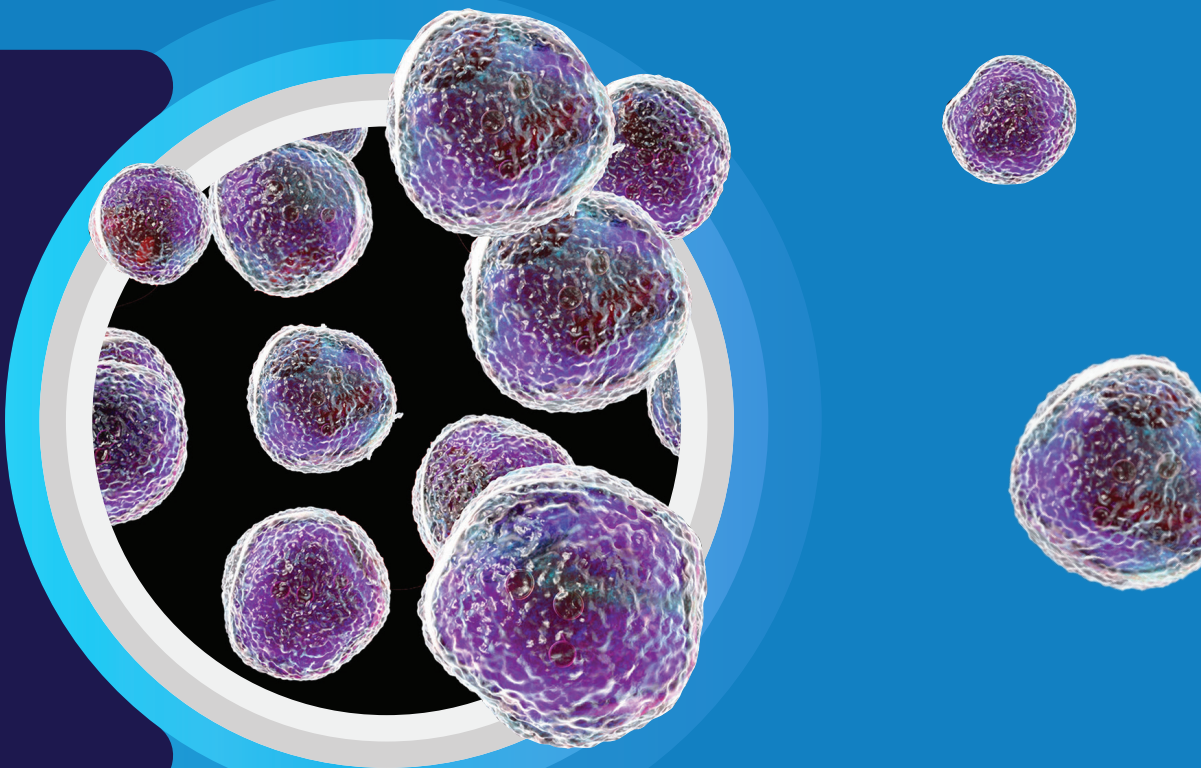


ALL

ACUTE
LYMPHOCTIC
LEUKEMIA

WORKINGGROUP

MEETING 2



2

SATURDAY
MARCH 2024

05:30 PM – 08:00 PM

(UAE TIME)

CONRAD HOTEL, DUBAI, UAE
SAADIAT MEETING ROOM 3

MODERATOR



Dr. Murtadha Al Khabori

Consultant Hematologist at Sultan Qaboos University Hospital

INVITED INTERNATIONAL EXPERT



Dr. Nicholas Short

Assistant Professor in the Department of Leukemia at the
University of Texas MD Anderson Cancer Center in Houston, Texas

ALL ADVISORS*



Dr. Mahmoud Marashi

Consultant Hematologist at Mediclinic
City Hospital / Dubai Hospital



Dr. Arif Alam

Consultant Hematologist at
Tawam Hospital



Dr. Ahmed Al Huraiji

Consultant Hematologist at
Kuwait Cancer Control Center



Dr. Murtadha Al Khabori

Consultant Hematologist at Sultan
Qaboos University Hospital



Dr. Hasan Al Yaseen

Consultant Hematologist at
Dubai Hospital



Dr. Ruba Taha

Consultant Hematologist at
National Centre for Cancer Care
& Research

AGENDA

TIME	SESSION	SPEAKER	MODERATOR
05:30 pm – 05:40 pm	Introduction & Objectives (Formulation of ALL Gulf Group)	Amgen Team	
05:40 pm – 06:40 pm	Part 1: Treatment Paradigms in Ph Positive Population - Blin + Dasatinib - D-ALBA, GIMEMA Group - Blin + Ponatinib - MDACC - Disease debulking - TKI selection - Immunotherapy introduction	Dr. Nicholas Short ALL Advisors*	
06:40 pm – 07:10 pm	Part 2: To Transplant or Not to Transplant Debate - Age - Risk factors - MRD - Patient factors	Dr. Nicholas Short ALL Advisors*	
07:10 pm – 07:15 pm	Coffee Break		
07:15 pm – 08:00 pm	Part 3: Laser Focus on ALL Special Population Cases - Elderly Ph- B-ALL - Elderly B-ALL management considerations - Discussion	Dr. Nicholas Short Dr. Ahmed Al Huraiji ALL Advisors*	
08:00 pm – 09:00 pm	Dinner Ballaro Restaurant, Level 6		

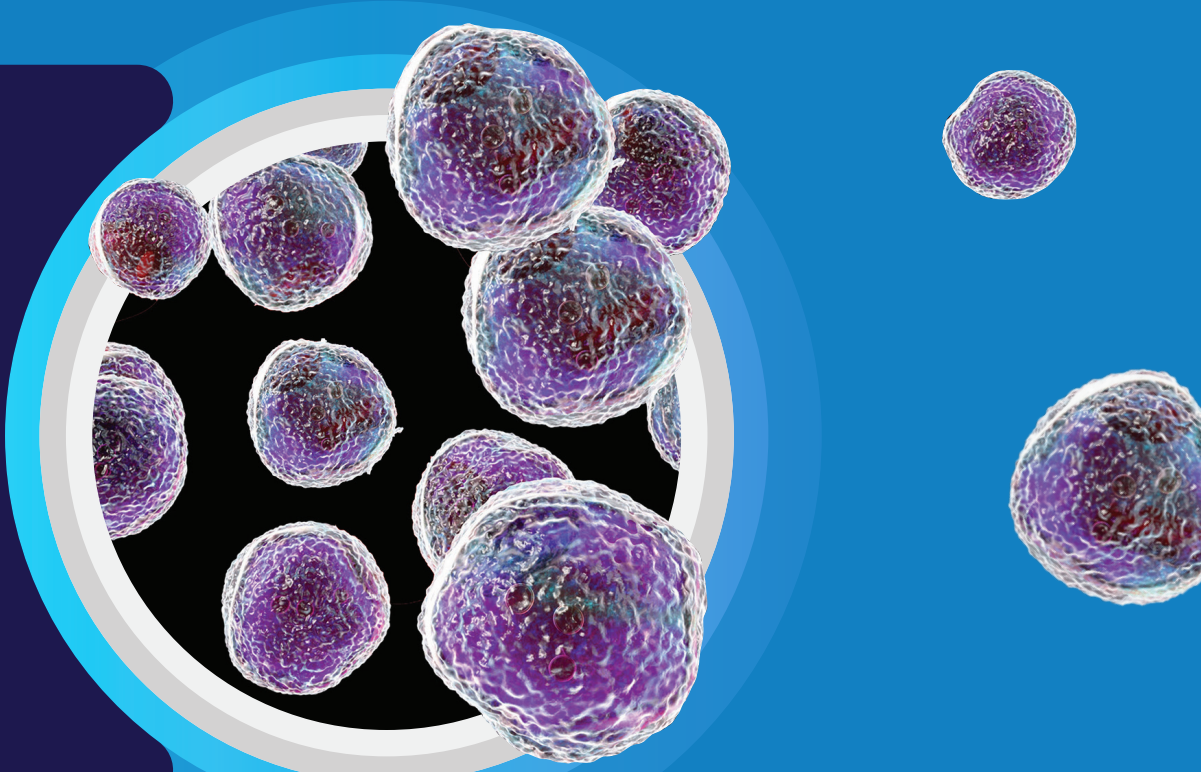
Dr. Murtadha Al Khabori

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MEETING 2



DEAR ALL EXPERTS,

In preparation for this advisory board, kindly find below the anticipated questions that will be discussed during the session.

CHEMO SPARING REGIMENS IN PH+ B-ALL

Are chemo-free regimens in Ph+ B-ALL really chemo-free?

- What is your practice in debulking prior to TKIs introduction? (agent – duration – cutoff)
- What are the considerations for debulking the disease before introduction of TKIs and Blin?

How do you choose between Dasatinib and Ponatinib?

- Discussing: (availability – patient characteristics – co-morbidities – existing/acquired mutations)
- Do you test for CRLF2 mutation?

In which phases of Ph+ treatment can Blinatumomab be included? (induction/consolidation/maintenance) and what would be the number of cycles used?

Should Blinatumomab be given simultaneously with TKIs or in sequential cycles?

CNS prophylaxis in Ph+ B-ALL: How many cycles of IT MTX / Ara-C would you use in chemo-free Ph+ protocols?

How long do you plan maintenance with TKIs?

Would you consider re-treatment with Blin at MRD+? If not, what would be your preferred options at MRD+?

TRANSPLANT DISCUSSION

What drives the decision to transplant Ph+ patients based on your management protocol?

Discussion on: MRD, age, ECOG, cytogenetics? Or other factors.

Age threshold for transplant?

What are the risk stratification criteria in Ph+ B-ALL to predict relapse?

How do you monitor molecular remission (frequency and time points)?

ELDERLY DISCUSSION

How do you reduce the intensity of frontline therapy for elderly patients?

In which patient population are you using Blin +TKI?

What is your experience using Blin in older patients?

If Blin given to elderly, what kind of toxicities have you observed?

ALLIANCE study: Chemo or only INO + Blin