





What do we need in the Canadian AL Landscape? Why CLSG/GCEL?

- a more collaborative culture
- Canada-wide consensus regarding AL management... shared principles and philosophies of care
- Canada-wide guidelines, that aim high...
- be able speak to federal and provincial regulators with one cross-Canada voice
- Canada-wide networking, both for SOC and research/clinical trial approaches to AL



CLSG/GCEL was formed as a non-profit corporation to address these deficiencies...

• The CLSG incorporation documents of 23.10.2019 define the purpose of CLSG/GCEL:

'To improve the diagnosis and treatment of leukemia in Canada, by identifying diagnostic and management best practices, promoting Canada-wide standards-of-care, fostering clinical and basic leukemia research, and improving new drug access.'



CLSG/GCEL Mission Statement-

- We wish to improve the diagnosis and management of leukemia in Canada, by collaboratively identifying and defining diagnostic and management best practices, promoting Canada-wide standards-of-care, fostering clinical and basic leukemia research, and improving new drug access
- We wish to improve leukemia care in Canada by advancing a world-class standard-of care for all Canadians, and by facilitating the ability of leukemia treaters across the country to deliver such optimal quality care in an equitable manner
- We believe that all Canadians are entitled to the same standard of leukemia care, regardless of geography, age, or other circumstance, and that this standard should match or exceed the best in the world

CLSG/GCEL Annual General Meeting Agenda January 24, 2022 5:30 PM EST

- 1. Welcome and Introduction
- 2. Treasurer's Report
- 3. Report from the Board
 - Membership
 - Academic Advisory Group
 - Update on Interest Groups
 - Nursing
 - Pharmacy
 - Hematopathology
 - 2021 Priorities
 - Project Status
 - pCODR/CADTH activities
 - Pharma Sponsor Update
 - 2022 Priorities and Future Projects
- 4. CLSG Board
 - Future Board Members/Elections



2. Treasurer's Report



	INCOME (\$)	EXPENSES (\$)	
Balance (31.10.2020) ¹	114,302		
Accounts Payable (31.10.2020)		381.33	1
Income (01.11.20 - 31.10.21) ²	200,000		2
Expenses (01.11.20 - 31.10.21)			
Advertising ³		3,616.78	3
Contract Labour ⁴		15,855	4
Licenses and Fees ⁵		38,634	5
Office Expense ⁶		723.87	6
Bank Fees		1.5	
Total Expenses		58,831.15	
Net Income	141,168.85		
Polones (21 10 21)	255 470 95		=
Balance (31.10.21)	255,470.85		
Accounts Payable (31.10.21)		814.07	
Total Assets (31.10.21)		254,656.78	

¹earlier 2020 Pharma contributions

²2021 Pharma contributions

³website maintenance and hosting

⁴medical writing

⁵Within3; Zoom

⁶Dropbox; Doodle Poll subscriptions

Astellas \$50,000
 AbbVie \$50,000
 Servier \$25,000
 Amgen \$25,000
 Pfizer \$50,000



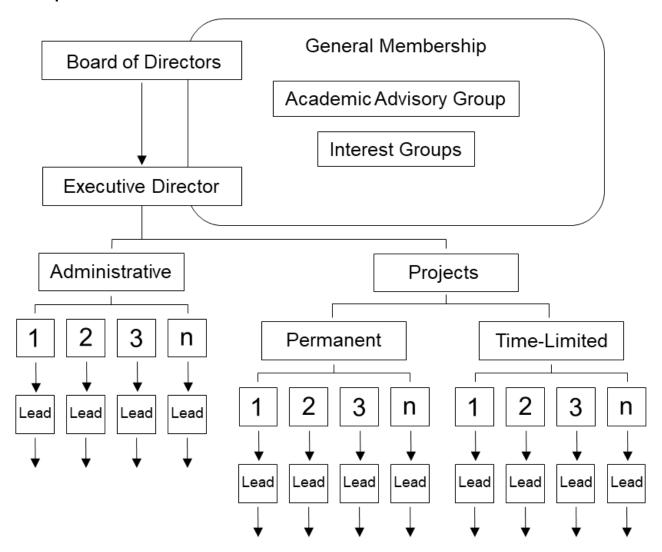
2. Report From the Board



CLSG/GCEL Structure-

- General Membership
- Academic Advisory Group (AAG)
- Interest Groups

- Board of Directors (including four Officers)
- Project Working Groups





Membership:

Allied Health (Pharmacy)	22
Clincal Laboratory	6
Hematology	59
Hematopathology	16
Medical Trainee	2
Nursing(NPs)	20
Oncology	3
Other Physician	1
Research Scientist	3
TOTAL	132



Board Members:

Andre Schuh	Lalit Saini	Kristjan Paulson	Joseph Brandwein	Yasser Abou Mourad
(Toronto)	(London)	(Winnipeg)	(Edmonton)	(Vancouver)
John Storring	Lynn Savoie	Waleed Sabry	Brian Leber	Julie Bergeron
(Montreal)	(Calgary)	(Saskatoon)	(Hamilton)	(Montreal)

Officers of the Board:

Chair: Andre Schuh

Vice-Chair: Julie Bergeron

Secretary: Lynn Savoie

Treasurer: Brian Leber

Executive Director:

Catherine Eustace



Academic Advisory Group (AAG)

David Sanford	Michelle Geddes	Joseph Brandwein	Waleed Sabry	Kristjan Paulson
(Vancouver)	(Calgary)	(Edmonton)	(Saskatoon)	(Winnipeg)
Caroline Hamm	Lalit Saini	Brian Leber	Karen Yee	Lee Mozessohn
(Windsor)	(London)	(Hamilton)	(Toronto)	(Toronto)
TBA	Mitch Sabloff	John Storring	Julie Bergeron	Stéphanie Désilet
(Kingston)	(Ottawa)	(Montreal)	(Montreal)	(Sherbrooke)
Fréderic Barabé	Nicholas Finn	Mahmoud Elsawy	David Jones	
(Laval)	(Moncton)	(Halifax)	(St. John's)	

- represent every university-affiliated, leukemia treating centre, as well as centres not directly university-affiliated
- ensure regional representation
- provide regional perspectives, and define/propose region-specific priorities and initiatives
- help ensure region-specific participation in Project Working Groups and Interest Groups



Academic Advisory Group (AAG)

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Interest Groups:

- subgroups of CLSG/GCEL members with unique discipline-specific perspectives, or with particular interests in specific aspects of leukemia diagnosis, management, or research
- identify discipline- or interest-specific priorities, and propose interest groupspecific inititatives
- participate in Project Working Groups as appropriate



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- participate in Project Working Groups as appropriate

Nursing (Lead, Cindy Murray [Toronto])

Hematopathology (Lead, Phil Berardi [Ottawa])

Pharmacy (Lead, TBA)



2021 Priorities:

We agreed that CLSG/GCEL Project Working Groups should be guided by several over-arching principles:

Working group outputs should...

- advance a pan-Canadian consensus position, that is inclusive with respect to geography, age, financial means, or other demographics etc.
- strive for what is medically optimal, cutting-edge, and forward-looking, rather than focusing on what is currently funded or available; we want to set a very high Canada-wide standard
- be framed to inform regulators and institutions where we should be rather than where we are
- incorporate currently unavailable or unfunded drugs or diagnostics as appropriate, rather than being restricted to what is currently available



2021 Priorities

Seven priorities were identified:

- 1. Treatment of AML in the Elderly
 - update of previous Canadian guidelines from 2017
- 2. Treatment of APL
 - update of previous Canadian guidelines [2014] that predate the approval of ATO
- 3. Pegaspargase use in ALL
 - new recommendations
- 4. Clinical utility of quantitative assessment of *FLT3*-ITD allelic ratio at diagnosis
 - new recommendations
- 5. Treatment of relapsed/refractory ALL
 - new guidelines
- 6. Management of Ph+ ALL
 - new guidelines
- 7. MRD in Ph-ve ALL
 - new guidelines/recommendations



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 - new guidelines
- MRD in Ph-ve ALL
 - new guidelines/recommendations
- 8. Canadian Leukemia Registry



2021 Priorities

Treatment of AML in the Elderly

- update of previous Canadian guidelines from 2017
- Lead- Joe Brandwein
- to be submitted for publication by Spring 2022

2. Treatment of APL

- update of previous Canadian guidelines [2014] that predate the approval of ATO
- Lead- Matt Seftel
- to be submitted before Spring 2022

3. Pegaspargase use in ALL

- new recommendations
- Lead- Andre Schuh
- to be submitted for publication by Spring 2022

4. Clinical utility of quantitative assessment of *FLT3*-ITD allelic ratio at diagnosis

- new recommendations
- Lead- Phil Berardi
- to be submitted before Spring 2022

5. Canadian Leukemia Registry

Lead- Kristjan Paulson



pCODR/CADTH activities:

submitted 5 multi-author reviews/opinions/responses to CADTH

- blinatumomab for MRD+ve B-ALL
- venetoclax + azacitidine for AML
- venetoclax + LDAC for AML
- glasdegib + LDAC for AML
- CPX-351 for AML



Pharma Sponsor Update:

- CLSG/GCEL launch webinar for pharma, October 2020
- update letter to sponsors, June 2021
- annual update webinar for pharma, February 2022



2022 Priorities and Future Projects:

- 1. Treatment of relapsed/refractory ALL
 - new guidelines
- 2. Management of Ph+ ALL
 - new guidelines
- 3. MRD in Ph-ve ALL
 - new guidelines/recommendations
- 4. MRD in AML
 - new guidelines/recommendations
- 5. Suggestions from AAG or interest groups...



4. CLSG/GCEL Board:

- current board membership and officers will remain in place for 2022
- plan to start adding new board membership this year
 - AAG representation
 - o interest group representation?
 - nominations and elections...
 - process currently in discussion



Thank You!

Questions?

Comments?







