SIXTH FRAMEWORK PROGRAMME
LSH-2002-2.2.0-3
Life Sciences, genomics and biotechnology for health
(LifeSciHealth)

NETWORK OF EXCELLENCE

Updated joint programme of activities
for the seventh period
(month 79-86; January 2010-February 2011)

Project acronym:	**European LeukemiaNet**
Project full title:	**Strengthen and develop scientific and technological excellence in research and therapy of leukemia (CML, AML, ALL, CLL, MDS, CMPD) by integration of the leading national leukemia networks and their interdisciplinary partner groups in Europe**
Proposal/Contract no.:	**503216**
Date of preparation of Annex I:	**23/06/2004**
Date of preparation of this document:	**24/03/2010**
Start date of contract:	**01/01/2004**

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INTRODUCTION

This updated joint progamme of activities includes section 9.4 through 9.6 of Annex I (Workpackage-list, list of deliverables, WP-description) for the seventh period of the project (months 79-86 and a comment to the financial plan. Section 9.1 through 9.3 remain essentially unchanged from the original Annex I. To ensure that each participating institution and scientist could find their names, this document includes an updated list of scientists and an updated list of participants as well. Fourteen new participants were integrated as new members of the European LeukemiaNet in 2010:

1. Russian Research Institute of Hematology and Transfusiology, St. Petersburg, Russian Federation, Prof. K. Abdulkadyrov (WP 4)
2. Haematology and Oncology Clinic, Tartu University Hospital, Tartu, Estonia, Prof. H. Everaus (WP 4)
3. SA Pohja-Eesti Regionaalhaigla (foundation North Estonia Medical Centre), Tallinn, Estonia, Dr. E. Laane (WP 4)
4. State Institution "Institute of Blood Pathology and Transfusion Medicine of UAMS", Lviv, Ukraine, Prof. Z. Maslyak (WP 4)
5. Hellenic Society of Haematology, Athens, Greece, Prof. P. Panayiotidis (WP 4)
6. Universitätsklinikum Jena, Jena, Germany, Prof. A. Hochhaus (WP 4)
7. Centre Hospitalier Universitaire de Nantes, Nantes, France, Dr. S. Hermouet (WP 9)
8. Stockholm South Hospital, Stockholm, Sweden, Dr. J. Samuelsson (WP9)
9. TYKSLAB at Tyks-Sapa utility unit of Hospital District of Southwestern Finland, Turku, Finland, Dr. V. Kairisto (WP12)
10. Universitätsklinikum Aachen, Aachen, Germany, Prof. T. Brümmendorf (WP4)
11. Université de Liège, Liège, Belgium, Prof. V. Bours (WP11)
12. Rostov State Medical University, Rostov-on-Don, Russian Federation, Prof. S. Kutsev (WP4)
13. Hospices Civils Ce Lyon, Lyon, France, Dr. F. Nicolini (WP4)
14. University of Copenhagen, Roskilde, Denmark, Prof. H. Hasselbalch (WP9)

The European LeukemiaNet consists of to date 175 participants from 33 European countries.
All deliverables of the previous periods with a due date within month 86 and delayed deliverables are listed again in the new list of deliverables. The updated workpackage descriptions give a brief overview on the continued activities into the seventh period. The project period of the ELN was extended to February 2011 without additional financial resources. Therefore newly defined deliverables and person months are minimal. Activities will mainly focus around the management center, to further foster activities to support the sustainability of the already established ELN structure. This is specified by the establishment of an ELN Foundation. Continued and additional project deliverables result from the the late start of the ELN project. The ELN considers a prolongation as

necessary to accomplish the goals stated in the contract between the EU and the ELN. In addition, to ensure the scientific exchange within the extended period, WP meetings and the annual ELN Symposium will continue to take place.

LIST OF PARTICIPANTS AND ASSOCIATED SCIENTISTS

1.1 List of participants

Particip. Role	Partic. Number (n=147)	Participant Name	Participant short name	Country	Date enter project	Date exit project
NMC (WP 1)						
Coordinator	1	Ruprecht-Karls-Universität Heidelberg	UHEI	Germany	1	86
ELIC (WP 2)						
LP	2	Universitätsklinikum Frankfurt	UKF	Germany	1	86
P	3	Universitá Cattolica del Sacro Cuore	UCSC	Italy	1	86
P	4	Deutsche Leukämie und Lymphom-Hilfe e.V.	DLH	Germany	1	86
CICS (WP 3)						
LP	5	Ludwig-Maximilians-Universität München	LMU	Germany	1	86
P	6	Medizinische Universität Graz	MUG	Austria	1	86
P	121	Megapharm GmbH	MGP	Germany	1	86
CML (WP4)						
LP	1	Ruprecht-Karls-Universität Heidelberg	UHEI	Germany	1	86
LP	7	Uppsala Universitet	UU	Sweden	1	86
LP	8	Universitá di Bologna- Unita Complessa di Istituti di Cardiologia ed Ematologia	UCCE	Italy	1	86
LP	9	Université de Poitiers	UNPO	France	1	86
LP	176	Universitätsklinikum Jena	UKJ	Germany	73	86
P	5	Ludwig-Maximilians-Universität München	LMU	Germany	1	86
P	10	Katholieke Universiteit Leuven	KUL	Belgium	1	86
P	12	Hospital Clinic Provincial de Barcelona	HCPB	Spain	1	86
P	13	Fundeni Clinical Institute	FCI	Romania	1	86
P	14	Erasmus University Medical Center Rotterdam	EMCR	Netherlands	1	86
P	15	Johannes Gutenberg-Universität Mainz	JOGU	Germany	1	86
P	16	Imperial College London	ICSMT	UK	1	86
P	17	University of Basel/University Hospitals	UNIBAS	Switzerland	1	86
P	18	Ankara University	AUMS	Turkey	1	86
P	19	Medical University of Gdansk	AMG	Poland	1	86
P	21	Fakultni nemocnice Brno	FNB	Czech Republic	1	86
P	22	Aarhus University Hospital	AUH	Denmark	1	86
P	23	University of Newcastle upon Tyne	UNEW	UK	1	86
P	24	National University of Ireland, Galway	NUI	Ireland	1	86
P	25	Université Victor Segalen Bordeaux 2	UVSB	France	1	86
P	26	Helsinki University Central Hospital	HUCH	Finland	1	86
P	27	Universitá degli Studi di Torino	UNITO	Italy	1	86
P	28	Jagiellonian University, Medical College	JUMC	Poland	1	86
P	29	Hospital Universitario de la Princesa	HUP	Spain	1	86
P	30	Klinikum Kreuzschwestern Wels GmbH	KKGW	Austria	1	86
P	31	University of Bern	UBERN	Switzerland	1	86

P	35	Universitá degli Studi di Roma Tor Vergata	UTV	Italy	1	86
P	47	Universität Leipzig	ULZ	Germany	37	86
P	48	VU Academic Medical Center	VUMC	The Netherlands	37	86
P	50	National Research Center for Hematology	NRSH	Russia	24	86
P	56	Assistance Publique - Hôpitaux de Paris	APHP	France	1	86
P	59	University Hospital Center, Rebro, Zagreb	UHCR	Croatia	55	86
P	63	HS Rigshospitalet	HSR	Denmark	55	86
P	78	University of Southampton	SOTON	UK	1	86
P	79	Azienda Ospedaliera Ospedale San Martino	OSM	Italy	1	86
P	93	Lunds Universitet	ULUND	Sweden	55	86
P	101	CEINGE Biotecnologie avanzate s.c.a.r.l.	CEINGE	Italy	1	86
P	114	Hebrew University of Jerusalem	HUJI	Israel	1	86
P	118	Technische Universität München	TUM	Germany	1	86
P	119	Universitätsklinikum Hamburg-Eppendorf	UKE	Germany	1	86
P	122	Innsbruck Medical University	IMU	Austria	1	86
P	126	St. István and St. László Hospital of Budapest – St. Lászlò Campus	ILHB	Hungary	25	86
P	129	Ustav hematologie a krevni transfuze	UHKT	Czech Republic	25	86
P	132	Università degli Studi di Milano – Bicocca	UNIMIB	Italy	25	86
P	133	Medical Faculty of University Palacký in Olomouc	MFUPO	Czech Republic	25	86
P	136	St. Petersburg State Pavlov Medical University	SPMU	Russia	37	86
P	137	Federal State Institution Centre for Heart, Blood and Endocrinology named after V. A. Almazov	CHBE	Russia	37	86
P	140	Masarykova univerzita	MU Brno	Czech Republic	37	86
P	142	The University of Liverpool	ULIV	UK	49	86
P	144	Universitatea de Medicina si Farmacie “Carol Davila” Bucuresti	UMCD	Romania	49	86
P	146	Vilnius University Hospital Santariskiu Clinics	VUH	Lithuania	49	86
P	147	State Institution of Healthcare”Regional Children’s Hospital # 1”	ODKB 1	Russia	55	86
P	150	Institute of Hematology Clinical Center of Serbia	CCS	Serbia	49	86
P	152	Norwegian University of Science and Technology	NTNU	Norway	49	86
P	155	Karaiskakio Foundation	KFCY	Cyprus	49	86
P	157	Riga Eastern Clinical University Hospital, clinic Linezers, National Haematolog Centre	NCH	Latvia	61	86
P	158	Instituto Portugues de Oncologia Francisco Gentil de Lisboa	IPOFG	Portugal	61	86
P	161	Antwerp University Hospital (Universitair Ziekenhuis Antwerpen)	UZA	Belgium	61	86
P	163	University of Crete, Medical School	UOC	Greece	61	86
P	164	Fakultní nemocnice Hradec Králové	FNHK	Czech Republic	61	86
P	166	SI”Research Centre for Radiation Medicine of AMS of Ukraine”	RCRM	Ukraine	61	86
P	167	University Medical Centre Ljubljana	UKC	Slovenia	61	86
P	168	Fakultná nemocnica s poliklinikou Bratislava	FNP	Slovak Republic	61	86
P	171	Russian Research Institute of Hematology and Transfusiology	RRIHT	Russia	73	86

P	172	Haematology and Oncology Clinic, Tartu University Hospital	TUH	Estonia	73	86
P	173	SA Pohja-Eesti Regionaalhaigla (foundation North Estonia Medical Centre)	NEMC	Estonia	73	86
P	174	State Institution "Institute of Blood Pathology and Transfusion Medicine of UAMS"	SI IBPTM	Ukraine	73	86
P	175	Hellenic Society of Haematology	HSH	Greece	73	86
P	180	Universitätsklinikum Aachen	UKA	Germany	73	86
P	182	Rostov State Medical University	RSMU	Russia	73	86
P	183	Hospices Civils Ce Lyon	HCL	France	73	86

AML (WP 5)

LP	32	Universitätsklinikum Münster	UKM	Germany	1	86
LP	34	Fundación Hospital Universitario “La Fe”	LAFE	Spain	1	86
LP	48	VU Academic Medical Center	VUMC	Netherlands	1	86
P	1	Ruprecht-Karls-Universität Heidelberg	UHEI	Germany	1	86
P	2	Universitätsklinikum Frankfurt	UKF	Germany	1	86
P	5	Ludwig-Maximilians-Universität München	LMU	Germany	1	86
P	10	Katholieke Universiteit Leuven	KUL	Belgium	1	86
P	14	Erasmus University Medical Center Rotterdam	EMCR	Netherlands	1	86
P	17	University of Basel/University Hospitals	UNIBAS	Switzerland	55	86
P	21	Fakultni nemocnice Brno	FNB	Czech Republic	55	86
P	22	Aarhus University Hospital	AUH	Denmark	1	86
P	33	Cardiff University	CUW	UK	1	86
P	35	Universitá degli Studi di Roma Tor Vergata	UTV	Italy	1	86
P	36	Karolinska Institutet	KI	Sweden	1	86
P	37	Stichting Katholieke Universiteit, University Medical Center Nijmegen	UMCN	Netherlands	1	86
P	38	Universität Ulm	UULM	Germany	1	86
P	39	Technische Universität Dresden	TUD	Germany	1	86
P	40	Hopital Avicenne (CHU Paris 13)	HOA	France	1	86
P	41	Medizinische Hochschule Hannover	MHH	Germany	1	86
P	43	Medical University of Silesia, Kattowice	SLAM	Poland	1	86
P	45	Medizinische Universität Wien	MUW	Austria	1	86
P	46	Dipartimento di Biotecnologie Cellulari ed Ematologia, Università degli Studi di Roma “La Sapienza”	DBCLS	Italy	1	86
P	47	Universität Leipzig	ULZ	Germany	1	86
P	49	Fund for Medical Research Development of Infrastructure and Health Services, Rambam Medical Center	FMRR	Israel	1	86
P	50	National Research Center for Hematology	NRSH	Russia	1	86
P	51	Institut de Recerca de l´Hospital de la Santa Creu i Sant Pau	IRSC	Spain	1	86
P	52	Leiden University Medical Center	LUMC	Netherlands	1	86
P	53	Université Pierre et Marie Curie 6	UPMC	France	1	86
P	56	Association Publique-Hôpitaux de Paris	APHP	France	1	86
P	65	Institute of Cancer Research	ICR	UK	1	86
P	74	Heinrich-Heine-Universität Düsseldorf, Universitätsklinikum	UKD	Germany	1	86
P	75	King’s College London	KCL	UK	1	86
P	83	Universitätsklinikum Freiburg	UHF	Germany	1	86
P	111	Eberhard-Karls Universität Tübingen	EKUT	Germany	1	86

P	133	Medical Faculty of University Palacký in Olomouc	MFUPO	Czech Republic	25	86
P	143	The University of Birmingham	UBIR	UK	55	86
P	156	SymbioTec GmbH	SBT	Germany	61	86

ALL (WP 6)

LP	2	Universitätsklinikum Frankfurt	UKF	Germany	1	86
LP	46	Dipartimento di Biotecnologie Cellulari ed Ematologia, Università degli Studi di Roma "La Sapienza"	DBCLS	Italy	1	86
LP	52	Leiden University Medical Center	LUMC	Netherlands	1	86
LP	54	Azienda Ospedaliera-Ospedali Riuniti di Bergamo	OORB	Italy	1	86
LP	56	Association Publique-Hôpitaux de Paris	APHP	France	1	86
LP	70	Insitut Català d'Oncologia-Hospital Universitari Germans Trias i Pujol	ICOH	Spain	1	86
P	7	Uppsala Universitet	UU	Sweden	1	86
P	8	Universitá di Bologna- Unita Complessa di Istituti di Cardiologia ed Ematologia	UCCE	Italy	1	86
P	13	Fundeni Clinical Institute	FCI	Romania	1	86
P	14	Erasmus University Medical Center Rotterdam	EMCR	Netherlands	1	86
P	21	Fakultni nemocnice Brno	FNB	Czech Republic	1	86
P	43	Medical University of Silesia, Kattowice	SLAM	Poland	1	86
P	45	Medizinische Universität Wien	MUW	Austria	1	86
P	50	National Research Center for Hematology	NRSH	Russia	55	86
P	58	Centre Hospitalier Universitaire d´Angers	CHUA	France	1	86
P	59	University Hospital Center, Rebro, Zagreb	UHCR	Croatia	1	86
P	60	The Maria Sklodowska-Curie Memorial Cancer Center Institute of Oncol.	MSCM	Poland	1	86
P	117	University College London	UCL	UK	1	86
P	160	University Hospitals Bristol NHS Foundation Trust	UHBristol	UK	61	86

CLL (WP 7)

LP	38	Universität Ulm	UULM	Germany	1	86
LP	61	Institut Pasteur	IP	France	1	86
LP	62	Universität Köln	KUK	Germany	1	86
P	1	Ruprecht-Karls-Universität Heidelberg	UHEI	Germany	1	86
P	2	Universitätsklinikum Frankfurt	UKF	Germany	1	86
P	3	Università Cattolica del Sacro Cuore	UCSC	Italy	1	86
P	5	Ludwig-Maximilians-Universität München	LMU	Germany	1	86
P	7	Uppsala Universitet	UU	Sweden	1	86
P	8	Universitá di Bologna- Unita Complessa di Istituti di Cardiologia ed Ematologia	UCCE	Italy	25	86
P	10	Katholieke Universiteit Leuven	KUL	Belgium	37	86
P	12	Hospital Clinic Provincial de Barcelona	HCPB	Spain	1	86
P	13	Fundeni Clinical Institute	FCI	Romania	37	86
P	14	Erasmus University Medical Center Rotterdam	EMCR	Netherlands	37	86
P	21	Fakultni nemocnice Brno	FNB	Czech Republic	37	86
P	24	National University of Ireland, Galway	NUI	Ireland	65	86
P	25	Université Victor Segalen Bordeaux 2	UVSB	France	65	86
P	28	Jagiellonian University, Medical College	JUMC	Poland	65	86
P	33	Cardiff University	CUW	UK	37	86

P	36	Karolinska Institutet	KI	Sweden	1	86
P	39	Technische Universität Dresden	TUD	Germany	37	86
P	40	Hopital Avicenne (CHU Paris 13)	HOA	France	1	86
P	44	Les Hospices – CHUV	CHUV	Switzerland	37	86
P	45	Medizinische Universität Wien	MUW	Austria	1	86
P	46	Dipartimento di Biotecnologie Cellulari ed Ematologia, Università degli Studi di Roma "La Sapienza"	DBCLS	Italy	1	86
P	47	Universität Leipzig	ULZ	Germany	37	86
P	56	Association Publique-Hôpitaux de Paris	APHP	France	25	86
P	63	HS Rigshospitalet	HSR	Denmark	1	86
P	64	Universitá Vita-Salute San Raffaele	UVSR	Italy	1	86
P	65	Institute of Cancer Research	ICR	UK	1	86
P	66	Royal Bournemouth and Christchurch Hospital NHS Trust	RBH	UK	1	86
P	67	Uniwersytet Medyczny w Lodzi	UMWL	Poland	1	86
P	68	Centre Hospitalier Universitaire de Caen	CHUC	France	1	86
P	69	Academisch Ziekenhuis bij de Universiteit van Amsterdam	AZUA	Netherlands	1	86
P	75	King's College London	KCL	UK	72	86
P	77	IRCCS Policlinico S. Matteo	IRCCS	Italy	37	86
P	78	University of Southampton	SOTON	UK	37	86
P	83	Universitätsklinikum Freiburg	UHF	Germany	37	86
P	87	Universidad de Salamanca	USAL	Spain	37	86
P	88	Charité-Universitätsmedizin Berlin	CUB	Germany	1	86
P	93	Lunds Universitet	ULUND	Sweden	37	86
P	95	Queen Mary University of London	QMUL	UK	37	86
P	96	Università degli Studi di Perugia	UDSP	Italy	37	86
P	99	University Hospital Schleswig-Holstein, Campus Kiel	UKSH	Germany	37	86
P	109	Akademia Medyczna w Warstawie, Medical University of Warsaw	AMW	Poland	37	86
P	112	Jules Bordet Institute-Free University of Brussels	JBI	Belgium	37	86
P	130	Universitätsmedizin Göttingen – Georg-August-Universität Göttingen – Stiftung Öffentlichen Rechts	UMG-GOE	Germany	37	86
P	131	University of York	UOY	UK	37	86
P	134	Tel-Aviv Medical Center	TMC	Isreal	61	86
P	137	Federal State Institution Centre for Heart, Blood and Endocrinology named after V. A. Almazov	CHBE	Russia	61	86
P	141	The Queen's University of Belfast	QUB	UK	37	86
P	142	The University of Liverpool	ULIV	UK	37	86
P	146	Vilnius University Hospital Santariskiu Clinics	VUH	Lithuania	61	86
P	158	Instituto Portugues de Oncologia Francisco Gentil de Lisboa	IPOFG	Portugal	61	86
P	162	Institute of Molecular Genetics and Genetic Engineering	IMGGE	Serbia	61	86
P	164	Fakultní nemocnice Hradec Králové	FNHK	Czech Republic	61	86
P	173	SA Pohja-Eesti Regionaalhaigla (foundation North Estonia Medical Centre)	NEMC	Estonia	73	86
P	181	Université de Liège	ULg	Belgium	73	86
P	183	Hospices Civils Ce Lyon	HCL	France	73	86

MDS (WP 8)

LP	37	Stichting Katholieke Universiteit, Univ. Medical Center Nijmegen	UMCN	Netherlands	1	86
P	1	Ruprecht-Karls-Universität Heidelberg	UHEI	Germany	1	86

P	2	Universitätsklinikum Frankfurt	UKF	Germany	37	86
P	10	Katholieke Universiteit Leuven	KUL	Belgium	1	86
P	13	Fundeni Clinical Institute	FCI	Romania	24	86
P	16	Imperial College London	ICSMT	UK	1	86
P	17	University of Basel/University Hospitals	UNIBAS	Switzerland	37	86
P	32	Universitätsklinikum Münster	UKM	Germany	25	86
P	33	Cardiff University	CUW	UK	25	86
P	34	Fundación Hospital Universitario "La Fe"	LAFE	Spain	1	86
P	36	Karolinska Institutet	KI	Sweden	1	86
P	39	Technische Universität Dresden	TUD	Germany	37	86
P	40	Hopital Avicenne (CHU Paris 13)	HOA	France	1	86
P	41	Medizinische Hochschule Hannover	MHH	Germany	1	86
P	46	Dipartimento di Biotecnologie Cellulari ed Ematologia, Università degli Studi di Roma "La Sapienza"	DBCLS	Italy	55	86
P	48	VU Academic Medical Center	VUMC	Netherlands	1	86
P	51	Institut de Recerca de l´Hospital de la Santa Creu i sant Pau	IRSC	Spain	25	86
P	56	Assistance Publique-Hôpitaux de Paris	APHP	France	37	86
P	71	St. Johannes Hospital Duisburg	SJH	Germany	1	86
P	72	Fondazione Collegio Ghislieri	FCG	Italy	1	86
P	74	Heinrich-Heine-Universität Düsseldorf, Universitätsklinikum	UKD	Germany	1	86
P	75	King´s College London	KCL	UK	1	86
P	76	Centre Hospitalier-Regional, Universitaire de Lille	CHUL	France	1	86
P	77	IRCCS Policlinico S. Matteo	IRCCS	Italy	37	86
P	83	Universitätsklinikum Freiburg	UHF	Germany	1	86
P	87	Universidad de Salamanca	USAL	Spain	1	86
P	88	Charité-Universitätsmedizin Berlin	CUB	Germany	1	86
P	93	Lunds Universitet	ULUND	Sweden	1	86
P	98	Universita degli Studi di Pavia	UNIPV	Italy	1	86
P	99	University Hospital Schleswig-Holstein, Campus Kiel	UKSH	Germany	37	86
P	104	Università degli studi di Padova	UNIP	Italy	1	86
P	119	Universitätsklinikum Hamburg-Eppendorf	UKE	Germany	37	86
P	122	Innsbruck Medical University	IMU	Austria	37	86
P	127	MLL Münchner Leukämielabor GmbH	MLL	Germany	37	86
P	129	Ustav hematologie a krevni transfuze	UHKT	Czech Republic	25	86
P	131	University of York	UOY	UK	25	86
P	134	Tel-Aviv Medical Center	TMC	Isreal	37	86

CMPD (WP 9)

LP	54	Azienda Ospedaliera-Ospedali Riuniti di Bergamo	OORB	Italy	1	86
LP	56	Assistance Publique-Hôpitaux de Paris	APHP	France	1	86
LP	77	IRCCS Policlinico S. Matteo	IRCCS	Italy	1	86
LP	83	Universitätsklinikum Freiburg	UHF	Germany	1	86
P	1	Ruprecht-Karls-Universität Heidelberg	UHEI	Germany	1	86
P	7	Uppsala Universitet	UU	Sweden	1	86
P	12	Hospital Clínic i Provincial de Barcelona	HCPB	Spain	1	86
P	38	Universität Ulm	UULM	Germany	1	86
P	41	Medizinische Hochschule Hannover	MHH	Germany	1	86
P	45	Medizinische Universität Wien	MUW	Austria	1	86
P	48	VU Academic Medical Center	VUMC	Netherlands	1	86
P	50	National Research Center for Hematology	NRSH	Russia	61	86

P	62	Universität Köln	KUK	Germany	1	86
P	63	HS Rigshospitalet	HSR	Denmark	55	86
P	79	Azienda Ospedaliera Ospedale San Martino	OSM	Italy	1	86
P	81	Institut National de la Santé et de la Recherche Médicale	INSERM	France	1	86
P	84	University of Sheffield	UOSH	UK	1	86
P	101	CEINGE Biotecnologie avanzate s.c.a.r.l.	CEINGE	Italy	55	86
P	106	Fundación de Investigación del Cáncer de la Universidad de Salamanca	FICUS	Spain	1	86
P	141	The Queen's University of Belfast	QUB	UK	55	86
P	148	University of Florence, Dipartimento di Area Critica Medico-Chirurgica	UOF	Italy	49	86
P	149	Institut Gustave Roussy	IGR	France	49	86
P	159	Johannes Wesling Klinikum Minden	JWKM	Germany	61	86
P	177	Centre Hospitalier Universitaire de Nantes	CHUN	France	73	86
P	178	Stockholm South Hospital	SSH	Sweden	73	86
P	184	University of Copenhagen	UOCO	Denmark	73	86

Diagnostic platform (WP 10)

LP	3	Università Cattolica del Sacro Cuore	UCSC	Italy	37	86
LP	85	Université Henri Poincaré Nancy 1	UHP	France	1	86
P	1	Ruprecht-Karls-Universität Heidelberg	UHEI	Germany	25	86
P	14	Erasmus University Medical Center Rotterdam	EMCR	Netherlands	1	86
P	36	Karolinska Institutet	KI	Sweden	1	86
P	39	Technische Universität Dresden	TUD	Germany	37	86
P	45	Medizinische Universität Wien	MUW	Austria	1	86
P	48	VU Academic Medical Center	VUMC	Netherlands	37	86
P	56	Association Publique-Hôpitaux de Paris	APHP	France	1	86
P	65	Institute of Cancer Research	ICR	UK	1	86
P	68	Centre Hospitalier Universitaire de Caen	CHUC	France	37	86
P	86	St. Marien-Krankenhaus Siegen gem. GmbH	SMKS	Germany	1	86
P	87	Universidad de Salamanca	USAL	Spain	1	86
P	88	Charité-Universitätsmedizin Berlin	CUB	Germany	1	86
P	99	University Hospital Schleswig-Holstein, Campus Kiel	UKSH	Germany	37	86
P	104	Università degli studi di Padova	UNIP	Italy	37	86
P	123	St. Antonius-Hospital Eschweiler	SAHE	Germany	1	86
P	127	MLL Münchner Leukämielabor GmbH	MLL	Germany	37	86
P	128	Westpfalzklinikum Kaiserslautern	WKK	Germany	25	86
P	129	Ustav hematologie a krevni transfuze	UHKT	Czech Republic	37	86
P	132	Università degli Studi di Milano – Bicocca	UNIMIB	Italy	37	86
P	145	Krankenhaus der Barmherzigen Schwestern Linz Betriebs GmbH	BHS	Austria	49	86

Cytogenetics (WP 11)

LP	45	Medizinische Universität Wien	MUW	Austria	1	86
LP	74	Universitätsklinikum Düsseldorf	UKD	Germany	1	86
LP	127	Münchner Leukämie Labor	MLL	Germany	25	86
P	9	Université de Poitiers	UNPO	France	1	86
P	10	Katholieke Universiteit Leuven	KUL	Belgium	1	86
P	14	Erasmus University Medical Center Rotterdam	EMCR	Netherlands	1	86
P	18	Ankara University	AUMS	Turkey	1	86

P	38	Universität Ulm	UULM	Germany	1	86
P	41	Medizinische Hochschule Hannover	MHH	Germany	1	86
P	44	Les Hospices – CHUV	CHUV	Switzerland	1	86
P	51	Institut de Recerca de l'Hospital de la Santa Creu i Sant Pau	IRSC	Spain	1	86
P	63	HS Rigshospitalet	HSR	Denmark	1	86
P	75	King´s College London	KCL	UK	1	86
P	81	Institut National de la Santé et de la Recherche Médicale	INSERM	France	1	86
P	90	Centre Hospitalier Universitaire de Toulouse, Hotel-Dieu Saint Jaques	CHUT	France	1	86
P	91	Children´s Cancer Research Institute	CCRI	Austria	1	86
P	92	Justus-Liebig-Universität, Giessen	JLU	Germany	1	86
P	93	Lunds Universitet	ULUND	Sweden	1	86
P	94	University of Helsinki	UHHI	Finland	1	86
P	95	Queen Mary University of London	QMUL	UK	1	86
P	96	Università degli Studi di Perugia	UDSP	Italy	1	86
P	97	Università degli Studi di Bari	UNIBA	Italy	1	86
P	98	Universita degli Studi di Pavia	UNIPV	Italy	1	86
P	106	Fundación de Investigación del Cáncer de la Universidad de Salamanca	FICUS	Spain	1	86
P	130	Bereich Humanmedizin Georg-August Universität Göttingen	BHUG	Germany	25	86
P	135	National Center for Scientific Research (NCSR) "Demokritos	NCSRD	Greece	37	86
P	153	Ondokuz Mayis University Medical Faculty	OMUTF	Turkey	49	86
P	165	Institut Paoli-Calmettes	IPC	France	61	86
P	181	Université de Liège	ULg	Belgium	73	86

Minimal residual disease (WP 12)

LP	75	King´s College London	KCL	UK	1	86
P	1	Ruprecht-Karls-Universität Heidelberg	UHEI	Germany	1	86
P	7	Uppsala Universitet	UU	Sweden	1	86
P	8	Universitá di Bologna- Unita Complessa di Istituti di Cardiologia ed Ematologia	UCCE	Italy	1	86
P	13	Clinica de Hematologie	FCI	Romania	1	86
P	14	Erasmus University Medical Center Rotterdam	EMCR	Netherlands	1	86
P	22	Aarhus University Hospital	AUH	Denmark	1	86
P	27	Università degli Studi di Torino	UNITO	Italy	1	86
P	28	Jagiellonian University, Medical College	JUMC	Poland	1	86
P	31	University of Bern	UBERN	Switzerland	1	86
P	35	Universitá degli Studi di Roma Tor Vergata	UTV	Italy	1	86
P	37	Stichting Katholieke Universiteit, University Medical Centre Nijmegen	UMCN	Netherlands	1	86
P	39	Technische Universität Dresden	TUD	Germany	1	86
P	48	VU Academic Medical Center	VUMC	Netherlands	1	86
P	50	National Research Center for Hematology	NRSH	Russia	1	86
P	51	Institut de Recerca de l'Hospital de la Santa Creu i Sant Pau	IRSC	Spain	1	86
P	56	Association Publique-Hôpitaux de Paris	APHP	France	1	86
P	76	Centre Hospitalier-Régional, Universitaire de Lille	CHUL	France	1	86
P	78	University of Southampton	UOS	UK	1	86
P	88	Charité-Universitätsmedizin Berlin	CUB	Germany	1	86
P	98	Universita degli Studi di Pavia	UNIPV	Italy	1	86

P	99	University Hospital Schleswig-Holstein, Campus Kiel	UKSH	Germany	1	86
P	100	Odense University Hospital	OUH	Denmark	1	86
P	101	CEINGE Biotecnologie avanzate s.c.a.r.l.	CEINGE	Italy	1	86
P	102	Central Manchester and Manchester Children´s University Hospitals NHS Trust	CMMC	UK	13	86
P	112	Jules Bordet Institute-Free University of Brussels	JBI	Belgium	1	86
P	124	Ipsogen	IPS	France	13	86
P	127	Münchner Leukämie Labor	MLL	Germany	25	86
P	136	St. Petersburg State Pavlov Medical University	SPMU	Russia	37	86
P	138	Belarusian Research Center for Pediatric Oncology and Hematology of Ministry of Health of Belarus	BRCPOH	Belarus	37	86
P	139	Istanbul University	IUT	Turkey	37	86
P	146	Vilnius University Hospital Santariskiu Clinics	VUH	Lithuania	49	86
P	147	State Institution of Healthcare "Regional Children's Hospital # 1	ODKB 1	Russia	49	86
P	151	Université de la Mèditerrannée, Aix Marseille II	Univmed	France	49	86
P	154	LabDia Labordiagnostik GmbH	Labdia	Austria	49	86
P	162	Institute of Molecular Genetics and Genetic Engineering	IMGGE	Serbia	61	86
P	165	Institut Paoli-Calmettes	IPC	France	61	86
P	176	Universitätsklinikum Jena	UKJ	Germany	73	86
P	179	TYKSLAB at Tyks-Sapa utility unit of Hospital District of Southwestern Finland	TYKSLAB	Finland	73	86

Gene profiling (WP 13)

LP	127	Münchner Leukämie Labor	MLL	Germany	25	86
LP	5	Ludwig-Maximilians-Universität München	LMU	Germany	1	86
P	1	Ruprecht-Karls-Universität Heidelberg	UHEI	Germany	1	86
P	2	Universitätsklinikum Frankfurt	UKF	Germany	25	86
P	7	Uppsala Universitet	UU	Sweden	1	86
P	32	Universitätsklinikum Münster	UKM	Germany	25	86
P	33	Cardiff University	CUW	UK	1	86
P	37	Stichting Katholieke Universiteit, Univ. Medical Center Nijmegen	UMCN	Netherlands	1	86
P	38	Universität Ulm	UULM	Germany	1	86
P	41	Medizinische Hochschule Hannover	MHH	Germany	1	86
P	46	Dipartimento di Biotecnologie Cellulari ed Ematologia, Università degli Studi di Roma "La Sapienza"	DBCLS	Italy	1	86
P	61	Institut Pasteur	IP	France	1	86
P	89	Philipps-Universität Marburg	PUM	Germany	1	86
P	93	Lunds Universitet	ULUND	Sweden	1	86
P	103	European Molecular Biology Laboratory	EMBL	UK	1	86
P	104	Università degli Studi di Padova	UNIP	Italy	1	86
P	105	University of Modena and Reggio Emilia	UMRE	Italy	1	86
P	106	Fundación de Investigación del Cancer	FICUS	Spain	1	86
P	141	The Queen's University of Belfast	QUB	UK	37	86

Stem cell transplantation (WP 14)

LP	47	Universität Leipzig	ULZ	Germany	1	86
LP	16	Imperial College London	ICSMT	UK	1	86
LP	17	University of Basel/University Hospitals	UNIBAS	Switzerland	1	86
P	1	Ruprecht-Karls-Universität Heidelberg	UHEI	Germany	1	86
P	5	Ludwig-Maximilians-Universität München	LMU	Germany	1	86
P	7	Uppsala Universitet	UU	Sweden	1	86
P	8	Universitá di Bologna- Unita Complessa di Istituti di Cardiologia ed Ematologia	UCCE	Italy	25	86
P	9	Université de Poitiers	UNPO	France	55	86
P	12	Hospital Clínic i Provincial de Barcelona	HCPB	Spain	1	86
P	14	Erasmus University Medical Center Rotterdam	EMCR	Netherlands	25	86
P	21	Fakultni nemocnice Brno	FNB	Czech Republic	1	86
P	26	Helsinki University Central Hospital	HUCH	Finland	1	86
P	33	Cardiff University	CUW	UK	25	86
P	36	Karolinska Institutet	KI	Sweden	1	86
P	37	Stichting Katholieke Universiteit, University Medical Centre Nijmegen	UMCN	Netherlands	1	86
P	38	Universität Ulm	UULM	Germany	55	86
P	43	Medical University of Silesia, Katowice	SLAM	Poland	1	86
P	45	Medizinische Universität Wien	MUW	Austria	1	86
P	46	Dipartimento di Biotecnologie Cellulari ed Ematologia, Universitá degli Studi di Roma “La Sapienza”	DBCLS	Italy	1	86
P	49	Fund for Medical Research Development of Infrastructure and Health Services, Rambam Medical Center	FMRR	Israel	1	86
P	51	Institut de Recerca de l’Hospital de la Santa Creu i Sant Pau	IRSC	Spain	1	86
P	52	Leiden University Medical Center	LUMC	Netherlands	1	86
P	56	Association Publique-Hôpitaux de Paris	APHP	France	25	86
P	59	University Hospital Center, Rebro, Zagreb	UHCR	Kroatia	1	86
P	79	Genova Ospedale San Martino	GOSM	Italy	1	86
P	107	Göteborg University	GU	Sweden	1	86
P	108	Association pour la Recherche sur les Transplantations Medullaires	ARTM	France	1	86
P	109	Akademia Medyczna w Warszawie, Medical University of Warsaw	AMW	Poland	1	86
P	110	St. Laszlo Hospital	SLH	Hungary	1	86
P	119	Universitätsklinikum Hamburg-Eppendorf	UKE	Germany	25	86
P	125	Bayerische Julius-Maximilians-Universität Würzburg	JMUW	Germany	25	86
P	126	St. István and St. László Hospital of Budapest – St. Lászlò Campus	ILHB	Hungary	25	86
P	143	The University of Birmingham	UBIR	UK	49	86
P	169	University Hospital Regensburg	UHREG	Germany	61	86

Supportive care/anti-infection prophylaxis and treatment (WP 15)

LP	36	Karolinska Institutet	KI	Sweden	1	86
LP	125	Bayerische Julius-Maximilians-Universität Würzburg	JMUW	Germany	13	86
P	1	Ruprecht-Karls-Universität Heidelberg	UHEI	Germany	1	86
P	2	Universitätsklinikum Frankfurt	UKF	Germany	1	86
P	10	Katholieke Universiteit Leuven	KUL	Belgium	1	86
P	15	Johannes Gutenberg-Universität Mainz	JOGU	Germany	1	86

P	17	University of Basel/University Hospitals	UNIBAS	Switzerland	1	86
P	18	Ankara University	AUMS	Turkey	1	86
P	37	Stichting Katholieke Universiteit, University Medical Centre Nijmegen	UMCN	Netherlands	55	86
P	51	Institut de Recerca de l´Hospital de la Santa Creu i sant Pau	IRSC	Spain	1	86
P	54	Azienda Ospedaliera – Ospedali Riuniti di Bergamo	OORB	Italy	37	86
P	56	Association Publique-Hôpitaux de Paris	APHP	France	1	86
P	88	Charité-Universitätsmedizin Berlin	CUB	Germany	1	86
P	115	Azienda Ospedaliera San Camillo-Forlanini	OSCF	Italy	1	86
P	116	University of Genova	UOG	Italy	1	86
P	117	University College London	UCL	UK	1	86
P	125	Bayerische Julius-Maximilians-Universität Würzburg	JMUW	Germany	25	86

Registries, Epidemiology, Metaanalysis, Prognosis (WP 17)

LP	5	Ludwig-Maximilians-Universität München	LMU	Germany	1	86
LP	8	Universitá di Bologna- Unita Complessa di Istituti di Cardiologia ed Ematologia	UCCE	Italy	1	86
P	7	Uppsala Universitet	UU	Sweden	37	86
P	9	Université de Poitiers	UNPO	France	1	86

1.2 List of associated scientists

Scientist Role	Participant number (n=147)	Scientist Name	Scientist short name	Country	Date enter project	Date exit project
NMC (WP 1)						
LP	1	R. Hehlmann	HEH	Germany	1	86
LP	1	S. Saußele*	SAL	Germany	1	86
P	1	P. Schrotz-King*	SK	Germany	37	86
P	1	A. Reiter	REIT	Germany	1	86
P	1	V. Schultz-Coulon*	SCHC	Germany	25	86
P	1	S. Weinreich	WEI	Germany	1	86
P	1	D. Manthey	MANT	Germany	56	86
ELIC (WP 2)						
LP	2	N. Gökbuget*	GOE	Germany	1	86
P	2	S. Schäfer*	SCHAE	Germany	72	86
P	2	K. Ihrig*	IHR	Germany	1	86
P	2	H. Martin	MARH	Germany	1	86
P	3	G. Zini*	ZIN	Italy	1	86
P	4	U. Holtkamp*	HOLT	Germany	1	86
CICS (WP 3)						
LP	5	U. Mansmann	MAN	Germany	34	86
P	5	T. Mueller	MUE	Germany	1	86
P	5	J. Hasford	HAS	Germany	1	86
P	5	A. Fischer*	FIS	Germany	72	86
P	6	A. Berghold*	BERG	Austria	1	86
P	121	M. Ackermann	ACK	Germany	1	86
CML (WP4)						
LP	7	B. Simonsson	SIM	Sweden	1	86
LP	8	M. Baccarani	BAC	Italy	1	86
LP	9	F. Guilhot	GUI	France	1	86
LP	176	A. Hochhaus	HOC	Germany	1	86
LP	1	R. Hehlmann	HEH	Germany	1	86
P	1	S. Saußele*	SA	Germany	1	86
P	1	M. Müller	MUE	Germany	1	86
P	5	J. Hasford	HAS	Germany	1	86
P	5	M. Pfirrmann	PFI	Germany	37	86
P	5	M. Lauseker	LAUS	Germany	49	86
P	5	D. Lindörfer*	LIND	Germany	49	86
P	7	M. Höglund	HOEG	Sweden	49	86
P	7	K. Olsson*	OLS	Sweden	72	86
P	8	G. Rosti	ROS	Italy	1	86
P	8	G. Martinelli	MARG	Italy	25	86
P	9	J. Guilhot*	GUIJ	France	1	86
P	10	M. Boogaerts	BOO	Belgium	1	86
P	10	S. Cremers*	CRE	Belgium	72	86
P	10	G. Verhoef	VER	Belgium	1	86
P	12	F. Cervantes	CER	Spain	1	86
P	13	A. Colita*	COL	Romania	1	86
P	13	N.D. Colita	NCOL	Romania	1	86
P	13	A.D. Moicean*	MOI	Romania	49	86

P	13	A. Lupu*	LUP	Romania	24	86
P	13	M. Closca-Gheorghiu*	CLOS	Romania	49	86
P	13	H. Bumbea	BUM	Romania	24	86
P	14	J.J. Cornelissen	CORN	Netherlands	1	86
P	15	T. Fischer	FIS	Germany	1	86
P	16	J. Apperley*	APP	UK	37	86
P	16	J.M. Goldman	GOL	UK	1	86
P	16	D. Marin	MAR	UK	55	86
P	17	A. Gratwohl	GRA	Switzerland	1	86
P	18	I.C. Haznedaroglu	HAZ	Turkey	1	86
P	19	A. Hellmann	HELL	Poland	1	86
P	19	W. Prejzner	PREJ	Poland	25	86
P	21	J. Mayer	MAY	Czech Republic	1	86
P	21	D. Zácková*	ZAC	Czech Republic	37	86
P	22	J.L. Nielsen	NIE	Denmark	1	86
P	23	S.G. O'Brien	OBR	UK	1	86
P	24	M.E. O'Dwyer	ODW	Ireland	1	86
P	25	F. X. Mahon	MAHO	France	1	86
P	26	K. Porkka	POR	Finland	24	86
P	26	P. Koskenvesa	KOSK	Finland	72	86
P	26	S. Mustjoki*	MUST	Finland	72	86
P	27	G. Saglio	SAG	Italy	1	86
P	28	B. Skotnicki	SKO	Poland	1	86
P	28	T. Sacha	SACH	Poland	1	86
P	28	K. Foryciarz*	FORY	Poland	55	86
P	29	J.-L. Steegmann	STE	Spain	1	86
P	30	J. Thaler	THA	Austria	1	86
P	30	S. Burgstaller*	BURG	Austria	72	86
P	31	A. Tobler	TOBA	Switzerland	1	86
P	31	G. Baerlocher*	BAE	Switzerland	1	86
P	35	E. Abruzzese*	ABRU	Italy	1	86
P	47	T. Lange	LAN	Germany	37	86
P	48	G. Ossenkoppele	OSS	The Netherlands	37	86
P	50	A. Turkina*	TUR	Russia	24	86
P	50	E. Zakharova*	ZAK	Russia	55	86
P	50	E. Chelysheva*	CHE	Russia	55	86
P	56	P. Rousselot	ROUS	France	55	86
P	59	B. Labar	LAB	Croatia	55	86
P	63	O.W. Bjerrum	BJE	Denmark	55	86
P	78	N.C.P. Cross	CRO	UK	1	86
P	79	A.M. Carella	CAR	Italy	37	86
P	93	J. Richter	RICH	Sweden	55	86
P	101	F. Pane	PAN	Italy	1	86
P	114	A. Levitzki	LEV	Israel	1	86
P	114	R. Reuven	REUV	Israel	1	86
P	118	J. Duyster	DUY	Germany	1	86
P	119	W. Fiedler	FIE	Germany	37	86
P	122	H. Zwierzina	ZWI	Austria	1	86
P	122	G. Gastl	GAST	Austria	49	86
P	126	T. Masszi	MAS	Hungary	1	86
P	129	J. Cermak	CER	Czech Republic	25	86
P	129	H. Klamova*	KLA	Czech Republic	55	86
P	132	C. Gambacorti-Passerini	GAP	Italy	25	86
P	133	K. Indrák	IND	Czech Republic	37	86
P	133	E. Faber	FAB	Czech Republic	37	86
P	133	P. Rohon	ROH	Czech Republic	49	86
P	136/137	A. Zaritskey	ZAR	Russia	37	86
P	137	E. Lomaia*	LOMA	Russia	72	86
P	140	L. Dusek	DUS	Czech Republic	37	86

P	140	K. Chroust	CHR	Czech Republic	49	86
P	140	J. Muzik	MUZ	Czech Republic	72	86
P	142	R. Clark	CLA	UK	49	86
P	144	A.-M. Vladareanu*	VLA	Romania	49	86
P	146	L. Griskevicius	GRIS	Lithuania	55	86
P	146	A. Degulys	DEGU	Lithuania	72	86
P	147	G. Tsaur	TSA	Russia	61	86
P	150	B. Mihaljevic*	MIH	Serbia	55	86
P	150	A. Bogdanovic*	BOGD	Serbia	55	86
P	152	H. Hjorth-Hansen	HH	Norway	55	86
P	155	P. Costeas	COS	Cyprus	49	86
P	157	S. Lejniece*	LEJ	Latvia	61	86
P	158	A. Almeida	ALM	Portugal	61	86
P	161	Z. Berneman	ZBER	Belgium	61	86
P	163	M. Kalmanti*	KAL	Greece	61	86
P	164	J. Malý	MAL	Czech Republic	61	86
P	166	I. Dyagil*	DYA	Ukraine	61	86
P	167	P. Cernelc	CERN	Slovenia	61	86
P	167	I. Prelznik Zupan*	ZUP	Slovenia	72	86
P	168	M. Mistrik	MIS	Slovak Republic	61	86
P	171	K. Abdulkadyrov	ABDU	Russia	73	86
P	172	H. Everaus*	EVE	Estonia	73	86
P	173	E. Laane	LAA	Estonia	73	86
P	174	Z. Maslyak*	MASL	Ukraine	73	86
P	174	K. Kotlyarchuk	KOTL	Ukraine	73	86
P	174	L. Lukavetskyy	LUKA	Ukraine	73	86
P	175	P. Panayiotidis	PANA	Greece	73	86
P	176	A. Hochhaus	HOC	Germany	1	86
P	180	T. Brümmendorf	BRUM	Germany	1	86
P	182	S. Kutsev	KUTS	Russia	73	86
P	183	F. Nicolini	NICO	France	73	86

AML (WP 5)

LP	32	T. Büchner	BUE	Germany	1	86
LP	34	M. Sanz	SAN	Spain	1	86
LP	48	G.J. Ossenkoppele	OSS	Netherlands	1	86
P	1	E. Lengfelder*	LEN	Germany	1	86
P	2	H. Serve	SER	Germany	1	86
P	5	J. Hasford	HAS	Germany	1	86
P	5	M. Pfirrmann	PFI	Germany	1	86
P	10	M. Boogaerts	BOO	Belgium	1	86
P	14	B. Löwenberg	LOE	Netherlands	1	86
P	17	A. Gratwohl	GRA	Switzerland	37	86
P	21	Z. Ráčil	RAC	Czech Republic	37	86
P	22	P. Hokland	HOK	Denmark	1	86
P	32	W. Berdel	BERD	Germany	1	86
P	32	J. Kienast	KIE	Germany	25	86
P	32	U. Krug	KRU	Germany	37	86
P	32	W. Köpcke	KÖP	Germany	37	86
P	32	M.C. Sauerland*	SAUE	Germany	37	86
P	32	A. Heinecke	HEI	Germany	25	86
P	32	C. Müller-Tidow	MT	Germany	37	86
P	32	M. Stelljes	STE	Germany	37	86
P	33	A. Burnett	BUR	UK	1	86
P	35	S. Amadori	AMA	Italy	1	86
P	36	M. Björkholm	BJO	Sweden	1	86
P	36	S. Lehmann	LEH	Sweden	37	86
P	37	T. de Witte	DEW	Netherlands	1	86

P	38	H. Döhner	DOE	Germany	1	86
P	38	R. Schlenk	SCHK	Germany	1	86
P	39	G. Ehninger	EHN	Germany	1	86
P	40	P. Fenaux	FEN	France	1	86
P	41	A. Ganser	GAN	Germany	1	86
P	43	J. Holowiecki	HOLO	Poland	1	86
P	45	K. Lechner	LEC	Austria	1	86
P	45	P. Valent	VAL	Austria	1	86
P	46	F. Mandelli	MAN	Italy	1	86
P	47	D. Niederwieser	NIED	Germany	1	86
P	49	J.M. Rowe	ROW	Israel	1	86
P	50	V. Savchenko*	SAV	Russia	1	86
P	51	J. Sierra	SIE	Spain	1	86
P	51	R. Martino	MARR	Spain	37	86
P	52	R. Willemze	WILL	Netherlands	1	86
P	53	J.P. Marie	JPM	France	1	86
P	56	H. Dombret	DOM	France	1	86
P	56	C. Chomienne*	CHO	France	13	86
P	56	P. Ribaud*	RIB	France	1	86
P	65	A. Zelent	ZEL	UK	1	86
P	74	U. Germing	GERM	Germany	1	86
P	75	D. Grimwade	GRI	UK	1	86
P	83	M. Lübbert	LUEB	Germany	1	86
P	111	L. Kanz	DER	Germany	13	86
P	111	C. Driessen	DRI	Germany	13	86
P	133	K. Indrák	IND	Czech Republic	25	86
P	143	K. Wheatley	WHE	UK	55	86
P	156	M. Zeppezauer	ZEP	Germany	61	86

ALL (WP 6)

LP	2	D. Hoelzer	HOE	Germany	1	86
LP	2	N. Gökbuget*	GOE	Germany	1	86
LP	46	R. Foa	FOA	Italy	1	86
LP	52	R. Willemze	WILL	Netherlands	1	86
LP	54	R. Bassan	BAS	Italy	1	86
LP	56	H. Dombret	DOM	France	1	86
LP	70	J.M. Ribera	RIB	Spain	1	86
P	2	O.G. Ottmann	OTT	Germany	1	86
P	2	H. Pfeifer*	PFEI	Germany	49	86
P	7	H. Hallböök*	HALL	Sweden	1	86
P	7	B. Smedmyr	SME	Sweden	37	86
P	8	G. Martinelli	MARG	Italy	25	86
P	8	I. Iaccobucci*	IAC	Italy	49	86
P	13	A. Moicean*	MOI	Romania	25	86
P	14	J.J. Cornelissen	CORN	Netherlands	49	86
P	21	J. Mayer	MAY	Czech Republic	25	86
P	21	M. Doubek	DOU	Czech Republic	25	86
P	43	J. Holowiecki	HOLO	Poland	1	86
P	43	S. Giebel	GIE	Poland	25	86
P	45	U. Jaeger	JAE	Austria	1	86
P	45	A. Hauswirth	HAUS	Austria	72	86
P	46	G. Meloni*	MEL	Italy	1	86
P	46	M. Vignetti	VIG	Italy	37	86
P	50	V. Savchenko*	VSAV	Russia	49	86
P	50	J. Davidyan*	DAVI	Russia	72	86
P	50	E. Parovichnikova*	PARO	Russia	72	86
P	56	P. Rousselot	ROU	France	25	86
P	56	J.P. Vernant	VER	France	25	86

P	58	N. Ifrah	IFR	France	1	86
P	58	M. Hunault*	HUN	France	49	86
P	59	B. Labar	LAB	Croatia	1	86
P	60	O. Ostrowska*	OST	Poland	25	86
P	60	J. Walewski	WAL	Poland	1	86
P	117	A. Fielding*	FIE	UK	25	86
P	160	D. Marks	MARD	UK	49	86

CLL (WP 7)

LP	62	M. Hallek	HAL	Germany	1	86
LP	38	H. Döhner	DOE	Germany	1	86
LP	61	G. Dighiero	DIG	France	1	86
P	1	P. Dreger	DER	Germany	25	86
P	1	T. Nebe	NEBE	Germany	37	86
P	2	L. Bergmann	BERG	Germany	37	86
P	3	L. Laurenti	LAU	Italy	37	86
P	5	M. Bergmann	BERGM	Germany	73	86
P	7	R. Rosenquist	ROS	Sweden	37	86
P	7	G. Tobin	TOB	Sweden	37	86
P	8	P. P. Piccaluga	PICC	Italy	25	86
P	10	M. Boogaerts	BOO	Belgium	37	86
P	10	A. Janssens*	JANS	Belgium	37	86
P	12	E. Montserrat	MON	Spain	1	86
P	12	F. Bosch	BOSC	Spain	37	86
P	12	E. Campo	CAMP	Spain	37	86
P	13	A.D. Moicean*	MOIC	Romania	37	86
P	13	I. Radulescu*	RADU	Romania	37	86
P	14	A. Langerak	LANG	Netherlands	37	86
P	21	J. Mayer	MAY	Czech Republic	37	86
P	21	J. Kotaskova*	KOTA	Czech Republic	37	86
P	21	J. Malcikova	MALC	Czech Republic	37	86
P	21	S. Pospisilova*	POSP	Czech Republic	37	86
P	21	M. Trbusek	TRB	Czech Republic	37	86
P	24	M.E. O'Dwyer	ODW	Ireland	65	86
P	25	P. Legembre	LEGE	France	65	86
P	28	A. Skotnicki	SKO	Poland	65	86
P	33	C. Pepper	PEP	UK	37	86
P	36	A. Porwit-MacDonald*	POR	Sweden	37	86
P	36	H. Mellstedt	MELL	Sweden	37	86
P	36	A. Österborg	OST	Sweden	1	86
P	36	E. Kimby*	KIM	Sweden	1	86
P	36	P. Kokhaei	KOK	Sweden	1	86
P	36	S. Norin	NOR	Sweden	1	86
P	38	S. Stilgenbauer	STI	Germany	1	86
P	38	D. Winkler	WINK	Germany	37	86
P	38	T. Zenz	ZEN	Germany	72	86
P	39	U. Oelschlägel*	OEL	Germany	37	86
P	40	F. Ajchenbaum-Cymbalista*	CYB	France	1	86
P	40	R. Letestu	LETE	Fran ce	37	86
P	44	M. Bernimoulin	BERN	Switzerland	37	86
P	45	A. Gaiger	GAI	Austria	1	86
P	45	U. Jaeger	JAE	Austria	1	86
P	45	D. Demirtas*	DEMI	Austria	37	86
P	45	M. Shehata	SHEH	Austria	37	86
P	46	R. Foa	FOA	Italy	1	86
P	46	I. Del Giudice*	DGIU	Italy	37	86
P	46	F. Mandelli	MAN	Italy	37	86
P	46	F. Mauro*	MAU	Italy	37	86

P	47	D. Niederwieser	NIED	Germany	37	86
P	56	V. Levy	LEV	France	25	86
P	62	B. Eichhorst*	EICH	Germany	37	86
P	62	C. Schweighofer*	SCHWE	Germany	37	86
P	63	C. Geisler	GEI	Denmark	1	86
P	63	J. Jurlander	JUR	Denmark	1	86
P	63	A. Buhl*	BUH	Denmark	1	86
P	64	F. Caligaris-Cappio	CAL	Italy	1	86
P	64	P. Ghia	GHI	Italy	37	86
P	65	E. Matutes*	MAT	UK	1	86
P	65	D. Catovsky	CAT	UK	1	86
P	65	V. Brito-Babapulle*	BRI	UK	37	86
P	66	D. Oscier	OSC	UK	1	86
P	66	G. Best	BES	UK	37	86
P	66	T. Hamblin	HAMB	UK	37	86
P	67	T. Robak	ROB	Poland	1	86
P	67	A. Wierbowska*	WIER	Poland	37	86
P	68	X. Troussard	TRO	France	1	86
P	68	M. Leporrier	LEP	France	37	86
P	69	M.H. Van Oers	VANO	Netherlands	1	86
P	69	A. Kater	KAT	Netherlands	37	86
P	69	C. Mellink	MELL	Netherlands	37	86
P	75	S. Devereux	DEVE	UK	72	86
P	75	P. Patten	PATT	UK	72	86
P	77	M. Lazzarino	LAZZ	Italy	37	86
P	78	F. Stevenson*	STEV	UK	37	86
P	83	A. Mumm	MUM	Germany	37	86
P	87	A. Orfao	ORF	Spain	37	86
P	88	B. Dörken	DOR	Germany	1	86
P	88	A. Pezzuto	PEZZ	Germany	37	86
P	88	P. Daniel	DAN	Germany	37	86
P	93	K. Karlsson*	KARL	Sweden	37	86
P	95	D.M. Lillington*	LIL	UK	37	86
P	95	J. Gribben	GRIB	UK	37	86
P	96	C. Mecucci*	MEC	Italy	37	86
P	99	M. Kneba	KNE	Germany	37	86
P	99	S. Böttcher	BÖT	Germany	37	86
P	99	M. Ritgen	RIT	Germany	37	86
P	109	W.W. Jedrzejczak	JED	Poland	37	86
P	112	D. Bron	BRO	Belgium	37	86
P	130	D. Haase	HAA	Germany	37	86
P	131	E. Roman*	ROM	UK	37	86
P	131	P. Hillmen	HILL	UK	37	86
P	131	S. O'Connor*	CONN	UK	37	86
P	131	A. Rawstron	RAW	UK	37	86
P	134	Y. Herishanu	HERI	Israel	61	86
P	137	V. Strugov	STUG	Russia	61	86
P	141	K. Mills	MIL	UK	37	86
P	142	A. Pettitt	PETT	UK	37	86
P	146	R. Pileckyte	PILE	Lithuania	61	86
P	158	M.G. da Silva*	SILV	Portugal	61	86
P	162	S. Pavlovic*	PAV	Serbia	61	86
P	164	L. Smolej	SMOL	Czech Republic	61	86
P	173	E. Laane	LAA	Estonia	73	86
P	181	S. Franke*	FRAN	Belgium	73	86
P	183	M. Michallet*	MICHA	France	73	86

MDS (WP 8)

LP	37	T. de Witte	DEW	Netherlands	1	86
P	1	W.-K. Hofmann	HOF	Germany	1	86
P	2	H. Serve	SER	Germany	25	86
P	2	M. Rockemer-Vogt	ROCK	Germany	37	86
P	10	G. Verhoef	VER	Belgium	1	86
P	13	R. Gologan	GOL	Romania	24	86
P	16	J. Apperley*	APP	UK	1	86
P	17	D. Heim	HEI	Switzerland	37	86
P	32	T. Büchner	BUE	Germany	37	86
P	33	A. Burnett	BUR	UK	25	86
P	34	M. Sanz	SAN	Spain	1	86
P	34	G. Sanz	SANZ	Spain	1	86
P	36	A. Porwitt-MacDonald*	POR	Sweden	37	86
P	36	E. Hellström-Lindberg*	HELI	Sweden	1	86
P	37	J.H. Jansen	JAN	Netherlands	1	86
P	37	P. Muus*	MUU	Netherlands	1	86
P	39	B. Mohr*	MOH	Germany	37	86
P	39	U. Oelschlägel*	OEL	Germany	37	86
P	39	U. Platzbecker	PLA	Germany	55	86
P	40	P. Fenaux	FEN	France	1	86
P	41	A. Ganser	GAN	Germany	1	86
P	41	M. Stadler	STA	Germany	37	86
P	46	F. Efficace	EFF	Italy	55	86
P	48	G.J. Ossenkoppele	OSS	Netherlands	1	86
P	48	A. van de Loosdrecht	LOO	Netherlands	49	86
P	51	R. Martino	MARR	Spain	1	86
P	56	R. A. Padua*	PAD	France	49	86
P	71	C. Aul	AUL	Germany	1	86
P	71	A. Giagounidis	GIAG	Germany	37	86
P	72	C. Bernasconi	BERC	Italy	1	86
P	74	N. Gattermann	GAT	Germany	1	86
P	74	U. Germing	GERM	Germany	1	86
P	75	G. Mufti	MUFT	UK	1	86
P	75	K. Tobal	TOBK	UK	1	86
P	75	R. Ireland	IRE	UK	55	86
P	76	C. Preudhomme	PRE	France	1	86
P	77	M. Della Porta	DELL	Italy	37	86
P	83	A. Schmitt-Gräff*	SCHG	Germnay	1	86
P	83	M. Lübbert	LUEB	Germany	1	86
P	83	B. Deschler*	DES	Germany	55	86
P	87	A. Orfao	ORF	Spain	1	86
P	88	K.-H. Lee	LEE	Germany	49	86
P	93	S. E. Jacobsen	JACO	Sweden	1	86
P	98	P. Bernasconi	BERP	Italy	1	86
P	98	M. Cazzola	CAZ	Italy	1	86
P	98	L. Malcovati	MALC	Italy	37	86
P	99	S. Peters	PETE	Germany	37	86
P	104	G. Basso	BASS	Italy	1	86
P	119	N. Kröger	KROE	Germany	37	86
P	122	R. Stauder	STAU	Austria	37	86
P	127	W. Kern	KERN	Germany	37	86
P	129	P. Klener	KLE	Czech Republic	25	86
P	129	J. Cermak	CERM	Czech Republic	25	86
P	131	D. Bowen	BOW	UK	1	86
P	131	E. Roman*	ROM	UK	37	86
P	134	M. Mittelman	MIT	Isreal	37	86

CMPD (WP 9)

LP	54	T. Barbui	BAR	Italy	1	86

LP	77	G. Barosi	BARO	Italy	1	86
LP	56	J. Kiladjan	KIL	France	1	86
LP	83	H. Pahl*	PAH	Germany	1	86
P	1	A. Reiter	REIT	Germany	1	86
P	1	E. Lengfelder*	LEN	Germany	1	86
P	7	G. Birgegard	BIRG	Sweden	1	86
P	12	F. Cervantes	CER	Spain	1	86
P	38	H. Cario	CAR	Germany	37	86
P	41	H.H. Kreipe	KRE	Germany	1	86
P	45	H. Gisslinger	GIS	Austria	1	86
P	48	S. Zweegman*	ZWE	Netherlands	37	86
P	50	N. D. Khoroshko*	KHO	Russia	61	86
P	50	M. D. Sokolova	SOK	Russia	61	86
P	50	A. V. Misyurin	MISY	Russia	61	86
P	50	M. D. Sanatko*	SANA	Russia	61	86
P	54	G. Finazzi	FIN	Italy	1	86
P	54	A. Rambaldi	RAMB	Italy	1	86
P	56	N. Casadevall	CASA	France	37	86
P	62	J. Thiele	THIEL	Germany	1	86
P	63	O.W. Bjerrum	BJE	Denmark	55	86
P	77	F. Passamonti	PASS	Italy	1	86
P	79	F. Frassoni	FRA	Italy	1	86
P	81	M.C. Le Bousse-Kerdilès*	LEB	France	1	86
P	83	A. Schmitt-Gräff*	SCHG	Germany	1	86
P	84	T. Reilly	REIL	UK	1	86
P	101	C. R. Rinaldi	RINA	Italy	1	86
P	106	J. M. Hernandez	HERN	Spain	1	86
P	141	M. F. McMullin*	MCMU	UK	1	86
P	148	A. Vannucchi	VANN	Italy	49	86
P	149	W. Vainchenker	VAIN	France	49	86
P	159	M. Griesshammer	GRIE	Germany	1	86
P	177	S. Hermouet*	HERM	France	72	86
P	178	J. Samuelsson	SAMU	Sweden	72	86
P	184	H. Hasselbalch	HASS	Denmark	1	86

Diagnostic platform (WP 10)

LP	85	M.C. Béné*	BEN	France	1	86
LP	3	G. Zini*	ZIN	Italy	37	86
P	1	J. Hastka	HAS	Germany	25	86
P	1	T. Nebe	NEB	Germany	37	86
P	1	J. Topaly	TOP	Germany	37	86
P	14	M. van`t Veer	VANV	Netherlands	1	86
P	36	A. Porwit-MacDonald*	POR	Sweden	1	86
P	39	U. Oelschlägel*	OEL	Germany	37	86
P	39	U. Schäkel*	SCHAE	Germany	37	86
P	45	W. Pickl	PIC	Austria	13	86
P	45	H. Strobl	STR	Austria	13	86
P	48	G.J. Schuurhuis	SCHUU	Netherlands	37	86
P	56	M.-T. Daniel*	DAN	France	1	86
P	56	G. Flandrin	FLAN	France	37	86
P	65	E. Matutes*	MAT	UK	1	86
P	68	X. Troussard	TROU	France	37	86
P	86	W. Gassmann	GAS	Germany	1	86
P	87	A. Orfao	ORF	Spain	1	86
P	88	W.-D. Ludwig	LUD	Germany	1	86
P	88	R. Schabath	SCHAB	Germany	37	86
P	99	H. A. Horst	HORS	Germany	37	86
P	104	G. Basso	BASS	Italy	37	86
P	104	T. te Kronnie*	KRO	Italy	37	86

P	123	R. Fuchs	FUC	Germany	1	86
P	127	T. Haferlach	HAF	Germany	37	86
P	127	W. Kern	KER	Germany	37	86
P	128	H. Link	LIN	Germany	25	86
P	129	J. Cermak	CERM	Czech Republic	37	86
P	132	G. Castoldi	CAS	Italy	37	86
P	145	G. Tschurtschenthaler*	TSCH	Austria	49	86

Cytogenetics (WP 11)

LP	45	C. Fonatsch*	FON	Austria	1	86
LP	74	H. Rieder	RIE	Germany	1	86
LP	127	C. Haferlach*	SCHO	Germany	1	86
P	9	J.-L. Huret	HUR	France	1	86
P	10	A. Hagemeijer*	HAG	Belgium	1	86
P	14	H.B. Beverloo*	BEV	Netherlands	1	86
P	18	A. Tukun	TUK	Turkey	1	86
P	38	S. Stilgenbauer	STI	Germany	1	86
P	41	B. Schlegelberger*	SCHL	Germany	1	86
P	44	M. Jotterand*	JOT	Switzerland	1	86
P	44	J. Schoumans	JSCH	Switzerland	73	86
P	51	A. Aventin*	AVE	Spain	1	86
P	63	J. Pedersen-Bjergaard	PED	Denmark	1	86
P	63	M. Andersen*	AND	Denmark	1	86
P	75	J. Mufti	MUF	UK	1	86
P	75	D. Grimwade	GRI	UK	1	86
P	81	S. Romana	ROM	France	1	86
P	90	N. Dastugue*	DAS	France	1	86
P	91	T. Lion	LIO	Austria	37	86
P	92	J. Harbott	HARB	Germany	1	86
P	92	J. Bradtke*	BRAD	Germany	49	86
P	93	B. Johansson	JOH	Sweden	1	86
P	93	F. Mitelman	MIT	Sweden	1	86
P	94	S. Knuutilla	KNU	Finland	1	86
P	95	D.M. Lillington*	LIL	UK	1	86
P	96	C. Mecucci*	MEC	Italy	1	86
P	97	M. Rocchi	ROC	Italy	1	86
P	97	C.T. Storlazzi*	STOR	Italy	37	86
P	98	P. Bernasconi	BERA	Italy	1	86
P	106	J.M. Hernández	HER	Spain	1	86
P	130	D. Haase	HAA	Germany	25	86
P	135	C. Sambani*	SAM	Greece	37	86
P	153	M. Ogur*	OGU	Turkey	49	86
P	165	M.-J. Mozziconacci*	MOZ	France	61	86
P	181	V. Bours	BOUR	Belgium	72	86

Minimal residual disease (WP 12)

LP	75	D. Grimwade	GRI	UK	1	86
P	1	A. Reiter	REIT	Germany	1	86
P	1	M. Müller	MUE	Germany	1	86
P	7	G. Barbany*	BARB	Sweden	1	86
P	8	G. Martinelli	MARG	Italy	1	86
P	13	D. Coriu	COR	Romania	1	86
P	14	J.J.M. van Dongen	DON	Netherlands	1	86
P	14	V. van der Velden	VEL	Netherlands	1	86
P	22	P. Hokland	HOK	Denmark	1	86
P	22	M. Ostergaard*	OST	Denmark	1	86
P	27	G. Saglio	SAG	Italy	1	86
P	28	T. Sacha	SACH	Poland	1	86

P	31	E. Oppliger Leibundgut*	OPP	Switzerland	1	86
P	35	F. Lo Coco	LOC	Italy	1	86
P	37	J. H. Jansen	JAN	Netherlands	1	86
P	39	C. Thiede	THIE	Germany	1	86
P	48	G.J. Ossenkoppele	OSS	Netherlands	1	86
P	48	G.J. Schuurhuis	SCHU	Netherlands	1	86
P	50	V. Savchenko*	SAV	Russia	1	86
P	51	J. Nomdedeu	NOM	Spain	1	86
P	56	R.A. Padua*	PAD	UK	1	86
P	56	B. Cassinat	CAS	France	1	86
P	75	G. J. Mufti	MUFT	UK	1	86
P	75	K. Tobal	TOB	UK	1	86
P	76	C. Preudhomme	PRE	France	1	86
P	78	N.C.P. Cross	CRO	UK	1	86
P	88	J. Kaeda	KAE	UK	1	86
P	98	P. Bernasconi	BERA	Italy	1	86
P	99	M. Kneba	KNE	Germany	1	86
P	99	T. Raff	RAF	Germany	37	86
P	100	N. Pallisgaard	PAL	Denmark	1	86
P	101	F. Pane	PAN	Italy	1	86
P	102	J. Liu Yin	YIN	UK	1	86
P	112	P. Martiat	MART	Belgium	1	86
P	124	F. Hermitte*	DUN	France	13	86
P	124	C. Gerbon*	GERB	France	37	86
P	127	S. Schnittger*	SCHN	Germany	1	86
P	136	A. Zaritskey	ZAR	Russia	37	86
P	138	N. Savva*	SAV	Belarus	37	86
P	138	A. Kustanovich	KUST	Belarus	37	86
P	139	U. Ozbek	OZB	Turkey	37	86
P	146	L. Griskevicius	GRIS	Lithuania	49	86
P	147	G. Tsaur	TSA	Russia	49	86
P	151	J. Gabert	GABE	France	49	86
P	154	T. Lion	LIO	Austria	49	86
P	162	S. Pavlovic*	PAV	Serbia	61	86
P	165	M.-J. Mozziconacci*	MOZ	France	61	86
P	176	A. Hochhaus	HOC	Germany	1	86
P	179	V. Kairisto	KAIR	Finland	72	86

Gene profiling (WP 13)

LP	127	T. Haferlach	HAF	Germany	1	86
LP	5	W. Hiddemann	HID	Germany	1	86
P	1	W.-K. Hofmann	HOF	Germany	1	86
P	1	W. Seifarth	SEI	Germany	1	86
P	2	H. Serve	SER	Germany	25	86
P	7	G. Barbany*	BARB	Sweden	1	86
P	32	M. Dugas	DUG	Germany	1	86
P	33	A. Gilkes*	GIL	UK	37	86
P	37	J.H. Jansen	JAN	Netherlands	1	86
P	38	H. Döhner	DOE	Germany	1	86
P	38	L. Bullinger	BULL	Germany	73	86
P	41	M. Heuser	HEUS	Germany	73	86
P	41	B. Schlegelberger*	SCHL	Germany	1	86
P	46	R. Foa	FOA	Italy	1	86
P	61	G. Dighiero	DIG	France	1	86
P	89	A. Neubauer	NEU	Germany	1	86
P	93	T. Fioretos	FIO	Sweden	25	86
P	103	R. Apweiler	APW	UK	1	86
P	104	G. Basso	BASS	Italy	1	86
P	104	T. te Kronnie*	KRO	Italy	49	86

P	105	S. Ferrari	FER	Italy	1	86
P	106	J.M. Hernandez Rivas	HER	Spain	1	86
P	141	K. Mills	MIL	UK	1	86

Stem cell transplantation (WP 14)

LP	47	D. Niederwieser	NIED	Germany	1	86
LP	16	J. Apperley*	APP	UK	1	86
LP	17	A. Gratwohl	GRA	Switzerland	1	86
P	1	P. Dreger	DER	Germany	25	86
P	1	A.D. Ho	AHO	Germany	1	86
P	1	S. Schoenland	SCHOE	Germany	25	86
P	5	J. Hasford	HAS	Germany	25	86
P	5	H.J. Kolb	KOL	Germany	1	86
P	7	B. Simonsson	SIM	Sweden	1	86
P	8	M. Baccarani	BAC	Italy	25	86
P	9	F. Guilhot	GUI	France	49	86
P	12	A. Urbano-Ispizua	URB	Spain	1	86
P	12	F. MacDonald*	MCD	Spain	1	86
P	14	B. Löwenberg	LOE	Netherlands	25	86
P	14	J.J. Cornelissen	CORN	Netherlands	49	86
P	16	E. Olavarria	OLA	UK	49	86
P	16	C. Crawley	CRA	UK	49	86
P	21	J. Mayer	MAY	Czech Republic	1	86
P	26	T. Ruutu	RUU	Finland	1	86
P	33	A. Burnett	BUR	UK	25	86
P	36	G. Gahrton	GAH	Sweden	1	86
P	36	P. Ljungman	LJU	Sweden	25	86
P	37	T. de Witte	DEW	Netherlands	1	86
P	37	N. Blijlevens*	BLIJ	Netherlands	37	86
P	38	H. Heimpel	HHEI	German	49	86
P	43	J. Holowiecki	HOLO	Poland	1	86
P	45	H. Greinix*	GREI	Austria	1	86
P	46	C. Guglielmi	GUG	Italy	1	86
P	49	J. M. Rowe	ROW	Israel	1	86
P	51	J. Sierra	SIE	Spain	1	86
P	52	R. Brand	BRA	Netherlands	1	86
P	56	V. Rocha	ROC	France	25	86
P	59	B. Labar	LAB	Croatia	1	86
P	79	A. Bacigalupo	BACI	Italy	1	86
P	79	F. Frassoni	FRA	Italy	1	86
P	107	M. Brune	BRU	Sweden	1	86
P	108	E. Gluckman*	GLU	France	1	86
P	109	W. Jedrzejckaz	JED	Poland	1	86
P	110	G. Krivan	KRI	Hungary	1	86
P	119	A. Zander	ZAN	Germany	25	86
P	119	N. Kröger	KROE	Germany	49	86
P	125	H. Einsele	EIN	Germany	25	86
P	126	T. Masszi	MAS	Hungary	1	86
P	143	C. Craddock	CRAD	UK	49	86
P	169	R. Andreesen	ANDR	Germany	61	86

Supportive care/anti-infection prophylaxis and treatment (WP 15)

LP	36	P. Ljungman	LJU	Sweden	1	86
LP	125	H. Einsele	EIN	Germany	1	86
P	1	D. Buchheidt	BUC	Germany	1	86
P	2	A. Böhme*	BOE	Germany	1	86
P	10	J. Maertens	MAE	Belgium	1	86
P	15	A. Ullmann	ULL	Germany	1	86

P	17	A. Gratwohl	GRA	Switzerland	1	86
P	17	P. Reusser	REU	Switzerland	1	86
P	18	H. Akan	AKA	Turkey	1	86
P	37	N. Blijlevens*	BLIJ	Netherlands	37	86
P	51	R. Martino	MARR	Spain	1	86
P	54	T. Barbui	BAR	Italy	37	86
P	56	C. Cordonnier*	COR	France	1	86
P	56	P. Ribaud*	RIB	France	13	86
P	88	G. Maschmeyer	MASC	Germany	37	86
P	115	A. Locasciulli*	LOC	Italy	1	86
P	116	C. Viscoli	VIS	Italy	1	86
P	117	K. Ward*	WAR	UK	1	86
P	125	W. Heinz	HEIN	Germany	49	86

Registries, Epidemiology, Metaanalysis, Prognosis (WP 17)

LP	5	J. Hasford	HAS	Germany	1	86
LP	8	M. Baccarani	BAC	Italy	1	86
P	5	D. Hölzel	HOELZ	Germany	1	86
P	5	V. Hoffmann*	HOFF	Germany	55	86
P	5	D. Lindoerfer*	LIND	Germany	55	86
P	5	T. Müller	MUE	Germany	1	86
P	5	M. Pfirrmann	PFI	Germany	37	86
P	7	B. Simonsson	SIM	Sweden	37	86
P	8	G. Rosti	ROS	Italy	1	86
P	9	J. Guilhot*	GUIJ	France	1	86

JOINT PROGRAMME OF ACTIVITIES (JPA) – MONTH 73 - 86

1.3 Work package list/overview person month per WP (month 73 - 86)

WP No.	WP Title	Lead participant	Person months[1]	Start month	End month
1	**NMC**	Hehlmann Saußele*	0	73	86
2	**ELIC**	Gökbuget*	0	73	86
3	**CICS, Trial Support**	Mansmann	0	73	86
4	**CML Network**	Simonsson Baccarani Guilhot Hochhaus Hehlmann	0	73	86
5	**AML Network**	Büchner Ossenkoppele Sanz	0	73	86
6	**ALL Network**	Hoelzer Gökbuget* Bassan Dombret Foa Ribera Willemze	0	73	86
7	**CLL Network**	Hallek Döhner Dighiero	0	73	86
8	**MDS Network**	De Witte	0	73	86
9	**CMPD Network**	Barbui Kiladjian Barosi Pahl*	0	73	86
10	**Diagnostics Platform**	Béné* Zini*	0	73	86
11	**Cytogenetics Platform**	Fonatsch* Haferlach C.* Rieder	0	73	86
12	**MRD Platform**	Grimwade	0	73	86
13	**Gene Profiling Platform**	Haferlach T. Hiddemann	0	73	86
14	**SCT Platform**	Niederwieser Apperley* Gratwohl	0	73	86
15	**Platform for Supportive Care, Anti-infection Prophylaxis and Treatment**	Ljungman Einsele	0	73	86
17	**Platform for Biometry of Registry, Epidemiology, Metaanalyses and Prognosis**	Hasford	0	73	86
	TOTAL		**0**		

1.4 Deliverables list

When the ELN has additional funding by the ELN-foundation, new PMs can be allocated.

WP 1	**NMC**					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Responsible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
1.3f	Operating management of networking, i.e.legal and contractual, dissemination and knowledge	0	Saußele Huber Weinreich Manthey	O	RE	73-86
1.4f	Operating financial infrastructure and support of initiatives to build up sustainability and durability of the network , for example setting up the ELN Foundation	0	Saußele Hehlmann Weinreich Schrotz-King	O	RE	73-86
1.5f	Organization of internal and external reporting ensuring that milestones are effectively reached	0	Saußele Schrotz-King	R,M	CO	79,86
1.6f	Organization of regular meetings held by the Steering Committee	0	Hehlmann Saußele	O, M	CO	73,79, 84,86
1.7f	Organization of Annual Network's Symposium 2010	0	Saußele Hehlmann	O, M	RE	73
1.7g	Organization of Annual Network's Symposium 2011	0	Saußele Hehlmann	O, M	RE	86
1.10f	Annual reports to EC 2010	0	Saußele Hehlmann	R, M	RE	74
1.10g	Annual reports to EC 2011	0	Saußele Hehlmann	R, M	RE	86
1.11g	Continuation of public relations activities to enhance public visibility of the European LeukemiaNet	0	Saußele Hehlmann	www. R	PU	73-86
1.12f	Issue of the biannual network's information letter in conjunction with ELIC	0	Saußele Schrotz-King	www. R, M	PU	84
1.14f	Continuation of organization of workshops, seminars, scientific meetings, conferences to enhance knowledge transfer from bench to bedside, from research centers to clinical institutions in conjunction with WP 4-9	0	Saußele Hehlmann Schrotz-King	www. R, O	RE	73-86
1.17g	Continous support of quality control measures, e.g., consensus protocols, quality control rounds, reference laboratories	0	Reiter, Müller M	R, O	RE	(73)-78
1.20g	Integrating new partners, industry and key stakeholders including patient organizations, support activities that constitute synergism, e.g. cooperations, partnership, funds	0	Hehlmann Saußele	R, O	PU	73-86
1.21g	Continuous update of project presentations	0	Hehlmann Saußele	www. R, O	PU	73-86
1.22c	Organization of panel meetings and preparation of ELN management recommendations: ▪ CMPD	0	Hehlmann Saußele	www., R,O	PU	73-86
		0				

WP 2	ELIC					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Responsible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
2.2	LP reports to NMC regarding structure, activities (1 page, bullet point style)	0	Gökbuget	R	RE	79, 86
2.24e	Maintenance and extension of website-contents	0	Schäfer	www	PU	73-86
2.35c	Maintenance of ELTR (entry of new studies provided by the WPs)	0	Schäfer	www	PU	73-86
2.47b	Continuous website-linking with European institutions	0	Ihrig	www	PU	73-86
2.48b	Realization of website sponsoring and acquisition of support	0	Gökbuget	P	CO	73-86
2.49b	Participation in an international expert group for novellation of the European Drug Law and coauthorship for recommendations	0	Gökbuget	www P	PU	73-86
2.52	Contribution to the impact assessment of the EU directive on clinical trials	0	Gökbuget Ihrig	P	RE/PU	75-86
2.53	7th information letter	0	Ihrig	www P	PU	85
2.54	Quality of life WS	0	Gökbuget Ihrig	R	PU	73, 86
2.55	Coordination and monitoring of website contents entered by other WPs	0	Schäfer	www	PU	73-86
2.56	Cooperation with set-up of sponsoring concept	0	Gökbuget Schäfer	P	PU	73-86
		Sum: 0				

Comment: Planned deliverables can only be fulfilled if funding is made available.

WP 3	CICS					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Responsible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
3.3	LP reports to NMC regarding structure, activities and integration of national groups (1 page, bullet point style)	0	Mansmann	R	RE	79, 85
3.31	Operation of central web-based recruitment and randomization facility	0	Mansmann	O	RE	73 - 86
3.32	Operation of central electronic data capture facility	0	Mansmann	O	RE	73 - 86
3.33	Operation of the PID-Generator	0	Mansmann	O	RE	73 - 86
3.34	Enhancement and Operation of the analysis pipeline for DNA-Microarrays	0	Mansmann	O / R	RE	73 - 86
3.35	Development of a concept for extending the german AML register to a european level	0	Mansmann	O / R	RE	73 - 86
		Sum: 0				

WP 4	CML					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Respon-sible lead participant/ investigator**	**Natu re**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
Management						
4.5	Regular WP meetings	0	Simonsson, Guilhot, Hehlmann Hochhaus	R	RE	78,84,86
4.6	LP reports to NMC regarding structure, trial activities and integration of national leukemia trial groups (1 page, bullet point style)	0	Simonsson	R	RE	79,86
Registry						
4.14e	Report of study patients to registries (n > 400 per year)	0	Baccarani Guilhot Hasford Hehlmann O'Brien Simonsson Thaler Cervantes Steegmann Ossenkoppele	R	RE	73-86
Studies						
4.19f	Study imatinib + IFN or AraC, progress reports	0	Hehlmann Guilhot O'Brien Simonsson Thaler	R	RE	73-86
4.22d	Study high dose imatinib vs imatinib in standard dose (CML-Study IV), progress report, publication	0	Hehlmann	R	RE	84
4.30e	Preclinical and phase 1 – 2 clinical studies of tyrosine kinase and Src inhibitors	0	Baccarani	R	RE	73-86
4.36d	Phase II study of peptide vaccine to potentiate and stabilize imatinib effect in CP	0	Bocchia (1) Baccarani	R	RE	73-86
4.38d	Nilotinib upfront in CP, progress report	0	Baccarani	R	RE	73-86
4.40b	Long term effects of imatinib therapy, progress	0	Gambacorti	R	RE	73-86
4.41	Allo-SCT after second generation TKI	0	F.Guilhot	R	RE	73-86
4.44b	Imatinib +/- hydroxyurea	0	Lange Niederwieser	R	RE	73-86
4.46b	European study on imatinib withdrawal	0	Mahon	R	RE	73-86
4.49b	Imatinib D/C in patients with CMolR (STIM)	0	Mahon	R	RE	73-86
4.50b	IFN plus dasatinib front line and in MMR patients	0	Roy (1) F. Guilhot	R	RE	73-86
4.51b	Optimization of imatinib treatment based on plasma imatinib level (OPTIM)	0	F.Guilhot	R	RE	73-86
4.57	Induction/Maintenance strategies in newly diagnosed CML patients using nilotinib, dasatinib and Interferon alpha – German CML study V. Start 2010	0	Hochhaus Hehlmann	R	RE	73-86
Lab						
4.29e	Dynamics of response and resistance in CML patients treated with tyrosine kinase inhibitors beyond imatinib (AMN 107, BMS 354825). Progress reports.	0	Hochhaus Saglio	R	RE	73-86

4.34d	European control round for BCR-ABL mRNA quantification (overlap with WP 12), progress report	0	Cross Hochhaus Saglio Müller	R	RE	73-86
4.58	Definition and European Standardization of CMR	0	Cross Müller Hochhaus Saglio			73-86
4.35b	Mutated bcr-abl clones - level, control rounds	0	Müller Gruber [(1)] Lange Ernst	R	RE	73-86
4.45	Allo-HSCT in LR patients. Second report	0	Gratwohl Niederwieser	R	RE	73-86
4.47b	DNA microassays in CD34+ CML cells	0	Mayer	R	RE	73-86
Others						
4.43b	Dasatinib and immunomodulation, progress report	0	Porkka	R	RE	73-86
4.48b	Quality of life during imatinib treatment	0	Mayer	R	RE	73-86
4.55b	Immunosuppressive mechanisms in CML	0	Simonsson	R	RE	73-86
4.59	Relevant definitions for future trials. Manuscript 2010	0	J Guilhot	R	RE	73-86
4.60	Clinical Recommendations für mutation analysis in CML	0	Martinelli Souverini	R	RE	73-86
4.61	A phase II trial comparing the depletion of malignant stem cells with dasatinib vs imatinib in newly diagnosed CP CML	0	Mustjoki Hjorth-Hansen Richter	R	RE	73-86
4.62	Recommendations regarding CML biobanks	0	Goldman	R	RE	73-86
4.63	A vaccination trial with *WT1* mRNA-electroporated dendritic cells in TKI treated CML patients	0	Berneman	R	RE	73-86
		Sum: 0	[(1)] not member			

WP 5	**AML**					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Responsible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
5.5	Regular WP meetings, continued	0	Büchner Ossenkoppele	R	RE	78,84,86
5.6	LP reports to NMC regarding structure, trial activities and integration of national leukemia trial groups (1 page, bullet point style), continued	0	Büchner Ossenkoppele Sanz	R	RE	79,86
5.12g	Current trials on novel therapies in Europe (new drugs new targets), continued	0	Berdel Müller-Tidow Krug Serve Holowiecki Lübbert	R	RE	86 and beyond

5.13f	Pilot study, treatment in subgroups defined by genetic markers, up-front randomized, intention-to-treat, continued	0	Büchner Berdel Kienast, Heinecke Serve	R	RE	86 and beyond
5.15f	Pilot study AML Intergroup and a European AML network, continued	0	Büchner Döhner Ehninger Ganser Niederwieser Pfirrmann Gratwohl	R, M	RE	86 and beyond
5.16f	Establishing a European network on management of acute promyelocytic leukemia, continued	0	Sanz Lengfelder	R, M	PU	86 and beyond
5.17f	Establishing a European network on management of AML in older patients, continued	0	Büchner Burnett Niederwieser Lübbert	R, M	PU	86 and beyond
5.18f	Develop frailty index for leukemia in older patients, continued	0	Lübbert Büchner Krug	R	RE	86 and beyond
5.21e	Harmonizing the criteria of biologic subgroups, risk categories and treatment strategies for patients with AML in Europe, continued	0	Ossenkoppele Sierra Büchner Lübbert	R, M	PU	86 and beyond
5.25b	Epigenetic pattern of AML with respect to patients age and risk profile, continued	0	Müller-Tidow Haferlach Löwenberg	R	RE	86 and beyond
5.26b	Growth factor priming in AML: Long-term results, continued	0	Löwenberg Amadori Büchner	R	RE	78
5.27b	European cooperation of trialists on the evaluation of allogeneic and autologous stem cell transplantation, continued	0	Kienast Gratwohl Wheatley Krug Löwenberg Ehninger Niedewieser	R	RE	86 and beyond
5.28	European recommendation on diagnostic, classification and treatment of AML	0	Döhner Büchner Löwenber			
		Sum: 0				

WP 6	**ALL**					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Responsible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
6.5	Regular WP meetings and symposiums (during international meetings)	0	Hoelzer, Gökbuget	R	RE	78,80,86
6.20	WP Management including reports	0	Gökbuget, Hoelzer	R	RE	79,86
6.21d	Extension of web-based information and communication services on ALL, continued	0	Gökbuget, Hoelzer	R,ww w.	RE	73-86
6.24e	Support of newly funded European study groups and education	0	Hoelzer, Gökbuget	R,M, www.	PU	73-86

6.25e	Extension of registry of ongoing European ALL studies	0	Gökbuget, Hoelzer	R,M, www.	PU	73-86
6.27e	Activation of further European studies	0	Hoelzer, Gökbuget	R	PU	73-86
6.29e	Publication of Consensus Paper	0	Gökbuget, Hoelzer	R	PU	73-86
6.29e	Coordination of the EHA ALL Working Group	0	Gökbuget Hoelzer	R	PU	73-86
		Sum: 0				

WP 7	**CLL**					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Responsible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
7.5	Regular WP meetings	0	Hallek	R	RE	78,84,86
7.6	LP reports to NMC regarding structure, trial activities and integration of national leukemia trial groups (1 page, bullet point style)	0	Hallek	R	RE	79,86
7.8f	Treatment of early stage, high risk CLL with FCR -continued	0	Hallek	R	PU	73-86
7.9f	Exchange of study protocols of open clinical trials, information on structure and trial activity of national CLL trial groups	0	Hallek	www. R, M	PU	73-86
7.10d	Common data safety monitoring boards in clinical trial on CLL in Europe	0	Hallek	R	RE	73-86
7.11f	Web-based information- and communication services on CLL refined and up-dated	0	Hallek	www. R, M	PU	73-86
7.16f	Harmonisation of clinical study protocols and trial accessories between national CLL study groups	0	Hallek	www. R, M	RE	73-86
7.19d	Continued follow-up of patients with advanced CLL treated with FCR/FC – progress report	0	Hallek	R	RE	73-86
7.20e	European platform for phase I/II trials	0	Levy	R	RE	73-86
7.21e	European survey on treatment modalities in CLL patients	0	Levy	R	RE	73-86
7.22b	Notarial institution/foundation of the ERIC association	0	Hallek	R	PU	73
7.23d	Harmonization, consensus, online support for interpretation and collection of "problematic cases" in IGHV gene mutational analysis	0	Ghia	www. R	RE	73-86
7.24d	Harmonization and quality control of MRD diagnostics	0	Hallek	R	RE	73-86
7.26d	Collection & investigation of functional aspects of p53 mutation	0	Stilgenbauer	R	RE	73-86
7.27d	Phase I/II trial platform for the treatment of rare subentities T-PLL and B-PLL	0	Hallek	R	RE	73-86
7.28b	Recommendations for (allogeneic) stem cell transplantation (SCT) in T prolymphocytic leukemia (T-PLL)	0	Dreger	R	PU	73-86
7.29b	Improvement of long-term follow-up of CLL patients in European trials	0	Hallek	R	PU	73-86
7.30b	Promotion of ERIC for sustainability of WP7	0	Montserrat	R	PU	73-86
		Sum: 0				

WP 8	MDS					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Responsible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
8.5	Regular WP meetings	0	De Witte	R	PP	**78,84,86**
8.6	LP reports to NMC regarding structure, trial activities and integration of national trial groups (1 page, bullet point style)	0	De Witte	R	RE	**79,86**
8.49b	Maintenance of the MDS WP8 section of ELN website	0	De Witte	www. R	PU	**73-86**
	Diagnostic Guidelines					
8.25a	Yearly update of the guidelines for diagnostic standards in MDS and presentation on the ELN website	0	Hellström-Lindberg	O	PU	**73-86**
8.25b	Integration of immunophenotyping in diagnostic guidelines in MDS	0	Hellström-Lindberg	O	PU	**73-86**
8.25f	The results of the second Workshop on flow cytometry in MDS (Oct 2009 in Munich, Germany) will result in a publication	0	Van de Loosdrecht	R	PP	**78**
8.25g	The third international Workshop on flow cytometry in MDS- will be held on Oct 2010 in London, UK (host: Dr. R. Ireland chair: AA van de Loosdrecht)	0	Van de Loosdrecht	R	PP	**83**
	Therapeutic Guidelines					
8.27a	Yearly update of the guidelines for therapeutic procedures in MDS and presentation on the ELN website	0	Malcovati/ Cazzola	O	PU	**73-86**
8.27c	Web-based scenario analysis by the experts for development of evidence and consensus based guidelines for therapy of MDS	0	Malcovati/ Cazzola	O	PP	**73-86**
8.27d	Report on web based training program based on scenario analysis and consensus based guidelines for therapy of MDS developed by experts in this field	0	Malcovati/ Cazzola	R	PP	**78**
8.29	Development of a web-based training program using virtual patients to exercise the therapeutic guidelines and supervised by experts and European clinicians	0	Malcovati/ Cazzola	O	PP	**78**
8.29a	Evaluation of web-based scenario analysis experts versus trainees	0	Malcovati/ Cazzola	R	PP	**78**
	Trials					
8.31	Yearly update of a list of all trials by MDS study groups in Europe	0	de Witte	O	PU	**73-86**
8.51d	Impact of frailty index on various therapeutic approaches, supportive care, hypomethylating agents, intensive anti-leukemic therapy	0	Lübbert / Deschler	O	PP	**78**
8.57	GIMEMA-ELN QoL - MDS 0108 study Prognostic significance and longitudinal assessment of patient-reported quality of life and symptoms in high risk myelodysplastic syndromes. Obtain additional key data to further facilitate clinical decision-making in MDS patients.	0	Efficace	R	PU	**78**
	MDS registry					

8.54	Monthly progress reports of the prospective, non-interventional multi-center European MDS Registry (IPSS Low and Intermediate-1) project	0	De Witte	R	PP	**73-86**
8.54f	First presentation on follow-up data of the prospective, non-interventional multi-center European MDS Registry (IPSS Low and Intermediate-1) at the ASH meeting 2010	0	Bowen	R	PP	**85**
8.54g	Second interim analysis (800 patients) entered in the prospective, non-interventional multi-center European MDS Registry (IPSS Low and Intermediate-1)	0	De Witte	R	PP	**79**
8.54h	Inclusion of next patients 600 to 1,000	0	De Witte Bowen	O	PP	**73-86**
8.54i	Extension of follow-up, 2-5 years	0	De Witte Bowen	O	PP	**78**
8.54j	Extension to three more registries (new countries): Israel, Portugal, Poland in 2009	0	De Witte	O	PP	**73-76**
8.54k	Extension of registry to 2000 patients	0	De Witte Bowen	O	PP	**86**
8.73	A prospective, non-interventional multicenter European high-risk MDS Registry. Finalize protocol	0	De Witte	R	PP	**73**
8.74	Building up of high risk European MDS registry: Support from pharmaceutical companies	0	De Witte Bowen	O	PP	**73-86**
8.75	Establishment of a high-risk European MDS registry: Setting up central IT structure	0	Bowen	O	PP	**78-86**
8.76	High-risk European MDS registry: Implementation of organisational structure	0	De Witte	O	PP	**77-82**
8.77	High-risk European MDS registry: Detailed working plan for data management and statistical unit, including CRF	0	De Witte Bowen	O	PP	**78-82**
8.78	High-risk European MDS registry: Feasibility study	0	De Witte	R	PP	**76**
8.79	High-risk European MDS registry: Start inclusion	0	De Witte	O	PP	**86**
	Translational research					
8.80	Side study of Low Risk MDS Registry: Iron pathophysiology.	0	McKenzie	R	PU	**78**
8.80a	Side study of Low Risk MDS Registry: Imaging of iron overload	0	De Witte	R	PU	**75**
8.81	Side study of Low Risk MDS Registry: Cytomorphologic sub-study. Meeting in Düsseldorf planned June 2010	0	Germing	R	PU	**78**
8.82	Side study of Low Risk MDS Registry: Geriatric Assessment: presentation at EHA 2010, Barcelona	0	Stauder	R	PU	**78**
8.83	Evaluation of the prognostic value of TET-2 mutations in MDS	0	Jansen	R	PU	**76**
8.84	Evaluation of the prognostic value of TET-2 mutations in AML	0	Jansen	R	PU	**76**
8.59	ESH-EHA Scientific Workshop on Experimental Haematopoiesis and Therapeutics 2010. (MRD, Gene Profiling, Immunophenotyping, Cytogenetics, in AML and MDS)	0	Padua	R	PU	**78**
		Sum: 0				

WP 9	CMPD					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Responsible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
9.5	Regular WP meetings	0	Barbui Barosi	R	RE	78,84,86
9.6	LP reports to NMC regarding structure, trial activities and integration of national leukemia trial group (1 page, bullet point syle)	0	Kiladjian	R	RE	79,86
9.26e	Phase II study of imatinib therapy in Pv patients – (recruitment closed, progress report)	0	Lengfelder	R	PU	78
9.28e	Advancement in a registry of pregnancies in ET (ongoing)	0	Griesshammer	R,M	RE	73-86
9.30e	Advancement in a randomized clinical trial of 2 phlebotomy regimens in low-risk PV start of trial (still recruiting patients)	0	Barbui, Finazzi	R	RE	73-86
9.31e	Advancement in a registration study of high-risk ET patients treated with Anagrelide – (recruitment closed, progress report)	0	Birgegard	R	RE	73-86
9.34e	Protocol for a multicenter study of vorinostat in CMPDs (started in 2009, still recruiting patients)	0	Hasselbalch	R	RE	73-86
9.36b	Survey and harmonization of assay methods for JAK2-V617F (ongoing)	0	Vannucchi	R	PU	73-86
9.37b	Registry of IFN-treated MPD patients (to be started in 2010)	0	Kiladjian, Hasselbalch	R	PU	73-86
9.38	A pilot study of efficacy and safety of erlotinib in PV and ET (to be started in 2010)	0	Hasselbalch	R	PU	73-86
9.39	Study of MPD leukemic transformations (publication in progress)	0	Rinaldi	R	RE	73-86
9.40	Myeloproliferative Neoplasms: Management recommendations of the ELN	0	Barbui	R	PU	73-86
		Sum: 0				

WP 10	Diagnostics					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Respon-sible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
10.5	Regular WP meetings, Telephone conferences	(2)	Béné	R	RE	78,80
10.6	LP reports to NMC regarding structure, activities and integration of national groups (1 page, bullet point style)	0	Béné	R	RE	79,86
10.11f	Ongoing European quality control rounds on (morphological) leukemia diagnostics on the 'reference center level'	0	Zini	R, M	RE	73-86
10.18e	Ongoing extension of internet library of microscopical pictures (incl. immuncytology), case reports, leukemia diagnostics	0	Link Hastka	R	RE	73-86
10.22e	Interaction with other groups in diagnostic for design of algorithms	0	Béné	R, M	RE	66-78

10.24e	Specific project on microarray for preDC leukemia with WP13-continued	0	Béné	R	RE	73-86
10.25	European workshop on Minimal Residual Disease strategies in immunophenotyping	0	Béné	R	RE	80
10.26	Ongoing cooperation with WP9 on MDS immunophenotyping	0	Béné	R	RE	73-86
		Sum: 0				

WP 11	**Cytogenetics**					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Responsible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
11.5	Regular WP meetings	0	Fonatsch, Haferlach C.	PU	R	78,86
11.6	LP reports to NMC regarding structure, activities and integration of national cytogenetics groups (1 page, bullet point style)	0	Fonatsch	PU	R	79,86
11.10f	Further presentation of difficult cases	0	Rieder Haferlach C	PP	P	73-86
11.16f	Further identification of new recurring chromosome aberrations by analyzing large cytogenetic databases	0	Rieder	PP	P, R	73-86
11.17f	Continuation of data collection on rare abnormalities	0	Haferlach C, Rieder, Fonatsch	PP	P,R	73-86
11.18f	Continuation of identification and analysis of cryptic and complex chromosome aberrations by using new cytogenetic methods	0	Rieder Haferlach C Fonatsch	PP	P,R	73-86
11.20f	Continuous development and provision of additional methods	0	Fonatsch Rieder	PP	P	73-86
11.23e	Continuous collection of cytogenetic and clinical data of MDS patients from Germany, Austria and Spain	0	Haase	PU	O	73-86
11.25d	Cytogenetically unrelated clones in MDS	0	Haase Haferlach C. Fonatsch	PU	P,R	73-86
11.26b	Provide data for the establishment of a European external quality assessment to EUROGENTEST	0	Rieder, Dastugue	PP	P,R	73-86
11.27b	Administration of the WP11 website and spreading of excellence by promotion of web-based information	0	Rieder	PP	P, R	73-86
		Sum: 0				

WP 12	MRD					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Responsible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
12.5	Regular WP meetings	0	Grimwade, Hochhaus, Reiter	R	RE	78,80, 84,86
12.6	LP reports to NMC regarding structure, activities and integration of national groups (1 page, bullet point style)	0	Grimwade	R	RE	79,86
12.15f	Evaluation of validated Q-PCR assays in national clinical trials	0	Grimwade	R	RE	73-86
12.21e	Spreading of excellence by promotion of web-based information, exchange of researchers, training courses and promotion of guidelines	0	Grimwade	R, www	PU	73-86
12.24b	Evaluation of MRD monitoring to predict relapse and direct donor leucocyte administration following allogeneic transplant	0	Grimwade	R	RE	73-86
12.26b	Compare sensitivity and specificity of published JAK2 V617F Q-PCR assays to establish best-performing assay	0	Grimwade	R	RE	72
		Sum: 0				

WP 13	Gene profiling					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Responsible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
13.1e	Expand of WP information and communication structures	0	Haferlach Dugas	R	RE	73-86
13.4f	Optimize European gene profiling platform	0	Haferlach Dugas	R	PU	73-86
13.5	Regular WP meetings	0	Haferlach	R	RE	80,86
13.6	LP reports to NMC regarding structure, activities and integration of national GEP groups (1 page, bullet point style)	0	Haferlach	R	RE	79,86
13.10e	Develop new biostatistical approaches and expand the centralized data base	0	Dugas	R	CO	73-86
13.11e	Detect further new subgroups of leukemia according to gene expression profiles	0	Haferlach Dugas	R	PU	73-86
13.12e	Further evaluation of new genes for therapeutic and diagnostic purposes	0	Haferlach	R	PU	73-86
13.16d	Further evaluation of new biostatistical methods	0	Dugas	R	RE	73-86
13.18e	Find new diagnostic markers and MRD markers with WP 10, 11, 12	0	Haferlach Grimwade Foa Bene	R	RE	73-86
13.19e	Define new entities in AML with WP 5 with respect to prognosis in intermediate risk group	0	Haferlach Döhner Thiede	R	RE/PU	73-86

13.21	Use broadly data of WP13 studies and MILE study for all ELN members	0	Haferlach Dugas	R	RE	73-86
13.22	Include SNP data and further projects of WP13 members	0	Haferlach Dugas	R	RE	73-86
13.23	Set up a NGS working group	0	Haferlach Kohlmann Dugas	R	RE	73-86
13.24	Use already available NGS data for new analyses and develop new biostatistic approaches	0	Haferlach Kohlmann Dugas	R	RE	73-86
		Sum: 0				

WP 14	**Stem cell transplantation**					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Responsible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
14.5	Regular WP meetings	0	Niederwieser	R	RE	76,78, 84,86
14.6	LP reports to NMC regarding structure, trial activities and integration of national leukemia trial groups (1 page, bullet point style)	0	Niederwieser	R	RE	79,86
14.14f	Report of study patients to registry	0	Brand	R	PU	73-86
14.42d	Randomized study in patients with AML over the age of 60 a studying the role of SCT with reduced intensity conditioning. Start study	0	Niederwiese Löwenberg Sierra Dombret Cornelissen Verdonck Gratwohl Rocha	R	RE	73-86
14.45c	Allogeneic reduced intensity conditioning transplantation versus conventional conditioning in MDS (RICMAC). Study start	0	Kröger deWitte	R	RE	73-86
14.46d	MMVAR Study to treat relapse in myeloma after autologous SCT (40 patients)	0	Gahrton	R	RE	73-86
14.47d	Related allo-SCT after Reduced Intensity Conditioning versus Best Standard of Care in elderly patients with AML in CR1 (Brune)	0	Brune	R	RE	73-86
14.48d	AlloSCT after TKI in CML	0	Schleuning [(1)] Guilhot	R	RE	73-86
14.49d	Role of unrelated allogeneic SCT after autologous SCT in comparison to second autologous SCT in multiple myeloma (NMMA 2005, start study).	0	Niederwiese Gahrton Gratwohl	R	RE	73-86
14.50d	Study investigating the role of Kepivance for treating Mucositis after autologous SCT (350 patients).	0	Niederwiese Blijlevens deWitte	R	RE	73-86
14.55c	Comprehensive survey outside Europe (publication)	0	Gratwohl Niederwieser	R	PU	73-86

14.56d	Integration of risk factor profiling into risk adapted therapy pilot AML HOVON/SAKK <60 years	0	Gratwohl	R	RE	73-86
14.59c	Guidelines for secondary allotransplantation after relapse (retrospective analysis)	0	Ruutu	R	RE	73-86
14.60c	Prospective feasibility study phase II dasatinib for relapse in CML after allo	0	Olavarria Schleuning (1)	R	RE	73-86
14.61c	T-PLL after autologous and allogeneic SCT (44 patients)	0	Jedrzejczak	R	PU	73-86
14.62c	Prospective registration audit for T-PLL	0	Jedrzejczak	R	RE	73-86
14.65b	Long term outcome of CML patients treated with DLI after allogenic SCT from an HLA-identical sibling	0	Guglielmi	R	RE	73-86
14.66b	Recommandation for allogeneic and autologous stem cell transplantation in T-PLL: An EBMT/ERIC proposal	0	Jedrzejczak	R	RE	73-86
14.67b	Cytogenetic high risk AML: results of a biological randomizated study in patients under the age of 60 a	0	Basara Leipzig)	R	RE	73-86
14.68b	DMSO prospective audit	0	Morris	R	RE	73-86
14.69b	ATG-depending outcome in MUD patients transplanted for CML	0	Schleuning(1)	R	RE	73-86
14.70b	Prophylaxis and treatment of GvH-D: an EBMT survey	0	Hertenstein(1)	R	RE	73-86
14.71b	Analysis of non-disease related complications after HCT	0	Ruutu	R	RE	73-86
14.73	Effect of Stem Cell Source on Transplant Outcomes in Adults with AL. A Comparison of Unrelated BM, PBSCT and CD	0	Rocha	R	RE	73-86
14.74	Non interventional studies (Passweg). Manuscript ready	0	Passweg(1)	R	RE	73-86
14.75	CML RIC vs. standard (Crawley). Manuscript ready	0	Crawley	R	RE	73-86
14.76	Allo-SCT in T315I mutation (W. Wiesław Jędrzejczak) data collection	0	Jędrzejczak	R	RE	73-86
14.77	Punctal plugs for dry eyes after allotransplantation. M. van Gelder	0	Van Gelder(1)	R	RE	73-86
14.78	Graft failure after reduced intensity conditioning. B. Hertenstein	0	Hertenstein(1)	R	RE	73-86
14.79	Cytokine gene polymorphism. A. Dickinson/ J. Norden. Manuscript submission	0	Dickinson(1), Norden(1)	R	RE	73-86
14.80	Organ transplantation after allogeneic SCT. Manuscript ready. C. Koenecke	0	Koenecke(1)	R	RE	73-86
14.81	HLA-identical siblings: Impact on cytogenetics and outcome (F. Onida). Manuscript ready	0	Onida(1)	R	RE	73-86
14.82	Survey in Europe (annual). A. Gratwohl	0	Gratwohl	R	RE	73-86
14.83	Accreditation in Europe	0	Niederwieser	R	RE	73-86
14.84	Outcome in centers with JACIE accreditation. Manuscript ready. A. Gratwohl	0	Gratwohl	R	RE	73-86
		Sum: 0	(1) non member			

WP 15	Supportive care, anti-infection prophylaxis and treatment					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Respon-sible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
15.5	Regular WP meetings	0	Ljungman Einsele	R	RE	86
15.6	LP reports to NMC regarding structure, trial activities and integration of national leukemia trial groups (1 page, bullet point style)	0	Ljungman Einsele	R	RE	79,86
15.22e	Initiation of a protocol to use KGF immune reconstitution after allo-SCT: Use of the established platform for an actually performed prospective trial	0	Einsele Ljungman	R	PU	73-86
15.27d	Develop common protocols for molecular diagnosis of fungal infections by PCR	0	Einsele Maertens	R	RE	86
15.29d	Arrange courses in infectious diseases in stem cell transplant recipients	0	Einsele Ljungman Cordonnier	R	PU	78
15.30b	Develop guidelines for prevention of infections in stem cell transplant recipients not covered in previous guidelines	0	Einsele Ljungman Cordonnier	R	RE	73-86
		Sum: 0				

WP 17	Biometry of Registry, Epidemiology, Metaanalyses and Prognosis					
Deliv. No.	**Deliverable Name**	**Estimated indicative person months**	**Respon-sible lead participant/ investigator**	**Nature**	**Dissemi-nation level**	**Delivery/ Achieve date,** *Month*
17.5	Regular WP meetings	0	Hasford	R	RE	78,84,86
17.6	LP reports to NMC regarding structure, activities and integration (1 page, bullet point style)	0	Hasford	R	RE	79,86
17.13d	Collect data for prognostic model analyses and epidemiological and treatment survey	0	Hasford	R	RE	73-96
17.14d	Quality control of incoming data-continued	0	Hasford Müller	R	RE	73-96
17.15e	Spreading of excellence by promotion of web-based information, educational training courses etc	0	Simonsson Hasford J Guilhot Baccarani	R, www.	PU	73-96
17.16e	Update of CML-Registry	0	Hasford J Guilhot Baccarani Simonsson	R	RP	73-96
17.17c	Analysis of gender specific issues	0	Hasford	R	RE	76
17.21c	Analysis and Validation of prognostic models	0	Hasford	R	PU	73-96
17.22c	Estimates of incidence of CML and treatment survey	0	Hasford[j]	R	PU	73-96
17.25	Manuscript on CCgR drafted	0	Baccarani, Simonnsson, J Guilhot, Hasford	R	RE	78
17.26	Web-based data entry system customized	0	Hasford, Müller	R,web	RE	78
		Sum: 0				

1.5 Work package descriptions

1.5.1 WP 1-3: Infrastructure

For abbreviations see list of associated scientists (section 2.1).

Work package number	1		Starting event:	Month 73			
Activity type	Predominantly management,sustainability, integration, spread of excellence						
Participant id							
Funded PM per part.							
Non funded Part. id	UHEI (1)						

Objectives

The NMC is the coordination center of the European LeukemiaNet. Main goal is the European integration of all major leukemia trial groups and their interdisciplinary partners with particular support of Eastern European countries. Tasks include a wide spectrum of activities like fostering communication amongst partners in- and outside the network, creating a spirit of mutual trust and cooperation, spread of excellence through guidelines and management recommendations and ensuring sustainability of the network through the quality of ongoing research in diagnosis and treatment of leukemia. A variety of PR activities account for enhanced public visibility of the network. The annual report and the planning for further periods including the financial plan are also important coordinating activities of the NMC. The NMC is located at the Faculty of Medicine, University of Heidelberg (Germany).

Description of work

The Network Coordinator is the representative of the NOE. He also serves as the chairman of the Steering Committee. The Network Coordinator assumes the overall responsibility that the network develops in accordance to its objectives. He monitors that milestones are delivered as proposed in the implementation plan. The NC is responsible for communication with the EC, as well as for marketing the project on an European level.

The Steering Committee consists of representatives (workpackage leaders) from the main partners of the network. The Steering Committee has the overall responsibility for the ELN project and takes decisions on behalf of the network. The Steering Committee determines the research objectives of the entire network, ascertains its progress, sets priorities, approves changes of work plans, seeks to find approaches to new challenges, and calls for new partners or sub-contractors.

The Scientific Network Manager ensures that the network project runs according to plan (time, cost, scope and quality). Responsibilities include planning, steering and controlling activities, problem solving and corresponding administrative tasks. The Scientific Network Manager (SNM) is the contact person for communication inside the network. The SNM plays also a key role in the communication with the European commision and is supported by the Network management center.

The Network Management Center supports the Scientific Network Manager in carrying out the overall network management on the administrative level. Network management organization is broken down into the following five core activities:

1. Finances: accountability for the financial affairs of the entire network.
2. Legal Affairs and Contracts: preparation, updating and management of the Consortium Agreement (CA) between partners, technology transfer, preparation and announcement of patents, regulation and controll of intellectual property rights (IPR), integration of SMEs, launch of competitive calls for new partners and overall contractual monitoring.
3. Dissemination of achievements and knowledge: training and education activities, organization of symposia, workshops and conferences, participation in exhibitions, scientific publications, public relations (PR). The overall organization of the Annual Network Symposium, the outstanding event of the network, falls into direct responsibility of the NMC.
4. Quality and risk management: continuous monitoring of the network's achievements, identifying,

analyzing, tracking and controlling involved risks.

5. New opportunities: emergence of additional benefits, addressing changes of the network's environment.
6. Annual acitivity and management reports, progress reports and interim deliverables reflect the overall achievements of the network and will be delivered in an accurate and timely manner.
7. Planning for upcoming periods (JPA and financial planning)

Deliverables

1.3f Operating network management, i.e.conduction of legal and contractual issues, dissemination of information and and knowledge

1.4f Operating financial infrastructure and support of initiatives to build up sustainability and durability of the network , for example setting up the ELN Foundation

1.5f Organization of internal and external reporting ensuring that milestones are effectively reached

1.6f Organization of regular meetings held by the Steering Committee

1.7f Organization of Annual Network's Symposium 2010

1.7g Organization of Annual Network's Symposium 2011

1.10f Annual reports to the EC 2010

1.10g Annual reports to the EC 2011

1.11g Continuation of public relations activities to enhance public visibility of the European LeukemiaNet

1.12f Issue of the biannual network's information letter in conjunction with ELIC

1.14f Continuation of organization of workshops, seminars, scientific meetings, conferences to enhance knowledge transfer from bench to bedside, from research centers to clinical institutions in conjunction with WP 4-9

1.17g Continous support of quality control measures, e.g., consensus protocols, quality control rounds, reference laboratories

1.20g Integrating new partners, industry and key stakeholders including patient organizations, support activities that constitute synergism, e.g. cooperations, partnership, funds

1.21g Continuous update of project presentations

1.22c Organization of panel meetings and preparation of ELN management recommendations:

- CMPD

Milestones

1.4f Operating financial infrastructure and support of initiatives to build up sustainability and durability of the network , for example setting up the ELN Foundation

1.7f Organization of Annual Network's Symposium 2010

1.7g Organization of Annual Network's Symposium 2011

1.10f Annual reports to EC 2010

1.10g Annual reports to EC 2011

1.12f Issue of the biannual network's information letter in conjunction with ELIC

1.22c Organization of panel meetings and preparation of ELN management recommendations:

- CMPD

Work package number	2		Start date:			Month 73	
Activity type	Predominantly spread of excellence, integration						
Participant id							
Funded PM per part.							
Non funded Part. id	UKF (2)	UCSC (3)	DLH (4)				

Objectives

The existing IT-infrastructure – ELN-website and European Leukemia Trial Registry ELTR – will be maintained and extended by entry of new content/new studies provided by the WPs.

An important focus of future work of ELN is also continuous information on organization of international investigator initiated trials. It is also important to transfer the experience from the ELN to stakeholder groups in order to influence the novellation of the European Drug Law.

Description of work

ELIC is responsible for coordination and integration of all internet activities, concerning the network website www.leukemia-net.org and the European Leukemia Trial Registry (www.leukemia-trials.eu). This requires efficient internal communication structures between ELIC and the network projects (study groups, diagnostics labs) as well as with other target groups (external partners, public, press & media).A major part of work is the maintenance and extension of web-content.

General approach

All network projects were continuously contacted for cooperation with ELIC and communication pathways were established. Responsible persons for different tasks were defined within each Work package (e.g. Web-Editors, Country- and Language-Advisors). Because ELIC cannot generate the whole web-content by itself, contents have to be provided by the WPs.

Website

The website is the main communication medium within the network. It is of utmost importance – especially in consideration of the external presentation of the network – to provide a user friendly and accessible Internet-presentation. The new website is based on a "Content-Management-System" (CMS), that provides the opportunity for Authors/Web-Editors with special access to create web-contents without knowledge of HTML or other computer languages. Each WP elected one Web-Editor, who is responsible for the WP-Section of the Website. For promotion of the website in the different European countries country-specific Web-advisors are requested for support. This collaboration shall be intensified.

European Leukemia Trial Registry

A major aim of the European Leukemia Study Groups is, to merge their study-specific knowledge and to initiate joint multicentre trials. To support this work, ELIC works on the build-up of an European Leukemia Trial Registry. Leukemia trials in Europe as provided by the WPs are entered in the ELTR.

Working Group on International IITs

A new project – initiated by ELIC – is the Working Group on international IITs. The major focus is on a practical and pragmatic approach to plan, initiate and conduct IITs within the ELN. This work has to be continued.

Topics of general interest

ELIC has identified research on quality of life and late effects of treatment as a new cross-sectional topic of interest in the ELN and will work to improve collaboration and present information on this topic.

Deliverables

2.2 LP reports to NMC regarding structure, activities (1 page, bullet point style)

2.24e Maintenance and extension of website-contents

2.35c Maintenance of ELTR (entry of new studies provided by the WPs)

2.47b	Continuous website-linking with European institutions
2.48b	Realization of website sponsoring and acquisition of support
2.49b	Participation in an international expert group for novellation of the European Drug Law and coauthorship for recommendations
2.52	Contribution to the impact assessment of the EU directive on clinical trials
2.53	7th information letter
2.54	Quality of life WS
2.55	Coordination and monitoring of website contents entered by other WPs
2.56	Cooperation with set-up of sponsoring concept

Milestones

2.24e	Maintenance of existing website-contents
2.35c	Maintenance of ELTR (entry of new studies provided by the WPs)
2.53	7th information letter

Work package number	3		Start date:			Month 73	
Activity type	Predominantly integration, spread of excellence						
Participant id							
Funded PM per part.							
Non funded Part. id	LMU (5)	MUG (6)	MGP (121)				

Objectives

The basic objectives of WP3, i.e., to develop, operate and evaluate central IT services supporting the network's activities, remains unchanged. This is a continuous task throughout the entire project duration.

The major goal of WP3 during months 73 – 86 is the maintenance and operation of the central IT systems already developed.

Description of work

3.31 Operation of central web-based recruitment and randomization facility

This deliverable extends the results of deliverables D3.7, D3.12, D3.18, and D3.26. The mode of operation remains essentially unchanged. Reimplementation of the randomization facility "Randolette" was successfully finished. Several new tools could be used now.

3.32 Operation of central electronic data capture facility

This deliverable extends the results of deliverables D3.8, D3.13, D3.19, and D3.27. Achieving full regulatory compliance of electronic data capture systems is a complex issue. Furthermore, requirements in capturing clinical trial data differ somewhat from requirements for non-interventional studies. To accommodate these differences, WP3 will offer different systems for both purposes. The presently available facility is suitable for data repositories of the latter type. For applications requiring GCP-compliance a commercial system is operated by WP3. However, use by research groups will incur additional licensing costs that need to be recovered from the individual research group or sponsor.

WP3 created the online data entry forms of the EUTOS CML registry and is operating the server infrastructure. Members of WP3 offer third level support for operators and administrators of the EUTOS registry.

3.33 Operation of the PID-Generator

This deliverable extends the results of deliverables D3.28. The PID-Generator is the basic part for a pseudonymization facility. It creates a unique patient-identifier for every patient in a study.

3.34 Enhancement and Operation of the analysis pipeline for DNA-Microarrays

This deliverable extends the results of deliverables D3.29. An analysis pipeline for DNA-Microarrays was developed and installed (D3.23). This service is now available for all network participants.

The pipeline has been designed to automate standard working steps such as pre-processing, determination of differentially expressed genes or annotation. The pipeline will be improved in different aspects: Functionality, computation time and usability.

The differential gene expression analysis between different chromosomal aberrations in CLL patients, as well as the comparison of their VH mutational status, is in progress. Comparison of chromosomal aberrations is also planned with microarray samples of ALL patients, together with a gene signature for this disease.

3.35 Development of a concept for extending the german AML register to a european level

WP3 is investigating ways to extend the planned national AML register to a european level. WP3 will develop a suitable technical concept. This will be presented to and discussed with interested national and

european partners.

Deliverables

3.3 LP reports to NMC regarding structure, activities and integration of national groups (1 page, bullet point style)

3.31 Operation of central web-based recruitment and randomization facility

3.32 Operation of central electronic data capture facility

3.33 Operation of the PID-Generator

3.34 Enhancement and Operation of the analysis pipeline for DNA-Microarrays

3.35 Development of a concept for extending the german AML register to a european level

Milestones

3.34 Enhancement and Operation of the analysis pipeline for DNA-Microarrays

3.35 Development of a concept for extending the german AML register to a european level

1.5.2 WP 4-9: Clinical trials

Work package number	4		Start date:			Month 73	
Activity type	Predominantly integration, jointly executed research, management						
Participant id							
Funded PM per part.							
Non funded Part. Id	UHEI (1)	LMU (5)	UU (7)	UCCE (8)	UNPO (9)	KUL (10)	HCPB (12)
Non funded Part. Id	FCI (13)	EMCR (14)	JOGU (15)	ICSMT (16)	UNIBAS (17)	AUMS (18)	AMG (19)
Non funded Part. Id	FNB (21)	AUH (22)	UNEW (23)	NUI (24)	UVSB (25)	HUCH (26)	UNITO (27)
Non funded Part. Id	JUMC (28)	HUP (29)	KKGW (30)	UBERN (31)	UTV (35)	ULZ (47)	VUMC (48)
Non funded Part. Id	NRSH (50)	APHP (56)	UHCR (59)	HSR (63)	SOTON (78)	OSM (79)	ULUND (93)
Non funded Part. Id	CEINGE (101)	HUJI (114)	TUM (118)	UKE (119)	IMU (122)	ILHB (126)	UHKT (129)
Non funded Part. Id	UNIMIB (132)	UPO (133)	SPMU (136)	CHBE (137)	MU Brno (140)	ULIV (142)	UMCD (144)
Non funded Part. Id	VUH (146)	ODKB 1 (147)	CCS (150)	NTNU (152)	KFCY (155)	NCH (157)	IPOFG (158)
Non funded Part. Id	UZA (161)	UOC (163)	FNHK (164)	RCRM (166)	UKC (167)	FNP (168)	RRIHT (171)
Non funded Part. Id	TUH (172)	NEMC (173)	SI IBPTM (174)	HSH (175)	UKJ (176)	UKA (180)	RSMU (182)
Non funded Part. Id	HCL (183)						
Non funded Part. Id							

Objectives

Cooperation between European study groups on CML has a longstanding tradition since the establishment of the group of "European investigators on CML" in 1992. Thus, the European investigators on CML represent one of the founding collaborative groups for the European LeukemiaNet. Another important background structure is the "German Comptence Network Leukemias", which was founded in 1999. WP4 has now (2009) 62 participants representing 28 countires Major goals of the WP with regard to the optimization of treatment strategies in CML are:

- Establishment of a comprehensive registry for CML patients across Europe·
- Elaboration of common definitions and guidelines for diagnostic and therapeutic procedures
- Creation of an European trial platform
- Standardization of molecular methodologies for diagnosis and follow up of CML patients
- Laboratory and experimental studies of different aspects of CML
- Spread of excellence
- Studies on and introductions of new treatments at en early stage

Description of work

Active communication was provided at WP meetings and meetings of specific groups working on particular

deliverables (e.g., registries, standardization of molecular monitoring, set up of studies with new BCR-ABL inhibitors, finalization of guidelines). Highlights are:

- Collaborative phase I-IV trials employing stem cell transplantation, new signal transduction inhibitors, new immunotherapy (incl. vaccination) and optimizing the use of TKIs (incl withdrawal) in CML. Addressing specific questions in national trials and using national data for meta-analyses
- Standardizing molecular monitoring in CML (cooperation with WP 12) (37 ELN laboratories)
- Publication of recommendations for management and molecular monitoring and update
- Further development of registries for CML patients
- EUTOS (European Treatment and Outcome Study)
- Laboratory studies of different aspects of CML

Deliverables

4.5	Regular WP meetings
4.6	LP reports to NMC regarding structure, trial activities and integration of national leukemia trial groups (1 page, bullet point style)
	Registry
4.14e	Report of study patients to registries (n > 400 per year)
	Studies
4.19f	Study imatinib + IFN or AraC, progress reports
4.22d	Study high dose imatinib vs imatinib in standard dose (CML-Study IV), progress report, publication
4.30e	Preclinical and phase 1 – 2 clinical studies of tyrosine kinase and Src inhibitors
4.36d	Phase II study of peptide vaccine to potentiate and stabilize imatinib effect in CP
4.38d	Nilotinib upfront in CP, progress report
4.40b	Long term effects of imatinib therapy, progress
4.41	Allo-SCT after second generation TKI
4.44b	Imatinib +/- hydroxyurea
4.46b	European study on imatinib withdrawal
4.49b	Imatinib D/C in patients with CmolR (STIM)
4.50b	IFN plus dasatinib front line and in MMR patients
4.51b	Optimization of imatinib treatment based on plasma imatinib level (OPTIM)
4.57	Induction/Maintenance strategies in newly diagnosed CML patients using nilotinib, dasatinib and Interferon alpha – German CML study V. Start 2010
	Lab
4.29e	Dynamics of response and resistance in CML patients treated with tyrosine kinase inhibitors beyond imatinib (AMN 107, BMS 354825). Progress reports
4.34d	European control round for BCR-ABL mRNA quantification (overlap with WP 12), progress report
4.58	Definition and European Standardization of CMR
4.35b	Mutated bcr-abl clones – level, control rounds
4.45	Allo-HSCT in LR patients. Second report
4.47b	DNA microassays in CD34 + CML cells
	Others
4.43b	Dasatinib and immunomodulation, progress report
4.48b	Quality of life during imatinib treatment
4.55b	Immunosuppressive mechanisms in CML
4.59	Relevant definitions for future trials. Manuscript 2010
4.60	Clinical Recommendations für mutation analysis in CML
4.61	A phase II trial comparing the depletion of malignant stem cells with dasatinib vs imatinib in newly diagnosed CP CML
4.62	Recommendations regarding CML biobanks

4.63	A vaccination trial with *WT1* mRNA-electroporated dendritic cells in TKI treated CML patients

Milestones

4.14e	Report of study patients to registries (n > 400 per year)
4.58	Definition and European Standardization of CMR
4.35b	Mutated bcr-abl clones – level, control rounds
4.43b	Dasatinib and immunomodulation, progress report
4.59	Relevant definitions for future trials. Manuscript 2010

Work package number	5		Start date:			Month 73	
Activity type	Predominantly integration, jointly executed research, management						
Participant id							
Funded PM per part.							
Non funded Part. Id	UHEI (1)	UKF (2)	LMU (5)	KUL (10)	EMCR (14)	UNIBAS (17)	FNB (21)
Non funded Part. Id	AUH (22)	UKM (32)	CUW (33)	LAFE (34)	UTV (35)	KI (36)	UMCN (37)
Non funded Part. Id	UULM (38)	TUD (39)	HOA (40)	MHH (41)	SLAM (43)	MUW (45)	DBCLS (46)
Non funded Part. Id	ULZ (47)	VUMC (48)	FMRR (49)	NRSH (50)	IRSC (51)	LUMC (52)	UPMC (53)
Non funded Part. Id	APHP (56)	ICR (65)	UKD (74)	KCL (75)	UHF (83)	EKUT (111)	MFUPO (133)
Non funded Part. Id	UBIR (143)	SBT (156)					

Objectives

In August 2003 WP5 (AML) started with a new consortium of 26 investigators representing 13 countries and 798 hospitals where the number of AML patients treated annually was calculated to be 4180. The 22 clinical trial groups gathering are mainly located in Europe with additional groups in Russia, Israel, and Turkey. As a general objective WP5 will further integrate and harmonize the efforts of the trial groups. Regular WP meetings, LP reports, scientific sessions and symposia will intensify the exchange of knowledge. Common standards and accreditation criteria will harmonize the procedures of treatment and trial protocols. The joint scientific and educational publications and guidelines will spread excellence to increase the general level of patient's management. The strategies involved in cross-trial networking will be perfectionated in multicenter pilot studies and the standards elaborated in the pilot studies will be expanded among the European trial groups. The management of older patients with AML will be given new attention in a special network. A closer cooperation with WP14 (stem cell transplantation) with joint sessions and meetings will help to mutually enrich the know-how about the different treatment options. The integration of a deliverable on new drugs – new targets will facilitate to transfer novel approaches into joint experimental clinical trials. Important achievements jointly done in the meantime are the new recommendations for the management of APL (Sanz et al. Blood 2009;113:1875-91 (WP 5.6)) and AML (Döhner et al. Blood 2010;115:453-74 (WP 5.13)), both representing two Europe wide consensus and guideline papers as well as milestones of the ELN.

Description of work

The European AML Network (WP5)

The implementation plan for the next period has been completed and updated by the following projects (deliverables):

5.5 Regular WP meetings, continued

The close contact and communication in the AML group is guaranteed by at least 3 annual meetings at the occasion of major conventions like ELN, EHA, ASH.

5.6 LP reports to NMC regarding structure, trial activities and integration of national leukemia trial groups , continued

The status of integration of national leukemia trial groups is regularly reported to the NMC. The integration and cooperation among these groups is also reflected by their representation and responsibilities for joint projects (deliverables)

Study Group	Deliverables
HOVON	1,2,3,9,11,12,13
SAKK	5,12
MRC	7,13
PETHEMA	2,6
Spanish Group	3
GOELAM	13
GIMEMA	11
Polish Group	10
AMLCG	1-13
AMLSG	5,13
OSHO	5,7,12
SAL	4,5,1,12
Freiburg	3,7,8,10
ALSCT	12

5.12g Current trials on novel therapies in Europe (new drugs new targets), continued

Several trial groups in Europe are currently conducting randomized studies on targeted drugs like Sorafenib, Gemtuzumab Ozogamicin, Azacytidine, Temsirolimus, Decitabine or 2-CDA and will combine and exchange their experiences at the ELN as a basis. (Holowiecki et al. Leukemia 2004;18:989-97; Lübbert et al. J Cell Biochem 2008:104:2059-70)For overview see Krug et al. Recent Results in Cancer Research 2007;176:243-262, Curr Opin Hematol 2010;17:85-90.

5.13f Pilot study, treatment in subgroups defined by genetic markers, up-front randomized, intention-to-treat, continued

This specific type of prospective trial using a strict up-front randomization as practiced by the AMLCG has now been proven successful by a reproducible intention-to-treat analysis of treatment variables in defined risk groups (Büchner et al, JCO 2009:27(1):61-9; Büchner et al. JCO 2006:24(16):2480-9, Büchner et al. Blood 2009;114:200 (abstr.485))

5.15f Pilot study AML Intergroup and a European AML network, continued

As a pilot study for cross trial networking in Europe, the AML Intergroup, a network of 5 German multicenter AML trials, has been conducting a joint trial. As in the AMLCG (see 5.4) a strict up-front randomization was used and the 5 trials were combined in addition by a common standard arm to which 10% of patients in each trial were up-front randomly assigned. The patients accrual could be closed in January 2008 with a total of more than 3000 patients. This AML Intergroup trial requires another 3 years of observation time beyond the end of patients accrual The most recent update now projected to 4-5 years confirms a very similar outcome of the 5 different treatment strategies and the common standard treatment in terms of overall survival and relapse free survival. The standard arm thus comes up as well substantiated and representative treatment strategy ready to be taken over by other groups as a basis to test novel therapeutic approaches. Hence, the German Study Alliance Leukemia (SAL) is currently using the Intergroup standard arm for validating targeted agents like Sorafenib, Gemtuzumab Ozogamicin, Azacytidine, and Temsirolimus. The extension of the Intergroup model over Europe is under intensive discussion after the Intergroup standard arm has been definitely proven equivalent to various modern treatment strategies including intensified induction treatment or intensification by autologous or allogeneic stem cell transplantation adapted to the individual risk profile. From this last update the various European multicenter trial groups have strong arguments for establishing the Intergroup model and common standard arm and could possibly obtain the approval of their authorities for this step. The ELN will further provide a platform of communication among the networking trial groups in Europe. (Büchner et al. Leuk Res. 2002 Dec;26(12):1073-5 Leuk Res. 2004 Jun;28(6):649-50, Büchner et al. J Clin Oncol 26:392s suppl Abstract 7080 ASCO 08)

5.16f Establishing a European network on management of acute promyelocytic leukemia, continued

Unlike in general AML, in acute promyelocytic leukemia a sufficient amount of data, experience and

evidence has been accumulated to define a uniform strategy for this kind of acute leukemia, both in the first line treatment according to the Spanish PETHEMA protocol, and for the relapse disease according to the German recommendations. An up-to-date guideline paper has been accepted for publication (Sanz et al, Blood 2009;113:1875-91).

5.17f Establishing a European network on management of AML in older patients, continued

As for AML in patients under age 60 also for older patients a cross trial network shows early experiences. During this process new data about age related disease biology and dose response have been contributed (Büchner et al. JCO 2009:27(1):61-9).

5.18f Develop frailty index for leukemia in older patients, continued

As a particular basis for therapeutic trials in older patients including cross trial networking a practicable score of frailty has been discussed and is under further elaboration. First results have been presented (Krug et al. Blood 2009;114:138 (abstr.327))

5.21e Harmonizing the criteria of biologic subgroups, risk categories and treatment strategies for patients with AML in Europe, continued

There is an increasing harmonization of risk and treatment criteria within the related European Group.

5.25b Epigenetic pattern of AML with respect to patients age and risk profile, continued

After cytogenetics, newly detected mutations and gene expression profiles substantially contributed to the risk assessment of the individual patient, new projects are now addressing epigenetic changes such as DNA methylation and their genome wide pattern to further elucidating the disease biology and detecting therapeutic targets. In particular, questions about the prognostic differences between younger and older age AML may be answered by investigating the epigenetic signatures. Large groups in Europe will cooperate on the basis of their multicenter trials and biomaterial banks. (Agrawal et al. Cancer Res. 2007 Feb 1;67(3):1370-7) A multicenter project on epigenetics is now funded by DFG (Müller-Tidow and Büchner)

5.26b Growth factor priming in AML: Long-term results, continued

The modulation of antileukemic chemotherapy with hematopoetic growth factors given before and together with chemotherapy has shown promising though controversial results and requires new updates for the long-term effects Europe-wide. (Löwenberg et al. NEngl J Med 2003;349:743-52; Büchner et al. N Engl J Med 2004;350:2215-6; Amadori et al. Blood 2005;106:27-34). For recent report see Büchner et al. Blood 2009;114:200(abstr.485)

5.27b European cooperation of trialists on the evaluation of allogeneic and autologous stem cell transplantation, continued

The community of trialist on allogeneic and autologous stem cell transplantation is mainly relying on retrospective evaluation and is now about to initiate prospective trials for AML in various situations. A European cooperation may make alloSCT as a main therapeutic option earlier available even in older patients. (Cornelissen et al. Blood 2007;109:3658-66; Stelljes et al. Blood 2005;106:3314-21)

5.28 European recommendation on diagnostic, classification and treatment of AML

Since about 2 years a combined European/USA expert panel has been elaborating updated recommendations on the management of AML and a comprehensive publication is in preparation. (Döhner et al. Blood 2010;115:453-74)

Deliverables

5.5	Regular WP meetings, continued
5.6	LP reports to NMC regarding structure, trial activities and integration of national leukemia trial groups , continued
5.12g	Current trials on novel therapies in Europe (new drugs new targets), continued
5.13f	Pilot study, treatment in subgroups defined by genetic markers, up-front randomized, intention-to-treat, continued
5.15f	Pilot study AML Intergroup and a European AML network, continued
5.16f	Establishing a European network on management of acute promyelocytic leukemia, continued
5.17f	Establishing a European network on management of AML in older patients, continued
5.18f	Develop frailty index for leukemia in older patients, continued
5.21e	Harmonizing the criteria of biologic subgroups, risk categories and treatment strategies for patients with AML in Europe, continued
5.25b	Epigenetic pattern of AML with respect to patients age and risk profile, continued
5.26b	Growth factor priming in AML: Long-term results, continued
5.27b	European cooperation of trialists on the evaluation of allogeneic and autologous stem cell transplantation, continued
5.28	European recommendation on diagnostic, classification and treatment of AML

Milestones

5.15f	Pilotstudy, AML Intergroup and a European AML network, continued
5.16f	Establishing a European network on management of acute promyelocytic leukemia, continued
5.27b	European cooperation of trialists on the evaluation of allogeneic and autologous stem cell transplantation
5.28	European recommendation on diagnostic, classification and treatment of AML (European AML guidelines, updated)

Work package number	6		Start date:			Month 73	
Activity type	Predominantly integration, jointly executed research						
Participant id							
Funded PM per part.							
Non funded Part. id	UKF (2)	UU (7)	UCCE (8)	FCI (13)	EMCR (14)	FNB (21)	SLAM (43)
Non funded Part. id	MUW (45)	DBCLS (46)	NRSH (50)	LUMC (52)	OORB (54)	APHP (56)	CHUA (58)
Non funded Part. id	UHCR (59)	MSCM (60)	ICOH (70)	UCL (117)	UHBristol (160)		

Objectives

Integrating activities

- Maintenance of central management structures
- Development of standardized laboratory procedures for diagnostic confirmation
- Overview on prognostic factors used in the different trials
- Overview on ongoing European studies in ALL with a study registry
- Discussion of results and future plans of the national ALL study groups

Jointly executed research activities

- Combination and standardization of methods, definitions and clinical application of MRD
- Phase I-III intergroup studies

Spread of excellence

- Internet-based information on adult ALL
- Evidence-based guidelines for diagnosis and treatment of ALL
- Presentation of the network at national and international meetings
- Extension of network

Description of work

Central management structures

Maintenance and further development of the working group structure, definition of working groups, distribution of tasks, communication with participants, mailing lists, general action plan

- Maintenance of a central management office
- Reporting towards the management center and the EU
- Maintain communication by organisation of regular WP meetings

European studies in adult ALL

- Extend the registry of ongoing studies in adult ALL in Europe
- Activate new studies

Spread of excellence

- Forward continuously information (projects, addresses, hospitals, consensus documents, meeting protocols etc.) to Information Center for internet publication
- Organize educational symposia during national/international meetings
- Organize the EWALL as an EHA working group

- Publish consensus recommendations

Deliverables

6.5	Regular WP meetings and symposiums (during international meetings)
6.20	WP Management including reports
6.21d	Extension of web-based information and communication services on ALL, continued
6.24e	Support of newly funded European study groups and education
6.25e	Extension of registry of ongoing European ALL studies
6.27e	Activation of further joint European studies
6.28e	Publication of Consensus Paper
6.29e	Coordination of the EHA ALL Working Group

Milestones

6.28e	Publication of Consensus Paper
6.29e	Coordination of the EHA ALL Working Group

Work package number	7		Start date:			Month 73	
Activity type	Predominantly integration, jointly executed research						
Participant id							
Funded PM per part.							
Non funded Part. id	UHEI (1)	UKF (2)	UCSC (3)	LMU (5)	UU (7)	UDB (8)	KUL (10)
Non funded Part. id	HCPB (12)	FCI (13)	EMCR (14)	FNB (21)	NUI (24)	UVSB (25)	JUMC (28)
Non funded Part. id	CUW (33)	KI (36)	UULM (38)	TUD (39)	HOA (40)	CHUV (44)	MUW (45)
Non funded Part. id	DBCLS (46)	ULZ (47)	APHP (56)	IP (61)	KUK (62)	HSR (63)	UVSR (64)
Non funded Part. id	ICR (65)	RBH (66)	UMWL (67)	CHUC (68)	AZUA (69)	KCL (75)	IRCCS (77)
Non funded Part. id	SOTON (78)	UHF (83)	USAL (87)	CUB (88)	ULUND (93)	QMUL (95)	UDSP (96)
Non funded Part. id	UKSH (99)	AMW (109)	JBI (112)	UMG-GOE (130)	UOY (131)	SMC (134)	CHBE (137)
Non funded Part. id	QUB (141)	ULIV (142)	VUH (146)	IPOFG (158)	IMGGE (162)	FNHK (164)	NEMC (173)
Non funded Part. id	ULg (181)	UOCO (183)					

Objectives

- Performance of regular and highly recognized meetings in Europe
- Update, improvement and maintenance of web-based information and communication-services but also educational services on CLL
- Exchange of study protocols of open clinical trials, information on structure and trial activity of national CLL trial groups
- Continued follow up and future evaluation of early and advanced stage CLL patients who have been observed or treated with a FC/FCR based regimen
- Data safety monitoring in clinical trials on CLL in Europe
- Harmonization of clinical study protocols and trial accessories between national CLL study groups
- Expansion of a European-wide recognized platform for phase I/II trials in CLL
- Completion of a European survey on treatment modalities in CLL patients
- Harmonization, consensus, online support for interpretation and collection of "problematic cases" in IGHV gene mutational analysis
- Harmonization and quality control of MRD diagnostics, development of guidelines for MRD analysis via 6-color flow cytometry
- Harmonization and quality control of ZAP70 diagnostics in CLL
- Continued collection & intensified investigation of functional aspects of p53 mutation
- To improve the availability and accessibility of trials for patients with the rare CLL related entities T-PLL and PLL
- Updated recommendations for (allogeneic) stem cell transplantation (SCT) in T prolymphocytic leukemia (T-PLL)
- Implementation of a transnational, professional and centralized long-term follow-up of CLL patients in European trials
- Promotion of ERIC for the sustainability of WP7

Description of work

7.5 ERIC performs successful WP meetings on a regular basis

As every year, 3 business meetings and one scientific workshop were held by ERIC/WP7 in 2009:

- 19th ERIC Meeting at the 6th Annual Symposium of the ELN, Wednesday, February 03, 2009 Attendance: Approximately 45 participants from EU and non EU countries
- ERIC/EHA Scientific Meeting/Workshop at the European Hematology Association (EHA) Congress, Berlin, June 04 Attendance: Approximately 120 participants from EU and non EU countries. As mentioned in recent reports, for the past years the annual EHA congress has become a fixed meeting venue for a series of very successful Scientific Workshops/Meetings, carried out by ERIC/WP7. In 2009, the tradition was continued by ERIC, now additionally representing a Scientific Working Group of EHA, with a series of invited top speakers from Europe and the U.S. (see agenda attached). As an overall topic of the meeting "The role of the microenvironment in CLL" had been selected by the Scientific Committees of ERIC, reflecting one of the current hot topics and fields with most progress in CLL research. The scientific workshop was highly anticipated and visited by members and other EHA congress attendees.
- 20th General Meeting of ERIC Members, Berlin, June 04, 2009 Attendance: Approximately 80 participants from EU and non-EU countries Prior to the official scientific workshop in Berlin (see 2.), a separate "business meeting", open to members and any newly interested EHA visitors, was held, focusing on comprehensive updates of ongoing and potential new project activities of ERIC (see agenda attached). Slides presented at the meeting were published on the ERIC webpage (www.ericll.org).
- 21st General Meeting of ERIC Members, New Orleans, December 07, 2009 Attendance: Approximately 50 participants from EU and non EU countries As every year, the ERIC/WP7 community was gathering in context of the "ASH Breakfast Meeting" carried out by the ELN at the annual congress of the American Society of Hematology (ASH, New Orleans, USA). 0ne major topic of interest was the current and future funding situation of ERIC/WP7. Besides usual short updates to current/new project activities, mainly strategies to launch future funding options from private and industrial sources were discussed.

The next ERIC assembly is going to place in Barcelona/Spain during the Annual Congress of the European Hematology Association in June 2010.

7.9f Exchange of study protocols of open clinical trials, information on structure and trial activity of national CLL trial groups

The development of new potential curative treatment modalities for CLL and related diseases is one long-term goal of WP7/ERIC. Therefore, one ERIC objective is to support phase I/II/III trials with new agents alone or in combination with established therapies (purine anaologues, alkylating agents) in CLL and/or related entities. According to previous reports, the following protocol exchanges have been active within ERIC:

- Protocol on chemoimmuntherapy with FCR versus watch and wait in early CLL; German/French study groups
- Protocol on chemoimmuntherapy with FCR versus FC, international CLL8 trial (German CLL study group and various international trial centers).
- Protocol on recommendations for stem cell transplantation in T prolymphocytic leukemia (T-PLL) and development of a national registry documentation for transplant cases in T-PLL (responsible: P. Dreger, Heidelberg/Germany)

CLL cases with p53-abnormalities are continuously collected on a molecular and clinical basis (including sequence characteristics but also clinical routine data) by the p53 working group (responsible: Stephan Stilgenbauer, Ulm, Germany), as previously described. This deliverable belongs to the long-term efforts of WP7/ERIC and fulfilment will last up to and exceed month 86.

7.10d Common data safety monitoring boards in clinical trial on CLL in Europe

The first exemplary Data Safety Monitoring Board (DSMB) within ERIC was constituted for the ERIC supported clinical trial protocol on Binet stage A CLL patients., comparing early treatment with FCR versus watch& wait in high risk CLL (CLL7 trial of the German and French CLL study groups). Eva Kimby (Stockholm/Schweden) and Peter Hillmen (Leeds/UK) have been selected as independent reviewers of data

acquired within this transnational study for any interim, final or follow up analysis in future. The DSMB has been instituted by the German and French CLL study groups to review the clinical plausibility and safety of data collected during the study, as previously described. Data for a first interim analysis are expected to be available in spring 2011, and represent the first peak of activity of the DSMB. With respect to ongoing and presumably long lasting trial follow up in the CLL7 trial (due to included early stage CLL patients with long times to progression), the ERIC based DSMB will be a continuously working and developing institution beyond month 86 of funding.

7.11f Web-based information- and communication services on CLL refined and up-dated
One of the major goals of WP7/ERIC is to maintain and spread updated information on the mission, goals and activities of ERIC/WP7 to clinicians/scientists, who are interested and/or active in the field of CLL. During the past 12 months the content of the ERIC core webpage (http://www.ericll.org) has been maintained and updated on a regular basis. Upcoming meetings, meeting agendas and minutes have been announced on the web page regularly. In addition to the core web page, the concordance of project specific web pages for "the harmonization of MRD analysis in CLL" (deliverable 7.24, www.mrd-cll.org) and the "ERIC consensus and review board on IGHV-analysis in CLL" (deliverable 7.23, www.ericll.org/projects/IGVHMutationalAnalysis.php) require additional web skills and high maintenance efforts: Continuous improvements and further development of the webpage setup, programming, structure and contents are ongoing.

7.16f Harmonization of clinical study protocols and trial accessories between national CLL study groups
The harmonization of clinical study protocols and trial accessories between national CLL study groups has been exemplary initiated within deliverable D7.8 (treatment of early stage, high risk CLL with FCR versus watch and wait). In this pilot trial, the harmonization of the complete data management process including data documentation, handling of queries, adverse events, SOPs etc. between the cooperating study groups in Germany, France and other participating countries has been difficult, and by far more time and man power consuming than originally assumed. It also exceeded the input and operating expenses provided by each country for the "regular" trial conduction. As one successful step within the past 12 months, two data bases with an agreed framework consensus of patient data items have been established between German and French study groups in collaboration with the company WISP (Wissenschaftlicher Service Pharma GmbH, Langenfeld, Germany). While quality control and assurance activities by data base programmers on both sides are ongoing, both countries continue to collect completed CRFs and continue to perform continuous medical review, query processing and monitoring of participating study sites. The goal of deliverable this project is to create exemplary harmonized trial accessories required to ensure high data quality in transnationally performed clinical trials. Setup of a completely harmonized and audit-withstanding clinical trial between several countries continues to stay a big challenge for established study groups. According to our experience it is not accomplishable for public study groups without industrial support and funding. Further progress of this deliverable will take at least further months up to month 86 and requires an increased number of person-months.

7.19d Continued follow-up of patients with advanced CLL treated with FCR/FC – progress report
The treatment of advanced CLL with fludarabine, cyclophosphamide with or without addition of rituximab (FC versus FCR) has been investigated as multinational open-label randomized phase III trial on behalf of the GCLLSG and multiple European and international centres, also represented within ERIC. In addition to the first analysis of trial data in 2008, a follow up evaluation of available data was performed and presented at the recent ASH congress in New Orleans in December 2009 (see Hallek et al., ASH 2009, details described in activity report). In summary, the project confirmed that treatment with FCR chemoimmunotherapy is more effective than FC chemotherapy in previously untreated CLL patients. Furthermore, for the first time a survival benefit was demonstrated in a randomized setting for first-line treatment in CLL. The results corroborate the recommendation to use FCR as standard treatment in physically fit patients with CLL and in need of therapy. Future work for the deliverable includes a continuous follow up, data cleaning and management of continuously incoming data for long-term evaluation of patients and update trial outcomes. Data of the first analysis have been submitted for full publication. Thus, this project is fulfilled, however, long-term follow-up requires ongoing action, which comprises a new ERIC/WP7 deliverable.

7.20e European platform for phase I/II trials
In the past funding periods the difficult aspects of performing clinical trials in rare disease entities have been discussed intensively in our activity reports at the examples of two exemplary trial protocols on B-TPLL and T-PLL. Despite tremendous efforts by local and European wide study groups, the spread of trial information via ERIC and negotiations with companies and application for public funding, as previously described, it was

not possible to overcome financial and regulatory requirements to launch these trials in the sponsoring countries so far. This has been disappointing for responsible investigators, the ERIC community and patients. Current rescue strategies are considering re-application to public funding opportunities and design of a register trial. Further ideas and strategies are currently discussed among ERIC investigators and will be topic of future ERIC meetings. Thus deliverable will be a continuous task of ERIC/WP beyond month 86.

7.21e European survey on treatment modalities in CLL patients

Under guidance of Vincent Levy (Paris), ERIC is performing a prospective multicenter international internet-based survey on clinical CLL practice. Aim of the project is the evaluation of treatment modalities and behaviour of clinicians in selecting diagnostic and treatment regimens for CLL patients in different situations of clinical disease presentation. As an assessment tool, 7 CLL specific case vignettes are used, which have been shown to be valid tools to assess the quality of clinical practice. The study is conducted among hematologists within Europe, Israel, South America and Australia, actively engaged in treating CLL patients, participating or not in clinical trials and from all types of medical structures (from private practice to large tertiary centres). Within the past 12 months the following steps have been accomplished: After an initial phase of vignette quality assessment and control the study is currently running in second phase and evaluated as a large-scale European and International survey. Contacts to European and other countries interested in participation have been partially established via ERIC. This project is ongoing, and will last until beyond month 86 for being fully accomplished.

7.23d Harmonization, consensus, online support for interpretation and collection of "problematic cases" in IGHV gene mutational analysis

The "IGHV"-working group within WP7/ERIC is dedicated to standardize, harmonize and teach the correct way of mutation-analysis of rearranged immunoglobulin heavy chain variable (IGHV) region genes in patients with CLL. The IGHV group has established a very successful online system, offering online consultation/support for centers having difficulties in interpreting IGHV sequences and collecting IGHV sequences from participating centers throughout Europe (see previous activity reports). In 2009 the IGHV group had the following activities:

- Continuous web-based/online support for trouble-shooting in IGHV sequence analyses.
- The IGHV group was collaborating with IMGT (International Immunogenetics Information System) in order to refine the programmed analytical tools for the automated IGHV sequence analysis and alignment with germline sequences offered by www.imgt.org (IMGT/V-Quest). With the implementation of new bioinformatic/programmed tools, the detection and denomination of insertions, duplications and deletions with the IMGT/V-Quest system has been improved tremendously. Clinicians/scientists using IMGT/V-Quest can now retrieve more comprehensive and detailed information about inserted/deleted or duplicated nucleotides, when analyzing an affected IGHV sequence case.
- According to last year the "IGHV group" performed a very successful teaching workshop on IGHV mutational analysis in Thessaloniki (Greece) in September 24/25 2009, sponsored by the ELN/ERIC and industrial support. Again 60 physicians/scientists (25 applications had to be turned down!) from more than 15 countries participated in the two-day course about the methodology, sequencing, interpretation and reporting of IGHV analyses.
- Following the very successful first book release (title: "Immunoglobulin gene analysis in chronic lymphocytic leukemia"), which was also supported by the ELN/ERIC, the IGHV working group is currently preparing another book release (topic: "biological diagnostic markers in CLL").

Other scientific activities of the group in future include the work on bioinformatic tools to improve the analysis of incomplete immunoglobuline VDJ rearrangements and the creation of an user alerting system for troubled immunoglobuline sequences in the IMGT/V-Quest system. Overall, the accomplishments of this prospering working group within ERIC provide long-term benefits and output for the general scientific community and will last beyond month 78.

7.24d Harmonization and quality control of MRD diagnostics

The MRD (minimal residual disease) working group under guidance of Andy Rawstron (Leeds, UK) focuses on continuous improvements and standardization of MRD analysis techniques in CLL, as described in earlier activity reports. Besides the ongoing online support provided by the management and maintenance of an ERIC-connected MRD web page (www.mrd-cll.org), the working group continues to work on the following goals:

- To develop a quality control system for MRD analysis which simplifies a sort of "screening" assay for routine MRD assessment in CLL

- To develop a standardized 6-colour flow cytometric assay running under the quality control aspects developed above.

Compared to 2008, ongoing activities of the working group in 2009 have not changed and concentrate on the following aspects.

1. To determine optimal antibody combinations by investigating electronically manipulated data in 4/5/6-color formats
2. To conduct dilution studies between European wide participating centers: representative data files were sent to Milano, Kiel & Barcelona and are under investigation
3. To establish/re-develop a "rapid screening approach" of MRD by flow cytometry using the minimally required antibody combination for the highest number of correct MRD estimations (500 cases are tested so far, further tests are ongoing, this approach may be highly effective during treatment but response assessment usually requires a full MRD panel)
4. To establish, evaluate and improve an MRD quality control data analysis scheme: First e-trial-results have been collected from 16 centres (of 31 registered, each centre has to process a given CLL case with a certain amount of residual CLL cells and denominate the number/percentage of detected CLL cells)
5. Collection and review of difficult MRD cases, discussion and continuous online support

The accomplishment of these tasks has to be continued under the auspices of ERIC beyond month 86.

7.26d Collection & investigation of functional aspects of p53 mutation

The "p53 working group" within ERIC comprises a very active subgroup of scientists/clinicians from 9 European countries interested in p53 (a tumor suppressor inactivated in several tumor subtypes, also in a subgroup of CLL patients with very poor prognosis) related translational and basic research.

Within the past year the following activities have been accomplished:

- A large series of 268 different p53 mutations in 254 patients has been collected and characterized comprehensively. Detailed results were published by the p53 working group in several journals or at ASH (see Zenz et al., ASH 2009, Blood 2009 and Leukemia & Lymphoma 2009)
- Further focus of the p53 working group is to retrieve clinical correlations between p53 mutations and treatment outcome and longterm prognosis in clinical trials. Therefore, the group is promoting "p53 trials", where refractory CLL patients with or without affected p53 gene loci can be included.
- A "p53 workshop" for ERIC members and interested non-members to encourage scientific exchange and discussion on p53-related topics in CLL was performed in context of the ERIC meeting at the EHA congress in Berlin, June 4, 2009. The workshop was very well anticipated and visited by ca. 50 participants. Due to its success, the working group is planning to set up p53-workshops on an annual basis, if respective funding is available.

The deliverable has been successfully established and produced publishable results. However, due to the biological and clinical high relevance of p53-aberrations for CLL treatment outcome and prognosis, the deliverable will be an ongoing and long-lasting "task-force" of ERIC.

7.27d Phase I/II trial platform for the treatment of rare subentities T-PLL and B-PLL

With the phase I/II trial platform launched in deliverable 7.20, the successful activation of trials in the rare CLL related disease entities of prolymphocytic leukemia has been one focus of WP7/ERIC (please see chapter 7.). Besides the regulatory issues, which have so far prevented a successful activation of intergroup trials on B- and T-PLL, WP7/ERIC has at least worked on improved diagnostic criteria for these two diseases. The creation of a common diagnostic platform on prolymphocytic diseases in Germany with a new central reference laboratory in Cologne (responsible: Dr. Marco Herling, University of Cologne) has been one step forward within the past year. First diagnostic samples have been received and processed by the Cologne laboratory. Other European diagnostic laboratories interested in PLL-diagnostics have shown their interest and willingness to collaborate for future European wide trials on PLL-related diseases. This project is ongoing beyond month 86.

7.28b Recommendations for (allogeneic) stem cell transplantation (SCT) in T prolymphocytic leukemia (T-PLL)

About 2 years ago WP 7/ERIC and WP14 ("Stem Cell Transplantation") established a European platform for transplantation studies as a joint effort via ERIC in cooperation with the CLL subcommittee of the EBMT (European group for blood and bone marrow transplant, responsible subcommittee chairman: Peter Dreger, Heidelberg/Germany). Both groups have been collaborating to define "recommendations for (allgeneic) stem cell transplantation (SCT) in T prolymphocytic leukemia (T-PLL)". The final edition of the recommendations has been published on the ERIC webpage (www.ericll.org), as previously described (deliverable partially

fulfilled). Since it has been impossible under the current regulatory framework to perform an international prospective trial on stem cell transplantation in T-PLL , the EBMT has established a register trial, were transplanted T-PLL patients can be registered and be evaluated retrospectively. In addition to retrospective patient registration and analysis, 23 European centers have agreed to register T-PLL patients prospectively, prior performance of their transplantation, to allow early data collection and evaluation. The trial is supported by ERIC and first data status and results of 13 autologous transplanted patients, 52 allogeneic transplanted patients and 27 prospectively registered patients were discussed at the latest ERIC meeting in New Orleans. This deliverable will stay a long-lasting activity of ERIC/WP7 with fulfillment beyond month 86. Main goal of the activity is to intensify networking between WP7 and WP14 as well as the exchange and spread of expertise and trial efforts on stem cell transplantation in CLL.

7.29b Improvement of long-term follow-up of CLL patients in European trials

One of the recently launched ERIC projects is the implementation of a new trial system to collect long-term follow-up data in randomized phase III trials within Europe. Previously published phase III trials in CLL show median observation times ranging from 22 to 41 months, most of the trials exhibit only around 2 years of observation time. One reason for the unacceptable availability of long-term follow up data in clinical trials is the limited affordability for non-commercial study groups to accomplish long-term follow up data collection, management and evaluation. The ERIC trial system is planned to be conducted as a web-based repository, further details have been described in the last activity report. The project is aiming to collect long-term data including the following items: the date of the annual follow-up, status of the patient (alive/dead), disease status (CR, PR, SD or PD), incidence of secondary diseases, further therapies and responses and death related informations. Responsible leaders of this project are Peter Hillmen (Leeds, UK) and Barbara Eichhorst (Cologne, Germany). Within the past year negotiations with companies have been carried out to set up legal, ethical and practical requirements for the project. In collaboration with a CRO company, ICON, first steps to realize the follow up trial system have been undertaken and were presented and discussed at the last ERIC meeting in New Orleans. Currently, the group is working on solutions for the complex ethical situation regarding approval to acquire long-term follow up data on a European level, the setup of the remote trial system available for multiple countries, the governance of data flow, management and the overall system, and the maintenance of long-term confidence of investigators participating in the long-term follow-up system. The deliverable is ongoing and will last beyond month 86.

7.30b Promotion of ERIC for the sustainability of WP7

The main goal of ERIC is to promote the development and sustainability of excellent clinical, translational and basic research activities on CLL. To accomplish this goal on a long-term basis and sustain ERIC as a European- and world wide recognized platform for CLL research, in 2010 the ERIC Board and Subcommittees as well as the newly established ERIC office in Barcelona are focusing on the following objectives:

- to consolidate a professional secretariat office in Barcelona which allows further improvement of the structure and administrative organisation of ERIC.
- to consolidate the different working groups/subcommittees by facilitating the organization of specific scientific meetings and
- to facilitate effective transversal collaboration between the different working groups.
- to set up an annual retreat commencing in 2010 where leaders of the working groups/subcommittees together with the Board can establish long-term strategies/goals plus set a strategic research agenda for the coming year.
- to promote new projects in different research areas of interest in CLL.
- to maintain and further improve the ERIC website (www.ericll.org) by creation of an online database for scientific material provided by the different working groups and speakers during ERIC meetings; further by creation of an educational link system (ie, including publication of difficult clinical cases)
- to raise future funding sources from European institutions and pharmaceutical companies.
- to establish permanent communication with different professional societies (European Hematology Association, European Bone Marrow Transplantation) and to disseminate information to/between them.
- to encourage publications within ERIC aimed at the above mentioned aims.

Deliverables

7.5	Regular WP meetings
7.6	LP reports to NMC regarding structure, trial activities and integration of national leukemia trial groups (1 page, bullet point style)
7.8f	Treatment of early stage, high risk CLL with FCR -continued
7.9f	Exchange of study protocols of open clinical trials, information on structure and trial activity of national CLL trial groups
7.10d	Common data safety monitoring boards in clinical trial on CLL in Europe
7.11f	Web-based information- and communication services on CLL refined and up-dated
7.16f	Harmonisation of clinical study protocols and trial accessories between national CLL study groups
7.19d	Continued follow-up of patients with advanced CLL treated with FCR/FC – progress report
7.20e	European platform for phase I/II trials
7.21e	European survey on treatment modalities in CLL patients
7.22b	Notarial institution/foundation of the ERIC association
7.23d	Harmonization, consensus, online support for interpretation and collection of "problematic cases" in IGHV gene mutational analysis
7.24d	Harmonization and quality control of MRD diagnostics
7.26d	Collection & investigation of functional aspects of p53 mutation
7.27d	Phase I/II trial platform for the treatment of rare subentities T-PLL and B-PLL
7.28b	Recommendations for (allogeneic) stem cell transplantation (SCT) in T prolymphocytic leukemia (T-PLL)
7.29b	Improvement of long-term follow-up of CLL patients in European trials
7.30b	Promotion of ERIC for sustainability of WP7

Milestones

7.5	Spread of excellence by high-quality scientific and educational meetings and workshops
7.22b	Notarial institution/foundation of the ERIC association
7.23d	Harmonization, consensus, online support for interpretation and collection of "problematic cases" in IGHV gene mutational analysis
7.24d	Harmonization and quality control of MRD diagnostics
7.26d	Collection & investigation of functional aspects of p53 mutation

Work package number	8		Start date:			Month 73	
Activity type	Predominantly integration, jointly executed research						
Participant id							
Funded PM per part.							
Non funded Part. id	UHEI (1)	UKF (2)	KUL (10)	FCI (13)	ICSMT (16)	UNIBAS (17)	UKM (32)
Non funded Part. id	CUW (33)	LAFE (34)	KI (36)	UMCN (37)	TUD (39)	HOA (40)	MHH (41)
Non funded Part. id	DBCLS (46)	VUML (48)	IRSC (51)	APHP (56)	SJH (71)	FCG (72)	UKD (74)
Non funded Part. id	KCL (75)	CHUL (76)	IRCCS (77)	UHF (83)	USAL (87)	CUB (88)	ULUND (93)
Non funded Part. id	UNIPV (98)	UKSH (99)	UNIP (104)	UKE (119)	IMU (122)	MLL (127)	UHKT (129)
Non funded Part. id	UOY (131)	TMC (134)					

Objectives

The collaborators of this network established a European platform for integration of MDS trial groups and their interdisciplinary partners. This infrastructure prevents European fragmentation. The platform communicates and decides about diagnostic standards, prognostic tools, new molecular targets for new treatment modalities, and guidelines for various treatment approaches. Clinical trials can be performed on a European scale. In addition, a low Risk MDS registry started to determine incidence and disease patterns. Several side studies have been implemented within the Registry study: such as morphology review, iron pathophysiology studies, and evaluation of quality of life assessment tools.The registry will be extended to high-risk MDS. Furthermore, the GIMEMA ELN cooperative quality of life study (QoL-MDS0108) started to investigate the possible added prognostic value of patients' judgment on their own health status and its potential clinical implications. This observational study is also going to be part of the ELN high-risk MDS registry.

Description of work

The collaborators of this network established a common platform with information structures amongst the investigators at the epidemiological registries, the molecular biology laboratories, and the clinical trial groups. This platform will communicate and decide about updating diagnostic and therapeutic guidelines, prognostic tools, criteria of response, and new treatment modalities. We implemented the new WHO classification into the ELN diagnostic guidelines and we are preparing implementation of the new flowcytometric protocols, cytogenetic and molecular data into a new diagnostic guideline for MDS. We addressed the impact of new drugs, like lenalidomide on the new version of the therapeutic guidelines., The list of trials by MDS study groups is annually updated. WP8 has been active in communication and education; we organized 11 workshops, symposia and meetings in 2009. The low risk MDS registry has proven its value by a monthly accrual of 40 to 50 patients during the first 18 months of the study leading to the first interim analysis presented at the ASH meeting in 2009, to the addition of new countries. Plans for longer follow-up and extension to more patients and high-risk MDS patients are in an advanced stage.

Deliverables

8.5 Regular WP meetings

8.6 LP reports to NMC regarding structure, trial activities and integration of national trial groups (1 page, bullet point style)

8.49b	Maintenance of the MDS WP8 section of ELN website
	Diagnostic Guidelines
8.25a	Yearly update of the guidelines for diagnostic standards in MDS and presentation on the ELN website
8.25b	Integration of immunophenotyping in diagnostic guidelines in MDS
8.25f	The results of the second Workshop on flow cytometry in MDS (Oct 2009 in Munich, Germany) will result in a publication
8.25g	The third international Workshop on flow cytometry in MDS- will be held on Oct 2010 in London, UK (host: Dr. R. Ireland chair: AA van de Loosdrecht)
	Therapeutic Guidelines
8.27a	Yearly update of the guidelines for therapeutic procedures in MDS and presentation on the ELN website
8.27c	Web-based scenario analysis by the experts for development of evidence and consensus based guidelines for therapy of MDS
8.27d	Report of web based training program based on scenario analysis and consensus based guidelines for therapy of MDS developed by experts in this field
8.29	Development of a web-based training program using virtual patients to exercise the therapeutic guidelines and supervised by experts and European clinicians
8.29a	Evaluation of web-based scenario analysis experts versus trainees
	Trials
8.31	Yearly update of a list of all trials by MDS study groups in Europe
8.51d	Impact of frailty index on various therapeutic approaches, supportive care, hypomethylating agents, intensive anti-leukemic therapy
8.57	GIMEMA-ELN QoL - MDS 0108 study. Prognostic significance and longitudinal assessment of patient-reported quality of life and symptoms in high risk myelodysplastic syndromes. Obtain additional key data to further facilitate clinical decision-making in MDS patients
	MDS registry
8.54	Monthly progress reports of the prospective, non-interventional multi-center European MDS Registry (IPSS Low and Intermediate-1) project
8.54f	First presentation on follow-up data of the prospective, non-interventional multi-center European MDS Registry (IPSS Low and Intermediate-1) at the ASH meeting 2010
8.54g	Second interim analysis (800 patients) entered in the prospective, non-interventional multi-center European MDS Registry (IPSS Low and Intermediate-1)
8.54h	Inclusion of next patients 600 to 1,000
8.54i	Extension of follow-up, 2-5 years
8.54j	Extension to three more registries (new countries): Israel, Portugal, Poland in 2009
8.54k	Extension of registry to 2000 patients
8.73	A prospective, non-interventional multicenter European high-risk MDS Registry. Finalize protocol
8.74	Building up of high risk European MDS registry: Support from pharmaceutical companies
8.75	Establishment of a high-risk European MDS registry: Setting up central IT structure
8.76	High-risk European MDS registry: Implementation of organisational structure
8.77	High-risk European MDS registry: Detailed working plan for data management and statistical unit, including CRF
8.78	High-risk European MDS registry: Feasibility study
8.79	High-risk European MDS registry: Start inclusion
	Translational research
8.80	Side study of Low Risk MDS Registry: Iron pathophysiology.
8.80a	Side study of Low Risk MDS Registry: Imaging of iron overload

8.81	Side study of Low Risk MDS Registry: Cytomorphologic sub-study. Meeting in Düsseldorf planned June 2010
8.82	Side study of Low Risk MDS Registry: Geriatric Assessment: presentation at EHA 2010, Barcelona
8.83	Evaluation of the prognostic value of TET-2 mutations in MDS
8.84	Evaluation of the prognostic value of TET-2 mutations in AML
8.59	ESH-EHA Scientific Workshop on Experimental Haematopoiesis and Therapeutics 2010. (MRD, Gene Profiling, Immunophenotyping, Cytogenetics, in AML and MDS)

Milestones

8.25	Publication of the results of the second Workshop on flow cytometry in MDS (Oct 2009 in Munich, Germany)
8.54f	First presentation on follow-up data of the prospective, non-interventional multi-center European MDS Registry (IPSS Low and Intermediate-1) at the ASH meeting 2010
8.75	Establishment of a high-risk European MDS registry: Setting up central IT structure
8.83	Evaluation of the prognostic value of TET-2 mutations in MDS

Work package number	9		Start date:			Month 73	
Activity type	Predominantly integration, jointly executed research						
Participant id							
Funded PM per part.							
Non funded Part. id	UHEI (1)	UU (7)	HCBP (12)	UULM (38)	MHH (41)	MUW (45)	VUMC (48)
Non funded Part. id	NRSH (50)	OORB (54)	APHP (56)	KUK (62)	HSR (63)	IRCCS (77)	OSM (79)
Non funded Part. id	INSERM (81)	UHF (83)	USFD (84)	CEINGE (101)	FICUS (106)	QUB (141)	UOF (148)
Non funded Part. id	IGR (149)	JWKM (159)	CHUN (177)	SSH (178)	UOCO (184)		

Objectives

- Integrate all major European CMPD study groups in a European Research network to promote the standardization of current diagnostic and prognostic procedures and perform clinical trials with new drugs and/or treatment strategies across Europe.
- Register newly diagnosed patients with rare subentities of CMPD or uncommon manifestations and outcomes in collaborative European registries.
- Register patients treated with interferon across Europe, to evaluate efficacy and toxicity of this drug (off-label) in MPD patients
- Apply and standardize molecular and advanced genomic technology to analyze biological prognostic factors and progressive disease across Europe.
- Perform and publish consensus reports, expert reviews and guidelines on a European scale.

Description of work

Establishment of a European CMPD network with common communication and information structures for improved integration and visibility of the European CMPD research area thereby facilitating studies on new drugs and/or strategies across Europe. Setup of European registries of rare variants or presentations of CMPD with central registration by web-based systems. Registration and study protocols will be harmonized by common data sets and uniform inclusion and endpoint definitions.

Deliverables

9.5 Regular WP meetings

9.6 LP reports to NMC regarding structure, trial activities and integration of national leukemia trial group (1 page, bullet point syle)

9.26e Phase II study of imatinib therapy in Pv patients – (recruitment closed, progress report)

9.28e Advancement in a registry of pregnancies in ET (ongoing)

9.30e Advancement in a randomized clinical trial of 2 phlebotomy regimens in low-risk PV start of trial (still recruiting patients)

9.31e Advancement in a registration study of high-risk ET patients treated with Anagrelide – (recruitment closed, progress report)

9.34e Protocol for a multicenter study of vorinostat in CMPDs (started in 2009, still recruiting patients)

9.36b Survey and harmonization of assay methods for JAK2-V617F (ongoing)

9.37b Registry of IFN-treated MPD patients (to be started in 2010)

9.38 A pilot study of efficacy and safety of erlotinib in PV and ET (to be started in 2010)

9.39 Study of MPD leukemic transformations (publication in progress)

9.40	Myeloproliferative Neoplasms: Management recommendations of the ELN

Milestones

9.36b	Survey and harmonization of assay methods for JAK2-V617F (ongoing)
9.40	Myeloproliferative Neoplasms: Management recommendations of the ELN

1.5.3 WP 10-13: Diagnostics

Work package number	10		Start date:			Month 73	
Activity type	Predominantly integration, jointly executed research						
Participant id							
Funded PM per part.							
Non funded Part. id	UHEI (1)	UCSC (3)	EMCR (14)	KI (36)	TUD (39)	MUW (45)	VUMC (48)
Non funded Part. id	APHP (56)	ICR (65)	CHUC (68)	UHP (85)	SMKS (86)	USAL (87)	CUB (88)
Non funded Part. id	UKSH (99)	UNIP (104)	SAHE (123)	MLL (127)	WKK (128)	UHKT (129)	UNIMIB (132)
Non funded Part. Id	BHS (145)						

Objectives

The diagnosis of leukemias relies first on morphological and immunophenotypic information. Within the European LeukemiaNet, the diagnosis platform aims at harmonizing diagnosis criteria over Europe and providing training for future cytologists and flow cytometrists. For cytologic diagnosis, tele-expertise is developed and quality rounds were organized on difficult cases then on bone marrow cells resulting in an atlas of 600 different identified cells. The establishment of internet-based repositories or interactive sites was undertaken. WP10 will also organize symposia on the diagnosis of leukaemia.Immunophenotyping relies mostly on flow cytometry and requires skills in this technology as well as proper knowledge in immunology and leukocyte differentiation. Interactions between scientists performing these tasks is mandatory, as both techniques and strategies evolve rapidly in this field. WP10 has published harmonized immunophenotypic strategies for lineage assignment and classification of leukemias, as well as preanalytical recommendations. Further objectives are to evaluate antibody combinations and specific panels designed for the appreciation of residual disease, to evaluate the results of therapeutic procedures in terms of risk factors provided by immunophenotypic characteristics of the patients, especially for rare diseases such as dendritic or NK cell proliferations or mixed phenotype acute leukemias (MPAL), to organize the storage and eventual exchange of leukemic cells for further research. An immunophenotypic atlas of normal bone marrow is posted on the website and has been published, consisting in a European database for initial training and continuing education. More work is planned together with WP9 on the immunophenotypic diagnosis of MDS and discussions on the best strategies for minimal residual disease follow-up in flow cytometry are expected to rise from the near completion of several major trials in Europe. A large review was published in 2009 together with WP12.

Description of work

The internet-based resources planned in WP10 have been implemented. WP10 works with interactive meetings and extensive electronic circulation of information. WP10 has been involved together with WP13 in the MILE project validating and completing current immunophenotypic classifications. Exploration of this database is expected to allow identifying new molecular targets for flow cytometry analyses. Specific studies are also planned for microarray studies of pDC leukemias.

Deliverables

10.5 Regular WP meetings, Telephone conferences

10.6 LP reports to NMC regarding structure, activities and integration of national groups (1 page, bullet point style)

10.11f Ongoing European quality control rounds on (morphological) leukemia diagnostics on the ‘reference

	center level’
10.18e	Ongoing extension of internet library of microscopical pictures (incl. immuncytology), case reports, leukemia diagnostics
10.22e	Interaction with other groups in diagnostic for design of algorithms
10.24e	Specific project on microarray for preDC leukemia with WP13-continued
10.25	European workshop on Minimal Residual Disease strategies in immunophenotyping
10.26	Ongoing cooperation with WP9 on MDS immunophenotyping

Milestones

10.18e	Ongoing extension of internet library of microscopical pictures (incl. immuncytology), case reports, leukemia diagnostics
10.25	European workshop on Minimal Residual Disease strategies in immunophenotyping
10.26	Ongoing cooperation with WP9 on MDS immunophenotyping

Work package number	11		Start date:			Month 73	
Activity type	Predominantly jointly executed research, integration						
Participant id							
Funded PM per part.							
Non funded Part. id	UNPO (9)	KUL (10)	EMCR (14)	AUMS (18)	UULM (38)	MHH (41)	CHUV (44)
Non funded Part. id	MUW (45)	IRSC (51)	HSR (63)	UKD (74)	KCL (75)	INSERM (81)	CHUT (90)
Non funded Part. id	CCRI (91)	JLU (92)	ULUND (93)	UHHI (94)	QMUL (95)	UDSP (96)	UNIBA (97)
Non funded Part. id	UNIPV (98)	FICUS (106)	MLL (127)	BHUG (130)	NCSRD (135)	OMUTF (153)	IPC (165)
Non funded Part. id	ULg (181)						

Objectives

- Contimue the integration of all major cytogenetic laboratories in the European Cytogenetic Platform (http://www.leukemia-net.org).
- Continue to work out a minimal standard for cytogenetic data collection and cytogenetic database management together or connected with clinical and diagnostic data in a European database.
- Continue to develop a strategy to define the benefit and limits of CGH microarray analyses in the cytogenetic classification of leukemias
- Continue to develop a strategy for a European consensus protocol for quality assurance and control in leukemia cytogenetics
- Continue and promote the collection of rare chromosome abnormalities

Description of work

- Present profiles of each participating laboratory in the ELN platform, install links to current research activities of each institution.
- Collect rules and strategies for cytogenetic data collection and cytogenetic database management from each participating country/laboratory
- Collect designs of studies of combined cytogenetic and CGH microarray analysis. Generate a form or questionnaire for data acquisition.
- Collect current protocols for quality assurance and control in leukemia cytogenetics and evaluate discrepancies and consensuses

Deliverables

11.5 Regular WP meetings

11.6 LP reports to NMC regarding structure, activities and integration of national cytogenetics groups (1 page, bullet point style)

11.10f Further presentation of difficult cases

11.16f Further identification of new recurring chromosome aberrations by analyzing large cytogenetic databases

11.17f Continuation of data collection on rare abnormalities

11.18f Continuation of identification and analysis of cryptic and complex chromosome aberrations by using new cytogenetic methods

11.20f	Continuous development and provision of additional methods
11.23e	Continuous collection of cytogenetic and clinical data of MDS patients from Germany, Austria and Spain
11.25d	Cytogenetically unrelated clones in MDS
11.26b	Provide data for the establishment of a European external quality assessment to EUROGENTEST
11.27b	Administration of the WP11 website and spreading of excellence by promotion of web-based information

Milestones

11.23e	Continuous collection of cytogenetic and clinical data of MDS patients from Germany, Austria and Spain
11.26b	Provide data for the establishment of a European external quality assessment to EUROGENTEST

Work package number	12		Start date:			Month 73	
Activity type	Predominantly integration, jointly executed research						
Participant id							
Funded PM per part.							
Non funded Part. id	UHEI (1)	UU (7)	UCCE (8)	FCI (13)	EMCR (14)	AUH (22)	UNITO (27)
Non funded Part. id	JUML (28)	UBERN (31)	UTV (35)	UMCN (37)	TUD (39)	VUMC (48)	NRSH (50)
Non funded Part. id	IRSC (51)	APHP (56)	KCL (75)	CHUL (76)	SOTON (78)	CUB (88)	UNIPV (98)
Non funded Part. id	UKSH (99)	OUH (100)	CEINGE (101)	CMMC (102)	JBI (112)	IPS (124)	MLL (127)
Non funded Part. id	SPMU (136)	BRCPOH (138)	IUT (139)	VUH (146)	ODKB1 (147)	Univmed (151)	Labdia (154)
Non funded Part. id	IMGGE (162)	IPC (165)	CHC (170)	UKJ (176)	TYKSLAB (179)		

Objectives

WP12 aims to provide a coordinated and integrated working group to develop new assays to increase the proportion of leukemia and myeloproliferative disorder patients who could potentially benefit from minimal residual disease (MRD) monitoring using real-time quantitative PCR (Q-PCR) as a means of enabling more precise tailoring of treatment according to individual requirements. In addition, a key objective is to achieve greater standardization in performance and reporting of MRD assays. Since the start of the program, WP12 has addressed these objectives with work focusing upon improved standardization of established assays through external quality control exercises between member laboratories (i.e. BCR-ABL), the development and optimization of novel Q-PCR assays (i.e. FIP1L1-PDGFRA, WT1, JAK2 V617F) and the design and development of a computer software reporting package to improve standards of reporting of Q-PCR data.

Description of work

This involves design and development of novel Q-PCR assays (e.g. *FIP1L1-PDGFRA* in hypereosinophilic leukemia), parallel testing of assays to identify optimal methods for MRD testing comparing Q-PCR and flow cytometry (in conjunction with WP10), quality control exercises to improve standardization between different Q-PCR platforms and assays (BCR-ABL, JAK2 V617F mutation), evaluation of Q-PCR assays to predict outcome in AML patients in national clinical trials (*PML-RARA*, *WT1*) and development of a computer software program to enable greater standardization in reporting of MRD data.

Deliverables

12.5 Regular WP meetings

12.6 LP reports to NMC regarding structure, activities and integration of national groups (1 page, bullet point style)

12.15f Evaluation of validated Q-PCR assays in national clinical trials

12.21e Spreading of excellence by promotion of web-based information, exchange of researchers, training courses and promotion of guidelines

12.24b Evaluation of MRD monitoring to predict relapse and direct donor leucocyte administration following allogeneic transplant

12.26b Compare sensitivity and specificity of published JAK2 V617F Q-PCR assays to establish best-performing assay

Milestones

12.15f	Evaluation of validated Q-PCR assays in national clinical trials
12.21e	Spreading of excellence by promotion of web-based information, exchange of researchers, training courses and promotion of guidelines
12.26b	Compare sensitivity and specificity of published JAK2 V617F Q-PCR assays to establish best-performing assay

Work package number	13		Start date:			Month 73	
Activity type	Predominantly integration, jointly executed research						
Participant id							
Funded PM per part.							
Non funded Part. id	UHEI (1)	UKF (2)	LMU (5)	UU (7)	UKM (32)	CUW (33)	UMCN (37)
Non funded Part. id	UULM (38)	MHH (41)	DBCLS (46)	IP (61)	PUM (89)	ULUND (93)	EMBL (103)
Non funded Part. id	UNIP (104)	UMRE (105)	FICUS (106)	MLL (127)	QUB (141)		

Objectives

WP13 will further expand the new web based platform for microarray data and calculation (GAP) and including now also all MILE data. The platform now allows the import of array data set and automatically driven calculations with export of gene lists, heat maps and PCAs. Data formats from GEP, SNP, Chip-on-Chip and Proteomics will be calculated in parallel and in combination on this platform already. Further focus will be joined projects with treatment WP 5,6,7,8,9 and the COST group with a workshop in Munich in 10/2010 that is already fixed. This workshop will be attended by WP13 and WP10 members and COST members, it will also invite WP11 and WP12 members. It will focus on GEP, molecular markers and NGS data. It will also put a lot of effort on biostatistical approaches to such expanding data sets. Furthermore, MRD markers will also be addressed in cooperation with WP10 (flow marker) and with WP12 for genes relevant for PCR detection. The WP13 will in parallel set up a new focus group that will include more than 20 international labs from ELN and US and Canada to discuss and to test interlaboratory the new NGS platforms, i.e. the ROCHE 454 system. A first meeting will take place in Munich, in the MLL in May 2010, headed by Torsten Haferlach.

Description of work

New data platform is fully installed in Münster headed by Prof. Dugas and coworkers (Klein). Data from MILE study and from other array investigations done in centers participating in the ELN are implemented in this webbased data base. New data from NGS will follow in parallel to the respective GEO submissions after papers have been published. Meetings together with WP10, 11 and 12 are fixed for May 2010 and October 2010 in Munich in the MLL, also incorporating COST activities. Doing so, WP11 and 10, 12 and WP13 will closely connect their activities. These meetings will focus in detail on new platform beyond GEP and will pace the acitivities in WP13 away from GEP to GEP plus NGS, what should also lead to a new name for WP13.

Deliverables

13.1e Expand of WP information and communication structures
13.4f Optimize European gene profiling platform
13.5 Regular WP meetings
13.6 LP reports to NMC regarding structure, activities and integration of national GEP groups (1 page, bullet point style)
13.10e Develop new biostatistical approaches and expand the centralized data base
13.11e Detect further new subgroups of leukemia according to gene expression profiles
13.12e Further evaluation of new genes for therapeutic and diagnostic purposes
13.16d Further evaluation of new biostatistical methods
13.18e Find new diagnostic markers and MRD markers with WP 10, 11, 12
13.19e Define new entities in AML with WP 5 with respect to prognosis in intermediate risk group
13.21 Use broadly data of WP13 studies and MILE study for all ELN members

13.22	Include SNP data and further projects of WP13 members
13.23	Set up a NGS working group
13.24	Use already available NGS data for new analyses and develop new biostatistic approaches

Milestones

13.16d	Further evaluation of new biostatistical methods
13.18e	Find new diagnostic markers and MRD markers with WP 10, 11, 12
13.19e	Define new entities in AML with WP 5 with respect to prognosis in intermediate risk group
13.21	Use broadly data of WP13 studies and MILE study for all ELN members
13.22	Include SNP data and further projects of WP13 members
13.23	Set up a NGS working group
13.24	Use already available NGS data for new analyses and develop new biostatistic approaches

1.5.4 WP 14-15: Treatment

Work package number	14		Start date:			Month 73	
Activity type	Predominantly integration, jointly executed research						
Participant id							
Funded PM per part.							
Non funded Part. id	UHEI (1)	LMU (5)	UU (7)	UDB (8)	UNPO (9)	HCPB (12)	EMCR (14)
Non funded Part. id	ICSMT (16)	UNIBAS (17)	FNB (21)	HUCH (26)	CUW (33)	KI (36)	UMCN (37)
Non funded Part. id	UULM (38)	SLAM (43)	DBCLS (45)	DBCLS (46)	ULZ (47)	FMRR (49)	IRSC (51)
Non funded Part. Id	LUMC (52)	APHP (56)	UHCR (59)	OSM (79)	GU (107)	ARTM (108)	AMW (109)
Non funded Part. id	SLH (110)	UKE (119)	JMUW (125)	ILHB (126)	UBIR (143)	UHREG (169)	

Objectives

Continuing the work performed last year guidelines, definitions and algorithms for different diseases were finalized and appeared in top journals. The main aim, however, consisted in connect the open questions of the different disease-oriented WP of the ELN with the WP14. Networks between the WP AML, CML, CLL and ALL on one site and the HCT on the other site are now showing first concrete results. One of the most important objectives is to establish a disease related registry, where patients can be followed from diagnosis to treatment with HCT. The European registry for HCT is already operative and covers more than 95% of transplants in Europe. European disease-registries, however, have to be established. Activities in this regard starting from study patients are ongoing with European Registry for CML and planned registry for AML and CLL. The first study investigating the role of HCT from diagnosis has been performed in patients with AML (see below) and others comparing different consolidation modalities have to follow. In this respect the European LeukemiaNet is the ideal platform for the connection between the working parties and has now established the tools needed to collect data (Promise II) and perform clinical studies. Frequent and regular meetings were held between WP14 and WP such as CML and AML. In order to make stem cell transplant less toxic and reduce mortality, clinical studies using defibrotide in high risk VOD studies were performed. The platform is also ideally suited to perform prospective audits for rare diseases such as T-PLL and for the use of DMSO. Harmonization of treatment guidelines will be performed on GvHD.

Description of work

Using the platform described above (megafile; list of transplant centres; meetings; Promise II) we will perform a prospective study on patients with AML, CML and TTP. Consensus conferences will be done according to the American College of Physician or by inviting the leaders in the field for this disease to actively work on a consensus or indications for transplantation considering published evidence. Training of nurses for the mucositis project will be done by site visits and central support. This project will serve as a basis for a planned intervention study.

Deliverables

14.5 Regular WP meetings

14.6 LP reports to NMC regarding structure, trial activities and integration of national leukemia trial groups (1 page, bullet point style)

14.14f Report of study patients to registry

14.42d Randomized study in patients with AML over the age of 60 a studying the role of SCT with reduced

intensity conditioning. Start study

14.45c Allogeneic reduced intensity conditioning transplantation versus conventional conditioning in MDS (RICMAC). Study start

14.46d MMVAR Study to treat relapse in myeloma after autologous SCT (40 patients)

14.47d Related allo-SCT after Reduced Intensity Conditioning versus Best Standard of Care in elderly patients with AML in CR1 (Brune)

14.48d AlloSCT after TKI in CML

14.49d Role of unrelated allogeneic SCT after autologous SCT in comparison to second autologous SCT in multiple myeloma (NMMA 2005, start study).

14.50d Study investigating the role of Kepivance for treating Mucositis after autologous SCT (350 patients).

14.55c Comprehensive survey outside Europe (publication)

14.56d Integration of risk factor profiling into risk adapted therapy pilot AML HOVON/SAKK <60 years

14.59c Guidelines for secondary allotransplantation after relapse (retrospective analysis)

14.60c Prospective feasibility study phase II dasatinib for relapse in CML after allo

14.61c T-PLL after autologous and allogeneic SCT (44 patients)

14.62c Prospective registration audit for T-PLL

14.65b Long term outcome of CML patients treated with DLI after allogenic SCT from an HLA-identical sibling

14.66b Recommandation for allogeneic and autologous stem cell transplantation in T-PLL: An EBMT/ERIC proposal

14.67b Cytogenetic high risk AML: results of a biological randomizated study in patients under the age of 60 a

14.68b DMSO prospective audit

14.69b ATG-depending outcome in MUD patients transplanted for CML

14.70b Prophylaxis and treatment of GvH-D: an EBMT survey

14.71b Analysis of non-disease related complications after HCT

14.73 Effect of Stem Cell Source on Transplant Outcomes in Adults with AL. A Comparison of Unrelated BM, PBSCT and CD

14.74 Non interventional studies (Passweg). Manuscript ready

14.75 CML RIC vs. standard (Crawley). Manuscript ready

14.76 Allo-SCT in T315I mutation (W Wiesław Jędrzejczak) data collection

14.77 Punctal plugs for dry eyes after allotransplantation. M van Gelder

14.78 Graft failure after reduced intensity conditioning. B Hertenstein

14.79 Cytokine gene polymorphism. A Dickinson/ J Norden. Manuscript submission

14.80 Organ transplantation after allogeneic SCT. Manuscript ready. C Koenecke

14.81 HLA-identical siblings: Impact on cytogenetics and outcome (Francesco Onida). Manuscript ready

14.82 Survey in Europe (annual). A. Gratwohl

14.83 Accreditation in Europe

14.84 Outcome in centers with JACIE accreditation. Manuscript ready. A. Gratwohl

Milestones

14.42d Randomized study in patients with AML over the age of 66 a studying the role of SCT with reduced intensity conditioning

14.61c T-PLL after autologous and allogeneic SCT (44 patients) Study end

14.65b Long term outcome of CML patients treated with DLI after allogenic SCT from an HLA-identical sibling manuscript ready

14.66b Recommandation for allogeneic and autologous stem cell transplantation in T-PLL: An EBMT/ERIC proposal

14.70b Prophylaxis and treatment of GvH-D: an EBMT survey

14.71b Analysis of non-disease related complications after HCT

14.73 Effect of Stem Cell Source on Transplant Outcomes in Adults with AL. A Comparison of Unrelated BM, PBSCT and CD

Work package number	15		Start date:			Month 73	
Activity type	Predominantly integration, jointly executed research						
Participant id							
Funded PM per part.							
Non funded Part. id	UHEI (1)	UKF (2)	KUL (10)	JOGU (15)	UNIBAS (17)	AUMS (18)	KI (36)
Non funded Part. id	IRSC (51)	OORB (54)	APHP (56)	CUB (88)	OSCF (115)	UOG (116)	UCL (117)
Non funded Part. id	JMUW (125)						

Objectives

The objectives of WP supportive care is to develop European recommendations for prevention and therapy of infections in patients with leukemia, to develop common protocols for monitoring of patients, to facilitate research and guide clinicians in management of leukemia patients, and to increase collaboration in other areas of supportive care such as management of mucositis.

Description of work

- A management structure is established including a steering committee for work with recommendations.
- Collaboration has been established with WP 14, the European Group for Blood and Marrow Transplantation, the EORTC, and the Immunocompromised Host Society.
- Regular meetings are held at major international meetings and the WP participants are active in educational activities.
- We have held three guidelines meetings (ECIL) together with the EBMT, the EORTC and the Immunocompromised host society; the most recent in September of 2009. The results are published on the website.
- A training course is held every year. Last year it was held in Rome in October and the next is planned for end of September, 2010 in Paris.

Deliverables

15.5 Regular WP meetings

15.6 LP reports to NMC regarding structure, trial activities and integration of national leukemia trial groups

15.22e Initiation of a protocol to use KGF immune reconstitution after allo-SCT: Use of the established platform for an actually performed prospective trial

15.27d Develop common protocols for molecular diagnosis of fungal infections by PCR

15.29d Arrange a course in infectious diseases in stem cell transplant recipients

15.30b Develop guidelines for prevention of infections in stem cell transplant recipients not covered in previous guidelines

Milestones

15.27d Develop common protocols for molecular diagnosis of fungal infections by PCR

15.30b Develop guidelines for prevention of infections in stem cell transplant recipients not covered in previous guidelines

1.5.5 WP 17: Infrastructure

Work package number	17		Start date:			Month 73	
Activity type	Predominantly integration, jointly executed research						
Participant id							
Funded PM per part.							
Non funded Part. id	LMU (5)	UU (7)	UCCE (8)	UNPO (9)	UKM (32)		

Objectives

The major objective of WP 17 in the following period is to collect data for and to analyse data of the European CML registry. The CML registry has got three different branches: a registry of CML-patients who were treated within prospective studies, a registry of CML-patients who were treated and documented prospectively outside of formal studies(thus no exclusion criteria which are typical for randomized trials apply), and a population-based registry collecting prospectively baseline, treatment and outcome data of incident new cases of CML. All three branches of the registry have to be updated continuously. As there are at present more than 3000 patients in the registry data collection and quality control represents a considerable challenge. Currently and in the near future we are trying to and validate a prognostic model for complete cytogenetic remission after 18 months. Further analyses for prognostic models for CML will be done with special consideration of gender specific issues. Special attention will be paid to the evaluation of the current clinical management of patients with CML in the participating countries. Results of this survey will be the basis for continued medical education to optimize treatment of CML in Europe.

Description of work

Regular WP meetings will be held, mostly in collaboration with WP 4. WP 17 is however still open for any targeted cooperation with other WPs of the ELN. LP reports will be prepared for the NMC at regular intervals. For the collection of the data of the prospective, population based section of the CML-Registry an appropriate web-based data capture system has been developed and is operational since end of last year. The use of the system has to be evaluated and further customizing will be done.Incoming data of the European CML registries will be checked for completeness and plausibility. If quality criteria are seriously violated queries will be sent. The CML Registry will be continuously updated. Statistical analyses will be started with special emphasis on the assessment of the current state of the clinical management of patients with CML. We will check whether the initial diagnosis,, treatment and follow up of CML patients is in agreement with the currant state of the art. In particular we will check for any discrimination based on age or sex. These analyses will be done country-wise. Results of these analyses will have a direct impact on the spread of excellence activities and the contents of continued medical education efforts. At present and in the near future we will try to develop and validate a prognostic model for the achievement of complete cytogenetic remission after 18 months. Hopefully we will be able to find a valid prognostic model for CML. Finally we will spread excellence by presentations at meetings, providing relevant results on the ELN webpage and offer our contributions to educational training courses.

Deliverables

17.5 Regular WP meetings
17.6 LP reports to NMC regarding structure, activities and integration (1 page, bullet point style)
17.13d Collect data for prognostic model analyses and epidemiological and treatment survey
17.14d Quality control of incoming data-continued
17.15e Spreading of excellence by promotion of web-based information, educational training courses etc
17.16e Update of CML-Registry
17.17c Analysis of gender specific issues
17.21c Analysis and Validation of prognostic models

17.22c Estimates of incidence of CML and treatment survey
17.25 Manuscript on CCgR drafted
17.26 Web-based data entry system customized

Milestones

17.21c Analysis and Validation of prognostic models
17.22c Estimates of incidence of CML and treatment survey
17.25 Manuscript on CCgR drafted
17.26 Web-based data entry system customized

EC CONTRIBUTION

Allocation of EC contribution for month 73 - 86: 0 €

The NMC prepared financial overviews for all partners.

Partners who did not spend the money were asked to retransfer the money to the coordinator's account.

Until now 51.457,60 € were payed back. Budget not spent will be used for travelling (WP-meetings, symposia).

The total EC contribution table was reworked accordingly (see Annex I).