EWALL Meeting
Gravenbruch 25./26.11.2011

Organizer: Prof. Dr. Dieter Hoelzer

Scientific content of and discussion at the Symposium

Suggestions for new joined retrospective analyses within the EWALL.

1. T-ALL risk factors

   Historical risk factors used in T-ALL patients mainly include WBC (the UKALL-MRC cutoff being 100,000/□L), immunophenotype (both early and mature subsets being associated with a worse outcome), CNS disease, and poor early response to therapy including marrow response to induction course and sensitivity to corticosteroids in some trial.

   New prognostic factors have been recently proposed and/or validated in adult patients. Post-induction or post-consolidation MRD levels have been already implemented in some trials. Overexpression of TLX1 and TLX3, or BAALC and ERG genes has been reported as modulating patient outcome in some trial but not in others. NOTCH pathway mutations (NOTCH1 and FBXW7 genes) appear to also have a significant impact. Finally, the recent definition of early T-progenitor (ETP) ALL may also play a prognostic role.

   The suggestion (D. Hoelzer, GMALL) is to review the currently risk factors used by EWALL member groups. Cross-validation might be envisaged. The ultimate goal is to prepare next EWALL recommendations for these patients.

2. Value of pre-allogeneic SCT MRD level in Ph-negative ALL patients

   In most current EWALL member protocol, MRD levels (either based on Ig/TCR rearrangements or flow cytometry) are prospectively monitored after induction (time-point 1) and after first consolidation (time-point 2). Even if some groups are also prospectively collecting MRD at later time-points, these data are not available in most EWALL databases.

   The EWALL has recently published the value of pre-autologous SCT MRD in Ph+ and Ph-negative ALL patients (S. Giebel, PALG). The proposal (H. Dombret, GRAALL) is to perform a similar retrospective analysis for pre-allogeneic SCT MRD. Maximum CR/SCT and pre-SCT MRD/SCT times, as well as treatments received between last pre-SCT MRD and SCT, have to be defined.

Each EWALL group will then checked how many patients are eligible to enter this retrospective analysis. Statistical methodology has been discussed. It could be based on time-dependent Mantel-Byar analysis. N. Boissel (GRAALL) is volunteered to initiate this analysis first in the GRAALL and coordinate further data collection.

3. Pre-allogeneic SCT molecular status in Ph+ ALL patients

   The general proposal (O. Ottman, GMALL) is similar to the previous one, but for Ph+ ALL patients. Pre-transplant molecular status would include not only the BCR-ABL MRD level, but also the detection of TKI resistance mutations. O. Ottman, GMALL, is volunteered to coordinate the study.

4. Value of monosomal karyotypes in adult ALL patients

   The HOVON group has recently published the prognostic value of monosomal rather than complex karyotypes in adult AML patients.
   The proposal (H. Dombret, GRAALL) is to analyze ALL patients with a complex karyotype (based on the UKALL definition) with respect to the presence or absence of monosomies (based on the HOVON AML definition).

   This retrospective analysis could be restricted to patients with a complex karyotype. M. Hunault, GRAALL, and XXX, HOVON, are volunteered to coordinate the study.

5. CNS prophylaxis in patients receiving SCT

   The proposal (G. Meloni, GIMEMA) is to review the current practices to prevent CNS relapse in adult ALL patients treated with SCT within EWALL group protocols. This includes pre, per and post-SCT interventions. The goal is to prepare next EWALL recommendations.

6. CNS relapse incidence and management in Ph+ ALL patients

   This proposal (O. Ottman, GMALL) is to evaluate the current incidence of CNS relapse in patients with Ph+ ALL treated with combined TKI/chemotherapy protocols, as well as the management of these patients. O. Ottman, GMALL, is volunteered to coordinate the study.

7. Secondary malignancies after ALL therapy in adults

   This ambitious proposal (G. Meloni, GIMEMA) is to review all cases of secondary malignancies observed after modern ALL therapy in adult patients with the disease. J. Ribera, PETHEMA, is volunteered to participate in study coordination.

Final Programme

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Friday 18:00-20:00:

1. Update of ongoing de-novo ALL trials from the different EWALL study groups
   For all, but particularly from study groups so far not reported during the EWALL meetings.

   Slovakia:
   Firas Al Sabty - "Slovak Acute Leukemia Study Group"

   Russia:
   Yulia Davidyan; Elena Parovichnikova - "ALL-2009 trial; RALL study group"

   Sweden:
   Helene Hallböök - "Present Swedish treatment protocols"

   Each study group 10 minutes
   Most EWALL studies were just presented a few days ago in Warschau at the EBMT meeting, but might be discussed again.

2. Suggestions for new joined retrospective analysis within the EWALL

3. EWALL-ALL Guideline, Publications (Gökbuget)

Saturday 8:30-12:00

4. SWG-ALL program, EHA 2012 Amsterdam
   Topics so far suggested by EWALL members

5. Nilotinib in elderly Ph+ ALL (Ottmann)
   New EWALL study kick-off meeting

6. EWALL elderly Protocol (Gökbuget)

7. Molecular Failure / Relapse: Identification and Treatment in EWALL countries

8. 2012 EWALL meeting, location and dates