

# **Start Symposium of the „European LeukemiaNet“, Heidelberg, 27.01.2004**

## **WP7 (CLL)/ERIC-Meeting**

### **Participants:**

Michael Hallek, Ute Queiser, Marek Kasznicki, Eva Kimby, Estella Matutes, Ulrich Jäger, Hartmut Döhner, Michael Kneba, Clemens Wendtner, Anita Waldmann, Axel Benner, Uta Oelschlägel, Brigitte Mohr, Frederico Caligaris-Cappio.

### **TOP1: ERIC meeting Stresa and ERIC/WP7 management structures**

Michael Hallek summarizes results of the discussion at the last ERIC meeting in Stresa (IWCLL, 09.10.03). The board of ERIC will be elected for a 2-year term by all members of ERIC. The new president approved by the assembly on 12.10.03 is D. Catovsky. President-elect, Secretary and Treasurer still have to be elected. The ERIC will be divided in two subcommittees, one on clinical research (chair: M. Hallek) and one on basic and translational research (chair: F. Stevenson and R. Küppers). It was decided that the ERIC funding should be used to establish the structures of ERIC and of a European Research Consortium on subcommittees. It was emphasized that such a proposal for the ERCC would require an efficient coordinator, who needs to be determined. It was also pointed out that the selection on projects for the ERCC grant application should be based on quality alone. Finally, it was recommended that the ERIC and its subcommittees should focus on a few projects with high chances of success. Michael Hallek suggested Clemens Wendtner for secretary of ERIC. This proposal was approved by the assembly. ERIC activities can now be performed within the European LeukemiaNet which is coordinated by Rüdiger Hehlmann, Mannheim, on behalf of the EU to create network structures for leukemia research in Europe. The deliverables for ERIC are summarized in the Work Package 7 (WP7).

### **TOP2: Activities within WP7**

Michael Kneba reports on European efforts to standardize the monitoring of molecular responses in CLL (see WP 7.7). The relevance of RT-PCR based on ASO primers is stressed in contrast to less sensitive and specific consensus primer (CDR III) PCR, usually used by most U.S. centers. During the ERIC meeting in Stresa a task force on MRD with participation of P. Hillmen, A. Rawstron and other researchers from England, Spain, Sweden was founded, during ASH in San Diego this group met again. A common protocol on PCR- and 4-colour-flow cytometry based MRD evaluation will be delivered by this group for WP7. This includes also distribution of primers among participants.

Stephan Stilgenbauer summarized the importance of genetic subtyping in CLL. It is important to define conditions for preanalytic processing of samples, this has to be defined by SOPs. Another SOP will be written for FISH analysis. Collection of p53 positive cases, as already proposed by D. Oscier during the Stresa meeting, is another future goal. With respect to clinical activities (see WP 7.8), Clemens Wendtner presented planned activities of the German CLL Study Group on the treatment of early stage, high risk CLL patients with FCR. This is a joint effort of the GCLLSG, the FCLLSG and the Dutch HOVON group. The protocol which stratifies CLL patients according to VH mutational status, cytogenetics, sTK levels and LDT, will be activated during the next months. Based on the promising results of a phase I protocol with fludarabine plus alemtuzumab (FluCam) in relapsed CLL patients (see WP 7.11), future activities with this regimen were discussed. There were doubts whether the

CAM314 (F vs. FluCam) protocol should be a European activity since diagnostic sampling is controlled by the industrial sponsor. Eva Kimby reported on a planned phase III study for relapsed CLL patients in Sweden including a randomization with FluCam, this could be an alternative European joint study protocol.

### **TOP3: Cooperation with other WPs and EU CLL Research Consortium**

One important cooperation within the LeukemiaNet is with WP13 (gene profiling), here Uli Jäger, Hartmut Döhner and Stephan Stilgenbauer will take special efforts. Gene profiling should be part of clinical protocols, although samples have to be well defined. There was consensus, that rare subgroups, i.e. familial CLL, B-PLL, immunocytomas and others would be of special interest. Also ZAP-70 outliers should be analysed in a controlled fashion. In this context it was discussed that common protocols for immunophenotyping (ZAP-70, CD38) have to be established within ERIC. Furthermore, cell banking within trials should be harmonized and researchers within ERIC should get access after a standardized procedure already worked out by Uli Jäger for the GCLLSG.

### **TOP 4: Next Meeting**

2<sup>nd</sup> Scientific Workshop of ERIC during the Annual Meeting of the EHA in Geneva, Switzerland, 10-13 June 2004; a preliminary programme will be distributed among ERIC members during the next weeks.

Cologne, March 5, 2004

Michael Hallek

Clemens Wendtner