

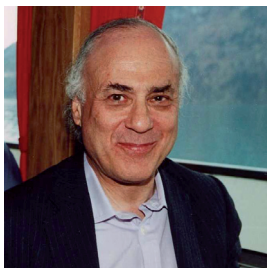
Annual Report 2012/2013

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“The iCMLf opening and encouraging CML centres of excellence in the countries should be a nucleus from which advanced science spreads.”

Dr Hemant Malhotra, Jaipur, India. iCMLf Scientific Advisor

Chairman's Welcome



I recently came across a quote *"We cannot hold a torch to light another's path without brightening our own."*

For me this is especially true of this year's iCMLf abstract project. The goal for the 2012 iCMLf Forum for physicians from emerging regions was for it to be solution focused.

The aim was for participants to walk away with tangible lessons that

could be exploited to improve CML practice. To do this the iCMLf invited hematologists to submit short abstracts outlining successful projects. So much work, knowledge and experience was shared through these abstracts that it was difficult to choose only three to be presented at the Forum. I personally learnt so much about the dedication and inventiveness of those treating CML in very challenging circumstances with limited access to the medications and equipment that so many of us take for granted. It was a pleasure to see this knowledge shared at the iCMLf Forum and hear how it inspired others to undertake similar measures to improve CML care.

Thank you, to all those who took the time to submit abstracts. Your efforts continue to highlight not only what has been achieved, but also how much still needs to be done.

Through each and every iCMLf program that helps those with CML and those that treat them, we learn more both personally and professionally. The aim of the iCMLf is to optimise CML outcomes and I am pleased to share our progress towards this with you in our annual report and I look forward to continuing to guide the way over years to come.

JOHN M GOLDMAN
iCMLf Chair

Chief Executive's Overview



With a mission to improve outcomes for patients with CML globally the focus for the iCMLf in 2012/2013 has been on expanding the educational opportunities for physicians who treat CML around the world. The priority for the iCMLf remains the Emerging Regions Support and Partnership Projects, assisting where resources are most limited. As part of the

overarching initiative we have had 26 preceptors undertake intensive educational programs at CML centres of excellence. Over 110 people attended the iCMLf Forum for physicians from emerging regions held during ASH and we have had 45,000 people view the iCMLf Virtual Education Program.

The iCMLf Diagnosis and Testing Program reached a major milestone this year with the 2,000th diagnostic test made possible through the work of the Foundation. This program is life changing for those we reach, providing access to therapies, knowledge of disease progression, along with confidence and security for those with stable CML.

A major project for the iCMLf this year was the Clinical Case Discussion Forum. This online platform is an opportunity for physician's to seek advice on, or share challenging clinical cases. In the last six months 10 cases have been submitted and over 1,000 people viewed the discussion. Through this innovative format and our other global educational platforms such as the International Conference on CML – Biology and Therapy (co sponsored with the European School of Haematology) the iCMLf continues to expand our global reach so that, wherever possible, we can enhance and influence best practice CML management.

On behalf of all the patients and physicians impacted by our programs along with the iCMLf Directors my continued thanks to all our partners, members and sponsors.

Thank you for helping us light the path.

NICOLA EVANS
iCMLf Chief Executive

The mission of the iCMLf is to improve the outcomes for patients with CML globally

iCMLf aims and priorities

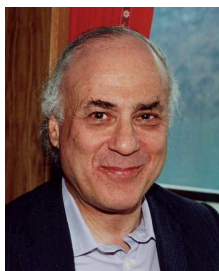
Registered as a charitable foundation in England and Wales, the iCMLf has a global charter. Formed by a leading group of hematologists, the aims of the iCMLf are to foster and coordinate global clinical and research collaborations and to improve clinical practice and disease monitoring in CML.

There are numerous activities that could come within this broad charter but the initial focus is to meet the needs in CML that are not already being met by other groups, particularly those needs that are best met by a global organisation.

iCMLf guiding principles

- A focus on chronic myeloid leukemia and related disorders
- A truly independent not-for-profit foundation
- A global foundation with broad representation from all geographic regions
- Priorities and policies determined by hematologists and scientists involved in CML research and patient care
- Close consultation and cooperation with CML patient groups
- Active collaborations with key national and regional leukemia groups

BOARD OF DIRECTORS



JOHN GOLDMAN

Chair
*Imperial College London,
UK*



MICHELE BACCARANI

*S. Orsola University
Hospital, Bologna, Italy*



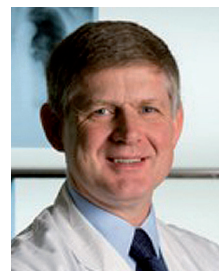
JORGE CORTES

*University of Texas MD
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USA*



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ANDREAS HOCHHAUS

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Australia*



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*Fred Hutchinson Cancer
Research Center, USA*



CHARLES SCHIFFER

*Karmanos Cancer Institute,
Detroit, USA*

SCIENTIFIC ADVISORY COMMITTEE

There are 12 members of the iCMLf Scientific Advisory Committee. Members are respected hematologists, scientists and patient representatives who provide feedback and support for the activities of the Foundation.

BOARD OF NATIONAL REPRESENTATIVES

To ensure global influence and representation for the iCMLf, physicians from countries on all continents have agreed to become national representatives of the iCMLf.

The 41 iCMLf National Representatives provide advice to the board and assist implementation of initiatives at a local level.

The 36 countries currently represented are: Argentina, Australia, Austria, Belgium, Brazil, Canada, China, Croatia, Cuba, Czech Republic, England, Finland, France, Germany, Hong Kong, India, Ireland, Israel, Italy, Japan, Korea, Lithuania, Malaysia, Moldova, Netherlands, New Zealand, Poland, Portugal, Russia, Scotland, Serbia, South Africa, Spain, Sweden, USA and Venezuela.

OPERATIONAL TEAM



NICOLA EVANS

Chief Executive



JAN GEISSLER

*Communications
Manager*



MELISSA DAVIS-BISHOP

*Emerging Regions Support
and Partnership Programs
Coordinator*

Emerging Regions Support and Partnership Preceptorship Program

PERSONALISED, CML FOCUSED EDUCATIONAL PRECEPTORSHIPS

The Emerging Regions Support and Partnership (ERSAP) Clinical Preceptorship Program provides the opportunity for physicians from emerging economic regions to undertake intensive education over 3-4 weeks at a global CML centre of excellence.

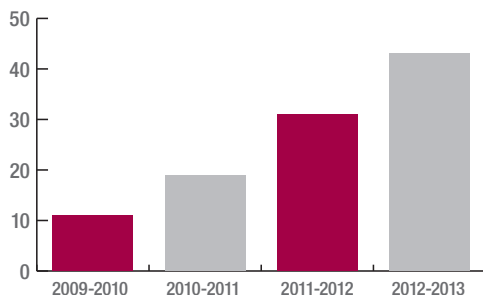
During this observational program preceptors participate in out-patient clinics, hematology ward rounds, seminars, discussion forums and laboratory work as appropriate. They leave with a solid understanding of the most up-to-date protocols and guidelines to treat CML. The network of CML contacts is long lasting, further benefiting the participating site.

The uniqueness of this iCMLf program is not only that it is solely focused on CML, but also that each program is individually tailored to the needs, experience and resource of the visitor. This directly reflects and addresses the individual challenges faced.

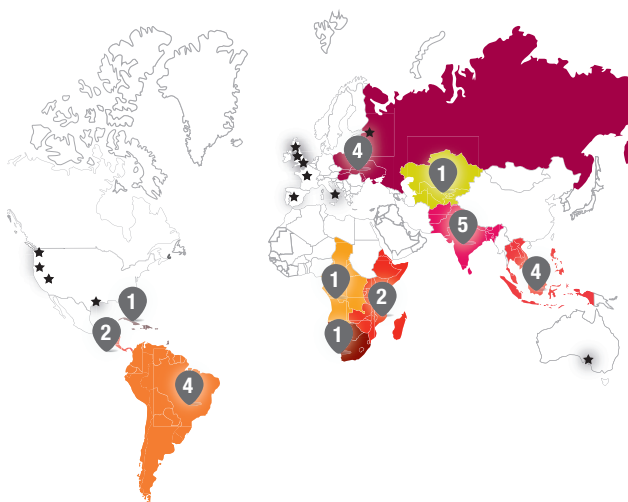
Expanding the program's global coverage

In 2012/2013, 26 preceptors undertook the program at 12 CML Centres of Excellence. Twelve of these countries were unique to the program in 2012/2013.

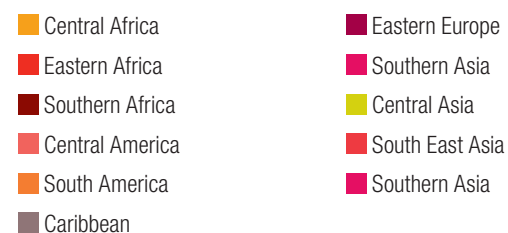
Cumulative countries represented by iCMLf preceptors



COUNTRIES WITH ATTENDING ICMLF PRECEPTORS 2012-2013.



COUNTRY	2010-2011 attendees	2011-2012 attendees	2012-2013 attendees
PNG	1		
Jamaica			1
Gabon			1
Costa Rica			1
Guatemala			1
Honduras	1		
Kazakhstan	1		
Kyrgyzstan			1
Uzbekistan	1		
Ethiopia	1		
Kenya	1		
Sudan			1
Tanzania			1
Uganda		1	
Armenia		1	
Azerbaijan	1		
Moldova			1
Russia			1
Ukraine	1	1	
Indonesia		1	1
Philippines	1	1	1
South Celebes		1	
Thailand		1	
Vietnam			1
Argentina	1	1	1
Bolivia	1		
Brazil	1	1	1
Chile		1	
Ecuador	1		
Paraguay		1	
Peru		1	
Uruguay		1	
Venezuela			1
Madagascar	1		
Malawi			1
India	1	1	1
Nepal			1
Pakistan	1	1	
Sri Lanka			1
Burkina Faso	1		
Ghana	1	1	
Nigeria	1		
Senegal		1	



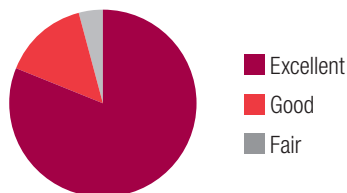
* CML CENTRES OF EXCELLENCE

Continuing evaluation

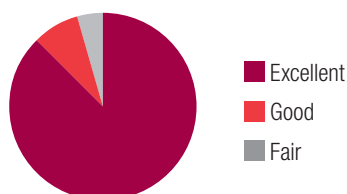
To ensure that the program remains valuable and relevant, preceptors are surveyed on completion of the program and again after six months. The later follow up allows evaluation of the longer term impact of the education provided.

Immediate Benefit

Overall Rating of the Program



Potential to improve clinical knowledge of the treatment of CML



Long term Impact

After six months do you still view your iCMLf Preceptorship as beneficial?

	Participants answering yes
a) for you	100%
b) for your CML clinic	100%
c) for your colleagues	100%
d) for your CML patients	100%

What changes if any, have you been able to apply or implement since you attended your iCMLf preceptorship?

"Response evaluation monitoring is different. Now we try to do RT-PCR every six months. Second line drugs are discussed with patients early on when less than optimal molecular response is seen."

Dr Lakhey (Nepal) from the six month review.

The impact and value of this iCMLf educational program are clearly demonstrated and we look forward to continuing it in 2014.



Dr Baizikova from Kyrgyzstan with Dr Snyder during her time at City of Hope.

Would you recommend the iCMLf Clinical Preceptorship Program to your colleagues?

"Yes. It gives an opportunity to widen the knowledge in the management of CML and make you confident in addressing the some of the unexpected scenarios like tackling suboptimal responses, management of side effects of kinase inhibitors and caring for graft versus host disease in patients who have undergone marrow transplants."

"Yes. It gives a different outlook to the treatment of CML. Very effective program which will help us to incorporate a few clinical practices back at our centre."

Anonymous feedback as part of the 2013 iCMLf program review.



98% of participants would recommend the iCMLf Clinical Preceptorship Program to their colleagues

The ERSAP Preceptorship Program is part sponsored by Pfizer.

Emerging Regions Support and Partnership Diagnosis and Testing Program



Dr Jordan Smith, from Fred Hutchinson Cancer Research Centre training laboratory staff in Uzbekistan as part of an iCMLf grant.

WORKING TOWARDS EQUAL ACCESS TO CML DIAGNOSTICS AROUND THE WORLD

The ERSAP Diagnosis and Testing Program provides a multifaceted approach to build sustainable, local capacity for CML diagnosis and testing while ensuring ongoing support from clinical and laboratory mentors.

"The component of CML diagnostics can be greatly improved in the developing countries, through the support from iCMLf. Teams from rest of the country can be trained at a nodal centre like our department, so as to benefit more number of CML patients." Dr Varma, India.

The lack of diagnostic capabilities for CML is a major barrier to optimising clinical outcomes in many low and middle income countries. In 2012/2013 the iCMLf's ERSAP Diagnosis and Testing Program supported over 2000 diagnostic tests that would otherwise not have

occurred. This gives patients and their physicians knowledge on disease status to allow access to CML treatment and clinically meaningful treatment decisions.

There are three critical components in each Diagnosis and Testing project:

- 1) Clinician training – it is vital that the clinicians involved in patient care and decision making have access to the most up date CML knowledge.
- 2) Long term partnerships – each centre in emerging regions has a partner CML centre of excellence to ensure ongoing clinical and laboratory support and advice.
- 3) Every centre taking part in the iCMLf programs establishes a tailored, flexible solution according to the local needs, making use of existing resources.

PROJECTS IN 2012/2013

1 OVERCOMING THE LACK OF CML DIAGNOSTICS IN THE PHILIPPINES

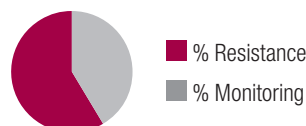
"What better gift can you give to a parent of a child with cancer than to say to them your child is doing well?"

In December 2012, 28 children with CML treated at the Philippine General Hospital had blood taken and shipped to Australia. Molecular analysis and mutation testing were undertaken at the Royal Adelaide hospital. For these children and their families the results of these tests give vital information about their CML status. The value of this reassurance, and where appropriate the ability to plan future therapeutic strategies, cannot be underestimated.

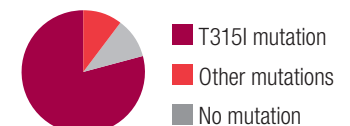
This was the third shipment for Filipino patients supported by the iCMLf. The Philippines will soon have the capacity for reliable PCR locally and so these shipments are no longer needed and the iCMLf resource can move to another centre in need.

Results

Rationale for Test



% of samples with mutations



BCR-ABL Level indicated	% of samples
Undetectable BCR-ABL	3.5*
Major Molecular Response	31.0
Major Cytogenetic Response	24.1
Complete Cytogenetic Response	17.3
Minimal response to TKI therapy	13.8
Failure to respond to TKI therapy	10.3

* One sample (RNA quality insufficient to detect below 4 logs)

2 ACCESSING DIAGNOSTIC EQUIPMENT

The iCMLf, Cepheid and MAX have facilitated access to GeneXpert machines in Honduras and Ghana. As a result for the first time, these centres have access to onsite PCR testing to diagnose and monitor their CML patients. This has and will continue to revolutionise these CML clinics and transform the physician's management of CML. We sincerely thank Cepheid for the donation of the machines and Xpert BCR-ABL cartridges and MAX for the onsite logistics. It was truly a team effort to bring PCR to these centres.



"The presentation of the Cepheid GeneXpert machine at our centre; Department of Haematology, Korle-Bu Teaching Hospital Accra, Ghana was definitely a dream come true. Gone are the days when patients had to 'cough up' \$500 to have their blood samples for PCR to be done abroad in order to determine whether they had Ph positive CML. For them the possibility of benefiting from a tyrosine kinase inhibitor was not an option. Monitoring of patients on tyrosine kinase was virtually non-existent. These difficulties are now a thing of the past. Patients who have waited for years to have their PCR done can now afford to do so 'in house' with a short turn around time. As a haematologist looking after patients with CML, effective monitoring and management of my patients is no longer a mirage but a reality. On behalf of my patients and on my own behalf I will like to say a big thank you to iCMLf, Max Foundation, Cepheid and everyone who has worked behind the scenes to make this possible."

Dr Amma Benneh, Korle-Bu Teaching Hospital, Korle-Bu. Accra, Ghana

3 ICMLF FUNDING TO ENHANCE LOCAL CAPACITY FOR CML DIAGNOSTICS

The first round of the ERSAP Diagnosis and Testing Grants Program was concluded in December 2012.

This program provided small seeding grants to hematology institutions in emerging economic regions to facilitate the diagnosis and long term monitoring of CML patients. Grants were in the form of US\$10,000. Additional support from a partnering centre of excellence ensured the successful implementation of the proposal and ongoing mentoring and support at a clinical and laboratory level.

Awarded Grants

Nine projects were awarded iCMLf grants. Countries involved are Ghana, Indonesia, India, Nepal, Nigeria, Kenya and Uzbekistan.

All projects awarded grants met the following criteria:

- The primary focus of the iCMLf funding will improve or introduce facilities for CML diagnosis and monitoring in an existing area of need.
- The iCMLf grant will underpin the development of onsite facilities.
- The project utilises both the partnership with the CML centre of excellence, and the iCMLf funding.

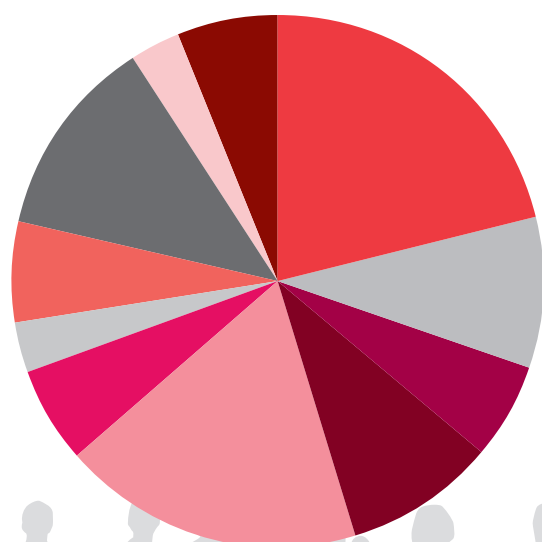
The majority of the iCMLf funding was directed to purchasing reagents and consumables (18%) and performing PCR analysis (21%). However a wide variety of needs were addressed.

Success

- The program has achieved its aim, providing seeding grants to initiate change in local capacity and practice of CML diagnostics. This will lead to long term benefits for CML patients.
- For many of the centres awarded iCMLf grants the partnership with the centre of excellence has been instrumental in the successful implementation of the project.
- The response to this program has been overwhelming and there is a clear need for ongoing support of funding and education in a similar manner to this structured iCMLf program.

"This project has helped patients to monitor their disease on a regular basis. So far the response to the treatment is satisfactory."

Dr Kayastha, Nepal



Use of iCMLf Grant

- Tests for diagnosis and monitoring
- Mutation testing
- Internal training in advanced molecular techniques
- External training in PCR and sequencing techniques
- Procurement of consumables, reagents and test systems
- Payments for staff: Phlebotomist, Messenger, Records person
- Improve existing clinic management, Facilitate early detection of non-compliance, poor response and/or resistance
- Enhance testing facilities at neighbouring institutes
- Sending samples to a central reference laboratory
- Implement a quality assurance program for accurate molecular monitoring
- Patient resources



Speakers at the iCMLf Forum Dr Kishore, Dr Ayala and Dr Wategama.



Professor Goldman presents the iCMLf grant to Dr Wategama from Sri Lanka.

OVERCOMING CHALLENGES TREATING CML WHEN RESOURCES ARE LIMITED

A solution focused meeting for physicians from emerging regions

Over 110 physicians attended the annual 'iCMLf Forum for Physicians from Emerging Economic Regions'. Held during the annual American Society of Hematology meeting and in partnership with The Max Foundation this iCMLf Forum is an ideal opportunity for physicians from these areas to meet and discuss the challenges they face treating CML in a resource limited setting.

The 2012 Forum specifically focused on three examples of solutions implemented to address these challenges. Projects were presented from India, Paraguay and Sri Lanka. After each presentation there was lengthy discussion with the iCMLf experts whose guidance and practical advice enriched the conversation.

The presentations and discussions are available on the iCMLf website for widespread viewing (www.cml-foundation.org/index.php/abstracts).

Changing the focus of the iCMLf Forum to a solution based format has been an excellent step forward and the feedback from attendees has been exceedingly positive.

97% of collected surveys rated the meeting 4, or 5 out of 5 for value.

Comments:

"Fantastic program"

"A really useful meeting for physicians from emerging economies"

"More expert opinion next year"

AWARD WINNING ABSTRACTS

1 ESSENTIAL ACTIONS TO IMPROVE CML MANAGEMENT

Dr Wategama, Lakeside Adventist Hospital, Kandy, Sri Lanka.

Aim of the project

To explore minimum essential actions by a regional cancer centre in a country with limited resources in order to improve care, quality of life and possibly survival, of CML patients.

"Clinic attendance increased threefold in one year and double the number of patients were able to access imatinib"

2 IMPLEMENTATION OF MOLECULAR STUDIES

Dr Ayala, Health Research Institute National University of Asuncion, Paraguay.

Aim of the project

To implement molecular biology techniques to allow the diagnosis and follow up of myeloid chronic leukemia patients through the standardization of the BCR-ABL1 detection and measurement of the transcript levels in Paraguayan patients.

"There is a radical change in treatment now that PCR is available. We can better manage changing from one TKI to another, leading to improved patient care"



A full house at the 2012 iCMLf Forum.



Nicola Evans, iCMLf Chief Executive opens the 2012 Forum.

Grants to share best practice from emerging economic regions

In July 2012 the iCMLf invited the submission of abstracts outlining solutions implemented to overcome challenges treating CML with limited resources. Twenty-six abstracts outlining projects that enhanced patient care were received from centres in 16 countries.

Projects were wide ranging in topic and included; facilitating access to therapy, forming a CML clinic, and creating an iPhone application to track CML treatment.

Abstracts were reviewed by an iCMLf advisory committee. The three ranked highest received an iCMLf grant of US\$5,000 and were presented at the iCMLf Forum for Physicians from Emerging Regions, in December 2012.

All the abstracts can be viewed in full on the iCMLf website.

As the iCMLf works towards improving the management of CML globally it is important to share successful projects and ideas amongst the CML community, especially with colleagues encountering similar conditions. We sincerely thank all the people who submitted abstracts in 2012.

3 STANDARDISING CARE OF CML

Dr Kishore, Institute of Hematology and Transfusion Medicine, Kolkata, India.

Aim of the project

Develop a dedicated team consisting of both clinical and laboratory experts.

Establish zero delay follow up OPD, with self-sufficient laboratory backup in a no loss-no gain principle. Ensure a tight compliance and follow up. Spread the truth about CML care in the imatinib era in peripheral health centers.

"Someone is ready to help, find them"

Honorary Award

An additional honorary award of \$3,000 was given to Dr Deepak Bansal and colleagues from Post Graduate Institute of Medical Education and Research, Chandigarh, India for their project *"Improving outcomes for pediatric patients with CML"*.

The iCMLf Forum is supported by an unrestricted grant from Novartis Pharmaceuticals.

PROVIDING e-LECTURES AND A LIVELY DISCUSSION FORUM FOR PHYSICIANS TREATING CML

Beyond providing all the information about the Foundation, the iCMLf website (www.cml-foundation.org) is an established worldwide educational social media platform for healthcare professionals treating CML. It not only features reports from iCMLf's meetings and projects, but also web lectures from key CML experts and a lively discussion forum on challenging CML cases. The iCMLf website is a vivid and interactive educational resource with up to date information for the CML community.

A truly global information platform for CML

With an average of 105,000 page impressions and 10,000 visitors per month, the iCMLf website is a frequently visited resource of haematologists. The website is accessed from more than 145 countries. The most common non-English language countries are China, Russia, Ukraine, France, Poland, Slovenia, Chile, Czech Republic, Lithuania, Germany, Sweden, and South Africa. People from Moldova, Saudi Arabia, Belarus, Nigeria, Georgia, Uruguay, Sri Lanka, Kazakhstan, Armenia, Puerto Rico, Jordan and Ghana. Many more countries are also accessing information from the site.

Expert advice shared on challenging CML cases

The "iCMLf Clinical Case Discussion Forum" is the most popular area accessed on the iCMLf website. This interactive Forum is a very good example of how Social Media multiplies the audience for information. After a quiet start in 2012, 10 cases have been posted in the last six months with the post popular being viewed over 950 times. The effect of social media that just one submission replicates to hundreds of readers is truly reflected in the iCMLf Case Discussion Forum.

Cases on the iCMLf Difficult CML Cases Forum 2012–2013:

- Coronary Heart Disease and nilotinib
- Pediatric patient on dasatinib
- CML-CP, high risk failure to respond to imatinib
- CML intolerant/resistant to all TKIs
- Poor CML response to imatinib, dasatinib
- Patient with an extramedullary blast phase
- CMR survival rate/cure
- Extramedullary relapse in high risk patients
- Child with CML on dasatinib rising quant PCR
- MDS 10 years after CCR three years after MMR >4
- Cardiac arrest while using nilotinib

TOTAL CASE DISCUSSION VIEWS = 4,692

MORE THAN 45,000 EDUCATIONAL WEB LECTURES PROVIDED

The iCMLf Virtual Education Program (www.cml-foundation.org/index.php/virtual-education-program) has become a valuable educational tool for clinicians from emerging regions, with leading hematologists providing e-learning tutorials about best practices for the management of patients with CML.

In 2012, additional modules in English, French and Spanish have been added to this educational series.

More than 45,000 video streams of these educational lectures of leading CML experts have been delivered online since the launch of the 2012 iCMLf Virtual Education Program, and uncounted offline views from the 2,000 USB drives. These USB drives were distributed in over 70 countries throughout the emerging economic regions by The Max Foundation.

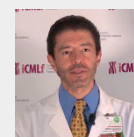
Clearly, the iCMLf website demonstrates the need for up-to-date e-Learning resources in multiple languages. Since its inception in 2010 more than 34,200 web streams of the Virtual Education Program were in English, 14,700 in French and 7,000 in Spanish.

The concept of the Virtual Education Program was developed to address the needs of physicians from emerging regions. However, content of the lectures is the same as that presented at the international hematology meetings and so relevant for physicians treating CML where ever they reside. Best practice in CML management is constantly changing and it is important for all CML practitioners to be able to access up-to-date education. The iCMLf Virtual Education Program is an ideal tool to allow this to occur.

Additional modules added in 2012

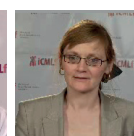
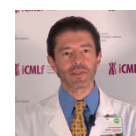
New Drugs in the Treatment of CML

Dr Jorge Cortes, in English and Spanish



Can we safely stop TKI therapies? Experience from the STOP trials

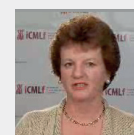
Dr Delphine Rea, in English and French



Dr Jorge Cortes, in Spanish

Pregnancy in Chronic Myeloid Leukemia

Dr Jane Apperley, in English





The iCMLf Directors and Advisers at the annual iCMLf advisers meeting in 2012.

RECOGNISING LIFE LONG ACHIEVEMENTS IN CML

In 2012 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 Haematology/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 haematopoietic 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.

Each year the iCMLf awards the Rowley Prize medal during the annual International CML Conference. The recipient then presents the keynote opening talk of the congress. Dr Daley spoke about 'Stem cells in cancer: from BCR-ABL to Lin28'.



Dr Daley receiving the iCMLf Rowley Prize Medal from Professor Janet Rowley.

OVER 530 PEOPLE ATTEND THE INTERNATIONAL CML CONGRESS

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

"The International CML Conference is a major activity of the iCMLf and is the premium international CML meeting. It makes a major contribution to advancing our understanding of CML biology and developing better diagnostics and therapies – all core activities of the Foundation."

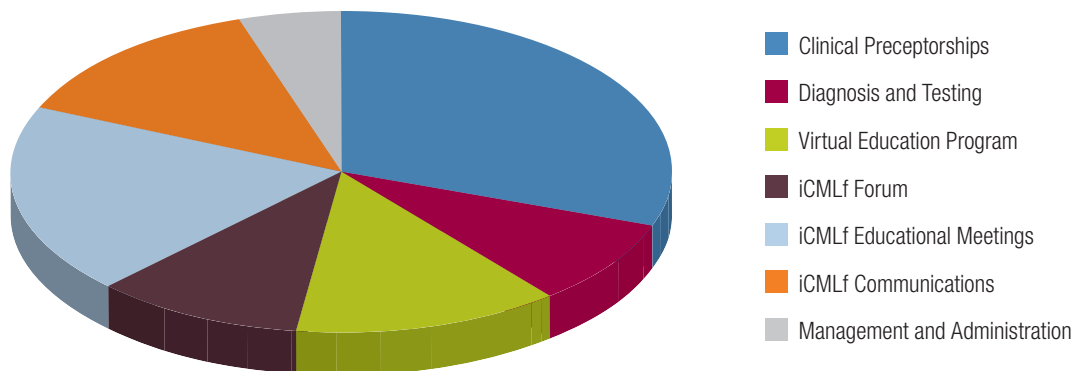
Professor Tim Hughes co founder of the iCMLf and co chair of the International Conference on CML.

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 excellent with the vast majority of presentations rated very good, or outstanding.

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.

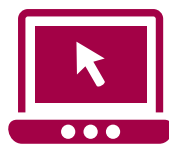
iCMLf EXPENDITURE ON ACTIVITIES



- 73% of expenditure spent on global CML education initiatives. This reflects the 2012/2013 focus of the iCMLf Advisory committee
- 63% of expenditure directed towards improving CML management and patient outcomes in emerging economic regions. This area of need remains a priority for the Foundation.
- iCMLf Communications have increased to 13.5% to reach the wider CML community



26
Clinical
preceptorships



45000
Online educational
programs delivered



2000
Diagnostic tests

The iCMLf continues to expand its global reach to enhance and influence best practice CML management.

Acknowledgement of Support

GRANTS AND DONATIONS

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. The mission of the iCMLf is to improve the outcomes for patients with CML globally. We thank our corporate partners for their generous contributions that help us achieve this.

Premium Supporters



The ERSAP Diagnosis and Testing Program



General support for the iCMLf

Major Supporters



The ERSAP Preceptorship Program

Other Supporters



Publication of the iCMLf Newsletters and Annual Report



The ERSAP Preceptorship Program



iCMLf Virtual Education Program and iCMLf Forum



Support and use of the GeneXpert System and Xpert BCR-ABL cartridges

FRIENDS OF THE FOUNDATION

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

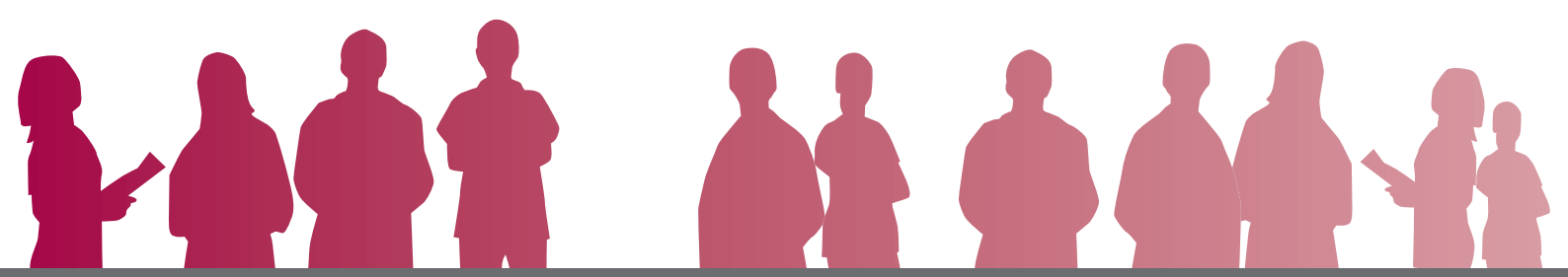
iCMLf MEMBERSHIP

We thank all the members who have joined with us to achieve our goals.

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 haematologists 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 difficult (minimum \$10).



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

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