

THE MDS FOUNDATION PRESENTS:

Current Therapeutic and Biologic Advances in MDS

BREAKFAST SYMPOSIUM



DECEMBER 5, 2014

7:00 to 11:00 am

The Moscone Center
West Building, Room: 2014/2016

SAN FRANCISCO, CALIFORNIA

PRE-REGISTRATION*:

<http://akhcme.com/MDS>

*Pre-registration does not guarantee admission—please arrive early.

This is a Friday Satellite Symposium preceding the 56th ASH Annual Meeting.

Agenda

- 7:30–7:40am **Program Overview and Objectives**
Peter Greenberg, MD
Stanford Cancer Institute
- 7:40–8:15am **Update of WHO and Molecular Classifications in MDS**
Mario Cazzola, MD
University of Pavia
- 8:15–8:50am **Therapeutic and Prognostic Role of Epigenetic Abnormalities in MDS**
Stephen Nimer, MD
Sylvester Cancer Center, U Miami
- 8:50–9:25am **Current Results of Alternative Conditioning Regimens and Donors for Allogeneic Hematopoietic Stem Cell Transplantation in MDS**
H. Joachim Deeg, MD
Fred Hutchinson Cancer Research Center
- 9:25–10:00am **Impact of Comorbidity on Quality of Life and Clinical Outcomes in MDS**
Peter Valent, MD
Medical University of Vienna
- 10:00–10:35am **Myeloid-derived Suppressor Cells and Altered Innate Immunity: Contribution to MDS Pathogenesis**
Alan List, MD
Moffitt Cancer Center, Tampa, FL
- 10:35–11:00am **Questions/Answers/Discussion**

About the Foundation

Who Are We?

The Myelodysplastic Syndromes Foundation, Inc. was established in 1994 by an international group of physicians and researchers to provide education about MDS to physicians and patients, support for MDS research, patient support and advocacy.



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AND TWITTER!**

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**JOIN US AS AN MDS
CENTER OF EXCELLENCE**

**Apply for The Centers of Excellence
Program:**

Would you like your treatment center to become part of the Foundation's research network and referral system for MDS patients?

Please call us for more information and an application.

MDS Foundation: National & International Focus

- **Patient/Family resources**
- **Health care professional resources**

MDS Foundation

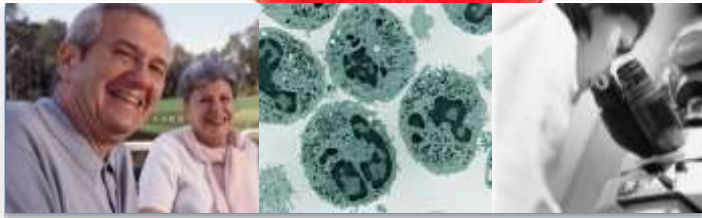
- **Patient/Family resources**
 - Patient, caregiver forums
 - MDS informational booklets/translations
 - Global patient support groups
 - MDS Alliance: Patient group coalition
 - Insurance & reimbursement information
 - Clinical trial information

MDS Foundation

- **Health care professional resources/projects**
 - Collaborative international scientific board members
 - International Nursing Leadership Group
 - MDSF Center of Excellence referrals/webinars
 - Young Investigator research grants
 - Informational materials
 - Building Blocks of Hope/100 Q&A re MDS
 - MDSF Newsletter/Updated MDS bibliographies
 - IWG-PM Clinical & Molecular Collaborations
 - ASH & International Scientific/Educational Symposia

The Taub Foundation Grants Program for MDS Research

A PROGRAM OF THE HENRY AND
MARILYN TAUB FOUNDATION



PROGRAM LAUNCH:
Tuesday, January 6, 2015

PROPOSAL DEADLINE:
Tuesday, March 17, 2015
12:00 Noon, U.S. Eastern Time

**FUNDING PERIOD and
AWARD AMOUNT:**

November 1, 2015 – October 31, 2018
Three-year awards at \$200,000
per year

Overview:

The Taub Foundation Grants Program for Myelodysplastic Syndromes (MDS) Research was created to support high-impact, innovative translational research to understand the underlying causes of MDS and to advance its treatment and prevention. The Program specifically focuses on MDS research, exclusive of AML and MPN.

*The Taub Foundation Grants Program
for MDS Research is administered by
The Medical Foundation division.*



The Medical Foundation
A division of Health Resources in Action

Eligibility:

- All applicants must hold a faculty appointment at a non-profit, academic, medical, or research institution in the United States.
- United States citizenship is not required; visa documentation is not required.
- Only one application may be submitted per PI.

Join the RFA

Mailing List:

Please contact

EJohnstone@hria.org

or call 617-279-2240 ext. 710



Advancing Research & Patient Care

THE 13TH INTERNATIONAL SYMPOSIUM ON
MYELOYDYSPLASTIC SYNDROMES

Washington, D.C., U.S.A. APRIL 29 - MAY 2, 2015



www.kenes.com/mds

Thank you to our supporters!

This activity is supported by educational grants from:

BAXTER HEALTHCARE CORPORATION

CELGENE CORPORATION

ONCONOVA THERAPEUTICS

Pre-Test

1. Iron overload in MDS is prognostic and:
 - a. Correlates with a poor overall survival
 - b. Correlates with certain comorbidities
 - c. Should be corrected before stem cell transplantation
 - d. a, b and c

2. In the context of MDS, fatigue is:
 - a. Rarely seen
 - b. Frequently recorded
 - c. Often found in those who have comorbidities
 - d. b and c

Pre-Test

3. Myeloid-derived suppressor cells (MDSC) are a phenotypically distinct innate immune effector cell that displays high expression of which of the following antigens?
 - a. CD34
 - b. CD33
 - c. CD14

4. Bone marrow-MDSC are markedly expanded in MDS and are responsible for which of the following?
 - a. Cell death of hematopoietic progenitors
 - b. Suppression of anti-tumor immune response
 - c. Elaboration of inflammatory cytokines
 - d. All of the above

Pre-Test

5. Which factors determine primarily the incidence of relapse after HCT for MDS?
- a. Transfusions given before HCT
 - b. Marrow myeloblast count
 - c. Cytogenetics
 - d. Pre-transplant therapy
 - e. b and c
6. Which would be your order of priority in selecting a transplant donor?
- a. HLA-matched (HLA=) sibling > HLA= unrelated donor (URD) > HLA haplo-identical relative > cord blood
 - b. HLA= sibling > HLA= URD > cord blood > HLA haplo-identical relative
 - c. HLA= sibling > HLA haplo-identical relative > HLA= URD > cord blood
 - d. HLA= sibling > cord blood > HLA=URD > HLA haplo-identical relative

Pre-Test

7. Somatic mutations in one of the following genes of RNA splicing machinery are associated with an MDS subtype with distinct phenotype and indolent clinical course. Which is the gene?
 - a. SF3B1
 - b. SRSF2
 - c. U2AF1

8. More than 90% of patients with chronic myelomonocytic leukemia carry somatic mutations of genes of various biologic pathways. Many of them have concomitant mutations in 2 genes: which is the typical co-mutation of CMML?
 - a. SF3B1-JAK2
 - b. TET2-SRSF2
 - c. CSF3R-SETBP1

Pre-Test

9. The presence of TET2 mutations predicts for:
 - a. Worse survival in MDS patients
 - b. A worse response to hypomethylating agents
 - c. A lower than normal platelet count
 - d. None of the above

10. DNA methylation patterns predict for:
 - a. A worse survival in patients with RAEB-I
 - b. Response to decitabine or 5-azacytidine
 - c. The presence of specific mutations within the MDS genome
 - d. Clonal diversity at diagnosis in MDS patients

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