

Canadian Hematology Society
Société Canadienne d'Hématologie

NEWSLETTER

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www.canadianhematologysociety.org

NOVEMBER 2003

Members of the Society are invited to attend the
Canadian Hematology Society
Reception
which will be held during the Meeting of the American
Society of Hematology
at
PRADO at Balboa Park
Sunday, December 7, 2003
5:30 pm -7:30 pm

The Reception is sponsored, in part, by corporate donations

Editor Gail Rock

Executive 2003

President: Armand Keating

Secretary-Treasurer: Sue Robinson

Vice-President: Pierre Laneuville

Past-President: Gail Rock

Sponsored, in part, by a grant from Bayer Inc.

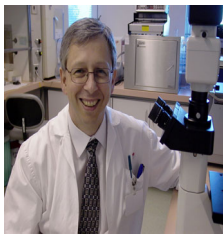
PRESIDENT'S MESSAGE

Armand Keating, PhD, MD

*Executive Committee
2003-2005*



*Armand Keating
President*



*Pierre Laneuville
Vice President*



*Susan Robinson
Secretary*



*Gail Rock
Past President*

We get a lot of information these days from many sources: email, more email, websites, brochures, faxes, letters, journals ... the list goes on. I don't know about you, but I tend to quickly scan President's messages from whatever organization. Which is a pity. To anticipate this possibility, I will be brief but I would like to get your attention because I think that the information I wish to convey is important to hematologists in Canada. As the incoming President of CHS I intend to engage you in the following areas to:

- More firmly establish CHS as the national voice of hematologists across Canada
- Engage the Royal College in discussions regarding certification issues
- Establish a regular venue for an annual CHS Meeting at which members and trainees can present research
- Become more involved in manpower planning for hematology
- Improve communications among members
- Foster greater interaction with other societies with allied interests
- Garner greater representation of the hematology community with agencies such as the CIHR
- Encourage trainees to participate more actively in CHS

To achieve these goals will require a considerable effort on the part of all of us. In the coming months I, and your new Vice President, Dr. Pierre Laneuville, will be calling on you to help us with these worthy aims.

I would also like to take this opportunity to offer our deep thanks to our outgoing President, Dr. Gail Rock, whose truly outstanding leadership has placed the CHS on a firm financial footing for the first time, and who has initiated the steps necessary to achieve many of the goals listed above.

Finally, we would like to hear from you about your concerns and interests. You can reach me directly by email (yes, more email!) at :

armand.keating@uhn.on.ca

Armand Keating, President CHS

Armand Keating is Professor of Medicine, Epstein Chair in Cell Therapy and Transplantation and Director, Division of Hematology, University of Toronto as well as Head, Department of Medical Oncology and Hematology, Princess Margaret Hospital/Ontario Cancer Institute. He received his MD from the University of Ottawa, completed internal medicine and hematology training in Toronto and undertook research training in hematopoiesis and bone marrow transplantation

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A previous NCIC Senior Cancer Research Scientist, his research interests include laboratory and clinical studies of hematopoietic cell transplantation, the biology and clinical application of mesenchymal marrow stromal cells and cell therapy for advanced malignancies. Currently, he is a councilor and on the executive of the American Society of Hematology, and President-Elect of the American Society for Blood and Marrow Transplantation.

Welcome to Dr. Pierre J. Laneuville, our new Vice President

Dr. Pierre Laneuville received an Honours Bachelor of Science degree in Biochemistry at McMaster University, followed by an M.D. in 1982 from the University of Ottawa. He completed his Internal Medicine and Hematological residencies at McGill University followed by a 2 year research fellowship.

In 1989 Dr. Laneuville joined the Department of Medicine at the Royal Victoria Hospital, McGill University. In 1996 he became the Director of Hematology for the McGill University Health Center, Director of Hematology for McGill University, and Director of the Blood and Marrow Transplant Program at the Royal Victoria Hospital. His research interests include basic research in the molecular mechanisms of genomic instability in chronic myelogenous leukemia, molecular diagnostics in hematological malignancies, and clinical hematopoietic stem cell transplantation. Dr. Laneuville has organized several national and international meetings, has been a member of the scientific review panels for a number of research agencies (ie. MRC, FRSQ, LRF), is a member of the National Cancer Institute of Canada Hematology Executive Committee, has directed numerous clinical trials in malignant haematology, and is on the medical advisory boards for the Leukemia Research Fund of Canada and the Lymphoma Research Fund of Canada.

The Hematopathology Training Program: Change in the Air?

Over the last few years there has been considerable discussion regarding the FRCP program for hematopathology. The current program includes 1 year of internal medicine and 3 years of laboratory work. The lab work involves rotations in various subspecialties with an overall emphasis on integrating aspects of patient care with diagnostic capabilities in the laboratory.

Some recent suggestions have been to increase the clinical component and even to combine the clinical and laboratory programs into a single entity. This would be the same approach as that taken in Quebec and in the UK.

In the last few months an alternative approach has been broached: to make HP a subspecialty of general pathology. In this regard the following chart was recently published in the CAP newsletter. It outlines one view of the future. Dr. Louis Wadsworth has submitted a letter to the CAP in response and has kindly agreed to share it with our members. His letter follows.

Whatever you think, it is clear that this is an area which needs some serious attention in the immediate future. The executive would be most interested in hearing your opinions. We need to be proactive to ensure that the training for the laboratory hematologist of the future meets the needs of modern medicine and that the graduate is equipped to function as a member of the team in a tertiary care facility.

Gail Rock, Past President CHS
Chief, Division Hematology and Transfusion Medicine,
Ottawa Hospital

To: The Editor CAP Newsletter,

A response to the document entitled "A proposal for the re-organization of RCPS(C) Pathology Specialties." CAP Newsletter, Summer 2003.

I realize that Dr Colgan's proposal is a personal perspective and represents neither that of the CAP nor his own university but I have considerable concern that a decision was made to publish this document at this particular time. CAP members should be aware that all laboratory specialty training programs are under scrutiny and undergoing a process of reassessment by the Royal College. Dr Colgan's thoughts and ideas while germane, particularly as they relate to a redesign for PGY-1 and PGY-2 for pathology discipline trainees, will likely be quite misleading to many readers. It is critical that we strive to enhance physician recruitment into all laboratory disciplines and I fear that this document will be totally misunderstood by our resident colleagues or, medical students, considering a career in laboratory medicine. Several laboratory disciplines are not included in the proposal and I am particularly disturbed by the reassignment of Hematological Pathology as a sub discipline of Anatomical Pathology. This is not only very disturbing but also a highly risky proposal which has not clearly understood the current needs, goals and objectives of the specialty. Although a substantial grounding in Anatomical Pathology would be perfectly appropriate for a

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Hematological Pathologist who will work primarily as a lymph node pathologist there are, however, many aspects of all clinical pathology specialties that are not morphology driven. For example several years of training in AP would not be an appropriate or acceptable training background for someone who is to direct a hospital transfusion service. Dr Colgan's proposal would eliminate those hematopathologists who would be capable of providing the highest quality of patient services needed for the direction of a coagulation laboratory or blood transfusion service. It would also effectively exclude individuals with a clinical background from entering our specialty.

Prior to publishing this type of proposal in the CAP newsletter it would have been preferable to have requested an opinion or response of several bodies including the Specialty Committee in Hematological Pathology of which I am the chair. Belatedly I must tell you that neither I, nor the members of my committee, agree with Dr Colgan's view of the future.

Respectfully submitted

Louis D. Wadsworth M.B., Ch.B., FRCP(C), FRCPath.,
Head Hematopathology,
Children's & Women's Health Centre of British Columbia,

Canadian Hematology Society Annual General Meeting 2004

Plan ahead to attend next years meeting. It is being held in conjunction with the CBMTG meeting in London, Ontario. The CHS meeting will be all day Wednesday June 2 and will be preceded by the residents meeting. The CBMTG will hold their biannual meeting Thursday June 3 through Sunday June 6.

We are starting this new arrangement in order to begin to bring together the various components of the hematology community under one roof.

The meeting will focus on a variety of topics to cover the diversity of practice in our country. Abstracts will be accepted from both staff and residents with a full day session planned to permit maximal participate.

So plan now to attend the meeting and help build the CHS of tomorrow.

IMPLEMENTATION OF TRANSFUSION TRANSMITTED INJURIES SURVEILLANCE SYSTEM IN CANADA

Beginning in the early 1990's, many countries began to develop surveillance systems to monitor blood safety. In Canada, Justice Krever in the Report of the Commission of Inquiry on the Blood System in Canada emphasized the importance of surveillance and tracking of blood and blood products, referring to the concept of "vein to vein" management of blood. In response to Krever's report, Health Canada received a mandate to carry out surveillance of incidents related to the recipients of blood components and plasma derivatives.

Within Health Canada, the Blood Safety Surveillance & Health Care Acquired Infections Division (BSS&HCAID) initiated a pilot project with the provinces of Quebec, British Columbia, Nova Scotia and Prince Edward Island to implement a surveillance system to capture information on all moderate and severe adverse reactions (including infections) related to blood transfusion. A computer database was developed to record adverse events with the capability to produce and analyze reports. This pilot project has since expanded into a national program and includes the provinces/territories of Alberta, Manitoba, Ontario, New Brunswick, Northwest Territories, Yukon and Nunavut. Both Saskatchewan and Newfoundland are expected to implement in fiscal 2003/2004.

During the development of the national Transfusion Transmitted Injuries Surveillance System (TTISS), provinces/territories, regulators and blood manufacturers have agreed to the following:

- a standardized reporting form;
- standardized definitions;
- the data elements that are to be reported to the federal level; and
- conditions for reporting national data.

Canadian Blood Services and Health Canada plan a joint communication to hospitals regarding the use of the TTISS form and manual to capture all adverse events, regardless of to whom they are reported (Provincial Blood Offices, Blood Manufacturers, and Health Canada Regulators). This will provide a simplified and standardized format for hospitals and provide a single system across Canada for reporting for all adverse events following blood transfusion therapy.

Future planned activities include increased data transfer; the capture of delayed transmission of viral infections and transfusion errors to allow for a more comprehensive surveillance system.

For more information, contact Nancy McCombie, A/Manager, Transfusion Transmitted Injuries Section, Blood Safety & Health Care Acquired Infections Division, Health Canada, at nancy_mccombie@hc-sc.gc.ca.

The deadline for submission of abstracts for the CHS meeting is **March 15, 2004.**

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. Laurent Blvd.
Ottawa, ON K1K 2Z8
Fax: (613) 748-6392

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: _____

2004 CHS/CAMO Scientific Conference Toronto June 2004 Call for Abstracts

TRAINEE TRAVEL AWARDS

CANADIAN HEMATOLOGY SOCIETY 2003 John H. Crookston Travel Award

The Canadian Hematology Society, in collaboration with the Royal College of Physicians and Surgeons of Canada and the generosity of friends and colleagues of the late John H. Crookston, helps support the travel of trainees or fellows of a recognized Canadian hematology program by providing an annual award to help off-set the expenses incurred in

attending the annual American Society of Hematology (ASH) meeting. Qualifications for this award include the acceptance of a paper for presentation at ASH.

To be considered for the award please send a copy of your abstract and the notification of acceptance by ASH to the CHS office with a letter stating your program and location and indicating

that you would like to be considered for this award. The deadline for submission of applications is November 22, 2003.

The Crookston Travel Award will again be announced at the CHS annual reception at ASH on December 7th.

2003 ASH Trainee Travel Award

Each year at the Canadian Hematology Society Reception in December there is a travel award presented for travel to attend and present a paper at the annual meeting of ASH. The funding for this award is provided by donations and the sponsor will be announced along with the award

winner.

To be considered for the award please send a copy of your abstract and the notification of acceptance by ASH to the CHS office with a letter stating your program and location and indicating that you would like to be consid-

ered for this award. The deadline for submission of applications is November 22, 2003.

The Trainee Travel Award will be announced at the CHS annual reception at ASH on December 7th.

DON'T FORGET THE CHS RECEPTION AT ASH

**Sunday
December 7, 2002
Time: 5:30 pm—7:30 pm
Place: PRADO Balboa Park**

UPCOMING EVENTS

Oct 30-Nov 1, 2003	4th World Congress of the International Society for Apheresis	Nashville, Tennessee
Nov. 1-4	American Association of Blood Banks	San Diego, California
Dec. 5-9	American Society of Hematology	San Diego, California
Jan 25-28	Signal transduction pathways as therapeutic targets	Luxembourg
Jan. 28-31	Cromatin structure and gene expression mechanisms as therapeutic targets	Luxembourg
Apr 2004	CHS/CAG Annual General Meeting	Toronto area
May 5-8	World Apheresis Association/American Society for Apheresis	Miami, Florida
June 2-6 2004	Joint Meeting Canadian Hematology Society and Canadian Bone Marrow Transplant Group (June 2 CHS Day)	London. On

ANEMIA INSTITUTE FOR RESEARCH AND EDUCATION RESEARCH AND DEVELOPMENT FUND

CALL FOR LETTERS OF INTENT

PROCEDURES FOR APPLICATION

Interested persons are invited to submit a Letter of Intent that briefly describes the proposed project. The Research Committee will review all Letters of Intent to determine if they meet the research priorities and relevance to the goals and objectives of the Anemia Institute. Letters should not exceed one-page in length .

The estimated budget should not exceed \$30,000 per year *for the portion funded by the Anemia Institute.*

Letters of Intent must be submitted by November 14, 2003. Applicants will be notified by December 3, 2003 if they are requested to submit a full application. Application details and forms will be distributed at that time to eligible applicants.

For further information contact:

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Tel: (416) 969-7435. Fax: (416) 969-7420 Email: durhane@anemiainstitute.org