
---------------------------------	---------------

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_