

**Canadian Leukemia Study Group (CLSG)/
Groupe Canadien d'Étude sur la Leucémie (GCEL)**

A. Why CLSG/GCEL?

Across Canada the treatment of acute leukemia (AL) is very heterogeneous

- Across Canada, identical patients with the same acute leukemia (AL) diagnosis may be managed very differently based on their location, with geographic differences in eligibility for assessment and treatment based on age, and geographic differences in philosophies of care, patient diagnostic assessment and work-up, treatment, and follow-up
- Across Canada, age remains an issue in access to AL treatment. Specifically, there exist significant age-dependent differences in access to induction chemotherapy and to alloSCT
- Across Canada, there exist discrepancies in the spectrum of diagnostic testing available for AL, in the TAT for available testing, and in the age-equity of testing. This deficiency extends to post-remission, and ongoing MRD testing, which remains inadequate across Canada
- Across Canada, there exist differences in access to new (and to old) drugs, for both intensive and non-intensive AL treatment, whether via provincial reimbursement, clinical trials, or alternative access programs
- In some areas, even the most sophisticated Canadian centres lag behind what is happening elsewhere in the world

Acute leukemia numbers continue to increase, especially in the elderly

- With the aging Canadian population, we will all be seeing more adult AML and ALL, but based on current demographics, birth rates, and inter-province migration, some provinces and territories will see more acute leukemia per capita than do others
- With improved treatments for MDS, MPNs, and other malignancies, there will be more secondary and therapy-related ALs

- With ongoing improvements in our ability to treat AL in older patients, and to perform allogeneic hematopoietic stem cell transplantation in progressively older patients, taken together with the arrival of new 'non-intensive' drugs that are particularly suited for older patients, we will be treating increasing proportions of older patients
- As treatment practices are particularly discordant across Canada in the older patients with AL, it is a concern that the changing demographics of acute leukemia may further exacerbate cross-country differences in acute leukemia care.

Globally, there has been no unified Canadian AL group

- While other jurisdictions have boasted centralized AL study and treatment groups for decades, and as a result have developed common philosophies and high standards of care, as well as standard-changing clinical trial outputs, such initiatives have been lacking in Canada.

The CLSG/GCEL view...

- Regardless, of where in Canada you develop acute leukemia, and regardless of your age, you should receive the same high standard of AL care, and this standard should be consistent with what is considered a superior SOC worldwide...

What do we need?

- 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 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.'

The CLSG/GCEL mission statement combines several interrelated goals –

- 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

B. CLSG/GCEL structure and governance

After years repeated discussions, a group of Canadian leukemia-treating Hematologists (see Founding Board of Directors below) met in Vancouver on 22.09.2019 and agreed in principle to form the CLSG/GCEL as a not-for-profit corporation.

A Certificate of Incorporation (corporation # 1169662-9) under the *Canada Not-for-profit Corporations Act* was issued on 23.10.2019.

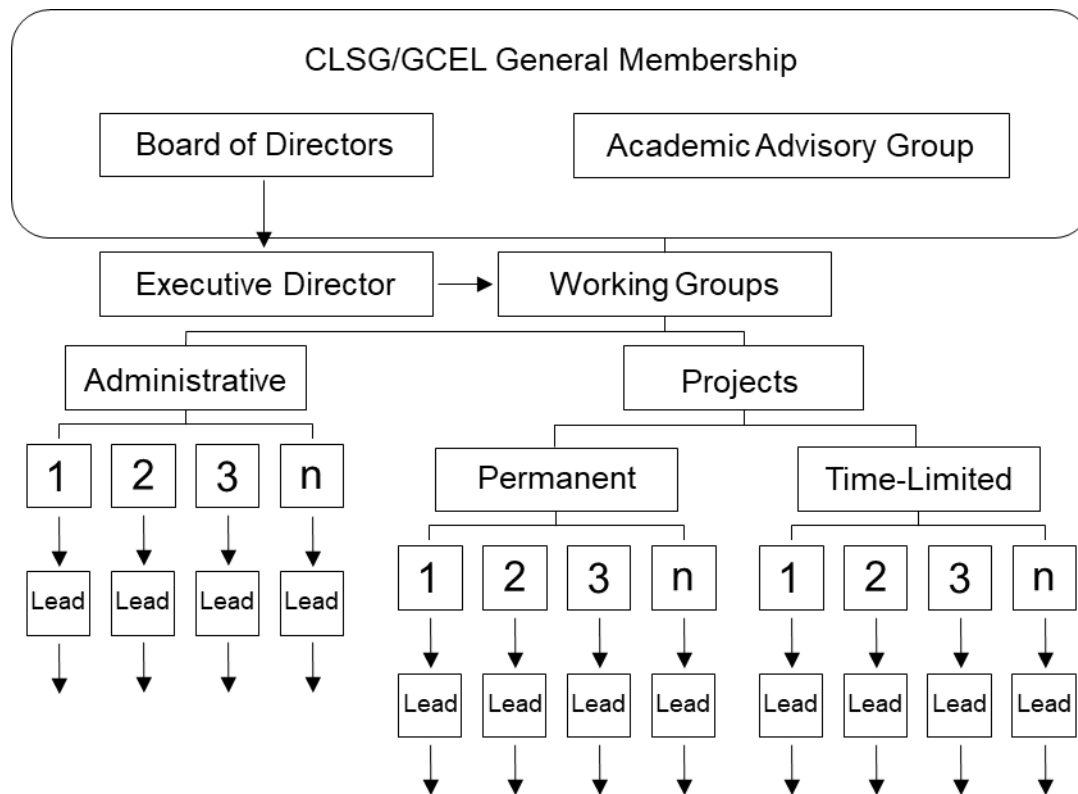
At a subsequent meeting in Orlando on 06.12.2019, the group agreed on CLSG/GCEL By-Laws (finalized 17.12.2019), as well as on CLSG/GCEL membership and governance structure.

It was agreed that the corporation would have a three-tier structure consisting of a Board of Directors which would include four Officers (see below), an Academic Advisory Group (representing cross-country Medical Schools as well as AL programs not affiliated with a

Medical School), and a larger General Membership pool. CLSG/GCEL would establish a number of permanent and time-limited working groups, staffed by members from all tiers of membership. The composition of the governing groups and of the working groups would evolve iteratively over time with input and recruitment from the General Membership. Rules governing this process are found in the By-Laws.

CLSG/GCEL will also identify an Executive Director with administrative and business responsibilities.

The three-tier structure of CLSG/GCEL is shown schematically as follows:



C. CLSG/GCEL Board and Advisory Group Composition^a

^aas of 01.06.2020

CLSG/GCEL Founding Board of Directors^{b,c}:

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

^bsubsequent board members will be elected, and their terms of office will be defined, as in sections 26 and 27 of the CLSG/GCEL bylaws

CLSG/GCEL Founding Officers^{d,e,f}:

Chair of the Board:	Andre Schuh	(Founding term ^{c,d,e} , 2 years)
Vice-Chair of the Board:	Julie Bergeron	(Founding term ^{c,d,e} , 2 years)
Secretary:	Lynn Savoie	(Founding term ^{c,e} , 3 years)
Treasurer:	Brian Leber	(Founding term ^{c,e} , 3 years)

^dpotentially renewable, but if 'Chair of Board' position is not renewed, then 'Vice-Chair of the Board' becomes the next 'Chair of the Board'.

^esubsequent officers will be elected, and their terms of office will be defined, as in sections 26 and 27 of the CLSG/GCEL bylaws

^fretired officers may agree to continue to assist in an 'emeritus' role

CLSG/GCEL Academic Advisory Group^c:

David Sanford (Vancouver)	Michelle Geddes (Calgary)	Waleed Sabry (Saskatoon)	Kristjan Paulson (Winnipeg)	Caroline Hamm (Windsor)
Lalit Saini (London)	Brian Leber (Hamilton)	Karen Yee (Toronto)	Lee Mozessohn (Toronto)	Guillaume Carpentier (Kingston)
Mitch Sabloff (Ottawa)	John Storrington (Montreal)	Julie Bergeron (Montreal)	Stéphanie Désilet (Sherbrooke)	Frédéric Barabé (Laval)
Nick Finn (Moncton)	Mahmoud Elsayy (Halifax)	David Jones (St. John's)		

^cthe Academic Advisory Group, taken together with the Board of Directors, will ensure cross-country representation