One of a thousand reasons to look for Astellas in oncology.
TABLE OF CONTENTS

Sponsor Listing .................................................................................................. 5
Sponsored Symposium Information ................................................................. 8
Sponsor Descriptions ....................................................................................... 10
About CBMTG ................................................................................................. 14
Malachite is proud to provide professional management services to the Canadian Bone and Marrow Transplant Group since 1999.

Malachite Management
www.malachite-mgmt.com

Invites You to Attend
Real Time Electronic Batch Process Records in Cell Therapy
Saturday, June 10th, 9:00am – 12:00pm
at Calgary Laboratory Services

Can’t make it to the session? Request a complimentary demo at
www.stemsoft.com
SPONSOR LISTING

We would like to thank the sponsors of the Canadian Blood and Marrow Transplant Group Themed Meeting "Innovation in Blood and Marrow Transplant"; the conference is made possible through the generous support of the following companies:

Platinum Sponsors

Gold Sponsors

Silver Sponsors

Bronze Sponsors

Meeting Supporters

Symposia Supporters
Consider ADCETRIS® for your patients with relapsed or refractory HL and sALCL

ADCETRIS® [brentuximab vedotin], indicated for the treatment of patients with Hodgkin lymphoma (HL) after failure of autologous stem cell transplant (ASCT) or after failure of at least two multi-agent chemotherapy regimens in patients who are not ASCT candidates and for the treatment of patients with systemic anaplastic large cell lymphoma (sALCL) after failure of at least one multi-agent chemotherapy regimen, has been issued marketing authorization with conditions, pending the results of studies to verify its clinical benefit. Patients should be advised of the nature of the authorization. For further information for ADCETRIS, please refer to Health Canada’s Notice of Compliance with conditions – drug products website: http://www.hc-sc.gc.ca/dhp-mps/prodpharma/notices-avis/conditions/index-eng.php.
In an open-label study

**Demonstrated response in patients with relapsed or refractory HL**

| Overall response rate (ORR) = complete remission (CR) + partial remission (PR) |
|----------------------------------|-----------------|-----------------|-----------------|
| 75% ORR (95% CI: 65-83%)        | 32% CR (95% CI: 23-42%) | 42% PR (95% CI: 32-52%) |
| **N=102**                        |                             |                           |

**Median duration of response (secondary endpoint)**

<table>
<thead>
<tr>
<th>ORR</th>
<th>(95% CI: 3.6-14.8 months)</th>
<th>CR</th>
<th>(95% CI: 12.0 months-not estimable)</th>
<th>PR</th>
<th>(95% CI: 2.2-4.1 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.7 months</strong></td>
<td></td>
<td><strong>Not reached</strong> CR</td>
<td>1.4-26.1 months†</td>
<td><strong>3.5 months</strong> PR</td>
<td>1.2-21.9 months†</td>
</tr>
</tbody>
</table>

Adapted from ADCETRIS product monograph.

In an open-label study

**Demonstrated response in patients with relapsed or refractory sALCL**

| Overall response rate (ORR) = complete remission (CR) + partial remission (PR) |
|----------------------------------|-----------------|-----------------|-----------------|
| 86% ORR (95% CI: 75-94%)        | 59% CR (95% CI: 45-71%) | 28% PR (95% CI: 17-41%) |
| **N=58**                        |                             |                           |

**Median duration of response (secondary endpoint)**

<table>
<thead>
<tr>
<th>ORR</th>
<th>(95% CI: 5.7 months-not estimable)</th>
<th>CR</th>
<th>(95% CI: 13 months-not estimable)</th>
<th>PR</th>
<th>(95% CI: 1.3-3 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13.2 months</strong></td>
<td></td>
<td><strong>Not reached</strong> CR</td>
<td>0.1-21.7 months†</td>
<td><strong>2 months</strong> PR</td>
<td>0.1-21 months§</td>
</tr>
</tbody>
</table>

Adapted from ADCETRIS product monograph.

**Indications and clinical use:**

ADCETRIS® (brentuximab vedotin) is a CD30-directed antibody-drug conjugate indicated for:

- The treatment of patients with Hodgkin lymphoma (HL) after failure of autologous stem cell transplant (ASCT) or after failure of at least two multi-agent chemotherapy regimens in patients who are not ASCT candidates; and
- The treatment of patients with systemic anaplastic large cell lymphoma (sALCL) after failure of at least one multi-agent chemotherapy regimen.

No data demonstrate increased survival with ADCETRIS. Safety and efficacy in geriatric and pediatric populations have not been established.

**Contraindications:**

- Concomitant use with bleomycin due to pulmonary toxicity
- Patients who have or have had progressive multifocal leukoencephalopathy (PML)

**Most serious warnings and precautions:**

- Progressive multifocal leukoencephalopathy (PML): JC virus infection resulting in PML and death has occurred in patients treated with ADCETRIS. Contributing factors may include prior therapies and underlying disease that may cause immunosuppression. Consider the diagnosis of PML for patients presenting with new onset signs and symptoms of central nervous system abnormalities. Hold ADCETRIS for a suspected case and discontinue if diagnosis is confirmed.
- Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN): SJS and TEN, including fatal outcomes, have been reported with ADCETRIS. If SJS or TEN occurs, discontinue ADCETRIS and administer appropriate medical therapy.
- Serious and opportunistic infections: Serious and opportunistic infections including fatal outcomes have been reported in patients treated with ADCETRIS. Patients should be carefully monitored during treatment for the emergence of possible bacterial, fungal or viral infections.

**Acute pancreatitis:** Acute pancreatitis, including fatal outcomes, has been reported in patients treated with ADCETRIS. Consider a diagnosis of acute pancreatitis for patients presenting with new or worsening abdominal pain. Hold ADCETRIS for a suspected case and discontinue if diagnosis is confirmed.

**Gastrointestinal (GI) complications:** GI complications, including intestinal obstruction, ileus, enterocolitis, neutropenic colitis, erosion, ulcer, perforation and hemorrhage, some with fatal outcomes, have been reported in patients treated with ADCETRIS. Lymphoma with preexisting GI involvement may increase the risk of perforation.

**Pulmonary toxicity:** Cases of pulmonary toxicity, some with fatal outcomes, have been reported in patients receiving single-agent ADCETRIS. Although a causal association with single-agent ADCETRIS has not been established, the risk of pulmonary toxicity cannot be ruled out. In the event of new or worsening pulmonary symptoms (e.g., cough, dyspnea), perform a prompt diagnostic evaluation and treat patients appropriately.

**Hepatotoxicity:** Serious cases of hepatotoxicity, including fatal outcomes, have occurred in patients receiving ADCETRIS. Cases have occurred after the first dose of ADCETRIS or after ADCETRIS rechallenge. Preexisting liver disease, elevated baseline liver enzymes and concomitant medications may also increase the risk. Monitor liver enzymes and bilirubin. Patients experiencing new, worsening or recurrent hepatotoxicity may require a delay, change in dose or discontinuation of ADCETRIS.

**Other relevant warnings and precautions:**

- Anemia
- Severe reductions of complete blood counts (monitoring required)
- Hyperglycemia
- Failure to respond to vaccination
- Sensory and motor peripheral neuropathy
- Tumour lysis syndrome
- Use of contraception in women of childbearing potential
- Use of contraception in men
- Use in patients with hepatic or severe renal impairment
- For more information: Please consult the product monograph at http://www.adcetris.ca/public/pdf/Product_Monograph.pdf for important information relating to adverse reactions, drug and food interactions and dosing information (particularly reconstitution and not mixing with other medicines). The product monograph is also available by calling Seattle Genetics, Inc. at 1-888-4SEAGEN (1-888-473-4366). Reference: ADCETRIS® (brentuximab vedotin) Product Monograph. Seattle Genetics, Inc. August 2016.

* Assessed in two open-label, single-arm, multicentre studies, one with 102 patients with relapsed or refractory HL and another with 58 patients with relapsed or refractory sALCL. In both studies the primary endpoint, ORR (CR+PR), was evaluated by an independent review facility based on measures defined in the 2007 Revised Response Criteria for Malignant Lymphoma. Overall response rate was assessed using clinical and radiographic measures including CT and PET in relapsed or refractory HL and sALCL patients.

† Calculated from date of first response to date of progression or data cut-off date.

‡ Follow-up was ongoing at the time of data submission.

“ADCETRIS” and its logo are registered trademarks and “Seattle Genetics” and its logo are trademarks of Seattle Genetics, Inc. used under license by Seagen Canada Inc. © 2017 Seattle Genetics, Inc., Bothell, WA 98021. All rights reserved.
2017 THEMED MEETING SERIES

FRIDAY, JUNE 9, 2017

Lunch Symposium 12:15pm – 1:45pm Spectrum 4, 5

How to Optimize Your Hodgkin’s Lymphoma Patients Before and After Transplant

This symposium will cover how to optimize your Hodgkin’s Lymphoma patients both pre-transplant and post-transplant. Through patient cases, Dr. Stewart will review novel agents available in Hodgkin’s Lymphoma. Dr. Kuruvilla will then discuss re-induction treatment options for patients pre-transplant. Finally, Dr. Song will discuss whether there is still a role for allo-transplant, as well as address maintenance post-auto transplant.

Learning Objectives:
1. Review of novel agents for Hodgkin’s Lymphoma
2. Review re-induction treatments for patients pre-transplant
3. Review role of allo-transplant and maintenance post-auto for high risk patients

Speakers:
Doug Stewart, MD, Tom Baker Cancer Centre, Calgary, AB, Canada
John Kuruvilla, MD, Princess Margaret Hospital, Toronto, ON, Canada
Kevin Song, MD, FRCPC, Vancouver General Hospital, Vancouver, BC, Canada

SATURDAY, JUNE 10, 2017

Lunch Symposium 12:15pm – 1:45pm Spectrum 4, 5

Chronic GVHD Pathogenesis and Management

Chronic graft-versus-host disease (cGVHD) is a leading cause of morbidity and mortality after allogeneic hematopoietic stem cell transplantation. In this symposium, attendees will be provided with an overview of our current understanding of the pathogenesis of cGVHD as well as current approaches to prevention and management. With respect to management, the field is experiencing a welcome influx in clinical development as both new and established molecules are evaluated for use in cGVHD. Thus, emerging treatment options for cGVHD will also be presented and discussed.

Learning Objectives:
1. Provide an overview of our current understanding of the pathogenesis of cGVHD
2. Provide an overview of current approaches to cGVHD prevention and management
3. Present and discuss emerging treatment options for cGVHD

Speaker:
David Miklos, MD, PhD, Associate Professor of Medicine, Clinical Director, Cancer Cell Therapy Program, Stanford University, Division of Blood and Marrow Transplantation, Stanford, California

Moderator:
Irwin Walker, MBBs, FRACP, FRCPC, Professor, Division of Hematology and Thromboembolism, Department of Medicine, McMaster University, Associate Member, Department of Oncology, McMaster University, Director, Hamilton Bone Marrow Transplant Program, Hamilton, Ontario
SPONSOR DESCRIPTIONS

Astellas Pharma Canada, Inc.

Astellas Pharma Canada, Inc., headquartered in Markham, Ontario, is a Canadian affiliate of Tokyo-based Astellas Pharma Inc. In Canada, Astellas has an intense commercial focus on five therapeutic areas—urology, immunology, infectious disease, dermatology and oncology.

Celgene, Inc.

Celgene is a global biopharmaceutical company committed to improving the lives of patients worldwide. Celgene Inc., a wholly-owned subsidiary of Celgene Corp., established its presence in Canada in 2006 and is located in Mississauga, Ontario. At Celgene, we seek to deliver truly innovative and life-changing drugs for our patients. Our mission as a company is to build a major global biopharmaceutical corporation while focusing on the discovery, the development, and the commercialization of products for the treatment of cancer and other severe, immune, inflammatory conditions.

There are more than 300 clinical trials at major medical centres using compounds from Celgene. Investigational compounds are being studied for patients with incurable hematological and solid tumor cancers, including multiple myeloma, myelodysplastic syndromes, chronic lymphocyte leukemia (CLL), non-Hodgkin’s lymphoma (NHL), myelofibrosis, small cell lung cancer, and prostate cancer.

Janssen, Inc.

Janssen Inc. is one of the Janssen Pharmaceutical Companies of Johnson & Johnson, which are dedicated to addressing and solving some of the most important unmet medical needs in oncology, immunology, neuroscience, infectious diseases and vaccines, and cardiovascular and metabolic diseases. Driven by our commitment to patients, we bring innovative products, services and solutions to people throughout the world. For more information please visit: http://www.janssen.com/canada/

Jazz Pharmaceuticals PLC

Jazz Pharmaceuticals PLC, a specialty biopharmaceutical company that identifies, develops, and commercializes medicines in focused therapeutic areas related to hemato-oncology and hematopoietic stem cell transplantation. We are dedicated to help make a difference in patients’ lives through our innovative medicines, passion, collaboration, and pursuit of excellence.
Montreal-based Lundbeck Canada is a subsidiary of H. Lundbeck A/S, a leading international research-based pharmaceutical company. Globally, we have been around for 100 years, and 20 years in Canada. We take pride in the progress we’ve made in mental health and oncology. We’re now focusing on the next generation of healthcare advancements, because, for us, it’s all about helping Canadians lead better lives. Visit us at lundbeck.ca.

Miltenyi Biotec’s mission is to improve scientific understanding and medical progress. We provide products and services that advance biomedical research and cellular therapy. Honoring this mission drives our commitment to support the translation of basic research into therapy in the areas of immunology, cancer, neuroscience and stem cell biology. We innovate products that address sample preparation, separation of cells and their analysis, and that advance the concept of cellular therapy.

People creating new products for better health worldwide: Otsuka Canada Pharmaceutical Inc. (OCPI) is an innovative, fast-growing health care company that commercializes Otsuka medicines in Canada, with a focus on and commitment to neuroscience, cardiovascular, nephrology and oncology. OCPI is dedicated to improving patients’ health and the quality of human life. OCPI is part of the Otsuka Group, and was established in 2010, with headquarters in Technoparc Montreal, in Saint-Laurent, Quebec.

Paladin Labs is a specialty pharmaceutical company, and member of Rx&D, focused on acquiring or in-licensing innovative pharmaceutical products for the Canadian market and select international markets.
Pfizer Canada Inc.

Pfizer Canada Inc. is the Canadian operation of Pfizer Inc., one of the world’s leading biopharmaceutical companies. Our diversified health care portfolio includes some of the world’s best known and most prescribed medicines, infusion systems and vaccines. At Pfizer, we’re working together for a healthier world. To learn more about Pfizer Canada, visit pfizer.ca or you can follow us on Twitter (twitter.com/PfizerCA) or Facebook (facebook.com/Pfizer.Canada).

Hoffman-La Roche Ltd.

From our approach to clinical trials for new drug therapies, to industry partnerships and community involvement, Roche Canada is a leader in providing pharmaceutical and diagnostic solutions that make a profound difference in people’s lives. Our innovative approach improves the effectiveness and efficiency of the healthcare system in the diagnosis, treatment and management of acute and long-term disease. Roche Canada employs approximately 1,000 people across the country, with its pharmaceuticals head office located in Mississauga, Ontario and diagnostics division based in Laval, Quebec. We serve a broad base of healthcare facilities and practitioners across the country, working in partnership with them to ensure that the diagnostics and therapies we deliver meet the medical needs of today and of the future.

Sanofi Genzyme

Sanofi Genzyme, the Specialty Care Global Business Unit of Sanofi, is committed to helping people with debilitating and complex diseases. We are dedicated to discovering and advancing new therapies, providing hope to patients and their families around the world. Please visit www.Genzyme.ca for more information.

Seattle Genetics, Inc.

Seattle Genetics is a biotechnology company focused on the development and commercialization of innovative antibody-based therapies for the treatment of cancer. Seattle Genetics is leading the field in developing antibody-drug conjugates (ADCs), a technology designed to harness the targeting ability of antibodies to deliver cell-killing agents to cancer cells. The company’s lead product, ADCETRIS® (brentuximab vedotin) is a CD30-targeted ADC that, in collaboration with Takeda Pharmaceutical Company Limited, is commercially available in more than 60 countries worldwide, including the U.S., Canada, Japan and members of the European Union. Additionally, ADCETRIS is being evaluated broadly in more than 70 ongoing clinical trials in CD30-expressing malignancies. Seattle Genetics is also developing a robust pipeline of more than a dozen other clinical and preclinical programs, and has collaborations for its ADC technology with a number of leading biotechnology and pharmaceutical companies. Find more information at www.seattlegenetics.com.
At Janssen, we’re not about small steps. We’ve set our sights on making cancer a preventable and curable disease. This isn’t easy. That’s why we partner with the world’s top minds, from academic institutions and patient advocates to companies large and small.

Together, we are working toward one goal: changing what a cancer diagnosis means for patients and their loved ones.

We bring to life transformational cancer therapies – with a commitment to help get them to the people who need them.

We are Janssen. We collaborate with the world for the health of everyone in it.

Learn more at www.janssen.com/canada
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
DON’T MISS THESE UPCOMING WEBINARS

WEDNESDAY, JUNE 14, 2017
12:00PM ET/9:00AM PT
AYA in BMT: Unique Patients & Unique Challenges for Young Adults
Brandon Hayes-Lattin, MD
LEARNING OBJECTIVES:
1. Identify unique biology and psychosocial issues among young adult patients undergoing BMT
2. Identify unique challenges in transition of care from the pediatric to adult BMT setting
3. Access resources specific to young adults with cancer

WEDNESDAY, AUGUST 16, 2017
12:00PM ET/9:00AM PT
Hematopoietic Stem Cell Transplant Associated Thrombotic Microangiopathy (TMA)
Sonata Jodele, MD
LEARNING OBJECTIVES:
1. Recognize TMA as multi-organ endothelial injury
2. Apply early diagnostic tests and risk stratification for TMA
3. Learn about novel therapeutic options for TMA

WEDNESDAY, SEPTEMBER 20, 2017
12:00PM ET/9:00AM PT
Psychosocial Aspects of HSCT
Sara Beattie, BSc, PhD
LEARNING OBJECTIVES:
1. Understand psychosocial challenges for patients and their families during HCT
2. Recognize psychosocial risk factors during the HSCT trajectory
3. Review psychosocial treatments for patients and families undergoing HSCT

WEDNESDAY, OCTOBER 18, 2017
12:00PM ET/9:00AM PT
Ocular Chronic GVHD
Vikas Sharma, PhD
LEARNING OBJECTIVES:
TBA

WEDNESDAY, NOVEMBER 15, 2017
1:00PM ET/10:00AM PT
Quality and Accreditation
Denise Brophy
LEARNING OBJECTIVES:
TBA

VISIT WWW.CBMTG.ORG TO REGISTER AND FOR MORE MEMBERSHIP INFORMATION
FOCUSED ON DEVELOPING SPECIALTY TREATMENTS for debilitating diseases that are often difficult to diagnose and treat, providing hope to patients and their families.
Led by Dr. David Jones, this meeting will focus on pre- and post-transplant BMT issues.

This 2-day meeting will include scientific sessions, keynote presentations, multidisciplinary sessions, and corporate satellite symposia.

We invite all BMT health care professionals to attend our last meeting in 2017!

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
CBMTG Head Office: Suite 301, 750 West Pender Street, Vancouver, BC, V6C 2T7
T: 604-874-4944 F: 604-874-4378 E: cbmtg@cbmtg.org W: www.cbmtg.org