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66The improved survival in CML... is so dramatic that these new agents must be made available... as rapidly as possible throughout the whole world.



Professor John Goldman, inaugural Chairman of the iCMLf (August 2009)



THE AIM of the iCMLf is to foster and coordinate global clinical and research collaborations and to improve clinical practice and disease monitoring in CML.

THE MISSION of the iCMLf is to improve the outcomes for patients with CML globally.



We've had a very successful 10 years and accomplished a lot in terms of access to education, access to drugs and access to PCR testing. What we've achieved is great, but we recognise the need to do more, which is why we are really focusing our efforts to cure the disease in the next decade.



ANNUAL REPORT

Welcome from the Chairman

10 years is a pivotal time point for reflection and celebration. It's also a time to look forward and plan our future programs.

Over the first 10 years the iCMLf has made steady progress, providing abundant access to high quality CML education, increasing access to PCR testing, and through these activities improving the treatment of CML for patients globally.

We should celebrate our achievements, but not be too complacent. The preceptors visiting Adelaide from Tanzania this year highlighted for me the massive challenges we still face as a Foundation at the 10-year mark.

Patients with chronic myeloid leukemia in Tanzania face enormous challenges. After potentially many conversations with general practitioners ruling out malaria and other issues, patients may eventually be referred to a tertiary hospital to make a correct diagnosis of CML through a complete blood count, peripheral blood smear and possibly a bone marrow biopsy. To make a definitive diagnosis, a PCR test is needed. Patients are referred to a private laboratory in Dar es Salaam for testing that costs \$240 and takes five working days. There is a patient assistance program that provides imatinib for free as long as the patient has a positive test for BCR-ABL. This brings about logistical and financial challenges that prevent many CML patients from getting a definite diagnosis and accessing TKI therapy. With all these issues, unsurprisingly, there are only 500 people with CML being treated on the access program in Tanzania and with a population of 55 million there are probably over 5,000 CML patients.

While we continue our current programs we are facing another even greater challenge — the steady rise in the number of CML patients needing life-long therapy and molecular monitoring, most living in low income countries. This has motivated us to launch our Cure consortium and to seek new funding for this. The CURE Consortium aims of bring the leading researchers together globally to work on projects with the aim of maximising the achievement of treatment-free remission. We have already seen progress with the iCMLf genomics alliance and plan the second alliance looking at biomarkers to predict treatment-free remission. Only by making treatment-free remission an achievable outcome for most CML patients can we hope to address this challenge.

So, while still working on diagnostics and strengthening education networks, we confirm our commitment to work towards cure. The great strength of the iCMLf is that almost every researcher with a strong focus on CML is an active member of the Foundation. We have seen that CML global collaborations have great effect, from the development of the TKIs, the introduction of standardised monitoring and the work of the iCMLf improving outcomes for patients in the developing world. I am looking forward to the next decade of collaboration where we work towards cure for our CML patients.

Tim Hughes iCMLf Chair

CELEBRATING 10 YEARS OF ICMLf



iCMLf established. Preceptorship program begins



Online education program launched



First diagnosis and testing grants and projects



Inaugural Goldman Prize

Chief Executive's Overview

It has been a privilege to run the iCMLf for the last 10 years and really quite special to look back at all our achievements and how the Foundation has grown over that time in this annual report. This year's report is both a 10-year overview and a report on the year. I hope you enjoy reading it as much as I did putting it together. It has been quite a journey!

The key achievements for me have been seeing our preceptorship program continue to go from strength to strength with 203 participants from 58 countries to date. The diagnosis and testing program also has a major impact at the centres we reach, with now 57 grants in 20 countries. These, along with the iCMLf Forum for Physicians from Emerging Regions, are the programs that have had a profound effect on the doctors and their patients in low and middle income countries. 858 physicians have attended the iCMLf Forum over the ten years and it is now an important meeting on the CML calendar.

The online presence of the iCMLf also continues to expand. There have been over 230,000 views of the iCMLf clinical case discussions, which provide practical support and advice on challenging CML cases. Interestingly, the 4 cases discussing pregnancy and CML have the highest views showing a need for more information in this area. With 302,000 views of the expert presentations the virtual education continues to grow with an additional 20 modules this year. Professor Hughes' CML 'Papers of the month' are consistently mentioned as being useful for clinicians where ever they practice.

A major part of our work this year has been on the climb for a cure. A team of 25 from around the globe climb Mount Kilimanjaro in October this year, specifically to raise funds for the iCMLf Cure Consortium. It has been incredible to see the community come together to support our efforts. Our goal is \$200,000, which will give us the opportunity to start the database for the iCMLf Genomics Alliance. This community effort is a strong reminder that it is the CML community globally that is the backbone of the Foundation and our work. Without the physicians, scientists, patients, advocates, all our supporters and industry partners, the iCMLf would not have been able to make the progress we have. Our sincere thanks for helping us make a difference to CML patients around the world.

On a personal note I consider the last 10 years extremely rewarding and exceedingly challenging. It is incredible to see the changes we have made and learn of the patients alive because of our work. It is also devastating to hear of the patients we just did not reach in time and know that there are so many still to be reached.

Thank you for joining us on the journey so far. We have exciting times ahead, starting with Mount Kilimanjaro!

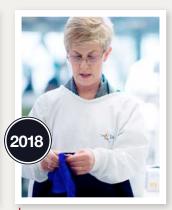
Nicola Evans
iCMLf Chief Executive



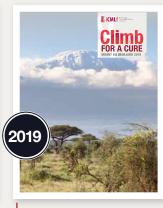
First iCMLf Prize



CML paper of the month begins



iCMLf launches the Cure Consortium



iCMLf climbs Mount Kilimanjaro

Governance

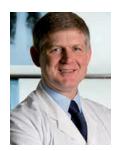
BOARD OF DIRECTORS / 2009 – 2019











TIMOTHY HUGHES Chair SAHMRI, Adelaide,

Australia

S. Orsola University Hospital, Bologna, Italy

MICHELE BACCARANI

JORGE CORTES

University of Texas MD Anderson Cancer Center,

BRIAN DRUKER

Knight Cancer Institute, Oregon Health and Science University, USA

ANDREAS HOCHHAUS Joined 2010

University Medical Center, Jena, Germany

OPERATIONAL TEAM











NICOLA EVANS Joined 2009

Chief Executive

ARLENE HARRISS-BUCHAN

Joined 2018

Emerging Regions Support and Partnership **Program Coordinator**

STEFANIE BOCKWINKLE Joined 2013

Communications Director

TERRI HEATH Joined 2017

Digital Media Officer

JAN GEISSLER 2009-2018

Communications Manager

Scientific Advisory Committee

members makeup the iCMLf Scientific Advisory Committee. Respected hematologists, scientists and patient representatives provide advice and support for the activities of the Foundation.











JERALD RADICH *Joined 2010*

Fred Hutchinson Cancer Research Center, Seattle, USA

CHARLES SCHIFFER *Joined 2013*

Karmanos Cancer Institute, Detroit, USA

JANE APPERLEY
Joined 2014

Imperial College London, UK

MICHAEL MAURO

Joined 2018

Memorial Sloan-Kettering Cancer Center, USA

GIUSEPPE SAGLIO *Joined 2018*

University of Turin, Italy



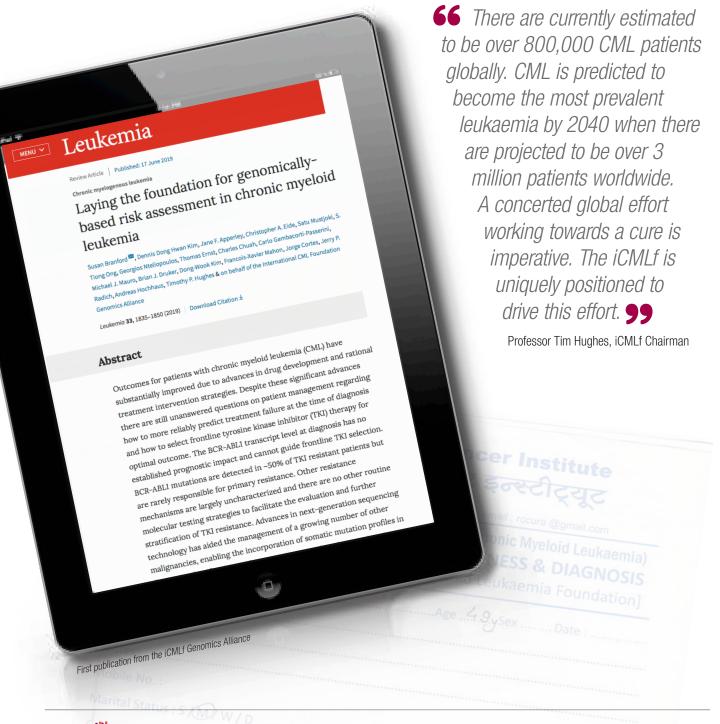
National Representatives

36

national representatives provide advice to the iCMLf executive and assist implementation of initiatives at a local level.

The iCMLf CURE Consortium

Despite the excellent progress we have made in managing patients with CML, major challenges remain. Even with our current choice of five tyrosine kinase inhibitors (TKIs), 15-20% respond poorly to TKI therapy and half of these patients will die from CML-related causes. Among those who respond well, less than 25% are able to stop therapy and remain in remission with current approaches. To optimise outcomes for CML patients we need to bring CML management into the precision medicine era. Cure means different things to different people, but the aim of the iCMLf Cure Consortium is to invite interested parties to work together on specific projects under the banner of 'cure'.

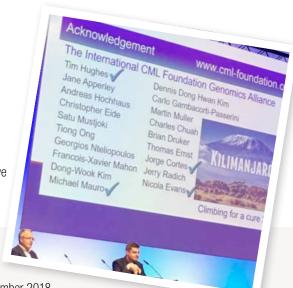


Project 1. The iCMLf Genomics Alliance

We aim to harness the wealth of genomic information that is generated in local CML research projects by building a platform to facilitate data assimilation and samples exchanges. Combining many data sets and facilitating global collaborative studies will enable us to develop a baseline predictor of adverse outcomes.

ACTIVITIES TO DATE

- Group convened and global survey of current CML genomic studies and resources – June 2018
- Project scope discussed at a workshop of genomic alliance members December 2018
- First published paper from the group: Laying the foundation for genomically-based risk assessment in chronic myeloid leukemia. Branford S et al. Leukemia, June 2019.
- Open source variant database be adapted for the Genomic Alliance June 2019



Acknowledgment of the iCMLf Genomic Alliance during EHA

THE NEXT STEPS

Using funds from the iCMLf Climb for a Cure, the alliance will set up a database system for pooling data sets for variant collation, sharing and analysis to get a better understanding of the clinical relevance of mutated genes.

Advantages of pooling datasets through the Genomic Alliance are: larger patient cohorts to improve statistical power to identify clinically relevant mutations; improved probability of identifying genomic subgroups with different treatment outcome; and opportunities for collaboration and sample exchange. It will also create a valuable resource for the group to interrogate a shared database to make note of rare mutations.

Project 2. The iCMLf Treatment Free Remission Alliance

ACTIVITIES:

Initial meeting of potential collaborators – December 2019



The 3rd meeting of the iCMLf Genomics Alliance

Climb for a Cure 2019: Mount Kilimanjaro

Mount Kilimanjaro can be climbed. CML can be cured.

MEET THE CLIMBERS

Nicola Evans, Australia
Desmond Harrington, Australia
Damian Harriss, Australia
Jack Harriss, Australia
Dr. Timothy Hughes, Australia
Peter McDonald, Australia
John Young, Australia
Dr. Katia Pagnano, Brazil
Stefanie Bockwinkle, Germany
Cornelia Borowczak, Germany
Ayla Borowczak, Germany
Yunus Borowczak, Germany
Dr. Markus Metzler, Germany

Andrew Ojelabi, Nigeria
Dr. Rihab Nasr, Lebanon
Anne Corder, Switzerland
David Jones, Switzerland
Dr. Ehab Atallah, USA
Dr. Michael Deininger, USA
Dr. Jutta Deninger, USA
Jessica Guhl, USA
Kimberli Johnston, USA
Dr. Vamsi Kota, USA
Dr. Michael Mauro, USA
Dr. Kendra Sweet, USA

Every climber has a minimum fundraising goal of \$3,000

Check our progress and donate

https://icmlf-kilimanjaro2019.raisely.com/

Climbers cover their own climb costs. ALL the money raised goes directly to the iCMLf to support our work.



YUNUS, AYLA AND CONNY BOROWCZAK • Germany

Thanks to effective medication, CML has changed from a fatal to a chronic disease. This is a great achievement and gives CML patients hope. But this is not enough – more can be done!

Our children need a healing therapy! This is our highest priority as a family and we want to reach the top and achieve a cure for CML. Cornelia Borowczak



OJELABI AYODELE O Nigeria

I will not forget the thirteenth of May, 2015 until a cure for CML is in sight. This was the day I got my diagnosis. That day, everything stopped.



To raise funds for the iCMLf Cure Consortium, in October 2019, 25 clinicians, researchers, advocates, CML patients and supporters of the iCMLf are climbing Mount Kilimanjaro, to raise funds for the iCMLf CURE Consortium.

Fundraising target \$200,000

(\$199,000 to date)



TIMOTHY HUGHES • Australia

Climbing Mount Kilimanjaro is way outside my comfort zone, but that's OK. Without effort and commitment, you don't achieve your goals.



RIHAB NASR • Lebanon

I am a cancer researcher and my research focuses on the development of targeted therapies for leukemias. I am also a cancer prevention advocate, and I believe that more efforts should be invested in cancer education, prevention and research.



NICOLA EVANS ◆ Australia

As the iCMLf Chief Executive for the past 10 years and I've seen first hand the powerful impact that the global leaders in CML all working together can have to improve the lives of CML patients all over the world. There are so many people alive now as a direct result of our efforts. I can't wait to see this power harnessed as we work to develop a cure for CML.

Focus on the Emerging Economic Regions

Interactive, relevant and practical CML Education for Physicians from Emerging Economic Regions



Now in its ninth year the annual iCMLf Forum for Physicians from Emerging Economic Regions is a successful meeting that continuously evolves in structure and content to meet the needs of the audience. This forum to recognises and addresses the challenges faced by physicians in the emerging regions. It is the only event where physicians from all over the world come to address the specific needs of treating CML in a resource limited setting.



Nicola Evans, the iCMLf Chief Executive, opening the 2012 Forum

66 The iCMLf Forum is an excellent networking opportunity. While meeting at the Forum the idea was born to run a clinical trial together with one of the iCMLf scientific advisors.





Prof. Brian Druker speaking at the 2016 Forum



66This iCMLf Forum is the ideal opportunity for the executive members of the Foundation to listen to the challenges faced by colleagues in emerging countries so we can adapt the activities of the iCMLf and provide assistance where possible.

Professor John Goldman, iCMLf Chairman 2011

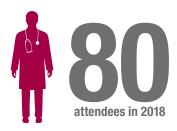
MEET THE EXPERTS

The 'Meet the Expert' round table discussions, specifically for physicians from the emerging regions, were an addition to the Forum in 2017 and continued in 2018. These discussions are a unique opportunity for physicians from emerging regions to have in depth conversations with CML experts. Physicians with limited exposure to these second and third line drugs are able to address specific clinical issues in this setting.



66 Excellent meeting with this new small experts discussion.









total webcasts

available

TOPICS IN 2018



Perspectives on treating CML in pregnant patients **Dr Amma Benneh-Akwasi Kuma (Ghana)**



Perspectives on treating CML in pregnant patients **Professor Dragana Milojkovic (UK)**



CML in pediatric patients **Professor Meinolf Suttorp**(**Germany**)

Perspectives on treating



Perspectives on adherence during TKI therapy **Professor Saengsuree Jootar (Thailand)**

Personalised, CML focused, educational preceptorships **66** This is one of the best programs for Oncologists working in developing countries to get a bird-eye view of state of art oncology care at World's best Oncology centres. Dr Batra, India The first preceptors visit Adelaide. Doctors Rajendranath, and Damodar from India, and Dr Lukavetskyy, from Ukraine I can say with certainty that with the updated knowledge, the CML treatment in my hospital 15 CML CENTRES OF EXCELLENCE will be improved. The response rate will increase and undesirable effects will be reduced to the minimum. 99 Dr Thanh, Vietnam preceptorships countries ELEBRATING TOGE Preceptors by region 2010 - 2019 **REGIONS** EMIF 2009 - 2019 Caribbean Western Africa Central America Northern Africa South America Preceptors 2018/2019 Eastern Europe Central Africa Russian Federation Eastern Africa Mongolia Southern Africa Middle East Central Asia South Asia South East Asia preceptorships 2018/2019 PNG



Every year preceptors are asked about the long term value to their:









4/5 have maintained contact with their host site and benefited from:

- + sample analysis
- + teaching materials
- + ongoing case discussions

Significant changes include;

- improved and more regular monitoring
- + earlier intervention for non response or intolerance
- + initiating referral centres
- + information for GPs

Diagnosis and Testing

Working towards equal access to CML diagnostics around the world

A lack of diagnostic capabilities for CML is a major barrier to optimising clinical outcomes in many low and middle-income countries. The iCMLf Diagnosis and Testing Program provides a multifaceted approach to build sustainable local capacity for CML diagnostics while ensuring on-going support from clinical and laboratory mentors. Seed funding grants, sample shipments, training and advocacy are all components of the iCMLf Diagnosis and Testing program.

It is impossible to quantify the number of tests made possible through the purchase of equipment and consumables, along with the training and mentoring that have been facilitated by the program. However it is quite clear that tens of thousands of CML patients have been and will continue to be, impacted by the improvements made at centres awarded iCMLf grants.

Patients and their physicians have better knowledge about their CML. This facilitates access to treatments and allows clinically meaningful treatment decisions. Which in turn, can change lives and benefit whole communities.



SPOT ON CML

The iCMLf provides financial support to 'SPOT on CML' a global collaboration, led by Dr. Jerry Radich, offering; lowcost, low-tech access to advanced laboratory diagnostics for CML – and access to free life-saving treatment.

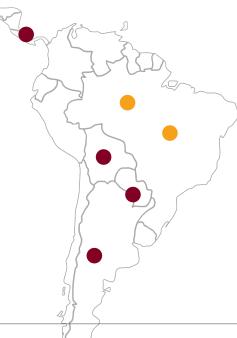
"The Max Foundation and Fred Hutch, with assistance from Cepheid and the International CML Foundation, have demonstrated that multiple agencies can cooperate effectively and do enormous good." Dr Jerry Radich

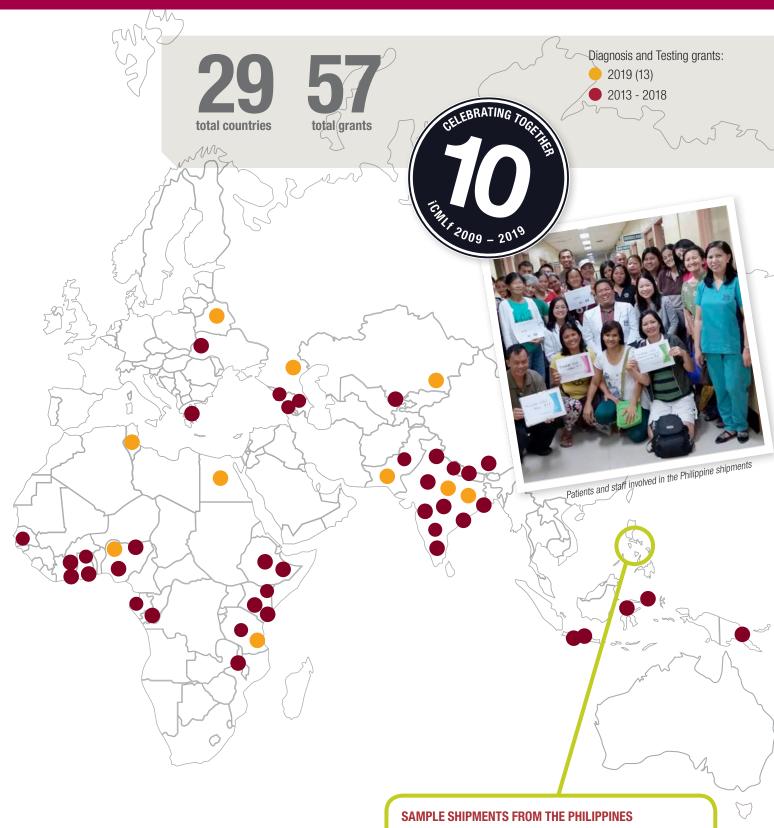
500 CML patients diagnosed and accessed treatment



66 A year later 31 new eligible patients have received treatment after on-site PCR analysis. Previously an average of 8 eligible patients who were able to afford PCR analysis were able to receive treatment annually.

Dr Benneh, Ghana





Efforts such as molecular monitoring and mutation testing have changed the therapeutic landscape of CML in the Philippines.

Dr. Rico Paolo Gomez Tee, the Chief Fellow, Hematology, Philippines General Hospital

In some instances shipment of blood samples to a referral centre for testing is the only feasible way to get reliable results. The iCMLf has had a long standing partnership with the Max Foundation in the Philippines to help patients access PCR, many for the first time.

118 Samples shipped

Thank you - in the name of CML patients worldwide

Over the last 10 years there were great losses to the CML community. We highlight here five pioneers that are greatly missed.

H. Jean Khoury (1967-2017)

Leading the Division of Hematology of the Winship Cancer Institute at Emory University in Atlanta (USA). He was known as a compassionate physician and clinical investigator, receiving many awards and published more than 140 articles in peer-reviewed journals.

"Jean's departure is untimely and a great loss to the CML community and the medical and scientific community at large." Professor Jorge Cortes





Janet Rowley (1925-2013)

"Janet Rowley is a hero to many, including me. Her groundbreaking work on the identification of the reciprocal translocation between chromosomes nine and 22 in patients with CML allowed the development of the life-saving treatment Gleevec for this disease." Dr Brian Druker

In 1973 Dr Rowley made a seminal discovery in CML when she used newly developed chromosome banding techniques to show that the Philadelphia chromosome is formed by a translocation between chromosomes 9 and 22. This discovery led to the eventual identification of the fusion gene BCR-ABL and ultimately to the development of targeted inhibitors of this leukemia-specific oncoprotein. This is one of many major contributions made by Dr Rowley and her team to our understanding of the molecular biology of leukemia and other cancers.



John Goldman (1938–2013)

"The world has lost an important player in the quest for a cure for all forms of leukaemia. Fortunately his legacy lives on, in the form of the many thousands of CML patients who are alive today thanks to his dedication and vision."

Professor Ray Lowenthal, Australia

John was not only an outstanding clinician and scientist, he was one of the rare people who was able to stand back and take a broad view of his work, and see where it fitted in with the work of others and where collaboration would advance the cause. Acting as mentor to many, he developed international alliances that in many ways were as important in enabling the new treatments to be brought to patients everywhere, as were the scientific developments themselves. His work as founding editor of the journal Bone Marrow Transplantation and his chairmanship of the International CML Foundation, amongst many other important global roles, were as significant as his research.

Tessa Holyoake (1963-2017)

Tessa Holyoake's world-leading research was on the cancer stem cell, working from the model of CML. In 2002 she was the first to demonstrate that CML stem cells are completely insensitive to killing by first generation kinase inhibitor, imatinib. These findings highlighted that kinase inhibitors alone would be unlikely to cure CML. Her work then focused on the identification of key stem cell survival pathways that may be manipulated in a selective manner.

"Tessa was a brilliant scientist, passionate about finding a cure for CML through understanding the core of the biology of the disease. She was innovative and highly productive. But most of all, she was a warm and caring person who endeared everyone around her."

Professor Jorge Cortes



Boukary Abdoul Nasser (-2016)

Boukary Abdoul Nasser was awarded an iCMLf Diagnosis and Testing grant in 2015. Through this he motivated physicians and patients alike and was integral in establishing CML diagnostics in Niger.

"Niger is a country who knows the difficulties in the management of patients with chronic myeloid leukemia. Mr Boukary was full of talent and imagination. He first undertook sensitisation campaigns on CML. He was the first person in Niger to raise media awareness about CML."



Annual John Goldman Conference on CML: Biology and Therapy





4,500 (SLEBRATING TOOF) attendees

There are few hematological diseases that have progressed so much in science and management as CML has in recent years. The science is constantly evolving and the vision of cure is now within reach. At the annual John Goldman conference on CML, new and often unpublished data is presented, discussed and put into perspective.



66 This meeting, celebrating 20 years now, is an amazing evolution of our knowledge and progress treating CML

Professor Jorge Cortes, Chairman of the John Goldman conference.

280 attendees 2019

66 A packed agenda with a good mix of science and clinical sessions.





66 This meeting always brings the perspectives from Europe, the US and other parts of the world together in one conference.

Celebrating excellence



ROWLEY PRIZE WINNERS

The Rowley Prize is awarded each year by the iCMLf to an individual who has made an outstanding lifetime contribution to our understanding of the biology of CML.



2009	2010	2011	2012	2013	2014	2015	2016	2017
Dr Brian Druker	Dr Moshe Talpaz	Dr John Goldman	Dr George Q Daley	Dr Connie Eaves	Dr Owen Witte	Dr Rick Van Etten	Professors John Groffen and Nora Heisterkamp	Professor Tessa Holyoake

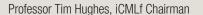


GOLDMAN PRIZE WINNERS

The iCMLf Goldman Prize recognises lifetime contributions to the management of patients with CML. This award has been created in memory of the late iCMLf chair, John Goldman, to honour his commitment to clinical excellence in treating CML.

2014	2015	2016	2017
Professor Rüdiger Hehlmann	Professor Michele Bacarrani	Professor Hagop Kantarjian	Professor Tim Hughes

66 Sue is an incredibly worthy winner because of her beautiful science, her mastery in communication skills and her sincere humanity and generosity. 99





iCMLf PRIZE WINNERS

The iCMLf Prize is awarded to recognise outstanding contributions to the improvement of CML treatment in the emerging economic regions.

2015	2016	2017
Patricia Garcia- Gonzalez	Associate Professor Susan Branford	Professor Jerry Radich



2018 Prize Winners



Professor Nick Cross during his acceptance of the Rowley Prize



"I am extremely proud to be given the Rowley Prize. Janet was an extraordinary lady and an inspiration to myself Professor Nick Cross and many others."

Professor Nick Cross



Professor Jorge Cortes receiving the Goldman Prize from Professor Hughes.

GOLDMAN PRIZE Professor Jorge Cortes (Houston, USA)



"Jorge has led many of the most important CML trials over the past decade and is now regarded as the pre-eminent world expert in CML management. He has also tirelessly disseminated his unique expertise to colleagues at his own centre and around the world."

Professor Tim Hughes, Chairman of the iCMLf



Professor Hemant Malhotra giving the iCMLf prize keynote lecture.

iCMLf PRIZE Professor Hemant Malhotra (Jaipur, India)



"The award recognises Hemant's remarkable achievements in CML management in a challenging environment and his work to improve outcomes for CML patients."

Professor Tim Hughes, Chairman of the iCMLf

A significant and continuously growing online presence

www.cml-foundation.org (2018/2019)





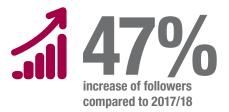
MOST VISITED PAGES

- Case Discussion Forum
- About us
- Virtual Education Program
- Scientific news
- iCMLf Climb for a Cure
- Science and Education/meetings

- of visiting countries are from the emerging regions²
- **Visitors from**

- 1. Source: webanalyzer September 2018 August 2019
- 2. Source: Joomla Realtime Analytics

facebook.com/icmlf (2018/2019)







Clinical Case Discussion Forum

2018/2019





physicians contributed cases and replies





MOST FREQUENTLY VIEWED TOP 3 TOPICS:

- 1 ITP like phenomenon? (874 views)
- 2 Unusual case of CML with hypoparathyroidism (839 views)
- 3 CML diagnosis (789 views)







total views 231,700



total cases

HIGHEST VIEWED CASES:

- 1 CML during pregnancy 9578
- 2 CML and Pregnancy 7862
- 3 CML and Pregnancy 6484
- 4 Pregnancy on 2nd generation TKI 6208

Virtual Education Program

2018/2019





3,534

presentations viewed

(source: pages hits)

TOP 3 VIEWED PRESENTATIONS:

- 1 The future of CML therapy: Michael Mauro, EHA 2019 (562 views)
- 2 CML therapy state of science: Timothy Hughes David Yeung - Devendra Hiwase, COLT Meeting 2018 (539 views)
- 3 CML in the era of operational cure: considerations for therapy selection: Giuseppe Saglio, EHA 2019 (404 views)



French for the VEP







[>] 302,000

HIGHEST VIEWED PRESENTATION:

Dr Delphine Réa - Can we safely stop TKI therapies? Experience from the STOP trials

^{*} **64,300**

Personal perspectives on CML

Expert interviews from the John Goldman Conference on CML – 670 views



Prof. Jorge Cortes - clinical



Prof. Daniela Krause - scientific



Dr Carolina Pavlovsky – in Spanish

Highlights from ASH 2018

- 2,085 views



Prof. Jane Apperley: The argument of using imatinib in CML



Prof. Tim Hughes: Importance of molecular monitoring in CML



Prof. Charles Craddock: We still do transplant in CML, do we?





> 10,900 total views

BREAKING NEWS · BREAKING NEWS · BREAKING



Tim Hughes' monthly publication notice

Launched in 2016, the monthly news service highlighting the key CML scientific and clinical papers has become a key service of the iCMLf.

In 2018/2019

194 new publications featured on the iCMLf website:

82 Clinical papers

71 Scientific papers

30 ERSAP papers

11 Pediatric papers

BREAKING NEWS · BREAKING NEWS · BREAKING

iCMLf Goldman Fund

- Supporting young physicians from the emerging regions



The iCMLf established a special fund in memory of Professor John Goldman for people wanting to donate to the foundation in his memory.

AIMS OF THE FUND

Training young CML clinicians and scientists from the emerging regions:



Attend the annual John Goldman Conference on CML



Present their scientific work to the CML community



Provide access to the latest scientific and clinical advances in CML



Build lasting networks with colleagues from around the world

Celebrating years of run fun!



Philadelphia







Houston

66 It's so much fun running together with colleagues and friends and at the same time a good opportunity to support the work of the Foundation.

Celebrating these clinicians and young scientists supported by the Fund since 2015



Dr Adeagbo Babatunde Nigeria

"It was an honour for me to present my data at this well-known conference on CML following in the footsteps of so many renowned scientists and 'big names' such as Professor John Goldman."



Dr Kostyantyn Kotlyarchuk Ukraine

"I have benefited greatly from the opportunity to spend four days of CML education from top lectures and have brought a lot of new ideas with me on how to further improve CML management at home."



Dr Uzma Zaidi Pakistan

"It was a great chance for me to come to this meeting and to listen to all the international CML experts sharing their experience and knowledge — this would not have been possible without the support of the Foundation."



Dr Marica Pavcovic Macedonia

"Coming to this conference complemented my practical learnings during my preceptorship at the Hammersmith Hospital very well. It's great to have a conference with a focus on CML only. I especially like the interactive poster walks at this meeting where the audience asks so many questions."



Dr Syed Owais Ali Pakistan

"I'm very lucky to have the opportunity to come to this conference. I have learned a lot by listening to the presentations and by interacting with people from other countries and from other universities and I now have the full picture in my mind."









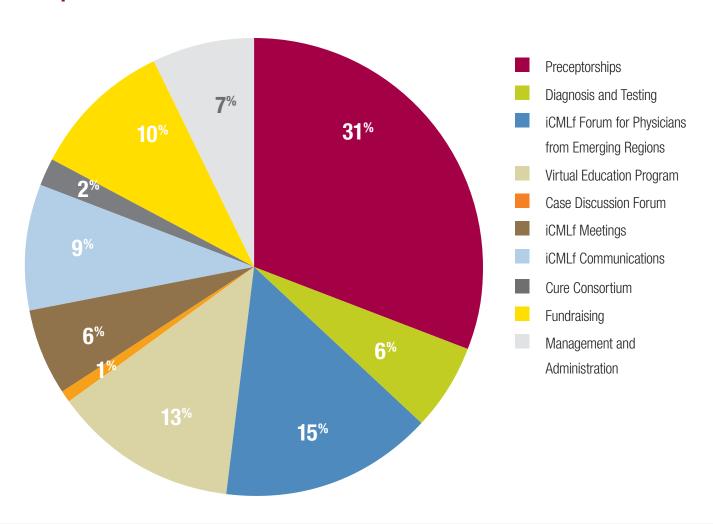
Estoril

\$9,200

TOTAL FUNDS RAISED

Miami

Expenditure Allocation





enhances CML education and access to diagnostics.



supports the management of CML in the emerging economic regions.



Increased fundraising expenditure in 2018/2019 results in increased donations from \$5,000 to \$195,000.

Thank you to our Supporters

CORPORATE SUPPORT

As a charitable Foundation the iCMLf relies on grants and donations to continue the programs and activities that positively influence the lives of patients with CML. We thank our corporate partners for their generous contributions that help us achieve this.















THANK YOU TO OUR HOST CENTRES WHO DONATE THEIR TIME AND RESOURCES FOR THE PRECEPTORSHIP PROGRAM

We are eternally grateful for the support that the host sites for the clinical preceptorship program dedicate to their visitors. The impact of the program is immense and would not be possible with out the organisation and commitment from the following site leads along with their clinical, laboratory and logistic teams. Thank you for the work that you do.

Jane Apperley Jorge Cortes Mhairi Copland Tim Hughes

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Michael Mauro Franck Nicolini Jerry Radich Gianantonio Rosti David Snyder Juan Luis Steegmann Andrey Zaritskey & Elza Lomaia

Friends of the Foundation

The iCMLf also receive individual donations and donations of honoraria.

We appreciate and thank all those who give both of their time, and financially to further the aims of the Foundation.



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The International CML Foundation is registered as charity no. 1132984 in England and Wales

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