

**Canadian Hematology Society**  
**Société Canadienne d'Hématologie**

## **NEWSLETTER**

199 - 435 St. Laurent Blvd., Ottawa, ON K1K 2Z8  
Ph: 613-748-9613; Fax: 613-748-6392; E-mail: [cag@ca.inter.net](mailto:cag@ca.inter.net)

March 2003

Members of the Society are invited to attend the

**Canadian Hematology Society**

**Annual General Meeting**

at

***The Radisson Plaza Hotel Admiral***

In Toronto on the Harbour Front

For Hotel reservations call 1-800-333-3333

April 25th - April 26th, 2003

Hope to see you there!

Rooms are also available with the NCIC

at the Chelsea Delta call 1-800-243-5732 or fax 1-416-585-4302

**To pre-register please call Fay McKee @ 613-748-9613 or email  
at [cag@ca.inter.net](mailto:cag@ca.inter.net)**

***The Annual Business meeting is at 5:00PM Fri April 25th***

**Editor** Gail Rock

**Executive 2000-2002**

President: Gail Rock

Secretary-Treasurer: Sue Robinson

Vice-President: Armand Keating Past-President: Man-Chiu Poon

## PRESIDENT'S MESSAGE

**Gail Rock, PhD, MD**

The Annual General Meeting of the Canadian Hematology Society is being held April 25th, 2003 at the Radisson Plaza Hotel Admiral in Toronto. This meeting will mark the end of my term as President of the Canadian Hematology Society. It has been a pleasure to serve as your president over the past 3 years during a period in which we have begun to deal with some of the issues involved with planning the Canadian Hematology Society meeting separately from the Annual meeting of the Royal College. For the past few years our meeting has been held at the same time and the same place as the NCIC meeting. This year, because of restrictions on space, we will be holding the meeting in conjunction with the NCIC group but in a somewhat removed physical location. Next year there are plans to evolve even further with the eventual goal of having a single Canadian meeting focusing on the various aspects of Hematology. Over the past few years overtures have been made to be the Canadian Society of Transfusion, the bone marrow transplant group, the Canadian Apheresis group, among others to investigate the potential for a joint meeting. This process was started by Ken Shumack and has continued under your current executive. We hope that next year or shortly thereafter to have a further progression of this concept so that we will have a uniquely Canadian Hematology meeting, which represents all aspects of Hemalogical practice.

The bylaws of our Society were formally adopted in the last year. We now have a functional set of bylaws under which to operate.

A new web site has been established. Visit us at [www.Canadianhematologysociety.org](http://www.Canadianhematologysociety.org). but not until the 1st of April when the launch will occur. Let the CHS office know of any job notices or other information you'd like to have posted on the web. We plan to make this web site function as the internal communication voice for all CHS Activities.

Several years ago we had initiated a look at issues regarding manpower. We will be working with the Royal College committee and hopefully will be able to take some steps to determine the true situation regarding the manpower needs in both clinical and laboratory Hematology. Graham Pineo from Calgary is our liason to the Royal College on manpower issues.

We've continued to gather the history of the Society- the practice which I hope will be followed in the future so that we build on the early work of Ken Smiley in recording the progress of the CHS over the years.

The current membership of the CHS now numbers more than 350 including Emeritus and Resident members. We need to continue this membership drive so that our association is truly representative of all practitioners and scientists involved in the field of Hematology in this Country.

I hope you will find the time to attend the Annual Meeting and participate in the CHS business meeting, which will be held on Friday at 5 pm following the scientific sessions. While much has been done over the past years there remains a good deal more to do that's particularly in regards to strengthening our Society and organizing future meetings. In closing I would like to thank the members of the executive for their help and support over the past years and wish the Society with its incoming new executive all the best. See you at the CHS meeting in Toronto!

NOTES

- The abstract should include the purpose of the investigation, methods, results and conclusions
- Abstracts must be 12 point type and fit in the box with no overlap.
- Type title in capital letters, authors names and affiliations in capitals and lowercase.
- Underline all author's names, indicate presenting author with an asterisk (\*).
- Leave no space between the title and the beginning of the text.
- Indent the first line by three spaces with no paragraph break.
- High quality diagrams or tables may be included within the available space.
- All submissions must be signed by the corresponding author to indicate approval of the abstract by all coauthors.

SUBMISSION

Please send this form to: The  
Canadian Hematology Society  
199-435 St. Lament Blvd.  
Ottawa, ON K1K 2Z8  
Fax: (613) 748-6392

**2003 CHS/CAMO Scientific Conference  
Toronto  
April 25, 2003  
Call for Abstracts**

*There is a \$500.00 Award for the best  
paper by a Trainee*

*Also a luncheon will be provided for  
all Registrants*

PLEASE COMPLETE

1. Corresponding Author

Signature: \_\_\_\_\_

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

Tel: \_\_\_\_\_

2. If you wish to have this paper considered for a  
Trainee Award please complete the following:

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

Program: \_\_\_\_\_ Year: \_\_\_\_\_

## *Congratulations*

The CHS would like to congratulate the following trainees who received travel awards to attend the recent American Society of Hematology meeting in Pennsylvania in December 2002.

**Dr. Yael Zaretsky** received the (2) John Crookston award's for the abstract entitled " Prophylactic growth factor use in older patients with previously untreated acute Myeloid Leukemia: A published data Meta-Analysis" and also for the abstract entitled " The fate of Phase III trial abstracts presented at ASH.

**Dr. Aru Narendran** received the ASH trainee travel award for the abstract entitled " ST1571 prevents bFGFR and VEGFR1 Autophosphorylation and induces Apoptosis in bone marrow stromal cells.

**Dr. Dimitrius Scarvelis** received the other ASH trainee travel award for the abstract entitled " Clinical relevance of an Isolated Elevation of IgM anticardiolipin antibodies

## **Thank you!**

The Canadian Hematology Society would like to thank the following companies for their continued and generous support of our annual reception at ASH 2002:

**Bayer Inc.**

**Novo Nordisk**

**Pall (Canada)**

**Baxter Bioscience**

**Shire Bioche**

**Wyeth - Ayerst**

**Berlex Canada**

**Schering Canada**

**Genzyme Therapeutics**

We would also like to thank the following companies for their generous contribution for the Trainee travel awards:

**Novo Nordisk**

**Anemia Institute**

**Wyeth-Ayerst**

NATIONAL BLOOD SAFETY COUNCIL  
*Le conseil national de l'assurance du Sang*

Notice

Open forum

Toronto, Ontario

***Can we have a cost effective blood system when "safety is paramount"?***  
**September 18-19, 2003**

Toronto, Ontario

The National Blood Safety Council will host an open forum *Can we have a cost effective blood system when "safety is paramount"* on September 18-19, 2003 in Toronto, Ontario.

Some of the questions that will be raised in presentations and debated in panel discussions are:

- Is there a difference between decision making for blood safety and other health care interventions to protect patient safety?
- How are health technologies assessed and cost-effectiveness measured?
- What are the factors that influence decision-making (including societal values, public expectations, and legal and ethical issues)
- What are the consequences and trade offs of striving for zero risk? And who makes the decision as to when they are unacceptable?

And finally there will be a panel discussion about whether there is a role for economic evaluation in blood safety decision-making.

Speakers and panel members from Canada and other countries will include experts in health technology assessment, health economics, health law, and ethics, as well as blood service operators, governments and consumers.

In addition to the panel discussions, time will be allocated to open discussion/debate and audience participation will be sought on this very important topic.

This forum, like all other Council forums, is open and free of charge to any person wishing to attend. Pre-registration is requested so that appropriate arrangements can be made. A background package of information, agenda and details of location will be sent to all persons pre-registering.

Anyone wishing to obtain more information,

Please contact Penny Chan at [plchan@rogers.com](mailto:plchan@rogers.com) or by phone (416) 977- 7193.

## **INFORMATION RE: TRANSFUSION TRANSMITTED DISEASES**

### **WEST NILE VIRUS**

**Q. Is West Nile virus (WN virus) transmitted by blood transfusion or organ transplantation?**

**A. - West Nile virus (WN virus) is known to be spread by the bite of an infected mosquito, and can infect people, horses, many types of birds and some other animals. However, a small number of reports in the United States this year have indicated that, in some circumstances, infection could be transmitted between humans through blood or organs from an infected donor. How the blood/organ donors became infected is unknown. Studies are ongoing to investigate further.**

**Q. What measures have been taken to avoid transmission of WN virus through blood or organs?**

**A. - Health Canada has established a national surveillance system for adverse events related to transfusion-transmitted injuries and is initiating a bone marrow transplantation network. The provinces/territories and blood operators are collaborating in this effort. Scientists at Health Canada's National Microbiology Laboratory are involved in diagnostic testing for WN virus infection in humans and, at the request of provincial/municipal authorities, conduct these special tests.**

**As a precautionary measure, when a patient is diagnosed as a probable case of WN virus and has received a blood transfusion, any remaining blood components in inventory from donors associated with the case are held in quarantine. Health Canada continues to monitor the development of WN virus situation associated with blood/organs and to evaluate the potential impact on the safety of the Canadian blood supply and possible interventions.**

**Q. Has the protocol been changed with regard to blood regulations in Canada, and why?**

**A. - The risk of WN virus transmission through blood is considered low.**

**Deferring people who have been bitten by mosquitoes from donating blood would not be practical, and would have a significant negative impact on the blood supply.**

**If an individual were infected, there is a very short period where the virus would be found in the blood (not more than 4-7 days after being bitten).**

**Potential donors who may present early symptoms of the infection or who are not in good health are already deferred from blood donation.**

**The CBS and Héma -Québec hope to have a test in place to screen blood donations by July 1st this summer. The test is being manufactured by Roche. They are also stockpiling "winter" plasma for use during the summer months.**

**Dr. A. Giulivi, Health Canada**

## AN UPDATE ON C J D

Creutzfeldt-Jakob disease (CJD), a rare neurodegenerative disorder, affects 0.5 to 1 persons per million population worldwide each year (1-8). CJD is a human spongiform encephalopathy; others are kuru, which is associated with ritualistic cannibalism in the Fore tribe of Papua New Guinea, Gerstmann-Straussler-Scheinker syndrome, an inherited disorder, and fatal familial insomnia, inherited as an autosomal-dominant trait. Animal spongiform encephalopathies include scrapie, bovine spongiform encephalopathy (BSE), transmissible mink encephalopathy, and wasting disease of elk most frequently referred to as transmissible spongiform encephalopathies; other names such as prion dementia, transmissible degenerative encephalopathies, and infectious cerebral amyloidoses are also used.

Creutzfeldt-Jakob disease (CJD) has been considered infectious since the mid-1960s, but its transmissibility through the transfusion of blood or blood products is controversial. The causative agent's novel undefined nature and resistance to standard decontamination, the absence of a screening test, and the recognition that even rare cases of transmission may be unacceptable have led to the revision of policies and procedures worldwide affecting all facets of blood product manufacturing from blood collection to transfusion.

Many health professionals are concerned that CJD may be transmissible through blood. Animal studies indicate that the infective agent of CJD is present in blood but in low titer, and sufficient evidence of animal transmission suggests that the disease has the potential to be transmitted through blood. However, human epidemiologic evidence only indicates that if blood transmission occurs, it is likely rare.

**JOINT MEETING**  
**CANADIAN HEMATOLOGY SOCIETY**  
**SOCIÉTÉ CANADIENNE D'HEMATOLOGIE**  
**AND**  
**SOCIETIES FOR HEREDITARY ANGIOEDEMA, PRIMARY**  
**IMMUNE DEFICIENCIES AND RARE BLOOD DISORDERS**

2003 ANNUAL MEETING

Radisson Hotel, Lakeshore, Toronto Friday, April 25, 2003

- 8:30            **Introduction** - Dr. Gait Rock, President, CHS  
                  **Morning Symposium: Complement for the Hematologist**  
                  Chairperson - Or. Armand Keating
- 8:30 - 8:45    **Introduction - Complement Disorders including Hereditary Angioedema**  
                  **Canadian perspective**  
                  Dr. Tom Bowen, Canada

- 8:45 - 9:45 Complement Cascade and Deficiency States: genes to animal models and up to man**  
Dr. Al Davis III, USA
- 9:45 -10:45 Human Complement Disorders - Hereditary Angioedema - kinins, bradykinins, kallikrein interactions**  
Dr. Bruce Ziraw, USA
- 10:45 - 11:00** Refreshment break
- 11:00 - 11:30 Anti-Epo Antibody Mediated Pure Red Cell Aplasia Related to Erythropoietin Products: Guidelines From the PRCA Focus Group.**  
Dr. Dennis Cournoyer, Canada
- 11:30 - 12:00** Lunch - obtain lunch and return to presentation area
- 12:00 - 13:00 Resident Presentations**  
**Afternoon Symposium: Launch of the Canadian Clinic Network for Primary Immune Deficiencies, Hereditary Angioedema, and Rare Blood Disorders -**  
Chairperson - Dr. Jacques Hebert
- 13:15 - 13:35 Clinic(s) Network Proposal - Primary Immune Deficiencies, Hereditary Angioedema, and Rare Blood Disorders - Experience of the IDF NIH PID**  
Dr. Tom Bowen, Canada
- 13:35-14:20 The Canadian Apheresis Group Registry Experience - Collaborative IVIG Study Proposal(s)**  
Dr. Gail Rock, Canada
- 14:20 - 14:45 International Hereditary Angioedema Data Base Registry**  
Dr. Marco Cicardi, Italy
- 14:45 - 15:05** Refreshment Break
- 15:05 - 15:55 The Canadian Hemophilia Clinic Group Experience - Collaborative Hemovigilance Protocol Proposal**  
Dr. Bruce Ritchie, Canada
- 15:55 - 16:40 Canadian PID,HAE, Rare Blood Disorders Data Bases and Registries - Health Canada Proposal**  
Dr. Tony Giuilivi, Canada
- 16:40 - 17:00 Clinic Launch Summation Discussion - So What Now? Where Now? – Website - Chat Groups - Next meeting?**  
Dr. Tom Bowen, Canada
- 17:00 - 18:30 Canadian Hematology Society Business Annual Meeting**

## **THE CANADIAN HEREDITARY ANGIOEDEMA SOCIETY**

### **A Non-Profit Charitable Organization**

#### **Mission Statement**

The Canadian Hereditary Angioedema Society (CHAES) / Société d'angioédème héréditaire du Canada (SAHC) exists to enhance the quality of life for persons with Hereditary Angioedema or Acquired Angioedema due to C1 inhibitor deficiency. We will assist patients, their families, friends, physicians, and other health care professionals in understanding and effectively managing this disease.

We are dedicated to:

- **Education to increase awareness of issues affecting care and treatment**
- **Encourage peer support and information sharing of persons with an interest in HAE**
- **Encourage research that will continue to improve care and result in a cure for HAE**

#### **Background**

- **HAE and PID and Rare blood disorders patients have no registry in Canada- actual numbers of patients are not fully known. Treatment is not standardized. Diagnostic and therapeutic algorithms vary from center to center.**
- **No licensed product is available for replacement therapy for treatment of HAE- Aventis product is available on SAP but no data on safety and efficacy are being collected- no product is licensed in the USA and the last clinical trial by Baxter was inconclusive.**
- **IVIG is being used off label without much evidence base--clinical trials are needed and could be partnered with the Canadian Apheresis Group efforts.**
- **Immunoglobulin therapy for PID patients is not standardized in terms of dose, route of administration (sc,im,iv), and home care may not be readily available.**
- **Clinic requirements for PID and HAE are rare blood disorders are similar to those of the hemophilia clinics, home iv antibodies-clinics should network to improve the diagnosis therapy and management of PID, HAE, and rare blood disorder patients and partner with existing clinics with similar requirements.**

#### **Goals**

- **Education to increase awareness of issues affecting care and treatment.**
- **Establish a confidential patient registry of HAE literature and consultaion with HAE patients and treating physicians in Canada, establish a national consensus document on the appropriate diagnosis and treatment of HAE.**
- **Using the information from consultation as stated above, develop a wallet card approved and recognized across Canada. This could include a clear description of HAE, long term treatment, and emergency treatment. This could also include a telephone number that patients or physicians could call medical support in an emergency.**
- **Maintain a list of sites where C1 inhibitor concentrate is currently available in Canada.**

- Encourage peer support and information sharing.
- Combine our annual meeting with an education seminar of presentations from physicians and scientists, professional support services, our members and representatives from other support groups.
- Continue our internet peer support groups.
- Encourage regional support groups and meetings.
- Encourage exchanges with other HAE support groups around the world.
- Support physicians and scientists in exchanging information with their peers.
- Maintain a relationship with the Canadian Blood Services
- Encourage research that will continue to improve care and result in a cure for HAE.
- Establish a health care team dedicated to HAE research and education. This team could develop diagnosis algorithms and treatment guidelines. They will help keep the medical and patient community abreast of the best care plan for patients. They will help cultivate an interest understanding the important role of CI inhibitor in the body and an understanding of the diverse problems a deficiency creates.
- Keep abreast of research that affects concerns of HAE patients. Encourage exchanges between physicians and scientists to advance common goals i.e. pharmaceuticals, genetics, blood products and services, etc. Facilitate putting patients together with physicians who can help them enroll in clinical trials of new treatments.
- Encourage an ongoing evaluation of Canadian patients and physicians experiences with HAE treatments to help facilitate judicious use of CI inhibitor concentrate and other medications.
- Support medical advisors and patient representatives to share in exchanges of information with other corresponding groups around the globe.

### **The Organization Structure**

- The Canadian Hereditary Angioedema Society will accomplish its goals in a manner that assures no profit for individuals or business corporations as a result of its activities. Any profits to the organization shall be used solely to promote the Society's objectives.

## **CANADIAN HEMATOLOGY SOCIETY 2003 Trainee Travel Awards**

The Canadian Hematology Society also provides a limited number of travel awards for resident trainees to attend and present abstracts at the CHS annual meeting.

The 2003 annual meeting will be held in conjunction with the Canadian Association of Medical Oncologists on April 25th 2003.

To apply please submit your abstract and indicate that you wish to be considered for an award on the abstract submission form.

The CHS Trainee Travel Awards will be announced at the CHS reception at the annual meeting.

## ACADEMIC HEMATOLOGIST

### Division Chief, Division of Hematology and Hematologic Malignancies

The University of Calgary, Department of Medicine, and the Calgary Health Region invite applications for a full time academic haematologist at the rank of Associate Professor or Professor. The primary responsibilities of the successful candidate will be to coordinate and organize research programs within a multidisciplinary environment, and to participate in educational activities within the Faculty of Medicine. The successful candidate is also expected to provide leadership to the Division as its administrative and clinical head. Candidates must have an established reputation for excellence in clinical care, and scholarly pursuits. The Faculty of Medicine is in the process of building a major new research facility. Calgary is a vibrant, multicultural city (population of 1,000,000) near the Rocky Mountains, Banff National Park and Lake Louise. The Calgary Health Region is the largest fully integrated health care region in Canada, offering complete services at all levels.

Minimum qualifications include an MD, a proven record of scholarly excellence, certification in Internal Medicine, specialty training in Haematology, and eligibility for licensure in the Province of Alberta. Previous medical administrative experience would be considered a desirable asset. Desirable qualifications include certification in Internal Medicine and specialty training in Haematology.

The Department of Medicine is in the process of developing an "Alternative Funding Plan", which will provide additional recruitment opportunities.

The College of Physicians and Surgeons of Alberta has designated this as a Part V register position, and as such, equivalent specialty training in other countries will be considered in the licensing review.

Please submit a curriculum vitae and a statement of research interests, and arrange to have three (3) letters of reference sent by March 31, 2003, to

**Dr. John Conly**

Professor and Head, Department of Medicine, Faculty of Medicine  
Room 923, North Tower, Foothills Medical Center 1403-29 St. N.W.  
Calgary, AB T2N 2T9  
Fax 403 944 1094 Email [john.conly@calgaryhealthregion.ca](mailto:john.conly@calgaryhealthregion.ca)

**REMINDER: CHS DUES 2003**

**The CHC dues for the year 2003 are due now. Trainees and Emeritus members are exempt from paying dues. Thank you in advance for forwarding your dues along with your updated address.**

## UPCOMING EVENTS

April 25, 2003	Canadian Hematology Society	Toronto, ON
April 25-27, 2003	Canadian Apheresis Group	Toronto, ON
May 7-10, 2003	American Society for Apheresis	Lake Tahoe, California
July 5-8, 2003	32nd Annual Meeting of the International Society for Experimental Hematology	Paris, France
July 5-9, 2003	ISBT VIII European Congress	Istanbul, Turkey
July 12-18, 2003	XIXth ISTH Congress & 49th Annual SSC Meeting	Birmingham, UK
Sept 10-13, 2003	E.S.F.H. 14th Congress	Prague, Czech Republic
Oct 22-25, 2003	III Congress of the Inter American Division of the International Society of Hematology	Santiago, Chile
Oct 30-Nov 1, 2003	4th World Congress of the International Society for Apheresis	Nashville, Tennessee
11-15 July 2004	XXVIIIth Annual Congress of the International Society of Blood Transfusion (ISBT)	Edinburgh, UK

## MEETING PLANNING

In order to help plan the upcoming annual meeting most effectively, please let us know if you plan to attend any or all of the following meetings in Toronto, April 25, 2003:

CHS annual meeting       CAMO meeting       NCIC CTG meeting

Please respond by email to [cag@ca.inter.net](mailto:cag@ca.inter.net) or fax this form to (613) 748-6392 as soon as possible.

### EDITOR'S NOTE

The Newsletter is published three times a year by the CHS. We welcome your submissions. Please send articles and items of interest, care of the Coordinator, to the CHS office by email to [cag@ca.inter.net](mailto:cag@ca.inter.net) or fax to (613) 748-6392.