Message from the President

Dear Colleagues

Each time I attend an ESH conference, I learn something new. It has perhaps not always been clear enough that ESH is an institution for all basic and clinical scientists, from those who are still in-training or at an early stage of their career to senior scientists and internationally recognized experts in specific fields. To address this objective, ESH has established partnerships with prestigious scientific societies worldwide.

For the past 12 years, ESH and EBMT have organized annual training courses and published handbooks. The new 5th edition of the ESH-EBMT Handbook is already in the hands of individuals, universities, hospitals and biotechnology companies worldwide.

Further on in this newsletter, Bob Löwenberg gives information on the agreement that has now formalized the long-standing relationship between ESH and EHA, giving a framework for joint projects including Scientific Workshops. After the successful workshop on NHL, two other workshops are scheduled this year: Mesenchymal Stem Cells (June-July) and Molecular Prognostic Markers in Acute Myeloid Leukaemia (October).

ESH also organizes very high-level interdisciplinary translational research conferences. The annual Euroconference on Angiogenesis is the largest European Forum for research in the field. The biannual conference on Cell Death and Disease is also very successful.

ESH is a travelling institution. Gina Zini, Barbara Bain and Robin Foà, the chairpersons of the ESH-EHA Diagnostic Tutorials, continue to take the meeting throughout Europe and beyond.

In September, ESH will be in Boston for the first American-based edition of the now annual ESH conference on Chronic Myeloid Leukaemia organized by John Goldman, this time in collaboration with Jorge Cortes from the UT MD Anderson Cancer Center. Next year, the conference will be back in Europe.

And in October 2008, ESH and EUROCORD will organize the 20th anniversary celebration of the first cord blood transplantation and the 10th anniversary of Netcord. The conference will take place in Mandelieu in partnership with EBMT, Netcord, the UT MD Anderson Cancer Center and Duke University.

ESH has many projects for the future and is a partner of a number of European Commission 7th framework applications. Keep posted for results!

I would like to thank the corporate partners of ESH for their essential support. And most of all, thanks to you for contributing to the continuing success of ESH.

Eliane Gluckman
President
JOINVING FORCES:
Continued collaboration between the European Hematology Association and the European School of Haematology

The European School of Haematology (ESH) and the European Hematology Association (EHA) have collegially and successfully worked together to organize educational activities for some 15 years. Over the past 5 years, they have organized joint workshops and tutorials that have focused on specific themes of interest. Further to their educational focus, these workshops have put strong emphasis on science.

In view of this longstanding, successful partnership, the two organizations have now decided to formally appoint a joint ESH-EHA Committee. The Committee members have met to develop a framework for continuing collaboration based on equally shared values and investment. The framework notably defines procedures related to project planning and organization, and addresses issues related to fundraising and budget.

This framework has recently been accepted by the Boards of the both organisations and now formally ensures the continuation of their joint projects. This clearly represents a significant achievement that will impact directly on the organization of scientific workshops under the combined auspices of ESH and EHA in the years to come. It is foreseen that this collaboration will strengthen education in Haematology and the international exchange of scientific information.

Topics have already been selected for the ESH-EHA Joint Programme in 2009. They include a Scientific Workshop on Cancer Stem Cells (C. Chomienne, D. Bonnet, D. Louvard, P. Valent), a Scientific Workshop on Innovative Therapies for Red Cell and Iron Related Disorders (Y. Beuzard, C. Camaschella), and the continuing development of the series of ESH-EHA Diagnostic Tutorials (G. Zini, B. Bain, R. Foà) that have become so well known throughout Europe and in Brazil over the past few years.

Thus, with this step forward, ESH and EHA embark together on a structured process of advance planning for scientific and/or educational programmes. Joint projects in the future may include conferences and workshops, but also distance-learning tools and various other new endeavors that will all be designed to respond to scientific, educational and professional needs in haematology and related fields.

Bob Löwenberg
Haematology
Erasmus University Medical Center
Rotterdam

ESH-EHA Joint Executive Committee Members:
E. Gluckman, W. Fibbe, R. Foà, B. Löwenberg
The historic and picturesque city of Zagreb was the site of the 12th ESH-EBMT training course. Our local host was Boris Labar whose graciousness and generosity ensured that our first visit to Croatia was a great success. One hundred and thirteen participants from 33 countries and 4 continents gathered together at the end of April for an intensive introduction to the field of transplantation.

This course reached another landmark as all attendees were issued with the 5th edition of the ESH-EBMT handbook, released in an expanded and upgraded version only a month before. As always the intention of the course is to give the trainees access to specialists in the field through both formal and informal interactions. The format is to deliver the educational event through a series of didactic lectures followed by discussion, case presentations submitted by the attendees, meet the expert breakfasts and dinner table conversations. The faculty of experts is available to the trainees throughout the day to answer questions and discuss difficult cases. As always the standard of the course was outstanding. The guest lecture was given by John Barrett (NCI, Bethesda) who provided the audience with an excellent overview of the immunological consequences of allogeneic stem cell transplantation and an insight into the potential for manipulating the allo-immune response to ensure reduced procedural related mortality, better immune reconstitution and a decreased relapse risk. Sessions relating to all aspects of autologous and allogeneic transplantation followed over the next three days, interspersed with informative case presentations. Meet the expert breakfasts focussed on issues such as JACIE accreditation, the Outreach programme, statistical analyses and disease specific discussions. Highlights included the highly acclaimed introductions to the HLA system by Jean-Marie Tiercy and stem cell biology by Alexandra Wodnar-Filipowicz, an excellent overview of the new classification and guidelines for chronic GvHD from Steve Pavletic (NCI, Bethesda) who was happy to be back in his native country, a comprehensive and animated tour through the world of infectious complications by Enric Carreras and Montserrat Rovira, the latest colour-coded map of Europe according to transplant activity from Alois Gratwohl and six lessons in art and donor selection from Tamas Masszi.

The ESH, under the direction of Eliane Gluckman, and the EBMT Educational Committee are always enormously grateful to the disease specific experts that give up their time to come and teach on the course and interact so productively with the students.

DiDi Jasmin and the ESH staff provided their usual excellent organisational skills and immediate feedback suggested that the students had thoroughly enjoyed themselves. However all participants were asked to complete their confidential evaluation to ensure that future courses continue to achieve the highest possible standards.

Next year the 13th course will take place in the UK and let’s hope that the most unlucky event will be that the course will be over-subscribed!

Jane Apperley
Haematology
Imperial College
London

Eliane Gluckman
ESH - Eurocord
Hôpital Saint-Louis
Paris

Enric Carreras
Redmo
Fund. Int. Josep Carreras
Barcelona

Alois Gratwohl
Haematology
University Hospital
Basel

Tamas Masszi
Haematology & SCT
St. István & St. László Hospital
Budapest

HANDBOOK 2008 REVISED EDITION
Order your copy now!

Editors: J. Apperley, E. Carreras, E. Gluckman, A. Gratwohl, T. Masszi

The 5th revised edition of the ESH-EBMT Handbook on Haematopoietic Stem Cell Transplantation has just come out! The book is offered free of charge to scientists and clinicians interested in this rapidly evolving field. Reserve your copy now by contacting ESH at the following e-mail address: didi.jasmin@univ-paris-diderot.fr

For the first time, the book includes a multiple choice questionnaire at the end of each chapter. To test your knowledge and find the correct answers, go to the ESH website at the following link: http://www.esh.org/ebmt-handbook2008answers.htm

The ESH-EBMT Handbook is published with the support of the European Commission Marie Curie Actions programme.

ESH and EBMT also acknowledge Chugai sanofi aventis, corporate partner of the handbook since its first edition published in 1998.
CHRONIC MYELOID LEUKEMIA
Biological Basis of Therapy
Organizers: J.M. Goldman, J. Cortes
Boston, USA-5-7 September, 2008

The next International Conference on CML takes place this year at the Sheraton Hotel (Prudential Center) in Boston from 5 to 7 September. This actually is the 10th in a series of conferences on CML that started in the 1980s. The first took place in Annapolis and the next two were held in Cape Cod and Martha’s Vineyard. At that stage there was a little less excitement in the field than there is now and the conferences took place at two year intervals. Thereafter the conferences crossed the Atlantic and we had some very successful meetings organised in Italy by Angelo Carella in conjunction with the European School of Haematology (which is of course based in Paris). One important conference which took place in Israel in the early 1990s brought together clinical scientists interested in the notion that a small molecule that was effective in inhibiting the Abi kinase activity might be of clinical value. One must remember that many in the field at that time held the view that any molecule active against the ABL kinase would inevitably also inhibit many other tyrosine kinases and would therefore kill normal as well as leukemia cells. Fortunately this view did not prevail in the longer term!

In recent years there have been a relatively large number of scientific meetings focusing on CML but the majority of these have concentrated on therapy and especially on the best use of tyrosine kinase inhibitors, which is of course a very important aspect of CML in clinical practice. These ESH International CML conferences do however emphasize also the biology of CML – with the implicit assumption, which may or may not be true, that CML could really serve as a model for many other malignant conditions. We need for example a better definition of the CML stem cell, we need to understand more of the elusive concept of genomic instability, and the reasons why chronic phase CML, if untreated, inexorably proceeds to a more advanced phase, albeit with very different time scale in different patients. We need a better understanding of the mechanism by which the leukemogenic signal that starts with the Bcr-Abl oncogene, which is cytoplasmic, is transmitted to the nucleus. We need also a better understanding of the mechanism underlying the graft-versus-leukemia effect. Imatinib has radically altered the approach of the management of new CML patients but there is still a significant minority who do less well with this exciting new agent. How can we best manage this resistant minority? Is reduced intensity conditioning allogeneic stem cell transplant the best treatment? There are still many questions that require solutions.

The main emphasis for the conference this year will be on new developments during the last year or 18 months. We have to assume that the audience is very well updated having attended the 2007 ASH meeting in Atlanta or the 2008 EHA meeting in Copenhagen or both. The actual conference starts early in the morning of Friday, September 5th. There will be a series of short presentations by established workers in the field – mostly lasting 10 minutes – but with ample time for discussion. Discussion panels will address some topical areas. Participants are encouraged also to submit abstracts corresponding to work that can be presented as posters.

We hope you can add this conference to what is probably already a very busy conference agenda for you. You can obtain more information about this meeting off the ESH website (www.esh.org/agenda08.htm).
The BCR-ABL negative myeloproliferative disorders (MPDs) are a collection of chronic myeloid malignancies the main members of which are polycythemia vera, essential thrombocythemia and idiopathic myelofibrosis. For many years their pathogenesis remained obscure and the management of patients was suboptimal mainly because of a dearth of randomised clinical studies. The European School of Haematology therefore established a series of MPD conferences to bring together clinicians and scientists with an interest in these challenging diseases. Occurring every other year these have become the major MPD meeting in Europe, attracting over 200 participants and with outstanding contributions by experts from both North America and Europe.

The next ESH MPD meeting will be in Athens in September 2008 and promises to be particularly exciting. The identification of JAK2 and MPL mutations has shed much-needed light on the pathogenesis of these diseases and there will be an enormous amount of new data available by the time of the meeting. Recent results are already having a major effect on the classification, diagnosis and management of the MPDs. JAK2 inhibitors are in Phase 1 clinical trials and initial results will be presented together with follow-up data from two recent large randomised studies, ECLAP and PT-1.

In the past few years, the MPDs have evolved from being a Cinderella speciality to one of the hottest areas of haematology research and the Athens meeting will reflect these dramatic developments.

Tony Green
Department of Haematology
Cambridge Institute for Medical Research
University of Cambridge
e-HEMATimage

A MULTILINGUAL INTERACTIVE CONTINUING EDUCATION PROGRAMME
The following specialists are in charge of the programme (in alphabetical order): Barbara BAIN (UK), Bernard CHATELAIN (Belgium), Joël X. CORBERAND (France), José CORTEZ (Portugal), Torsten HAFERLACH (Germany), Jesus HERNANDEZ (Spain), Martin HOWARD (UK), Krzysztof LEWANDOWSKI (Poland), Mars VAN'T VEER (The Netherlands) and Gina ZINI (Italy).

« e-HEMATimage » is a continuing education programme which aims to communicate knowledge in haematology through microscopic examination of blood films. It is a unique « problem solving » programme which is currently available in 8 languages (in alphabetical order: Dutch, English, French, German, Italian, Polish, Portuguese and Spanish).

This programme was developed during 2006 and 2007 thanks to European funding, as part of the Leonardo da Vinci programme. It has now been self-sufficient since January 2008 and a substantial support is being provided by ESH for promoting it over the different countries within and outside Europe.

The spirit of « e-HEMATimage » is that the « trainees » work only on the cases of genuine patients, selected to cover a wide variety of problems.

The case of a genuine patient is briefly presented, with no indications that could provide the answer before the trainee has examined the microscopic blood film.

The user, who is given the results of the blood count, examines the corresponding film (image wall) and establishes the leucocyte count by identifying all the cells present. After validating the result, he/she has instant access to the solution to the problem raised by the patient.

This solution is the instructive element of the programme. Knowledge is transmitted through three different channels:
- the full patient history with diagnostic arguments,
- commented images which demonstrate what can be learnt from morphological examination,
- an informative text on one of the aspects of the disease illustrated in the dossier selected. In addition, the trainee shortly receives by e-mail the reply of his/her tutor to his/her response.

In practice, e-HEMATimage functions independently. The trainee registers with the organizers in order to obtain the identifiers (user name and password) which give access to the programme website (www.e-hematimage.eu).

During the first connection, trainees download the software onto the computer of their choice. They then download the dossiers available and work on them as explained above, whenever, wherever and with whoever they wish. The aim of the programme is in fact the acquisition of knowledge, not quality control or evaluation of professional practices.

Educational and Editorial Committee
From left to right: Front row: T. Haferlach, J. Hernandez, B. Bain, G. Zini

AT THE PRESENT TIME, THE NUMBER OF SUBSCRIBERS IS ABOUT 2500, IN 32 COUNTRIES, MAINLY ENGLISH AND FRENCH-SPEAKING COUNTRIES.
THE ONE-LINE CURRICULUM IN IRON METABOLISM AND RELATED DISORDERS

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This COMPLIMENTARY CD-ROM allows you to sample 4 case-based vignettes on iron-related disorders that haematologists and oncologists encounter in everyday practice settings along with a webinar course from Module 2 of the curriculum.

The Curriculum in Iron Metabolism & Related Disorders is supported by an educational grant from Novartis Oncology.

Created in consultation with Projects In Knowledge, developers of certificate programmes in medicine.

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To access full curriculum go to: www.ironcurriculum.esh.org

This CD contains:
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Case 1: Dose Adjustment/Noncompliance in a Thalassemia Patient — Ali T. Taher, MD

Case 2: Dose Titrated in a Patient with Myelodysplastic Syndromes — Aristeides A. N. Giagounidis, MD

Case 3: Dose Titration in a Paediatric Patient with Sickle Cell Disease — Mariade M. Moncrieff, MD

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http://www.apple.com/itunes/
In order to gain insight into the management of iron overload in MDS patients several actions have been recently developed in Spain. The IRON study has served to describe how iron burden is currently being dealt with in MDS and, together with the publication of the Spanish Chelation Guidelines in MDS, will most likely increase the awareness about the urgency to chelate these patients and how to do it in an effective way.

Most MDS patients show anemia and become dependent on blood transfusions to maintain or improve their life quality. Regular transfusion regimen/periodical transfusions generate an increase in total body iron content which may lead to multiple end-organ failure. Moreover, cardiac disease is the leading cause of death in patients with transfusional iron overload. Despite the lack of substantial information about disease-specific responses to an increased iron burden, it is well established that it/the latter can be considered as a survival limiting factor. Therefore, chelation therapy becomes necessary to prevent devastating cardiac, hepatic and endocrine complications.

The aim of the IRON study has been/was to gain knowledge about how MDS patients were treated in Spain regarding transfusion dependent anemia and iron overload. It was an observational study that involved 114 haematologists from 81 hospitals. Out of the 626 patients enrolled, 549 were finally evaluated. The enquiry sought/looked for input on diagnosis, prognostic classification, MDS treatment, transfusional rate and the management of iron overload.

72.5% of the patients included in the study had received at least 20 blood concentrates, but only 1/3 (36.8%) received chelation therapy. Desferal (DFO) was chosen as the chelator drug in 92.6% of the cases. Serum ferritin level was the most common parameter used to monitor iron overload. In fact, serum ferritin was measured in 94.5% of the patients and it was already >1000 μg/l in 14.9% of the patients at diagnosis and in 74.3% of the patients at the beginning of the chelation therapy. During the study, serum ferritin was not decreased but increased in most of the patients, thus reflecting suboptimal chelation.

The most important conclusion of the IRON study is that the vast majority of the patients with low/intermediate risk MDS and transfusion dependent anemia are either receiving no chelation therapy or suboptimal chelation therapy. Another key finding about this study is the perception of a lack of adequate diagnosis in some cases. This study represents one of the biggest MDS cohorts ever reported and has settled an excellent opportunity to achieve optimal chelation treatment and to follow-up chelation therapy on a long-term.

Taking into consideration the difficulties of DFO with compliance/adhesion related to parenteral administration and the existence of new oral chelators, an agreement was reached locally amongst the medical community about the need of/or chelation guidelines for MDS patients. An expert iron and MDS committee formed by Dr Ana Villegas, Dr Beatriz Arrizabalaga, Dr Consuelo del Cañizo, Dr Ángel Remacha and Dr Guillermo Sanz was in charge of leading the project. The starting assumptions matched the conclusions of the IRON study and the aim, in this case, was to come up with a document that could help haematologists in their daily management of MDS patients. Final guidelines address the following questions: who to chelate, how to monitor iron overload, when to start chelation therapy, which chelator to choose, how to adjust the dosage and how to deal with adverse effects. All this data is presented in a very easy-to-manage/friendly way using simple algorithms/charts which show/describe the inclusion and exclusion criteria, a comparison of available iron chelators and the management of adverse effects.

Although more research is needed to evaluate the incidence of iron overload in MDS patients survival, both the IRON study and the Spanish Chelation Guidelines in MDS will likely serve to improve the efficacy/effectiveness of the chelation therapy to control iron overload in these patients.