

Protocol of the first meeting of the European Research Initiative on CLL (ERIC)

21 June 2001 in Frankfurt, Germany

Participants:

See list attached.

1. Welcome

Dr. Binet welcomed the attendees. All participants introduced themselves during the first minutes of the meeting.

2. Mission of the ERIC

Drs. Dighiero and Hallek explained the two potential basic missions of the ERIC:

Clinical projects:

On the level of clinical protocols, a European group could and should cooperate on rare diseases (e.g. T-PLL) or rare clinical situations, where large patient series are difficult to recruit at a national level. Moreover, information on (national) clinical protocols should be communicated even at a planning stage to avoid overlapping or redundant studies. At the moment, there are many more open questions and new drugs available in the treatment of CLL than functioning study groups or active protocols. To achieve faster progress for our patients, open communication between all study groups is a key element.

Research on the biology of CLL (and related diseases):

A concerted effort of European groups could create the critical mass to advance faster in our understanding of the pathogenesis of this frequent leukaemia. In the US, a research consortium seems to have increasing impact on this behalf. In single European countries, the density of groups working in this field is not high enough to create competitive critical mass. It would be important to collect biological material (DNA, cells, serum...) in a standardized way and to make it available to basic researchers in Europe.

3. Discussion

During the discussion, the proposal to create a European initiative such as ERIC was uniformly welcomed by all participants. The following specific proposals were made:

- The major European study groups should communicate their protocols as outlined above (internet).
- Points of common interest should be identified.
- A European project on prognostic factors in CLL could be started.
- Any research project should identify groups of high chances for success (e.g. for an application for a BIOMED program).
- Store biological samples with standardized procedures.
- The ERIC should act within the EHA.
- Two groups working in the two most relevant areas of basic research should be formed, one on the "biology of CLL in the post genomic era", one on "immunotherapy/immunopathology of CLL".
- Another topic of interest could be familial CLL.
- A group of experienced pathologists should be invited.

4. Decisions and action items

4.1. It was formally decided to start the ERIC.

4.2. No formal decision on the structure of the ERIC was taken. It was decided that Drs. Dighiero and Hallek would help starting the initiative and would hand it over to an official chairman (or board) to be elected as soon as the initiative is off the ground.

4.3. The group should meet again at the EHA meeting in 2002 in Florence.

4.4. The two research groups should meet and start to propose a common program. The "biology" group will be coordinated for the moment by Dr. Ajchenbaum-Cymbalista (Paris). No coordinator of the "immunotherapy" group was nominated (proposals are highly welcome).

The session was closed after 1,5 hours of very constructive and friendly discussion.

For the protocol: Michael Hallek