Newsletter European MDS Registry

July 2016, Issue No 15

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From the chairman

It is (almost) holiday season and many of you will go on well-deserved holiday soon. Before the holiday season really starts we hope to reach many of you with this newsletter.

As stated in the previous newsletter the new protocol will be implemented soon. One new feature is the inclusion of additional patient groups, amongst others.

We realize a project this size and with expanding ambitions needs sufficient funding. Currently, active negotiations are going on with pharmaceutical companies, far beyond the phase of exploration. Therefore, we are very positive about the future and we expect to make the registry a success thanks to all of you!

Last but not least I would like to wish everyone a good holiday season!

Theo de Witte

Our EUMDS monitor (CRA) is leaving

Dear all,

I will be leaving as CRA of the EUMDS Registry by the first of October. I found a new challenge as a CRA for a pharmaceutical company in the Netherlands.

I have been a part of the EUMDS team since January 2013. During this period I've performed approximately 10 visits per year and in general, I have monitored two different hospitals during each visit.

I have had the pleasure to visit several sites in Austria, Croatia, Czech Republic, Denmark, Germany, Greece, France, Italy, the Netherlands, Poland, Portugal, Romania, Serbia, Spain, Sweden and UK. It's a pity I did not have the chance to visit Israel, otherwise I would have travelled for monitoring purpose to all participating countries in the Registry. It was really a great pleasure working with all of you.

During each visit I was welcomed with kind hospitality by the country coordinators, PIs and site teams. I would like to thank all of you for 4 most wonderful years were I met you, travelled all over Europe and learned a great deal about MDS.

I wish you all the best and hope that the quality of the database will keep improving. To do so I have 3 major lessons learned to give back to you.

1) Please check all ICF's for completion, date and signature of PI and patients. If there are discrepancies clarify with a note-to-file.
2) Please make a 'running' page for diagnosis and medication as there is always discrepancy in concomitant diseases and medication.
3) Please enter collected data as soon as possible because the patient is at that point still 'fresh' in your mind.

I wish you personally and professionally all the best!

Carla

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Update new protocol submission

All PI's and country coordinators have received the updated protocol in April, in order to file them for approval to the ethical committees. In many countries the documents have already been submitted. In some countries a decision is soon expected. Once the new protocol is approved in your country you will be updated by your country PI and/or coordinator.

First retrospective samples sent!

A substantial modification in the new protocol is the collection of samples suitable for genetic research. These samples can be collected prospectively for newly included patients. However, this is not an option for patients who have been included before. Therefore, we ask participating sites to try to retrieve (clinical) diagnostic samples that can be used for genetic research.

We are very glad to announce that *the first retrospective samples have been sent to Nijmegen for analyses*, coming from Greece.

As shown in the picture we received viable cell pellets and BM smears from many Greek patients. We would like to especially thank **Kalliopi Zafeiropoulou**, OT member for Greece, because of her efforts to make these samples available, in cooperation with 6 participating Greek sites. Of course also a sincere 'thank you' to personnel involved at these sites and **Argiris Symeonidis,** who is the PI of Greece, for making this possible.

Also, many thanks to **Luca Malcovati**, PI for Italy and his staff member **Anna Galli,** who have made isolated DNA samples available to the registry of almost all their patients. While this newsletter is being sent, the Italian samples are leaving Italy.

We hope to receive more retrospective samples from EUMDS patients. For countries where the current consent form does not cover that retrospective samples are made available for genetic research into MDS a re-consent form will become available, once the new protocol has been approved in your country.

Sub study in the spotlight: the IRON sub study

In this newsletter the *iron sub study* will be highlighted. This study evaluates the toxic effects of red blood cell transfusions (RBCT) in patients with lower risk MDS. So far, serum samples of 109 patients have been analysed for 8 biomarkers related to iron metabolism and erythropoiesis. Both RBCT and ineffective erythropoiesis - often seen in low-risk MDS patients and especially in patients with ringed sideroblasts (RS) - may lead to iron overload and iron toxicity. In general, MDS patients may not live long enough to reach the point of needing prevention or treatment of classical iron overload, but iron toxicity due to labile iron molecules is expected to occur earlier.

Labile plasma iron (LPI) species could be detected in serum during follow-up of both transfusion dependent (TD) MDS patients and transfusion independent (TI) MDS-RS patients. Elevated LPI was associated with a negative impact on overall survival both in TD and TI-RS patients. This is the first clinical outcome study which identifies elevated serum LPI as a clinically relevant fraction of iron molecules and its negative impact on overall survival. Toxic LPI formation was restricted to patients in whom TSAT levels exceeded 80%. This implies that TSAT might be implemented as a pre-screening parameter for the determination of elevated LPI levels.

The analyses is currently being extended to 300 patients. The outcomes of this study help us to refine our diagnostic approach of these patient groups.