AGENDA

08:30 – 09:00	Arrival and coffee
09:00 – 10:00	**Design of a clinical trial protocol for MRD guided clinical trials in AML** ▸ Michael Heuser, All
10:00 – 10:15	Coffee break
10:15 – 11:15	**Design of a clinical trial protocol for MRD guided clinical trials in CLL** ▸ Paolo Ghia, Lydia Scarfó, All
11:15 – 12:00	**Statistical design of MRD guided clinical trials** ▸ Axel Benner, Georgios Karakatsoulis
12:00 – 13:00	Lunch break
13:00 – 15:00	A. **AML-MRD group: Find agreement on standardized Flow-MRD assessment and analysis in AML** ▸ Jacqueline Cloos, Francesco Buccisano B. **Co-design workshop on PROMs, FROMS, ECOMS** ▸ Annemarie Braamse, Patrizio Armeni
15:00 – 15:30	Coffee break
15:30 – 16:50	**Develop the framework for data sharing in a European MRD registry** ▸ Jacqueline Cloos, John Jacobs **Define the data dictionary for a European MRD registry** ▸ Michael Heuser, Jacqueline Cloos, Annemarie Braamse, Patrizio Armeni
16:50	**Summary** ▸ Michael Heuser
17:00	End of meeting

ORGANISATION

SCIENTIFIC DIRECTION BY ELN DAVID CHAIRS:

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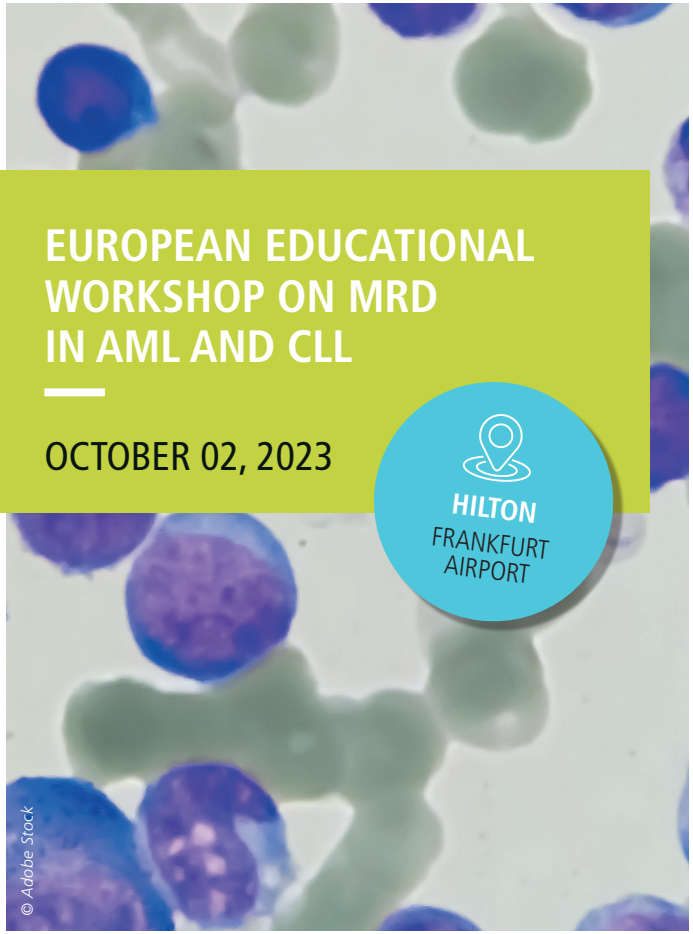
CONTACT & REGISTRATION

Registration for this in person and online workshop is required and open now:

e-mail: heuser.michael@mh-hannover.de

Your participation is free of charge, travel and accommodation expenses will be reimbursed (lowest available fare, economy class)



EUROPEAN EDUCATIONAL WORKSHOP ON MRD IN AML AND CLL

OCTOBER 02, 2023

HILTON FRANKFURT AIRPORT

LOCATION

Hilton Frankfurt Airport
The Squaire
Am Flughafen
60549 Frankfurt

WE THANK OUR SPONSORS FOR THEIR KIND SUPPORT!

abbvie
Jazz Pharmaceuticals
Pfizer
Bristol Myers Squibb
NOVARTIS

ELN-DAVID
ERIC european research initiative on CLL
ELN European LeukemiaNet

BACKGROUND AND AIMS

Acute myeloid leukemia (AML) is the most common acute leukemia in adults and is diagnosed in 22,600 people per year in the EU, with increasing incidence over time. It is the most aggressive leukemia subtype, with a 5-year overall survival (OS) of only 28% overall and certain subgroups (such as ages 65 and older) having even poorer outcomes. A metric that effectively predicts patients' risk of relapse or progression after initial treatment could allow personalized medical decision-making that would spare patients the side effects, costs, and QoL concerns associated with intensive consolidation therapy for patients who are unlikely to experience future disease or where effective salvage treatments are available

Tailoring treatment for individuals by using effective, targeted treatment options and sophisticated risk classification at diagnosis has already improved clinical responses in many hematologic malignancies, resulting in the majority of patients reaching a complete remission (CR, as assessed by imaging and light microscopy), even in AML. However, a relatively large proportion of AML patients still suffer from disease relapse or progression (40-50% and 45%, respectively), meaning CR is insufficient to identify patients with a high risk of relapse. Current treatment guidelines for acute leukemias therefore recommend quantification of residual disease (measurable residual disease, or MRD) using the sensitive technique of multi-color flow cytometry (MFC) or qPCR to better predict prognosis. While MRD is widely utilized in leukemia diagnosis and subtype differentiation, as well as therapeutic decision-making for some leukemia subtypes, there is still clinical debate about how MRD results can be used to guide treatment decisions in patients with AML. Mounting evidence suggests that MRD-negative AML patients – those with residual disease below a certain detection limit following initial treatment – may be at a lower risk for relapse, even without intensive or prolonged consolidation therapy.

To uniformly and reproducibly identify MRD-negative AML patients across Europe, we will use our expert network, ELN-DAVID, to implement harmonized MRD assessment practices across Europe, building off of existing MRD testing infrastructure in place in many countries for other leukemias. We will collaborate with colleagues from the European Research Initiative on CLL (ERIC) to exchange and harmonize MRD assessment between AML and CLL laboratories.

The principal aim of the workshop is a scientific exchange to build closer collaborations in the future and co-ordinate harmozined MRD assess-ment across Europe.

TOPICS

TOP 1 **How to design clinical trials in AML or CLL using MRD as a surrogate endpoint or starting point?**

TOP 2 **How to achieve standardized flow-MRD assessment of AML across Europe?**

TOP 3 **How to achieve consensus on MRD reporting across Europe?**

TOP 4 **Develop the framework for data sharing in a European MRD registry.**

SPEAKERS

ARMENI, PATRIZIO

Health Economics and HTA,
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