PRE- AND POST-TRANSPLANT ISSUES IN BLOOD AND MARROW TRANSPLANT
A MEETING OF THE CANADIAN BLOOD AND MARROW TRANSPLANT GROUP

SCIENTIFIC PROGRAM
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Dear Colleagues,

On behalf of the St John’s Planning Committee, I am happy to welcome you to the final Canadian Blood and Marrow Transplant Group (CBMTG) 2017 Themed Meeting entitled “Pre- and Post-Transplant Issues in Blood and Marrow Transplant”. The focus of this conference is on the often under discussed challenges that we face everyday in our practices.

The first day will focus on issues we face prior to transplant. We will kick off the conference with an interactive panel discussion on the problems we encounter every week in our list meetings. We are fortunate to have a formidable panel of experts from across the country to address this topical issue. The second half of the day will focus on innovative ways to optimize mobilization strategies in our current national landscape.

The next day will focus on challenges after transplant. It will begin with a keynote lecture outlining the importance of following the long term transplant survivor. We then will learn from local experts on how to optimize the non-transplant morbidities that our patients face. The conference will conclude with “Palliation in Transplant”. This is a challenge that seems to contradict the principles of transplant, but we all too often find ourselves facing.

We are happy that CBMTG St. John’s will be hosting a Patient and Family Symposium. This symposium was organized by the Patient and Family Special Interest Groups and will focus on issues important to patients – GVHD, nutrition and caregivers.

We are excited to host the first CBMTG event that has been in held in Newfoundland and Labrador. We are proud to represent the Atlantic Canada region and look forward to providing you with a memorable educational experience.

Sincerely,

David Jones, MD FRCPC
Chair, CBMTG St John’s Meeting

Dear Colleagues,

On behalf of the Board of Directors, I would like to take this opportunity to welcome you to CBMTG Themed Meeting in St. John’s. We hope that this smaller, more focused meeting will encourage you to participate in more of the meeting activities and give you greater freedom to interact with colleagues from other centers.

The planning committee, led by Dr. David Jones, has put together an outstanding program for this meeting. The committee has chosen to focus on pre- and post-transplant issues in blood and marrow transplant and will explore consideration during list meetings, mobilization, survivorship, and palliative care in transplant. We hope that this meeting will help prepare Canadian transplant programs to adapt to changes in the transplant landscape over the next five to ten years.

The CBMTG will continue to encourage our patients and their families to become more active in our society. As it did last year, the meeting will close with a Patient and Family symposium hosted by the newly-created Patient and Family Special Interest Group. All are encouraged to attend.

Finally, I would like to thank our sponsors for their ongoing support of the CBMTG and our mission of education in blood and marrow stem cell transplantation. Without their support meetings like this would not be possible. I encourage you to meet with them during the breaks, take in the exhibits and find out what’s new and exciting in the drug pipeline.

I look forward to seeing everyone at the welcome reception on Friday night.

Andrew Daly, MDCM, FRCPC
CBMTG President
CBMTG BOARD OF DIRECTORS

President, Andrew Daly, MD
President-Elect, Donna Wall, MD
Past President, Christopher Bredeson, MD, MSc, FRCP.
Treasurer, Raewyn Broady, MBCiB, FRACP, FRCP.
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Director-at-Large, Research Kirk Schultz, MD, FCAHS

CONFERENCE PLANNING COMMITTEE

Chair:
David Jones, MD, FRCP.

Committee Members:
Stephen Couban, MD
Charlene Downey, RN
Yvonne Gulliver, RN
Joanne Hickey, MD
Bonnie Hobbs, MSW
Cheryl Hynes, MLT
Kirsty Tompkins, MD

CME ACCREDITATION

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by the University of Calgary Office of Continuing Medical Education and Professional Development. You may claim a maximum of 10 hours (credits are automatically calculated):
• Day 1 = 5 study credits
• Day 2 = 5 study credits

CLAIMING YOUR CREDITS

Visit MAINPORT https://mainport.royalcollege.ca to record your learning and outcomes.
INVITED SPEAKERS, CHAIRS, AND PANELISTS

Stephen Couban, MD, FRCPC, Dalhousie University, Halifax, NS, Canada
Ed Fitzgibbon, MB, MSc (Epi), MRCP, CCFP (PC), Ottawa Hospital, Ottawa, ON, Canada
Ronan Foley, MD, FRCPC, Juravinski Hospital & Cancer Centre, Hamilton, ON, Canada
Brad Hayley, MD, FRCPC, Memorial University, St. John’s NL, Canada
Joanne Hickey, MD, Memorial University, St. John’s NL, Canada
Bonnie Hobbs, MSW, Eastern Health Services, St. John’s NL, Canada
Jeff Lipton, PhD, MD, FRCPC, Princess Margaret Cancer Centre, Toronto, ON, Canada

David Maginley, M. Div, CSCP, Nova Scotia Health Authority, Halifax, NS, Canada
Cathy Murray, MSc, MD, FRCPC, Memorial University, St. John’s NL, Canada
Gizelle Popradi, MD, FRCPC, Royal Victoria Hospital, Montreal, QC, Canada
Jason Tay, MD, Tom Baker Cancer Centre, Calgary, AB, Canada
Kirsty Tompkins, MD, Memorial University, St. John’s NL, Canada
Cindy Toze, MD, MHSc, FRCPC, ABIM, Leukemia/BMT Program of BC, Vancouver, BC, Canada
Irwin Walker, MBBS, FRACP, FRCPC, McMaster University, Hamilton, ON, Canada

DISCLOSURES

Charlene Downey, Planning Committee Member
• Speakers Bureau Member – Janssen
• Honorarium – Janssen

Ronan Foley, Speaker
• Advisory Board Member – Novartis
• Speakers Bureau Member – Celgene, Janssen
• Honoraria – Celgene, Janssen
• Clinical Participation – Novartis

Brad Hayley, Speaker
• Honoraria – Bristol-Myers Squibb, Pfizer, Servier, Bayer, Novartis

Joanne Hickey, Planning Committee Member
• Clinical Trial Participation – Celgene, Novartis, Roche, Amgen, Karyopharm, BGN

David Jones, Planning Committee Member
• Honoraria – Celgene, Gilead, Janssen, Novartis

Jeff Lipton, Speaker
• Advisory Board Member – Bristol-Myers Squibb, Pfizer, Novartis, Paladin, Ariad
• Research Grant – Bristol-Myers Squibb, Pfizer, Novartis, Paladin, Ariad
• Commercial Organization Payment – Bristol-Myers Squibb, Pfizer, Novartis, Paladin, Ariad
• Clinical Trial Participation – Bristol-Myers Squibb, Pfizer, Novartis, Ariad, Commonwealth Serum Laboratories Behring

Gizelle Popradi, Speaker
• Honoraria – Otsuka, Jazz, AbbVie, Lundbeck, Merck
• Clinical Trial Participation – Astellas, Astex/Otsuka

Jason Tay, Speaker
• Honorarium – Sanofi

Cindy Toze
• Advisory Board Member- Lundbeck, AbbVie, Janssen, Gilead
• Research Grant – Lundbeck, Gilead

Kirsty Tompkins, Planning Committee Member
• Speakers Bureau Member – Celgene
• Commercial Organization Payment – Celgene, Janssen, Lundbeck, New Evidence
• Clinical Trial Participation – Celgene

Irwin Walker
• Speakers Bureau Member – Jazz Pharmaceuticals
• Commercial Organization Payment – Janssen
# Conference-at-a-Glance

## Thursday, September 7, 2017

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>4:00pm – 7:30pm</td>
<td>Registration</td>
<td>Lobby</td>
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<tr>
<td>6:00pm – 7:30pm</td>
<td>Pre-Meeting Dinner</td>
<td>Bannerman 1, 3</td>
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## Friday, September 8, 2017

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<tr>
<th>Time</th>
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<tr>
<td>7:00am – 4:00pm</td>
<td>Registration</td>
<td>Lobby</td>
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<td>7:00am – 8:45am</td>
<td>Breakfast</td>
<td>Bannerman 1, 3</td>
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<tr>
<td>9:00am – 12:00pm</td>
<td>Session 1: Considerations During List Meetings</td>
<td>Bannerman 1, 3</td>
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<tr>
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<td>Chair: Ronan Foley, MD, FRCPC</td>
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<td>Introduction to Considerations During List Meetings</td>
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<td></td>
<td>Ronan Foley, MD, FRCPC</td>
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<td>Panel Discussion with Audience:</td>
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<td>Patient Barriers: Is There Sub-Optimal Organ Function?</td>
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<td>Cindy Toze, MD, MHSc, FRCPC</td>
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<td>10:00am – 10:15am</td>
<td>Health Break</td>
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<td>12:15pm – 1:45pm</td>
<td>Lunch</td>
<td>Bannerman 1, 3</td>
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<td>2:00pm – 4:00pm</td>
<td>Session 2: Mobilization</td>
<td>Bannerman 1, 3</td>
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<td>Chair: Kirsty Tompkins, MD</td>
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<td>Innovation Strategies in Mobilization</td>
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<td>Jason Tay, MD</td>
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<td>Pharmaco-Economics of Upfront Plerixafor</td>
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<td>Gizelle Popradi, MD, FRCPC</td>
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<tr>
<td>6:30pm – 7:30pm</td>
<td>Welcome Reception</td>
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A MEETING OF THE CANADIAN BLOOD AND MARROW TRANSPLANT GROUP

CONFERENCE-AT-A-GLANCE

SATURDAY, SEPTEMBER 9, 2017

<table>
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<tr>
<th>Time</th>
<th>Session/Activity</th>
<th>Location</th>
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<tr>
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<td>Registration</td>
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<td>Breakfast</td>
<td>Bannerman 1, 3</td>
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<tr>
<td>9:00am – 10:00am</td>
<td><strong>Session 3A: Survivorship</strong></td>
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<td>Chair: Joanne Hickey, MD</td>
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<td>Long Term Follow Up of Allogeneic Stem Cell Transplant Patients</td>
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<td>Jeff Lipton, MD, PhD</td>
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<td>10:00am – 10:15am</td>
<td>Health Break</td>
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<td>10:15am – 12:00pm</td>
<td><strong>Session 3B: Survivorship Workshops</strong></td>
<td>Bannerman 1, 3</td>
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<td>Chair: Joanne Hickey, MD</td>
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<td>Optimizing the Cardiac Status of Long-Term Survivors of Transplant</td>
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<td>Brad Hayley, MD, FRCPC</td>
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<td>Optimizing the Endocrine Status of Long-Term Survivors of Transplant</td>
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<td>Cathy Murray, MSc, MD, FRCPC</td>
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<td>Lunch</td>
<td>Bannerman 1, 3</td>
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<td>2:00pm – 4:00pm</td>
<td><strong>Session 4: Palliative Care in Transplant</strong></td>
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<td>Chair: Bonnie Hobbs, MSW</td>
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<td>Spiritual Considerations During Palliation of Transplant Patients</td>
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<td>David Maginley, M.Div, CSCP</td>
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<td>Supportive and Palliative Care Meets BMT — An Evolving Role Over 12 Years of Cooperation</td>
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<td>Ed Fitzgibbon, MB, MSc(Epi), MRCGP, CCFP(PC)</td>
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<td>4:30pm - 7:30pm</td>
<td><strong>Patient and Family Symposium</strong></td>
<td>Bannerman 1, 3</td>
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<td><em>All conference delegates are invited to attend this session. Please note that pre-registration is required.</em></td>
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25% of each presentation contains interactive learning
SESSION SUMMARIES

Friday, September 8, 2017

9:00am – 12:00pm | Session 1: Considerations During List Meetings

BMT 2017 – THE IMPORTANCE OF AN EFFECTIVE AND EFFICIENT “LIST MEETING”
Ronan Foley, MD, FRCPC

The vision of the CBMTG is to make Canada one of the best places in the world to undergo BMT. At the same time BMT units face constant pressure and challenges to increase transplant numbers, reduce wait times and maintain and retain health care professionals with unique expertise. Transplant units are complex and engage the skills and talent of a diverse multi-disciplinary team who collectively aim to function at a high level of clinical excellence on a daily basis. Embedded in many programs is a “list meeting” where new and existing pre-transplant patients are presented and updated. Both complex and practical, this meeting can define and communicate necessary tasks across the team. Moreover it facilitates a fair and informed discussion into transplant eligibility on a case by case basis.

In this session, we will dive into important components of this meeting and gain insight into how other centers set up and run this meeting. Indications and comorbidities, how to triage and determine when a patient is medically ready, donor sources, understanding reasons for delay, social and caregiver issues along with aspects of data management including reporting to provincial funders are just a few of the important tasks taken on in this meeting. In this session, three experienced Canadian transplant physicians will provide their unique thoughts and insight into how to run an effective “list meeting”.

Learning Objectives:
1. Understand the components of a “list meeting”
2. Assess organ function and co-morbidities
3. Collect and record data

THERAPY PRIOR TO TRANSPLANT: HOW MUCH IS ENOUGH AND WHAT IS TOO MUCH? IS THERE EVIDENCE TO SUPPORT OUR CURRENT PRACTICES?
Stephen Couban, MD, FRCPC

Using several illustrative cases, the common issues that arise as patients are being prepared for transplant will be discussed. Should a state of minimal disease be achieved? Is remission important? Is there a rush to transplant or should duration of remission also be a consideration? Are there particular regimens that we should avoid in the preparation for transplant?

Learning Objectives:
1. Identify the objectives of pre-transplant therapy
2. Identify the risks of pre-transplant therapy
3. Review the evidence to support current practice

PATIENT BARRIERS: IS THERE SUB-OPTIMAL ORGAN FUNCTION?
Cindy Toze, MD, MHSc, FRCPC, ABIM

The aim of this session overall is to discuss important aspects of the ‘list’ meeting, or as we call it in Vancouver the ‘prospective list’ meeting – whereby the transplant centre staff discuss patients who are being considered for stem cell transplant, make decisions around timing and type of transplant therapy, and whether transplant would or would not be beneficial for a given patient.

In my section I will discuss ‘barriers’ or ‘criteria’ for transplant in terms of organ function, including comorbidity scores and other criteria, and also more broadly how other important patient features may impact transplant decisions including other diagnoses, socio-demographic and geographic factors and barriers. This will be done in a case-based and broad fashion with an interest to elicit audience participation and discussion, hopefully leaving participants with important issues to ponder as we as a transplant community try to achieve the best outcome in terms of benefit, with the lowest risk for our patients, and attempting to allow appropriate access to transplant procedures in Canada.

Learning Objectives:
1. Understand optimal assessment of organ function pre-transplant
2. Understand the impact of sub-optimal organ function on transplant outcome
3. Consider the impact of other patient factors such as sociodemographic, social support, mental health, language, and geography on transplant mechanics and outcomes
SYSTEM BARRIERS: COMPETING PRIORITIES IN THE LIST MEETING

Irwin Walker, MBBS, FRACP, FRCPC

The object of a list meeting is to assign patients to transplantation at medically appropriate times, taking into account disease and comorbidity variables. Acute myeloid leukemia is the most common disease indication for transplantation and, overall, the most urgent. This presentation will prompt audience discussion on timeliness of transplantation, institutional capacity, case priority, organization and equality of access.

Learning Objectives:
1. Identify issues to be resolved in attaining timely transplantation
2. Identify different approaches to assigning patients
3. Identify computer/information technology (IT) solutions

PHARMACO-ECONOMICS OF UPFRONT PLERIXAFOR

Gizelle Popradi, MD

Learning Objectives:
1. Demonstrate improved knowledge of the currently available autologous stem cell mobilization strategies
2. Understand the resource utilization costs of stem cell mobilization with Plerixafor and other strategies
3. Identify a rational mobilization strategy for a patient population based on anticipated clinical benefits, drawbacks, and cost

LONG TERM FOLLOW UP OF ALLOGENEIC STEM CELL TRANSPLANT PATIENTS

Jeff Lipton, PhD, MD, FRCPC

Long term survivorship of patients who have undergone allogeneic stem cell transplant is becoming more and more important. As patients are cured of their primary transplant disease indication, they are at risk for multiple medical problems, some due to their age or co-morbidities and many because of the effects of toxicities from the allografts. The community primary care physician often does not distinguish their risks from the general community patient and in many cases cannot focus beyond the fact that the patient has had what was expected to be an incurable malignancy. Specialized long term follow up clinics can assess the risks, monitor the patients and intervene early in the case of patients who are at a higher risk of problems such as secondary malignancies, metabolic, gynecological, cutaneous, oral, musculoskeletal, pulmonary, hepatic and psychosocial issues. In an ideal world, such a clinic must be well resourced and multi-professional, with access to appropriate sub-specialties and supportive care. As well, close collaboration with primary care physicians should be a major goal.

Learning Objectives:
1. Review problems that arise in survivors of stem cell allografting
2. Emphasize the need for specialized clinics to identify and manage problems that may be overlooked in the community
3. Reaffirm the importance of the relationship between the patient and the transplant team, even if the patient has engrafted, not relapsed and survived.
OPTIMIZING THE CARDIAC STATUS OF LONG-TERM SURVIVORS OF TRANSPLANT

Brad Hayley, MD, FRCPC

Learning Objectives:
1. Review the epidemiology of cardiovascular disease in cancer patients and cancer survivors
2. Review common chemotherapeutic drugs and their effect on the cardiovascular systems
3. Review treatment and prevention strategies associated with chemotherapy associated cardiotoxicities
4. Discuss incorporation of the Canadian Cardiovascular Society (CCS) cardio-oncology guidelines into routine practice

OPTIMIZING THE ENDOCRINE STATUS OF LONG-TERM SURVIVORS OF TRANSPLANT

Cathy Murray, MSc, MD, FRCPC

This talk will review the endocrine status of long term survivors of transplant using two cases to illustrate some of the complexities of management. It will outline the clinical presentation, screening, and management of various endocrine disorders seen in post-transplant survivors with a focus on the management of post-transplant diabetes and metabolic bone disease.

Learning Objectives:
1. Discuss the endocrine status of long term survivors post-transplant
2. Review the treatment of post-transplant diabetes
3. Explain the management of metabolic bone disease in post-transplant survivors

SPIRITUAL CONSIDERATIONS DURING PALLIATION OF TRANSPLANT PATIENTS

David Maginley, M.Div, CSSCP

Spiritual issues increasingly dominate a person’s experience as hope for continued life fades. The negotiations with mortality that begin at diagnosis cumulate when treatment options have run out. For transplant patients, this period can be marked by considerable physical suffering as they grapple with graft versus host disease (GVHD) or system failure, in addition to the inner world of grief that quietly permeates mind, body and soul. At life’s end, the homework of the heart remains the same for the overtly spiritual and for those with no beliefs: coming to terms with the unfinished love stories of their lives. This is what they have been fighting for; this has been their reason for risking it all - for those they love, for the life they’ve known. This presentation will explore how spiritual care attends to this grief, which follows separate yet parallel paths as it moves through patient and loved ones. The language of hope is examined as a process of negotiation and integration, and the role of ritual presented as a medium of meaning-making through action and presence. Dyads of regret and reconciliation, grief and gratitude, despair and clarity are common themes that emerge through this work. Effective palliative care maximizes physical comfort so this spiritual work can be done to enable an exit from this world heart-whole.

Learning Objectives:
1. Identify spiritual distress
2. Recognize grief and when to refer to a spiritual care provider
3. Gain insight on the quality of your own presence as a primary tool of spiritual engagement with the dying
SUPPORTIVE AND PALLIATIVE CARE MEETS BMT – AN EVOLVING ROLE OVER 12 YEARS OF COOPERATION

Edward Fitzgibbon, MB, MSc (Epi), MRCGP, CCFP (PC)

The presentation will focus on the evolving role of the Ottawa Hospital (TOH) Supportive and Palliative care team within the unique clinical world that is the BMT program. Specifically we will discuss the supportive aspect of our role in pain and symptom management, and psychosocial support for patients undergoing a BMT. Specific topics to be covered include approach to analgesia (including mucositis), symptom assessment, advance care planning (what does it mean?) and how we support the patient (and family) if their care transitions from active to palliative in intent. TOH based quality improvement (QI) studies and clinical cases will be used to support my presentation.

Learning Objectives:

1. Establish the role of active integration of supportive and palliative care team with the BMT team
2. Outline an approach to analgesia for the BMT patient
3. Encourage active conversations about advance care planning for all BMT patients
ABOUT CBMTG

The Canadian Blood and Marrow Transplant Group (CBMTG) is a national, voluntary, and multi-disciplinary organization providing leadership and promoting excellence in patient care, research, and education in the field of BMT. 

CBMTG’s vision is that Canada will be the best place in the world to have a blood and marrow transplant, and our mission is to be the voice of experts working in the field of blood and marrow transplant. 

The CBMTG values: excellence, innovation, integrity, collaboration, and professionalism in care, education, and research in blood and marrow transplant. CBMTG believes that every patient has a right of equal access to the highest quality of life saving care that can be provided by blood and marrow transplant professionals in Canada.

Based on this, our strategic priorities are as follows:

Education
Provide high quality educational programs that advance the practice of blood and marrow transplantation in Canada.

Research
Establish and organize an effective and sustainable research infrastructure for translational and clinical research.

Outreach
Increase the visibility and influence of CBMTG among members and the public.

Financial Capacity
Support, education, research, and outreach initiatives through fundraising, partnerships, and the establishment of a charitable organization.

CBMTG Membership:
The CBMTG membership is made up of national and international physicians, nurses, laboratory technicians, pharmacists, and coordinators working in blood and marrow transplant.

FOR MORE INFORMATION, PLEASE VISIT WWW.CBMTG.ORG.
We invite all blood and marrow transplant health care professionals to attend our annual meeting in Ottawa in 2018.

The 2018 conference planning committee, led by Dr. David Allan and Dr. Natasha Kekre, will work to create an exciting program that will include scientific plenary sessions, keynote presentations, multi-disciplinary and discipline-specific sessions, oral and poster abstract presentations, committee and society meetings, and corporate satellite symposia. We hope you will attend!

ANNUAL CONFERENCE OF THE CANADIAN BLOOD AND MARROW TRANSPLANT GROUP