

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; Email : cag@ca.inter.net
www.canadianhematologysociety.org

OCTOBER 2004

Members of the Society are cordially invited to attend the

Canadian Hematology Society

Reception

*To be held during the Meeting of the American
Society of Hematology (ASH)*

Sunday, December 5th, 2004

5:30 pm – 7:30 pm

US Grant Hotel, 326 Broadway, San Diego, CA

The Reception is sponsored, in part, by corporate donations

Editor Gail Rock
Executive 2003-2005

President: Armand Keating

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Past-President: Gail Rock

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

President's Message

Armand Keating, MD, FRCP (C)

Dear Colleagues:

The lights are pleasantly low, there is an open bar, good music and many old friends and acquaintances arrive who have not been seen for many months or even a year. Soon animated conversations arise and new people are introduced. Sounds familiar? Yes, it could be a Gail Rock party, but I was actually thinking of the CHS Reception at ASH. Considered by some to be the most enjoyable gathering at ASH, its success is not hard to fathom. Not just because Canadians are such inveterate party animals but because it provides a great opportunity for many Canadian hematologists and other interested individuals to meet, network and greet promising new trainees (or potential trainees) or just chat with old friends and compare notes. We have relied on sponsors to fund this occasion, and because of new regulations governing corporate donations, an educational element will be added that will briefly showcase the research of the best trainees, whom we recognize annually with the John H. Crookston Award and the CHS ASH Awards (*this Newsletter describes how to apply for the 2004 John H. Crookston and 2004 ASH Travel Awards*).

The CHS Reception at ASH is, and will continue to be, a vital fixture on the Canadian hematology scene. It cannot however, provide a forum to address all the many current and emerging issues that face us: the hematology trainee curriculum/hematology certification and the role of the Royal College of Physicians & Surgeons of Canada; detailed showcasing of outstanding Canadian research; workforce projections for hematology in Canada; national projects of relevance and concern to hematologists, to name only a few. For that we need a viable annual CHS Meeting, as I mentioned in a previous column. The good news is that we had a successful, albeit small meeting in London in conjunction with the Canadian Blood and Marrow Transplant Group Meeting. Plans are underway for the CHS Meeting in 2005 which will be held in Toronto, but the viability of a large multifaceted CHS Meeting will depend on the success of the CHS Meeting in 2006. Work on the 2006 Meeting will begin this year and your help to make this a vital meeting is important.

We can chat about all that over a glass of something at the CHS Reception on Sunday December 5th in San Diego.

Cheers!
Armand

P.S. I would like to hear from you about your concerns and interests. You can reach me directly by email at armand.keating@uhn.on.ca

Canadian Hematology Society 2004 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 haematology 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 **Monday, November 15, 2004**.

The Crookston Travel Award will again be announced at the CHS annual reception at ASH on Sunday, December 5th, 2004. The recipient will give a brief research presentation with the assistance of one slide.

Canadian Hematology Society 2004 ASH Trainee Travel Awards

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

To be considered for the awards 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 **Monday, November 15, 2004**.

The Trainee Travel Awards will be announced at the CHS annual reception at ASH on Sunday, December 5, 2004. The successful candidates will give a brief presentation of their research with the assistance of one slide.

**SUBMISSION: Please forward to the CHS office by facsimile: (613) 748-6392 or by email:
cag@ca.inter.net**

Article from Dr. Tom Bowen*, MD, FRCP(C) Hereditary Angioedema Update September 2004

Hereditary angioedema (HAE) is an uncommon disorder with incidence similar to primary immune deficiencies and hemophilia with incidence of 1:10,000 to 1:50,000. HAE is a genetic disorder treatable currently by blood product derivatives and with the hope of new recombinant material therapy and hope for newer non blood product therapies. Diagnosis therapy and management of hemophilia has become a model in Canada with a network of clinics and its directors collaborating with the patient organization (Canadian Hemophilia Society) and achieving quality care (through standards of care) for this disorder across Canada. It seemed reasonable not to invent new wheels but to model the hemophilia experience in the diagnosis therapy and management of hereditary angioedema (HAE)^{1,2}. A patient organization for HAE in Canada was established in 2001 with the formation of Canadian Hereditary Angioedema Society (CHAES)/ Société d'angioédème héréditaire du Canada (SAHC) under its first and current president Jeanne Burnham. A medical scientific advisory committee (MSAC) was formed and advises the Society. The Society together with its MSAC organized an international consensus conference for the diagnosis therapy and management of HAE that was held in Toronto October 24th to 26th, 2003 and there launched a network of clinics under the umbrella of a group of HAE clinic medical directors as a subgroup of the Specialized Systems for Blood and Immunology (see Figure 2, reference 2). This clinic launch and consensus conference was held in conjunction with the 2003 annual meeting of the Canadian Hematology Society and cosponsored by them. The papers presented at the meeting were published through Dr. Gail Rock in the December 2003 issue of *Transfusion and Apheresis Science*, an issue entirely dedicated to the conference and HAE management. The meeting was well received and a consensus document was formulated and now published in the September issue of JACI together with a supplement from the European HAE meeting held in 2003, an editorial from Dr. Michael Frank reviewing the history of HAE and some new scientific data on HAE. Some of these articles including the consensus conference are available on line free from the JACI website. There are now several clinical trials underway around the world including North America and Canada involving various therapies for HAE and these therapies and trials may be updated at the CHAES/SAHC annual meeting being held in Ottawa October 24th in conjunction with the Canadian Society of Allergy and Clinical Immunology annual meeting. It is my hope that there will soon be evolving comprehensive care clinic programs province by province for the care of primary immune deficiencies, hereditary angioedema, and rare blood disorders. To this end, David Page from the Canadian Hemophilia Society has organized meetings of the respective patient organizations to facilitate development of such care programs. My motto is simple when approaching these three groups of disorders: it can be done – it must be done for the sake of our patients.

1. Bowen T. Guest Editor – Editorial. *Transfusion and Apheresis Science* 2003; 29:193-194.
2. Bowen T, Hebert J, Ritchie B, et al. Management of hereditary angioedema: a Canadian approach. *Transfusion and Apheresis Science* 2003;29:205-214.
3. Bowen T, Cicardi M, Farkas H, et al. Canadian 2003 International Consensus Algorithm for the Diagnosis, Therapy, and Management of Hereditary Angioedema. *JACI* 2004; 114:629-637

Tom Bown*, MD, FRCP (C)

Diplomate of the American Board of Allergy and Clinical Immunology
#705 South Tower, 3031 Hospital Drive NW., Calgary, Alberta T2N 2T8
Phone: (403) 283-8291; Fax: (403) 283-8255

Article on Blood and Marrow Transplantation in Canada

Blood and Marrow Transplantation in Canada

All transplant centres are registered with the Canadian Blood and Marrow Transplant Group (CBMTG), a “national, voluntary, and multi-disciplinary organization providing leadership and promoting excellence in patient care, research and education in the field of blood and marrow transplantation (BMT)”. CBMTG has many committees, the most important being devoted to standards of patient care and research; the Clinical Trials Network committee has already completed an important randomized trial and further studies are either in progress or being developed.

CBMTG maintains national statistics on the number of transplants carried out each year from data submitted voluntarily by centres. Over 1300 blood and marrow cell transplants are performed in Canada each year, 60% being autologous and 40% being allogeneic. The number performed annually has not changed significantly over the last six years but there have been some changes in the number performed for specific indications. The most notable trends have been a fifty percent decrease in transplants for chronic myeloid leukemia, a result of the introduction of highly effective oral imatinib (Gleevec™) therapy, and the introduction of non-meloablative transplants, suitable for those for whom full transplantation would be too risky, such transplants being 16% of allogeneic procedures in 2003.

Transplantation of organs and tissues is now regulated by federal governments in Canada, the United States and Europe. Health Canada has recently published regulations and intends to carry out inspections of transplant centres shortly. CBMTG is strongly supportive of regulation which provides a continued emphasis on safety, and has taken the leadership role in the development of a broader standard under the Canadian Standards Association (CSA). In addition, centres have started to prepare for accreditation by the U.S.-based Foundation for the Accreditation of Cellular Therapy (FACT), and three centres have already received accreditation.

Further information may be obtained through the CBMTG head office at Malachite Management (cbmtg@malachite-mgmt.com or phone 604-874-4944) and through the CBMTG website (www.cbmtg.org).

JOBS POSTINGS

You are welcome to send job postings to the CHS if you are advertising academic or research posts. Please forward your job descriptions to us and we will advertise them on the CHS website. Relevant information should be forwarded to the CHS email address: cag@ca.inter.net

Article on the Canadian Apheresis Group

The CAG currently has two large-scale clinical studies underway. The myeloma study will determine whether 5 to 7 plasma exchange procedures in patients with rapidly progressive renal failure secondary to myeloma will reduce renal failure and dialysis dependency and the Viral Surveillance Study, in which all apheresis patients have samples taken pre and 1 and 6 month treatment to determine exposure to viruses. Unfortunately the TTP study which was comparing SDP and CSP is on hold due to the lack of SDP.

The CAG annual meetings, in which data is reviewed and plans are made for further trials and assessment of new approaches and equipment, have had a positive impact on the rational use of apheresis and replacement fluids across the country. Since our first meeting, the CAG has collected information on every plasma exchange carried out in the country.

In April 2004 the 24th Annual General Meeting (AGM) and Symposium of the Canadian Apheresis Group was held in Val David, Quebec, Canada. The symposium focused on Staph A Columns and Immunoabsorption. Ms. Lisa Gustofson of Otsuka American Pharmaceutical, Inc., was the principal guest speaker and spoke on "Leukapheresis in Inflammatory Bowel Disease". We are presently planning a special celebration for our next annual general meeting which will be the 25th annual assembly of the group.

An important part of the AGM is the Canadian Apheresis Association Nurses (CAAN) sessions. This dedicated group of nurses, who are the backbone to the success of the apheresis program in Canada, is the key link in the data collection process, and is responsible for keeping the studies on track in the respective centres.

The CAG is lead by members of the executive planning group who represent the physicians and nurses from the forty-two Canadian institutional health science centres that make up the CAG: For further information on the CAG please contact the CAG office: Email: cag@ca.inter.net

CALL FOR LETTERS OF INTENT ANEMIA INSTITUTE FOR RESEARCH AND EDUCATION RESEARCH AND DEVELOPMENT FUND

The Anemia Institute for Research and Education is calling for Letters of Intent for its fifth Research and Development Fund competition. Letters of Intent must be submitted by **November 12, 2004**. An original and twelve complete copies are required. Applicants will be notified by **December 9, 2004** if they are requested to submit a full application. Application details and forms will be distributed at that time to eligible applicants. This is an annual competition and the first research fund directed at research on anemia, its causes, prevention, diagnosis and treatment.

All applicants must be affiliated with a Canadian university, medical residency program, or non-profit health-related organization. The Board is particularly interested in, but not restricted to, applications for: 1) Young investigator awards for students, trainees, post-graduate fellows, or new faculty members; 2) Seed monies for pilot projects; 3) Matching funds for projects with other sponsors; or 4) Specific projects in anemia on issues under-funded or not funded by other granting bodies. For further information, please contact: Durhane Wong-Rieger, Telephone (416) 969-7435; by email: durhane@anemiainstitute.org; or visit our website at www.anemiainstitute.org.

Article on West Nile Virus and the Blood Supply (An Update for Health Care Professionals)

Dear health care professional:

Once again this year, Canadian Blood Services is taking measures to make the blood supply as safe as possible during West Nile Virus (WNV) season. Perhaps most importantly, every unit of blood donated to Canadian Blood Services will continue to be tested using the investigational Roche Diagnostic assay introduced in July 2003. A number of additional safeguards are also being implemented this year to further protect the blood supply.

The experience to date:

Between July and October 2003, about 225,000 blood donations were tested for WNV. Of these, 14 were found to be positive for WNV RNA and were discarded. There have been no known cases of transfusion-related WNV in Canada since testing began.

However, in the United States, the CDC has attributed six cases of WNV from 2003 to transfusions of tested blood products. This indicates that although the assays used in North America represent a valuable tool, they are not infallible. Additional measures should and will be taken to further reduce the risk to be blood supply from WNV this year.

The six U.S. transfusion-transmitted cases of WNV were linked to IgM-negative donations that contained very low levels of virus. The donors involved were in the window phase of WNV infection – i.e. in the phase of viremia prior to the appearance of IgM antibody. The level of virus present in these donations was too low to be detected by testing, but high enough to cause infection in transfusion patients.

Single-unit testing:

To address this situation, starting in mid to late July, Canadian Blood Services will move from “pooled testing” for donations from areas of the country expected to be hardest hit by WNV. Meanwhile, regular pooled testing of every donation will continue for blood from other parts of the country.

In pooled testing, six blood samples are pooled before testing. This allows Canadian Blood Services to perform the high-volume testing required to meet hospital demand. If a pool of blood tests positive for WNV, new samples from each unit are tested individually to identify the infected unit, which is then discarded. In contrast, in single-unit testing there is no pooling – each unit of blood is tested individually. This increases the sensitivity of the test because viremia samples are no longer diluted by non-viremia samples.

Canadian Blood Services will be able to perform single-unit testing on approximately 10 per cent of its collections for a six-to-10 week period during the height of the WNV epidemic. This represents a 50 per cent increase in testing activity overall and will require the WNV laboratories to operate 24 hours a day.

In the beginning, Canadian Blood Services will target its single-unit capacity to areas expected to see the highest level of WNV in Canada, based on the predictions of federal and provincial public health agencies in Canada and the CDC in the US. Over time, the geographic area covered by single-unit testing will be shifted based on actual Canadian human cases and other surveillance information.

Preliminary data from samples collected in 2002 and 2003 in the US suggest that mini-pool testing detects 75 to 90 per cent of the donors who would be found to be viremia if single-unit testing was used. Viremia donors missed by mini-pool (and detected by single-unit) testing have very low viral levels. Research is currently underway to determine the lowest level of viremia that can transmit WNV to transfusion recipients, but probably five to six per cent of the mini-pool-negative, single-unit-positive donations are infectious. These donations are IgM-negative, that is, made during the window period of WNV infection.

Other measures for 2004

If Canadian Blood Services' capacity for single-unit testing is exceeded, some blood donor clinics in heavily affected areas may be cancelled. In addition, plasma collected in heavily affected areas will not be used for transfusion. It will be diverted to the manufacture of plasma derivatives (as WNV does not survive the fractionation process). In lieu of such plasma, Canadian Blood Services will issue for transfusion fresh frozen plasma collected between March and May, 2004, and screened for WNV by mini-pool testing.

Advice to health care professionals

Canadian Blood Services reminds health care professionals of the need to communicate information to their patients about the risk of transmission of WNV through transfusion. Communication of such information should always be part of obtaining formal or informal informed consent for transfusion. Transfusion recipients who present with signs and symptoms of WNV infection in the summer and fall should be investigated for the possibility of transfusion-transmitted WNV infection and should be reported to Canadian Blood Services. Finally, physicians should routinely ask patients suspected of having WNV infection whether they donated blood in the previous month. Should that be the case, the patient's or donor's name should be reported to Canadian Blood Services so that any companion donation still in inventory can be quarantined.

Learn More

You are encouraged to visit the Canadian Blood Services Web site at www.bloodservices.ca to find more information about our WNV plans and activities. You are also welcome to contact Canadian Blood Services' medical directors with questions. A full list follows.

Eleftherios C. Vamvakas, MD., PhD., MPH

Executive Vice President/Medical, Scientific and Research Affairs, Canadian Blood Services

<i>Centre</i>	<i>Medical Director</i>	<i>Phone</i>	<i>Email</i>
BC & Yukon	Jerry Growe	604-707-3449	Gershon.growe@bloodservices.ca
Edmonton	Judy Hannon	780-431-8714	Judy.hannon@bloodservices.ca
Calgary	Dale Towns	403-410-2676	Dale.towns@bloodservices.ca
Saskatchewan	Edward C. Alport	306-347-1652	Ted.alport@bloodservices.ca
Winnipeg	Debra Lane	204-789-1079	Debra.lane@bloodservices.ca
Sudbury	Teofil Ciszewski	705-688-7336	Teofil.ciszewski@bloodservices.ca
London	Robert Barr	519-690-3944	Bob.barr@bloodservices.ca
Hamilton	Morris Blajchman	905-521-2100	blajchma@mcmaster.ca
Toronto	Barbara Hannach	416-313-4431	Barbara.hannach@bloodservices.ca
Ottawa	Peter Lesley	613-560-7209	Peter.lesley@bloodservices.ca
New Brunswick	John Mackay	506-648-5059	John.mackay@bloodservices.ca
Halifax	Irene Sadek	902-474-8298	Irene.sadek@bloodservices.ca
Newfoundland & Labrador	Karl Misik	709-758-8037	Karl.misik@bloodservices.ca



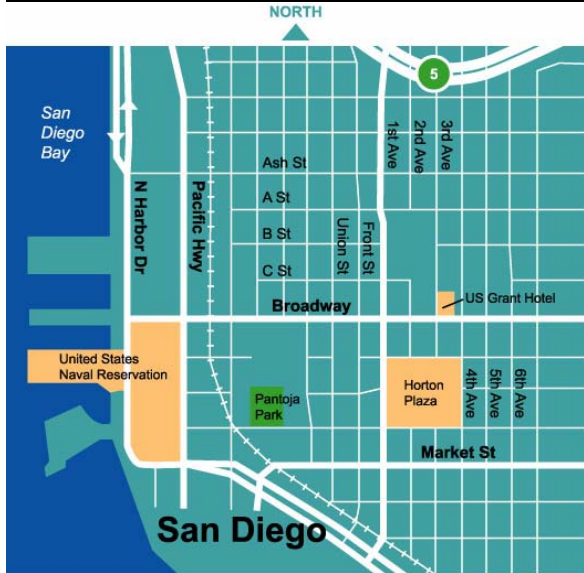
The thrombosis program of the Division of Haematology at the University of Ottawa is an active, academic, tertiary care subspecialty service. The Thrombosis program and its members are engaged in a wide variety of innovative clinical and research activities in the areas of (1) Diagnosis and treatment of venous thromboembolic disease and (2) Management of thrombophilia. Areas of research activity include basic science, clinical health, economic and outcomes research. The program's culture is one of energetic pursuit of the goal of bettering our patient's lives.

The Thrombosis program is currently accepting applications for a Clinical and Research Fellowship. Applicants follow one of three streams: a one year clinical fellowship (to consolidate expertise in Thrombosis), a three year clinical and research fellowship (includes a Masters in Clinical Epidemiology) to become a clinician investigator in Thrombosis or a three year clinical and education fellowship (to become a clinician educator in Thrombosis). The Research Fellowship includes a commitment to 75% protected research time and salary support. The successful applicant may also consider applying for the Master's of Clinical Epidemiology Program at the University of Ottawa and undertake one of the thrombosis program's research projects as a basis for their Master's thesis. Please direct any inquiries or if interested please forward your CV to:

Dr. Marc Rodger, Head, Thrombosis and Hemostasis Program
C/O Janet Whyte, Thrombosis Research Program Manager (email: jwhite@ohri.ca)
Ottawa Health Research Institute
452-737 Parkdale Ave, Ottawa, On. K1Y 4E9

UPCOMING EVENTS

- Dec 3–7, 2004 **American Society of Hematology Annual Meeting, San Diego, CA, USA**
Contact: ASH Registration Office: Tel: 202 776 0544; Fax: 202 776 0545.
Email: ASH@hematology.org; Website: www.hematology.org
- Apr 21-24, 2005 **2005 CSTM Joint Conference, Banff, Alberta, Canada**
Mountains, Moguls and Modern Advances in Transfusion Medicine
Contact: Gwen Clarke, Co-Chair CSTM 2005 planning committee
gclarke@cha.ab.ca or Jason Acker, Chair of the Scientific and Abstract
Subcommittee for further details about submitting your abstract:
jacker@ualberta.ca Deadline Call for Abstracts: February 1st, 2005
- Apr 27–30, 2005 **American Society for Apheresis (ASFA)**
26th Annual Meeting – Hyatt Regency Chicago, IL, USA
Contact: American Society for Apheresis
3900 East Timrod Street, Tucson, AZ, 85711-4170 USA
Tel: 1.520.327.8584; Fax: 1.520.322.6778; Email: asfa@dakotacom.net;
Website: www.apheresis.org Deadline Call for Abstracts: December 31st, 2004
- Apr 27-29, 2005 **Canadian Apheresis Group (CAG)**
25th Annual General Meeting; Contact: CAG Office for further information:
Tel: 1.613.748.9613; Fax: 1.613.748.6392; or Email: cag@ca.inter.net



Don't forget the CHS Reception to be held during the Meeting of the American Society of Hematology (ASH).

Sunday, December 5th, 2004
5:30 pm – 7:30 pm

US Grant Hotel, 326 Broadway, San Diego, CA

CANADIAN HEMATOLOGY SOCIETY
Membership/Newsletter Requests

To request membership application forms and/or extra copies of the newsletter, or inform us of any changes or additions to your contact information please contact the CHS office.

- Please make the following changes to my contact information:
- Please forward a membership application form to the following:
- Please send a copy of the _____ edition of the newsletter to the following:

Name: _____ Hospital/Company _____

Address: _____

City: _____ Province: _____ Postal Code _____

Phone#: _____ Fax#: _____ Email: _____

Are you connected to the Internet?

If so, we would really like to be able to send you announcements or future copies of the CHS newsletter by email because it saves paper, postage, and time. If you agree, all you need to do is send us an email to the CHS office at cag@ca.inter.net

Editor's Note

The Newsletter is published two 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