14th Canadian CLL Research Meeting, Winnipeg

September 27 & 28, 2018

CLL Researchers from Canada and the USA meet yearly to discuss recent research developments. As part of the program, CLLPAG is invited to share its work and provide a patient perspective.

Overview

KEYNOTE ADDRESS: BCR associated kinase inhibition in CLL tumour and normal B cells/Francesco Forconi, University of South Hampton, UK

The program consisted of 5 sessions:

1: Immunology: (immune signature of tissue microenvironmental in CLL, CAR-T cells, T cell subsets in ibrutinib-treated patients, IgVH mutation testing in Canada)

2: Therapy Beyond BCRi: (venetoclax + ibrutinib, ruxolitinib + ibrutinib, Axl RTK as therapy, Inhibition of PKN1 as therapy, Lysosome Membrane Permeability (LMP) as a target in CLL)

3: Resistance Mechanisms: (resistance to targeted therapy/BTKi/PI3k), CLLPAG update

4 & 5: Biology & Therapeutics: monoclonal B-cell lymphocytosis (MBL) compared to CLL, early intervention trials, venetoclax-based combination therapy, ibrutinib in Manitoba, multiple lymphoid neoplasms in patients with CLL, cellular cytotoxicity of next generation anti-CD20, mAbs, metabolic rewiring beyond Warburg in CLL, alterations in mitochondrial respiration in CLL, BCR signaling participates in epigenetic programming of CLL, TP53 gain of function mutations, the role of PI3K isoforms in the regulation of CLL cell interaction with the microenvironment)

I have to admit that most of the sessions were so technical that a lot of the information was beyond my knowledge but here are some of the key points that I took home.

• Ibrutinib is not “The” drug. They feel they can still do better.

• Patients who have been previously treated do not always respond to Ibrutinib as well as untreated-patients.

• IgVH mutation testing is now available or is being set up in other cities in Canada in addition to Montreal - Halifax, Vancouver and Toronto area.

• Trials in combination therapy continue - venetoclax + ibrutinib, ibrutinib + ruxolitinib, venetoclax + duvelisib (new study), venetoclax + rituximab, venetoclax + obinutuzumab, venetoclax + chemotherapy (could the addition of chemotherapy provide deeper remission??)

• One study group has focused on Richter’s patients. Why do some develop Richter’s and working on better treatments.
• Antihistamines seem to have an effect on CLL cells. Studies ongoing.

• When is the best time to treat CLL patients? Does the stress of diagnosis and no treatment cause more harm. Early intervention trials are taking place.

• CLL does run in families.

It was a wonderful experience to watch and listen to these doctors and researchers from across Canada, US and even the UK. After each presentation they questioned and challenged each other and in some cases made suggestions. It was inspiring to see them share their knowledge and findings. I felt privileged to be able to thank them for their dedication, determination, the impact they have on our lives and continued hope for a cure.

Submitted by Kathy Green