

## November 2012

### About the iCMLf

The International CML Foundation (iCMLf) is a Foundation established by a group of leading hematologists with a strong interest in CML. The mission of the iCMLf is to improve the outcomes for patients with CML globally. The Foundation is registered as a charitable organisation in England and Wales but its charter is global. Its aims are to foster and coordinate global clinical and research collaborations and to improve clinical practice and disease monitoring in CML, especially in emerging economic regions. Scientific advisors and national representatives spanning over 30 countries provide guidance and advice to further the aims of the iCMLf.

### Registered Address:

International CML Foundation  
33 Northumberland Place  
London W2 5AS - UK

E-Mail: [info@cml-foundation.org](mailto:info@cml-foundation.org)  
Web: [www.cml-foundation.org](http://www.cml-foundation.org)

### Board of Directors:

J Goldman (Chair), M Baccarani,  
J Cortes, B Druker, A Hochhaus,  
T Hughes, J Radich

**Please support the iCMLf!**  
Your donations and unrestricted grants enable us to support the opportunity for all CML patients to have the best possible outcome no matter where they live.

### Dear Colleagues and friends in the CML community,

With a mission to improve outcomes for people with CML globally it would be logical that one of the primary focus' of the iCMLf would be to enhance CML education for physicians around the world and through this, enhance and equalise CML management globally. In this iCMLf newsletter we focus on the recent activities of the Foundation in this area.

### Support for international CML education

The Directors of the iCMLf have convened, led and supported the International CML Conference: Biology and Therapy for the last 25 years. This global meeting, now co-sponsored by the iCMLf, is entirely dedicated to CML and the progress made to the understanding, therapy and management of the disease. Support from the iCMLf in this way is indicative of how we approach all our educational projects. We draw on the wealth of CML knowledge, clinical and research experience of the Directors, Advisers and 37 country representatives to share, guide and promote the latest advances in the management of CML around the world.



The iCMLf Directors

The iCMLf Virtual Education Program was originally implemented to assist clinicians unable to travel to the international meetings, this online series of up-to-date CML presentations from key

opinion leaders are relevant for physicians worldwide. This year Jane Apperley presents on CML and pregnancy, the highly relevant topic 'Stopping therapy' is discussed by Delphine Réa in both English and French, and in Spanish by Jorge Cortes. Professor Cortes also presents in English and Spanish on the newer CML therapies. All these and the previous series of presentations can be found online at [www.cml-foundation.org](http://www.cml-foundation.org).

### Support throughout emerging economic regions

The Virtual Education Program will be distributed at the 2012 iCMLf Forum held during the annual ASH meeting. This Forum is specifically for physicians from emerging economic regions and like the Virtual Education Program is presented in partnership with The Max Foundation. The 2012 program focuses on solutions developed to manage CML within these resource poor regions. Presenters from India, Paraguay and Sri Lanka will share projects that have help overcome their specific challenges and these projects have the potential for adaptation at other centres facing similar challenges. Through this forum,

networking and discussion we aim to share best practice amongst those who need assistance most.

Sharing best practice with physicians from emerging regions is also the intention behind the Emerging Regions Support and Partnership Preceptorship Program. Over the last three years more than 70 people have attended intensive preceptorships at CML



Dr Musteata from Moldova with the team at the MD Anderson

centres of excellence around the world. They gain knowledge and experience only possible through one to one interactions and then transfer this knowledge to colleagues at home. The preceptor's reports continue to be excellent, reporting well-rounded haematological experiences. Details about the iCMLf Forum and the three core projects of the Foundation can be found on page 2 and 3 of this newsletter.

"I believe that this experience has favoured in 100 % my vision on the treatment and follow-up of this pathology and it will benefit my medical daily practice and in consequence to the well-being of my patients."

Dr Gil, Argentina

### Supporting patient advocates

It is important for the iCMLf to build on rather than duplicate the efforts of other organisations to assist CML patients. This is especially the case with patient advocacy where there are well-developed organisations with their own expertise and activities. We are proud and pleased to work alongside these organisations assisting patient care. This again, is predominantly through the expert knowledge of our Directors and Advisers willing and able to share this around the world. The 2012 examples of this in Latin America, Africa and Europe are outlined on pages 6 and 7.



Andreas Hochhaus presents at the CML Horizons meeting

*"Education is the most powerful weapon which you can use to change the world"*

As the iCMLf moves forward this quote from Nelson Mandela is what we keep in mind. We hope you enjoy reading about our activities over the subsequent pages and look forward to sharing future iCMLf programs with you in 2013.

Nicola Evans, John Goldman Tim Hughes,  
Jan Geissler, Melissa Davis-Bishop

## The three core projects of the iCMLf

### Intensive educational programs for physicians unable to easily access international meetings

27 preceptors from 21 countries have attended the Emerging Regions Support and Partnership (ERSAP) Program this year. Every year we are able to extend the global reach of the program and for the first time in 2012 physicians from Jamaica, Armenia, Uganda, Thailand, Vietnam, Guatemala, Moldova, Kyrgyzstan, Nepal and Tanzania participated as preceptors.

“With Dr. Cortes I had the opportunity to learn (I think deeply) how to use the different types of TKIs in the variety of fashions in CML, specially to understand the rationale and the importance of the molecular responses and how with the new TKIs the responses are faster and deeper and how that can improve the long term survival. I learned about the toxicological profile of TKIs, and I got familiarized with the protocol study in a patient with CML at diagnosis and follow up, also I learned about the mutations and the approach of accelerated and blastic phases.”

*Dr Chalapud from Guatemala*



Four iCMLf preceptors with Professor Tim Hughes and Dr Hiwase from the Royal Adelaide hospital, along with Nicola Evans and Melissa Davis-Bishop of the iCMLf

The ERSAP Preceptorship Program is a unique opportunity for clinicians from emerging economic countries who treat CML to undertake a one to one educational experience to develop and expand their CML management skills. Information about this intensive educational program can be found at [www.cml-foundation.org/index.php/ersap-preceptorships](http://www.cml-foundation.org/index.php/ersap-preceptorships).

With a total of eleven centres of excellence hosting preceptors, there are two new host sites in 2013. The West of Scotland Cancer Centre in Glasgow, under the supervision of Professor Tessa Holyoake and Dr Mhairi Copland, and the Almazov Federal Centre of Heart, Blood and Endocrinology, St Petersburg under the guidance of Dr Andrey Zaritsky join us next year. The iCMLf is now pleased to offer programs in five languages; English, French, Italian, Russian and Spanish.

Applications for the 2013 program will be accepted until the 17th December 2012. For more information, or to submit an application contact [melissa@cml-foundation.org](mailto:melissa@cml-foundation.org).

### Increasing access to CML diagnostics improves patient outcomes

The overarching goal of the iCMLf's ERSAP Diagnosis and Testing Program is to increase access to CML diagnostics. These projects are implemented according to the needs and capacity of the local situation. 2012 projects have included:

- Grants to fund equipment, monitoring and education
- Sample shipments for BCR-ABL and mutational analysis
- Assess to PCR technology

Through these activities in the last 12 months the iCMLf have directly provided access to over 1,000 PCR tests to diagnose and monitor CML patients. Due to these tests patients have been able to access therapy and gained knowledge about their disease state that would not have occurred without the iCMLf programs. The indirect access to equipment, testing and education provided through this program will impact many thousands of patients over the coming years.

“... Without this a lot of patients will not have the opportunity of having a definite diagnosis of CML being made. Neither will they have the benefit of having a tyrosine kinase inhibitor for the treatment of the disease...”

*Dr Benneh, Ghana*

### Online education is key to spreading best practice

With over 13,000 views for the 2010 and 2011 modules, the iCMLf Virtual Education Program is a valuable tool used by physicians all over the world.

Crucial to the program's success was expanding the languages in 2011 making French and Spanish presentations available. We continue this in the third series of the Virtual Education Program and the presentations are:

- Pregnancy in CML. English
- Can we safely stop TKI therapies? English, French and Spanish
- New drugs in the treatment of CML. English and Spanish

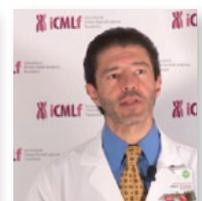
These new modules will be available online and on USB drives, for off line use, in December. Please email [info@cml-foundation.org](mailto:info@cml-foundation.org) if you would like to receive one of the USB drives containing the iCMLf Virtual Education Program.



Jane Apperley



Delphine Réa



Jorge Cortes

***iCMLf-award winning physicians showcase innovative best practices***

The iCMLf is very pleased to announce that the third 'iCMLf Forum for Physicians from Emerging Regions' will be held during the 2012 American Society of Hematology meeting in Atlanta. The program will focus on overcoming challenges faced by physicians treating CML in emerging economic countries. Presentations from India, Paraguay and Sri Lanka will outline specific solutions implemented to enhance CML management. These projects have the potential for replication worldwide.

**A unique meeting for physicians from emerging economic regions**



*Dr Mwamba from Kenya presenting at the 2011 iCMLf Forum*

Treating CML in situations or locations with limited resources can be challenging. Access to current treatments, accurate diagnostics and to up to date knowledge are all difficult to obtain at reasonable costs. Despite this, physicians, laboratory staff and others involved with patient care work tirelessly, to overcome these obstacles ensuring their patients get the best possible care.

The iCMLf Forum, presented in partnership with The Max Foundation, is a unique opportunity for clinicians and scientists from emerging regions to come together to discuss the challenges they face treating their CML patients. This year, guided by experts from the iCMLf, the meeting will focus on the innovative solutions that centres have implemented to overcome their specific issues treating CML with limited resources.

**Sharing best practice with a common goal**

In July 2012 the iCMLf invited the submission of abstracts on the subject 'Overcoming Challenges Treating CML - Best practices in emerging economic regions'. The abstracts needed to demonstrate the successful implementation of projects to improve the management of CML.

We were delighted to receive 26 abstracts outlining projects that enhanced patient care. Abstracts were submitted from 16 countries so were varied in situation. Facilitating access to therapy, forming a CML clinic, and creating an iPhone application to track CML treatment are just three of the subjects covered.

The abstracts were reviewed by the iCMLf Directors and Advisers and three selected abstracts were awarded an iCMLf grant of US\$5,000 with their authors invited to present their initiatives at the iCMLf Forum. All of the abstracts will be available on the iCMLf website in December for wider viewing.

**iCMLf** Presented by the International CML Foundation in partnership with The Max Foundation 

**iCMLf Forum for Physicians from Emerging Economic Regions**  
**'Overcoming challenges treating CML'**  
Featuring practical innovations when resources are limited

**Program**  
Presentations by iCMLf-award winning physicians showcasing innovative best practices treating CML with potential for replication worldwide.  
The forum is a networking and discussion opportunity with iCMLf Directors, including John Goldman, Tim Hughes, Jorge Cortes, Jerry Radich and Andreas Hochhaus

Forum attendees will be the first to receive copies of the 2012 Virtual Education Program

Friday 7 December 2012  
4.30 pm - 6.30 pm  
Marriott Atlanta Downtown  
160 Spring Street NW

For physicians treating CML in emerging regions, RSVP at:  
melissa@cml-foundation.org  
info@themaxfoundation.org

We sincerely thank all the people who submitted their abstracts as the amount of effort and work it takes to write and compile this information is significant. However sharing these successful projects and ideas amongst the CML community, especially with colleagues encountering similar conditions, is very important as we work towards improving the management of CML globally.

**Some of the feedback from the iCMLf Directors:**

- Great effort in implementing diagnostic/monitoring tools. Well designed and thought of.
- Very good effort to cover a niche population with measurable endpoints.
- Good, comprehensive effort in establishing a valuable CML clinic.
- Precise analysis and action plan.

The iCMLf Forum is an ideal environment for physicians and scientists from emerging economic countries to meet and share experiences with colleagues and the iCMLf Directors. The discussions and networking opportunities in this unique setting are valuable. We look forward to seeing you at this and future meetings.

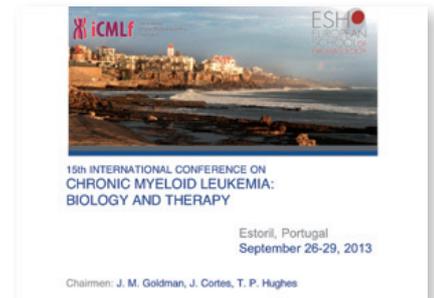
**Over 530 people attend the international CML meeting in Baltimore**

The 14th International Conference on Chronic Myeloid Leukemia: Biology and Therapy was held in Baltimore, Maryland from September 20 – 23, 2012. This meeting, co-sponsored by the iCMLf and the European School of Hematology (ESH), is the premier meeting for CML. The latest updates in therapy and research are reviewed from clinical and scientific perspectives.

Following the excellent feedback from the 13th iCMLf-ESH event last year, in 2012 poster presentations were more strongly emphasised than in previous years and the number of oral presentations was decreased. A session for oral presentation of outstanding posters was chaired by Professor Brian Druker and, as in 2011, a series of poster walks led by senior academics occurred each day. The satellite symposia for clinicians and small scientific workshops led by postdoctoral researchers were well received. In fact, overall the

reports from attendees were generally fantastic with the vast majority of presentations rated very good, or outstanding. The summary of the special lecture by Professor George Q Daley, 'Stem cells in cancer: from BCR-ABL to Lin28', can be read on the next page.

We look forward to welcoming you at the 15th International Conference on Chronic Myeloid Leukemia: Biology and Therapy, in Estoril, Portugal, from September 26 – 29, 2013.



**The iCMLf Directors, Advisers and Members reinforce the commitment of the Foundation to global CML education projects**

The annual meeting of the iCMLf scientific advisers took place during the international CML congress in Baltimore. This meeting provides the opportunity for discussion on the iCMLf's current and future strategies and activities. All attendees agreed on the positive impact that the iCMLf's programs are having on the management of CML. The conversation reconfirmed need for the iCMLf to continue to focus on expanding CML education projects worldwide.

In 2013 in addition to our current programs the iCMLf will focus on low cost, flexible, online, global education platforms. Utilising the expertise of our directors, advisers and national representatives we will link with local hematology societies and other partners to further the spread of optimal CML care across all continents.



*The iCMLf Directors and Advisers at the annual iCMLf meeting*

**Professor Janet Rowley presents the 2012 iCMLf Rowley Prize.**



*Janet Rowley presents the iCMLf Rowley prize to Dr George Q Daley.*

This year the Rowley Prize for persons who have made major contributions to the biology and/or clinical management of CML was awarded to George Q Daley, who is Samuel E. Lux IV Professor of Hematology/Oncology at the Children's Hospital in Boston. Dr Daley received his PhD from MIT in 1989 and his MD summa cum laude from Harvard Medical School in 1991. As a graduate

student working with David Baltimore, he demonstrated that the BCR-ABL oncogene induced CML in a mouse model, which validated the fusion gene as a target for drug blockade and underpinned the development of imatinib and of the subsequent tyrosine kinase inhibitors. More recently he turned his attention to hematopoietic stem biology and (amongst many other achievements) created customised stem cells to treat genetic immune deficiency in a mouse model, induced differentiation in germ cells from embryonic stem cells and generated disease specific pluripotent stem cells by direct reprogramming of human fibroblasts.

*John Goldman*  
iCMLf Chairman

## Stem cells in CML: from BCR/ABL to LIN28



*George Q Daley speaks during the International CML Meeting in Baltimore.*

Chronic myeloid leukemia is the classical malignancy of the hematopoietic stem cell (HSC), and as such has piqued my career-long interest in stem cells. As a PhD student with David Baltimore, I investigated the role of the Philadelphia chromosome in CML by using retroviral vectors to express BCR/ABL in HSCs from murine bone marrow. Transplantation of infected HSCs into irradiated mice induced a CML-like myeloproliferative disorder, thereby establishing BCR/ABL as necessary and sufficient

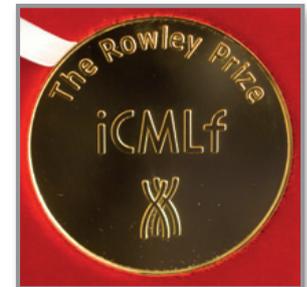
to cause CML (Daley et al, *Science* 1990). Close mentorship from John Goldman, then on sabbatical in the Baltimore lab, taught me the importance of Bone Marrow Transplantation for CML and other malignant and genetic disorders of the marrow, and highlighted the limitations due to the lack of suitable donors for many patients. This set me on a path to discover a means of generating autologous HSCs that could be matched to any individual in need of a transplant. For the past 17 years, I have been pursuing the prospect that pluripotent stem cells—either from embryos or more recently, reprogrammed from somatic tissues—might serve as a source of autologous HSCs. My studies of pluripotent stem cells initially took me away from the CML field, but a recent discovery of a novel function for a stem cell factor—the RNA binding protein LIN28—has taken me full circle back to CML.

We discovered the function of LIN28 in basic studies aimed at understanding how embryonic stem (ES) cells form. LIN28 is expressed ES cells and early embryos, where it blocks the processing of a family of microRNAs called let-7 (Viswanathan et al, *Science* 2008). Because deletion or loss of function of Let-7 has been linked to breast and lung cancer, we reasoned that dysregulation of LIN28 expression might be oncogenic. We confirmed this hypothesis in a broad survey of tumor tissue microarrays, in which we observed overexpression of LIN28 in some 15% of all samples, including subgroups of breast and lung cancer and the majority of ovarian, liver, Wilms, and germ cell tumors (Viswanathan et al, *Nature Genetics* 2009; West et al, *Nature* 2009). To further explore the mechanisms of oncogenesis, we created LIN28 transgenic mice, which indeed are tumor prone but also show fascinating phenotypes of increased growth, delayed sexual maturation, and altered metabolism. Studies of the physiology of these mice have implicated the LIN28/let-7 axis as a regulator of glucose metabolism, and implicates upregulation of LIN28 in the metabolic reprogramming of cancer cells known as the Warburg effect.

In a survey of the NCI-60 panel of cell lines, we noted overexpression of LIN28 in K562 cells from a patient with CML in blast crisis. In a survey of primary samples from patients with CML in chronic, accelerated, and blast crisis phases of disease, we noted upregulation of LIN28 in the advanced stages, suggesting that disease progression in CML was linked to dysregulation of LIN28 in a third to half of patients. In vitro studies demonstrated that shRNA knock-down of LIN28 in K562 cells inhibited cell proliferation and soft agar colony formation, and promoted cell differentiation (Viswanathan et al, *Nature Genetics* 2009). Preliminary studies in murine models suggest that overexpression of LIN28 inhibits myeloid differentiation and cooperates with BCR/ABL to induce a more aggressive form of leukemia, consistent with our observations of an association of LIN28 overexpression with advanced phases of CML (unpublished).

Our data show that LIN28, an early embryonic developmental regulator that is silenced in most adult tissues, can be reactivated in the course of malignant transformation in numerous tissues, and in particular appears to play a role in the progression of chronic phase CML to blast crisis. We are currently investigating therapeutic approaches to modulate the LIN28/let-7 pathway. Blockade of LIN28 or enforced expression of let-7 could be an effective cancer therapy.

It has been a privilege to witness the remarkable progress in the CML field over the last several decades. The field has moved from basic observations of chromosomal abnormalities to the definition of BCR/ABL as the genetic lesion responsible for CML, to development of small molecule BCR/ABL kinase inhibitor that has revolutionized clinical care of CML patients, to a deep structural understanding of the means by the kinase evolves mutational resistance. For those few patients who progress despite effective kinase inhibition, further therapeutic advances are needed. Targeting of the LIN28/let-7 pathway may offer one approach for a subset of those patients.



*George Q Daley*

Children's Hospital/ Dana Farber Cancer Institute,  
Howard Hughes Medical Institute, Boston, MA

## ***iCMLf Directors and Advisers support key CML educational meetings***

With our guiding principal being ‘improving the outcomes for patients with CML globally’, the support of educational projects for health care professionals and patients alike is a fundamental component of our mission. Our ability to influence this critical aspect of the Foundation comes from our Directors and Advisers and the support they bring to global educational meetings. Over the last six months the iCMLf has directly supported the following three activities outside of our core projects:

### **CML Horizons: Patient advocates meet to „Learn, Share & Grow“.**



*Attendees from 48 countries at the CML Horizons meeting*

The iCMLf was pleased to support the newly independent 10th CML HORIZONS conference, held in Germany, on 11-13 May 2012. The CML Horizons meeting has become the main global conference for CML patient organisations over the past 10 years. In 2012, with 86 patient advocates from 48 countries and 4 continents as

well as 15 expert speakers from all around the world, this conference showed once more the great interest and need for capacity building in the field of patient advocacy for CML.

Learn, Share, Grow was the motto over three days of interesting medical sessions as well as advocacy sessions focusing on the work of patient organisations. The CML sessions presented by iCMLf Directors, Andreas Hochhaus and Jorge Cortes, along with Delphine Réa, Susanne Schnittger, Ali Turhan and Peig O’Carroll

covered current best practice and the latest developments in CML therapies, management, monitoring and care. Presentations also provided an outlook on future research.

The Patient Advocacy sessions included; bringing down access barriers, sharing best practice in advocacy-related topics and developing specific skills for the work in advocacy. Workshops were held on coping with cancer in the family, improving informed consent in CML studies, overcoming barriers in accessing diagnostics, building alliances on drug access, fundraising for NGOs, and best practice in establishing local support groups. Topics on pregnancy, tackling non-adherence, collaborating on nurse education initiatives, complementary medicine and improving access to clinical trials were also addressed.

The conference provided an important, widespread platform for networking between patient advocates and the expert speakers.

A more detailed report on the CML Horizons conference and webstreams of all sessions can be found at <http://www.cmladvocates.net/cmlhorizons>

### **32 patient groups attend the first Virtual Latin American Patient Colloquium on CML**



On Saturday, October 27th, the first ‘Virtual’ Latin American Patient colloquium on CML was held in Buenos Aires, Argentina. This online educational meeting featured Dr. Jorge Cortes of the International CML Foundation.

The aim of the event was to increase knowledge and

education on CML for Latin American patients in order to optimise clinical outcomes and increase quality of life.

At the colloquium, Dr Cortes gave a patient education presentation that was broadcast online live, and patients throughout Latin America along with their doctors joined to listen to the session, with the ability to interact and ask questions. Dr. Moiraghi, from Hospital Ramos

Mejia, facilitated the discussion and coordinated attendee questions. 170 patients and several of their physicians attended the meeting in Buenos Aires, but the real achievement was the virtual attendance of 32 simultaneous patient meetings participating online!

The program was organized by LALNET in partnership with The Max Foundation, the Argentine Society of Hematology, and the Asociacion de Leucemia Mieloide Argentina.

Following the event, Inés García González, Country Head for Argentina with The MAX Foundation said, “The event was a great success that will have lasting benefits for patients and caregivers in the region. Not only was everyone able to listen and learn from Dr. Cortes, the event itself proved to be a user-friendly platform that can be replicated throughout Latin America and beyond. We see great potential in our partnership with LALNET and are already looking towards the next event of this kind.”

## Inaugural Patient Advocate and Physician CML meetings held in Africa



Professor John Goldman presenting at the inaugural African CML colloquium

### A focus on health care professionals:

The first African CML colloquium for health care professionals was hosted at the Ocean Road Cancer Institute (ORCI), in Dar-es-Salaam. The event, held 12th - 13th October, was organised by The MAX Foundation, in partnership with the Alpine Oncology Foundation and the International CML Foundation.

The conference provided a unique opportunity to increase knowledge of CML in the region and share experiences from different countries. Of importance in the discussions was the Glivec International Patient Access Program as an example of a treatment access program, the need to engage other stakeholders for sustainability of projects for CML, and the importance of CML as a case study to show that cancer can be successfully treated in emerging countries.

Attendees were 16 physicians treating CML in 13 countries in Africa, along with 60 Local healthcare providers including nurses, pharmacists and medical students. Prof. Twalig Ngoma from ORCI chaired the meeting, which was opened by the Minister of Health and Social Welfare for Tanzania, Dr Hussain Mwinyi.



Dr. Patel from South Africa during an interactive session

Four main barriers to optimising CML outcomes in the region were identified as:

- lack of diagnostic tools
- late presentation of patients
- excessive centralisation of treatment
- lack of training of hematologists in the countries

Further to the delay in presenting with CML, the need to confirm the disease in overseas centres means that patients may have wait up to 6 months from the date when CML is suspected as a diagnosis until they receive treatment with imatinib. In many cases, financial constraints are a barrier for entering the imatinib access program as patients are unable to afford the average of US\$ 400 needed to ship samples to South Africa, or Europe. These patients receive hydroxyurea, which is of course inferior treatment.

The use of the GeneXpert System was discussed and the experience in Ethiopia showed a marked decrease in time from suspicion of CML to imatinib treatment after introduction of the GeneXpert testing capability. While patients have accepted the initial BCR-ABL analysis, it has been a challenge to convince them of the need to

repeat the test. Further education as well as sustainable solutions need to be put in place to change the mindset of patients with regards to monitoring CML.

The importance of patient to patient support and giving a face to the disease to achieve better support from authorities is widely accepted by key treating physicians, therefore they all support and work in partnership with patient advocacy groups.

In general the physicians were surprised by the commonality of the issues they face and the importance of better communication among physicians in the region was recognized.

“That was a good meeting, bringing clients from different parts of Africa together! The patients’ interactive meeting on the Saturday was very useful, they got to understand common challenges. I hope the leadership will get the message across to other members at their next meetings.”

*Dr Durosinmi from Nigeria*

### A focus on patients:

The first meeting of the Africa Network of CML patient leaders was held on day 2 of the colloquium. This meeting had two goals: 1) share best practice from the most mature groups in the region, and 2) establish the creation of a unified group for the region. Twelve patient leaders from eleven countries participated. Countries included: Morocco, Tunisia, South Africa, Cameroon, Kenya, Ethiopia, Sudan, Nigeria, Tanzania and Ghana.

The session for patient leaders culminated in the Dar-es-Salaam declaration: a document declaring the formation of ‘CML Life – Africa’, the network of CML patient organizations from Africa.

**“We, as representatives of CML patient associations from the Africa Region do collectively declare the formation of the “CML Life – Africa Network” and pledge to:**

- Increase the understanding and awareness of CML;
- Intensify and unify the African efforts to fight CML;
- Collaborate to improve access to proper treatments and monitoring in Africa;
- Develop initiatives conducive to early detection of CML;
- Support the creation of scientific research in the region;
- Support patients and their families in the African world especially the poorest;
- Develop educational and informative programs taking into consideration the cultural heritage of the African people;
- Activate fruitful partnerships between the countries, public and private institutions;
- Exchange experiences and establish dialogue and communication links using modern technologies and social media;
- Promote a common purpose and collaborative interventions;
- Support each other at the local level;
- Endorse the Baveno declaration.”

## Thank you to all those who support us!

All of our projects, and the impact they have on treatment outcomes for CML patients, would not be possible without the support of our sponsors, members and Friends of the Foundation. From all of us that work at the iCMLf – Thank you.

### Grants and donations

We thank our corporate partners for their ongoing generous contributions

#### Premium Supporters:



- Novartis Oncology - The ERSAP Diagnosis and Testing Program
- Bristol-Myers Squibb – Overall support for the iCMLf activities

#### Major Supporters:



- Pfizer – The ERSAP Preceptorship Program

#### Other Supporters:

- Ariad – Publication of the iCMLf Newsletters and Annual Report
- MolecularMD – The ERSAP Preceptorship Program
- Novartis Pharmaceuticals – The Virtual Education Program and iCMLf Forum
- Cepheid – Support and use of the GeneXpert System and Xpert BCR-ABL cartridges



For more information about sponsoring the activities of the iCMLf please contact [info@cml-foundation.org](mailto:info@cml-foundation.org)

### iCMLf Membership

Members of the iCMLf:

- Become part of an international network focused on improving outcomes in CML
- Contribute to the global research and educational programs of the iCMLf
- Access a network of international contacts, including leading hematologists and scientists, with a common interest in CML
- Are invited to attend the iCMLf's regional meetings
- Can nominate candidates for the annual iCMLf Rowley prize
- Can nominate candidates for the iCMLf Scientific Advisory Committee and National Representative Board
- Have the opportunity to contribute as a reviewer to the scientific publications of the iCMLf
- Submit articles for the iCMLf twice yearly newsletter
- Receive regular updates on the programs and activities of the iCMLf
- Receive the iCMLf Newsletter and Annual Report

#### Membership of the iCMLf is US\$ 100 annually

A lesser amount can be contributed if full payment is restrictive at this time (minimum \$10)

To become a member of the iCMLf please go to [www.cml-foundation.org/membership](http://www.cml-foundation.org/membership) or contact [info@cml-foundation.org](mailto:info@cml-foundation.org)

### Friends of the Foundation

The iCMLf also receive individual donations. We appreciate and thank all those who give both of their time, and financially to further the aims of the Foundation.