



CELL THERAPY TRANSPLANT CANADA

TRANSPLANTATION ET THÉRAPIE CELLULAIRE CANADA

Annual Report **2021/2022**

Annual Report 2021/2022

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PRESIDENT'S MESSAGE

Dear CTTC Members,

It is with deep gratitude that I am able to contribute to the CTTC community as the new CTTC President. CTTC continues to grow in size and scope to meet the needs of the Canadian BMT and Cell Therapy community. I am pleased to present the annual report of Cell Therapy Transplant Canada for 2021-2022.

I come into the position with the following goals for the next 2 years:

- To continue to expand the support of **research and educational activities**
- To expand our **Patient, Family & Caregiver (PFC)** group with increased support for patients, advocacy for needs and seeking input on the direction of CTTC activities.
- To increase engagement of **Special Interest Groups (SIGs)** including nursing, pharmacy, advanced practitioners, pediatrics, quality & regulatory, and laboratory.
- To expand our integration with the **cell therapy and transplantation research community**, offering access to cutting edge, next generation studies for Canadian patients.

Work in each of these areas is already well underway, as summarized below.

RESEARCH AND EDUCATIONAL ACTIVITIES

Research remains a central focus for CTTC. The CTTC National Registry continues to grow under the leadership of past-president K. Paulson, with co-chairs covering adult allogeneic (M. Seftel, I. Pasic), adult autologous (S. Bhella, A. Prica), pediatric (T. Truong) and cell therapy (K. Hay). Data is contributed to the registry by 17 Canadian transplant centres, and we hope to expand the research opportunities utilizing this Canadian data. The Registry group has recently completed one study and has three more projects in the pipeline.

The CTTC Research Network, under the direction of Director-at-Large for Research, J-S. Delisle, continues to support a number of phase I/II clinical trials and other collaborative research projects, the newest ones centered around viral-specific immunotherapy. This past year we provided eight letters of support for research grants being submitted to funding agencies by CTTC members, three of which were successfully funded and four are still awaiting a decision.

We have continued the **Hans Messner New Investigator Award** competition, which in 2021 was awarded to K. Hay for 'Cell-Free DNA: A New Biomarker in CAR-T Cell Therapy'. The awards committee, chaired by A. Xenocostas, also granted a **CTTC Innovation Award** in 2021 to I. Pasic for the project 'Impact of Frailty on Outcomes of Allogeneic Hematopoietic Cell Transplantation: A Multi-Centre Pan-Canadian Collaborative Study'. The results from the 2022 competition will be announced later this year.

Our educational programs remain strong under the leadership of W. Lam, Director-at-Large, Education. We have planned 9 sessions as part of the 2022 Educational Webinar Series, addressing a broad range of topics. The education committee also piloted a five-part 'BMT101 series' that was released earlier this year, aimed at trainees, patients and the public, and all five webinars are available on our website.

PATIENT, FAMILY & CAREGIVER (PFC) ADVISORY GROUP

We continue to engage with patients and their families through the Patient, Family, and Caregiver (PFC) Advisory Group, under the leadership of P. Malone, Director-At-Large, Patient, Family & Caregiver. We plan to continue our patient centric BMT101 Symposium at the 2023 Annual Conference in Halifax. In 2021 we were able to engage with this group virtually to discuss chronic GvHD from a patient's view, mindfulness to support wellness, and to provide an update on therapeutic innovations.

PFC representation on CTTC committees includes D. Demers with the Research Network and P. Malone on the Board of Directors. The PFC group conducted a Member Survey in February 2022 to assess willingness of PFCs to attend in-person conferences and the majority preferred a virtual format so an "Ask the Expert" session is being planned, an Adolescent group is in the works, and a 'Patients as Partners in Research' webinar will be held October 26, 2022.

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SPECIAL INTEREST GROUPS (SIGS)

Earlier this year we formed a Quality and Regulatory Committee, co-chaired by H. Kaur-Singh and N. Prokopishyn (Director-at-Large, Quality), which aims to address quality and regulatory issues for Canadian centres. The group held its first quarterly meeting January 17, 2022 and has 10 members so far (others are welcome to join!). Outputs from this group include development of a CTTC webinar on May 11, 2022 entitled 'Quality: Why it matters' and a collaborative response to the Health Canada Source Establishment Stakeholder Consultation. In the next year the group hopes to develop more educational webinars and formalize GxP training in English and French for all centres.

The Laboratory committee, co-chaired by L. Peltier and N. Prokopishyn, aim to engage Canadian laboratory members to share issues and solutions. The group holds monthly meetings, taking turns presenting on various relevant topics.

The Pediatrics special interest group, led by M. Duval, has continued its monthly meetings in collaboration with C17, focused on pediatric clinical trials in CTTC and PTCTC. The recently funded Canadian Pediatric Cancer Consortium (CPCC) for \$22M by CIHR, with a significant component to go for point of care CAR-T cell capacity and trials in collaboration with the CTTC represents an exciting opportunity for made in Canada solutions.

CELL THERAPY AND TRANSPLANTATION RESEARCH COMMUNITY

We wish to integrate more fully with the broader cell therapy and transplantation research community. The 'Cell Therapies – From Trials to Clinical Practice' session held at 2022 CTTC in Niagara Falls was considered a major success, with engagement of BioCanRx, CellCAN, ExCELLirate Canada (CCTG), Health Canada, CADTH, and provincial leadership in discussing how to increase the research application environment around cell therapies in Canada. As a result, we are considering a collaborative meeting in 2024, with several partners holding simultaneous meetings in the same venue such that each will maintain their own identity, but with targeted joint activities to enhance collaboration. Each partner seems enthusiastic regarding the opportunity, and we are excited to explore the idea further with them.

In the last year we negotiated a relationship with the journal *Current Oncology*, and D. Allan was appointed as the Section Editor-in-Chief for the new *Cell Therapy* section. As a result of this new relationship, there will be summaries of some of the special CTTC 2022 cell therapy sessions and publication of the Conference Abstracts in the journal.

The memorandum of understanding in place with ALLG-ANZTCT-CTTC (Led by K. Schultz and N. Hamad) has created a new opportunity for collaboration with Australia & New Zealand. Current areas of focus include development of a Haploidentical trial, MRD in AML, and joint educational webinars.

The last major CTTC strategic retreat occurred in 2013, with a smaller research-focused one in 2017. As a result, we are planning a strategic 5-year planning retreat in Toronto in January 2023 to assist in prioritizing our efforts to ensure we are prepared to meet the future needs of our CTTC community. I wish to thank the CTTC board of directors, committee chairs, members and staff who consistently work towards the vision of CTTC. I invite and encourage all members of the CTTC community to be involved and participate with the association.

Sincerely,

Kirk R. Schultz, MD FCAHS
CTTC President

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ABOUT

Cell Therapy Transplant Canada (CTTC) is a member-led, national, multidisciplinary organization providing leadership and promoting excellence in patient care, research, and education in the field of hematopoietic stem cell transplant and cell therapy.

OUR MISSION

CTTC is the professional community and voice of hematopoietic stem cell transplant and cell therapy in Canada.

VISION

CTTC works together towards world-leading hematopoietic stem cell transplant and cell therapy for all Canadians.

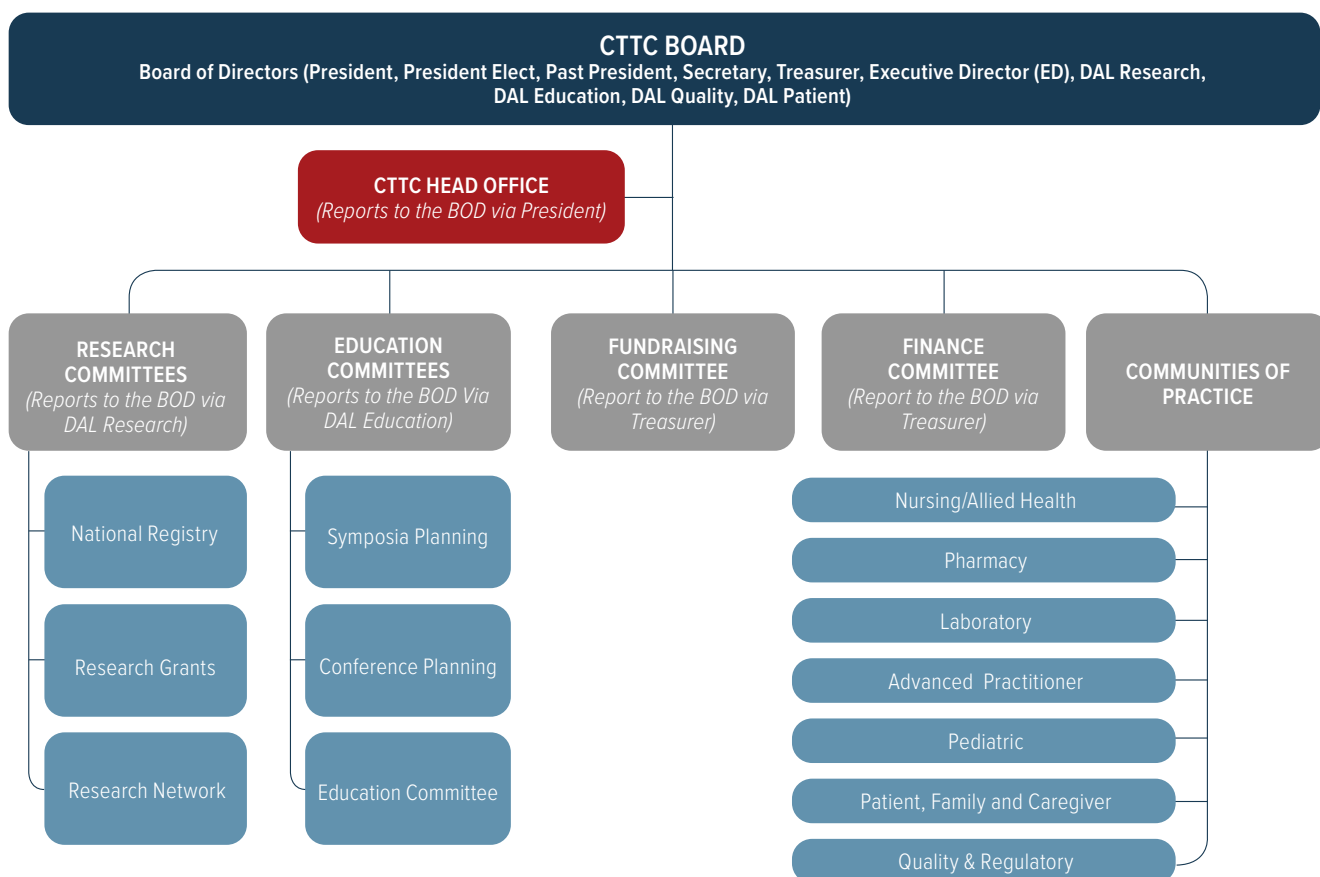
VALUES

Excellence, innovation, integrity, collaboration and professionalism in care, education and research in hematopoietic stem cell transplant and cell therapy.

PHILOSOPHY

CTTC believes that every patient has a right of equal access to the highest quality of life saving care that can be provided by hematopoietic stem cell transplant and cell therapy professionals in Canada.

ORGANIZATIONAL CHART



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LEADERSHIP

CTTC BOARD OF DIRECTORS

Kirk R. Schultz, MD, FCAHS
PRESIDENT
June 2022–June 2024
Vancouver, BC

Kristjan Paulson, MD, FRCPC
PAST PRESIDENT
June 2022–June 2024
Winnipeg, MB

Kylie Lepic, MD, FRCPC
PRESIDENT-ELECT
June 2022–June 2024
Hamilton, ON

Mahmoud Elsayw, MD, MSc
TREASURER
June 2020–June 2023
Halifax, NS

Mohamed Elemary, MD, MSc, PhD
SECRETARY
March 2021–June 2024
Saskatoon, SK

Wilson Lam, MD, BSc
DIRECTOR-AT-LARGE, EDUCATION
June 2020–June 2023
Toronto, ON

Jean-Sébastien Delisle, MD, PhD
DIRECTOR-AT-LARGE, RESEARCH
June 2020–June 2023
Montreal, QC

Nicole Prokopishyn, PhD
DIRECTOR-AT-LARGE, QUALITY
November 2019–June 2023
Calgary, AB

Peter Malone
DIRECTOR-AT-LARGE, PATIENT, FAMILY &
CAREGIVER
October 2020–June 2023
Vancouver, BC

COMMITTEE CHAIRS

Jean-Sébastien Delisle, MD, PhD
RESEARCH NETWORK
Montreal, QC

Harminder Kaur-Singh, SSGb, CPHQ
QUALITY & REGULATORY COMMITTEE
Montreal, QC

Wilson Lam, MD, BSc
EDUCATION COMMITTEE
Toronto, ON

Linda Peltier, PhD, RN
LABORATORY COMMITTEE
Montreal, QC

Nicole Prokopishyn, PhD
LABORATORY COMMITTEE, QUALITY &
REGULATORY COMMITTEE
Calgary, AB

Peter Malone
PATIENT, FAMILY & CAREGIVER ADVISORY
GROUP
Vancouver, BC

Michel Duval, MD
PEDIATRICS GROUP
Montreal, QC

HEAD OFFICE STAFF

Stephanie Maier, PhD
Executive Director

Elizabeth Sun, MM BSc
Project Manager

Alison McDonald, BMus
Association Coordinator

Paul Fogerty, BA
Meetings Director

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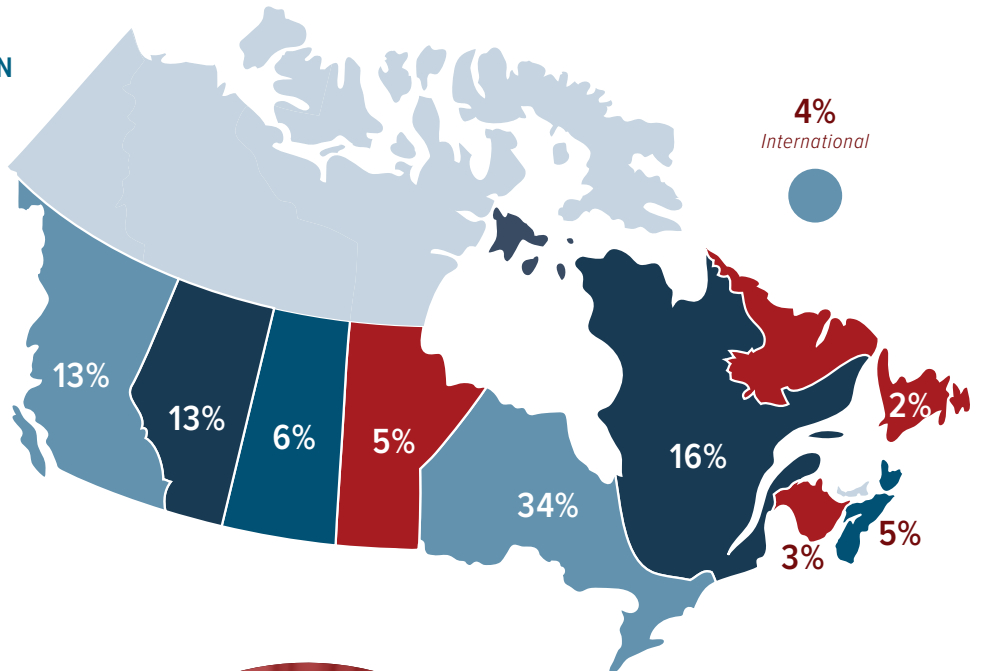
MEMBERSHIP UPDATE

MEMBERSHIP

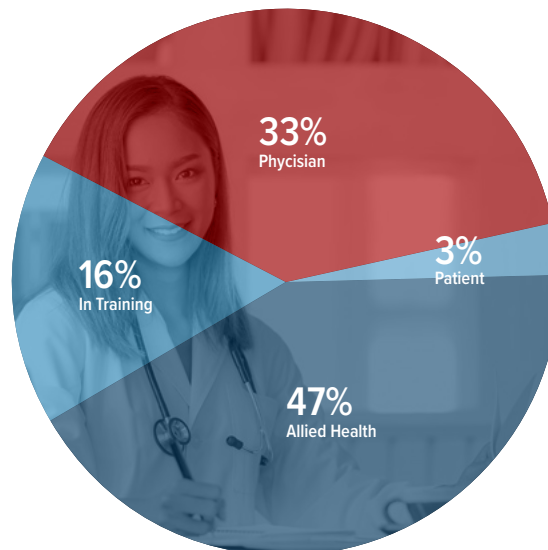


GEOGRAPHIC DISTRIBUTION

British Columbia	13%
Alberta	13%
Saskatchewan	6%
Manitoba	5%
Ontario	34%
Québec	16%
New Brunswick	3%
Nova Scotia	5%
Newfoundland	2%
International	4%



PROFESSIONAL DISTRIBUTION



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STRATEGIC PRIORITIES

EDUCATION

Provide high quality educational programs that advance the practice of HSCT and cellular therapy in Canada

QUALITY

Support centres on regulatory matters with standards, guidelines and resources

FINANCIAL CAPACITY

Support education, research, patient and outreach initiatives through fundraising and partnerships

RESEARCH

Support research by CTC members

TRANSPARENCY IN GOVERNANCE

Ensure that all governance and operations are communicated in a transparent manner to the membership

ADVOCACY

Advocate on behalf of members, programs and patients as needed

PATIENTS, FAMILIES AND CAREGIVERS

Support patient-led initiatives and activities



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PROGRAMS

WEBINARS

As part of the professional development that we provide the stem cell transplant and cell therapy industry, Cell Therapy Transplant Canada is pleased to present our annual **Webinar Series**. Our webinar program is developed by our Education Committee, led by Dr. Wilson Lam.

CTTC provided webinars free of charge to all CTTC members. Non-members were charged a nominal fee. The following webinars are part of the 2022 Webinar Series:

MAINTAINING ACCESS TO STEM CELL DONORS IN COVID-19: THE CANADIAN BLOOD SERVICES RESPONSE	David Allan, MD (Canadian Blood Services, Ottawa, ON)
STEM CELL TRANSPLANTATION FOR SICKLE CELL DISEASE	Santosh Saraf, MD (University of Illinois Chicago, Chicago)
QUALITY: WHY IT MATTERS	Linda Peltier, PhD, RN (McGill University Health Centre-Research Institute, Montreal, QC), Nicole Prokopishyn, PhD (Cellular Therapy Laboratory, Calgary, AB), Harminder Kaur-Singh, SSGB, CPHQ (Hôpital Maisonneuve-Rosemont, Montreal, QC)
PREMATURE OVARIAN INSUFFICIENCY	Michelle Jacobson, MD (Women's College Hospital, Toronto, ON)
WHAT IS NEW WITH CT COLLECTIONS?	Joseph Schwartz, MD (Mount Sinai Hospital, New York)
STEM CELL TRANSPLANTATION FOR AUTOIMMUNE DISEASES	Harold Atkins, MD (Ottawa Hospital Research Institute, Ottawa, ON)
POINT-OF-CARE MANUFACTURING AND DELIVERY OF CAR-T THERAPIES – THE ALBERTA EXPERIENCE	Michael Chu, MD (Alberta Health Services, Calgary, AB), Nicole Prokopishyn, PhD (Cellular Therapy Laboratory, Calgary, AB)
PATIENTS AS RESEARCH PARTNERS IN THE DESIGN AND IMPLEMENTATION OF CLINICAL TRIALS	Geneviève David, MSc, MPA, CAPM, Sylvain Bédard (Centre of Excellence on Partnership with Patients and the Public, Montreal, QC)
CAR-T CELLS AND THE NUANCES OF THE CURRENT PRODUCTS	Annette Hay, MB ChB (Queen's University, Kingston, ON)

In 2022, CTTC launched the new **BMT 101 Webinar Series**. This series covers a number of introductory topics, with each topic broken down into two videos: one aimed at patients, family members, and caregivers, and one for trainees. This webinar series is freely accessible to the CTTC community and to the general public as an educational resource.

The following talks are currently available as part of the BMT 101 Webinar Series:

INTRODUCTION TO TRANSPLANT	Kristjan Paulson, MD, FRCPC
CHRONIC GRAFT VERSUS HOST DISEASE	Gizelle Popradi, MD, FRCPC
ACUTE GRAFT VERSUS HOST DISEASE	Kareem Jamani, MD, MPH, FRCPC
CAREGIVER CHALLENGES IN TRANSPLANT	Sara Beattie, PhD
INTRODUCTION TO CAR-T THERAPY	Kevin Hay, MD, MSc, FRCPC

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CTTC ANNUAL CONFERENCE

The CTTC 2022 Annual Conference was held in Niagara Falls, June 15-18, 2022. This was our first in-person conference since the Covid-19 pandemic and the turnout was better than expected, with 239 physicians, allied health members, trainees, and sponsors registered. The conference planning committee did a great job planning the scientific content for this year's conference, and a summary of the sessions and other aspects of the conference is presented below.

Two pre-conference sessions involving cell therapies were held on Wednesday, June 15. The 'Cell Therapy 101' session imparted knowledge around cell therapy program initiation and management to allied health professionals, physicians, trainees and industry reps. The 'Cell Therapies: From Trials to Clinical Practice' session brought together stakeholders in the cell therapy space: academic investigators, patients, industry, regulatory, Health Canada and provincial health care authorities, to interact and discuss the successes, challenges and possible improvements for cell therapies in Canada. We intend to publish a summary describing the highlights of each activity and will continue to facilitate conversations in order to improve access to innovative cell therapies for all Canadians.

Conference co-chairs **Kylie Lepic** and **Wilson Lam** opened the first full conference day on Thursday, June 16, with welcoming remarks to the delegates. In Symposium 1, **Ronan Foley** reviewed current and upcoming cellular therapies and highlighted the need for increased capacity and training for the future through the **Hans Messner Lectureship**.

Symposium 2 was focused on Covid-19. **Shahid Husain** reviewed Covid-19 vaccines and their efficacy in vulnerable populations including cancer and HSCT patients. **Shariq Haider** gave an excellent overview of the multitude of (sometimes difficult to pronounce) available treatments for Covid-19 patients. **Alon Vaisman** described the methods and benefits of measures that contributed to the reduction of transmission of the single most infectious disease to date (Omicron).

Concurrent sessions were held for Symposium 3. The **Till & McCulloch Lectureship** was presented by **John Dick** in session 3A, highlighting his work in cancer stem cells. This was followed by an overview of novel home-grown cellular therapies by **Johathan Bramson**, **Elie Haddad**, and **Brad Nelson**. In the Laboratory session 3B, **Jean-Sebastian Delisle** showed HMR data showing no significant difference in outcomes between fresh

and cryopreserved PBMCs, **Nic Prokopishyn** identified the issue of supply shortages for products not made in Canada and invited the participants to brainstorm solutions, **Franz Zemp** spoke on CAR-T treatments for sarcoma, and **Patrick Trépanier** presented an IL3 potency test for autologous PBSCs. In the Advanced Care Providers session 3C, **Edith Pituskin** presented cardio-oncology considerations in transplant patients, **Kayla Madsen** and **Kari Kolm** provided information on acute kidney injury and long-term follow up of allogeneic transplant patients, and **Margaret Forbes** presented cases and explained the importance of reacting quickly and collaboratively to adverse events after cellular therapies.

The poster session was held during the Welcome Reception at the end of Day 1, and there was a great amount of enthusiastic discussion surrounding each of the poster presenters. Awards for the best poster in the four adjudication categories went to:

- **Basic/Translational Research** – **Marie Rachel** – *All CD34+ Cells Are Not Equal in Hematopoietic Stem Cell Grafts*
- **Clinical Trials/Observations** – **David Allan** – *Demand and Usage of Unrelated Donor Products for Allogeneic Hematopoietic Cell Transplantation During the COVID-19 Pandemic: A Canadian Blood Services Stem Cell Registry Analysis*
- **Clinical Laboratory/Quality** – **Matthew Seftel** – *Development and Utilization of A Hematopoietic Stem Cell Infectious Diseases Risk Matrix*
- **Pharmacy, Nursing, Other Transplant Support** – **Michele Heffering-Cardwell** – *Donor Advocacy: The Need for an Ethically, Legally, and Morally Informed Framework for Adult Allogeneic Hematopoietic Stem Cell Transplant Donor*

For the full CTTC 2022 Scientific Program, click the image



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All abstracts will be published in an upcoming issue of *Current Oncology – Cell Therapy*.

The Annual General Meeting was held at the start of day 2 on Friday June 17, where CTTC President **Kristjan Paulson** and committee chairs **Jean-Sébastien Delisle** (Research), **Wilson Lam** (Education), **Nicole Prokopishyn** (Laboratory), **Peter Malone** (Patient, Family, Caregiver), **Michel Duval** (Pediatrics) and **Harminder Kaur-Singh** (Quality & Regulatory) provided updates on past happenings and future directions. Supporting documents for the AGM can be found online [HERE](#).

During Session 4, **Matthew Seftel** led the audience on an interactive journey highlighting the current and potential options for donor selection, then **Gwen Clarke** gave a refresher on rare ABO Rh blood types and procedures for storing and sourcing rare blood products for sickle cell patients. **Ashley Chopek** reviewed the transplant options, conditioning regimens and risks for pediatric sickle cell donors and **Rajat Kumar** followed with transplant options and outcomes for adult hemoglobinopathies.

Measurable Residual Disease (MRD) was the focus of Symposium 5. **Aly Karsan** outlined typical MRD outputs and how to use them as a biomarker for relapse and treatment decisions in AML. **Henrique Bittencourt** focused on ALL and showed pre- and post-transplant MRD levels as a predictor of relapse rates. **Julie Bergeron** continued the conversation with advice on treatment options indicated by MRD data.

Oral abstracts across various important study topics were presented by **Madeline Lauener**, **Maude Dumont-Lagace**, **Natasha Kekre**, **Rajat Kumar** (for **Maria Queralt Salas**), **Corina DeKraker** (for **Uday Deotare**) and **Cheryl Page**. Awards for the best oral presentation in the four adjudication categories went to:

- **Basic/Translational Research** – **Madeline Lauener** – *CD56^{bright}CD16- Natural Killer Cells as an Important Regulatory Mechanism in Chronic Graft-Versus-Host Disease*
- **Clinical Trials/Observations** – **Natasha Kekre** – *CLIC-1901 CAR-T Cells for the Treatment of Patients with Relapsed/ Refractory CD19 Positive Hematologic Malignancies (CLIC-01 Study)*
- **Clinical Laboratory/Quality** – **Corina DeKraker** – *Quality Improvement Initiative to Improve Re-vaccination Rates After Autologous Stem Cell Transplantation*
- **Pharmacy, Nursing, Other Transplant Support** – **Cheryl Page** – *Evaluating the Effectiveness of a Training Program to Support Nurses to Administer Cryopreserved Hematopoietic Stem Cells by Intravenous Push Method*

Symposium 6 was scheduled on the last day of the conference, Saturday June 18, and centred around GvHD. **Kirk Schultz** reviewed the atypical manifestations of chronic GvHD and presented pediatric and adult data from a biomarker platform being developed. **Natalia Buxbaum** revealed the complex immune cell pathways involved in GvHD and personalized therapy. **Silvy Lachance** targeted GvHD inflammation and fibrosis with new second line treatment options.

During the last session of the conference, **Natasha Kekre** and **Kevin Hay** went head-to-head in a lively and fun debate of CAR-T versus autologous transplant as the second line treatment of lymphoma. Both debaters had strong arguments and this session wrapped up the conference on a high note.

Thank you to all the presenters and moderators for attending the conference and for sharing your exciting research with the participants. Special thanks to all the generous sponsors and exhibitors, without whom this conference would not be possible. We genuinely appreciate your support of Cell Therapy Transplant Canada.

Thanks also to the Planning Committee members who worked very hard to plan all the sessions:

CHAIRS:

Kylie Lopic, MD, FRCPC, Wilson Lam, MD, FRCPC

COMMITTEE MEMBERS:

Susan Berrigan, MLT
Jonathan Bramson, PhD
Guy Cantin, MD, FRCPC
Daniel Demers
Jean-Sébastien Delisle, MD, FRCPC, PhD
Mahmoud Elsayy, MD, MSc, PhD
Alix Lapworth, RN, MN-NP
Madeline Lauener, PhD
Stephanie Maier, PhD
Peter Malone
Kristjan Paulson, MD, FRCPC
James Michael Radford, MD
Kirk Schultz, MD, FRCPC

Next year we are heading to Halifax for CTTC 2023! Watch for more information on the CTTC website and social media channels.

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CTTC 2022 AWARDS

2021 HANS MESSNER NEW INVESTIGATOR AWARD

CELL-FREE DNA: A NEW BIOMARKER IN CAR-T CELL THERAPY

Dr. Kevin Hay

2021 CTTC INNOVATION AWARD

**IMPACT OF FRAILITY ON OUTCOMES OF ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANTATION:
A MULTI-CENTRE PAN-CANADIAN COLLABORATIVE STUDY**

Dr. Ivan Pasic

2022 LECTURESHIP AWARDS

HANS MESSNER LECTURESHIP

Ronan Foley, MD, FRCPC

TILL & MCCULLOCH LECTURESHIP

John Dick, PhD, FRS

2022 ORAL ABSTRACT AWARDS

RESEARCH: BASIC/TRANSLATIONAL

CD56^{bright}CD16- Natural Killer Cells as an Important Regulatory Mechanism in Chronic Graft-Versus-Host Disease

Madeline Lauener

CLINICAL: CLINICAL TRIALS/OBSERVATION

**CLIC-1901 CAR-T Cells for the Treatment of Patients with Relapsed/ Refractory CD19 Positive
Hematologic Malignancies (CLIC-01 Study)**

Natasha Kekre

CLINICAL: PHARMACY/NURSING/OTHER TRANSPLANT SUPPORT

**Evaluating the Effectiveness of a Training Program to Support Nurses to Administer Cryopreserved
Hematopoietic Stem Cells by Intravenous Push Method**

Cheryl Page

CLINICAL: LABORATORY/QUALITY

Quality Improvement Initiative to Improve Re-vaccination Rates After Autologous Stem Cell Transplantation

Corina DeKraker

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2022 POSTER ABSTRACT AWARDS

RESEARCH: BASIC/TRANSLATIONAL

All CD34+ Cells Are Not Equal in Hematopoietic Stem Cell Grafts

Marie Rachel

CLINICAL: CLINICAL TRIALS/OBSERVATION

Demand and Usage of Unrelated Donor Products for Allogeneic Hematopoietic Cell Transplantation During the COVID-19 Pandemic: A Canadian Blood Services Stem Cell Registry Analysis

David Allan

CLINICAL: PHARMACY/NURSING/OTHER TRANSPLANT SUPPORT

Donor Advocacy – The Need for an Ethically, Legally, and Morally Informed Framework for Adult Allogeneic Hematopoietic Stem Cell Transplant Donor

Michele Heffering-Cardwell

CLINICAL: LABORATORY/QUALITY

Development And Utilization of a Hematopoietic Stem Cell Infectious Diseases Risk Matrix

Matthew Seftel

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CONFERENCE SPONSORS

CTTC wishes to thank our sponsors and exhibitors who supported our 2022 Annual Meeting.

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CONFERENCE SUPPORTERS



CONFERENCE CONTRIBUTORS



CONFERENCE EXHIBITORS

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Jazz Pharmaceuticals | Kite, a Gilead company | Medexus Pharmaceuticals Inc. | Miltenyi Biotec
Novartis Pharmaceuticals Canada Inc. | Pfizer Canada ULC | Sanofi | SeaGen Canada Inc. | Takeda Canada

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CTTC 2021 AUDITED FINANCIAL STATEMENTS

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INDEPENDENT AUDITOR'S REPORT

To the Members of Cell Therapy Transplant Canada:

Opinion

We have audited the financial statements of Cell Therapy Transplant Canada (the "Society"), which comprise the balance sheet as at December 31, 2021, and the statement of revenues and expenditures, statement of changes in members' equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Society as at December 31, 2021, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Society in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Society or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Society's financial reporting process.



CELL THERAPY TRANSPLANT CANADA
TRANSPLANTATION ET THÉRAPIE CELLULAIRE CANADA

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T: 604.874.4944 | E: info@cttcanada.org | www.cttcanada.org

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Society's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Society to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Baker Tilly WM LLP

CHARTERED PROFESSIONAL ACCOUNTANTS

Vancouver, B.C.
June 7, 2022

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CELL THERAPY TRANSPLANT CANADA

BALANCE SHEET

December 31, 2021

	2021	2020
	\$	\$
Assets		
Current		
Cash	685,257	594,916
Temporary investments	234,527	223,824
Receivables	9,782	7,376
Prepaid expenses	60,523	48,184
	990,089	874,300
Liabilities		
Current		
Payables and accruals (Note 3)	61,186	105,527
Deferred revenue (Note 4)	199,454	217,292
	260,640	322,819
Members' Equity		
Internally restricted (Note 5)	65,000	65,000
Unrestricted	664,449	486,481
	729,449	551,481
	990,089	874,300

Commitments (Note 7)
Update on COVID-19 (Note 8)

Approved by the Directors:

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CELL THERAPY TRANSPLANT CANADA

STATEMENT OF REVENUES AND EXPENDITURES

For the year ended December 31, 2021

	2021 \$	2020 \$
Revenues		
Membership fees - individual	17,245	16,133
Membership fees - institutional	17,160	19,360
Membership fees - corporate	1,500	-
Webinar	23,000	41,860
Investment income	2,376	1,448
Other income	1,399	96
Advertising	1,000	1,000
Sponsorships	-	5,100
	<u>63,680</u>	<u>84,997</u>
Total operational revenues		
Conference revenues	352,604	-
Fundraising	108,188	65,307
National registry	82,912	51,406
	<u>543,704</u>	<u>116,713</u>
Total program revenues		
	<u>607,384</u>	<u>201,710</u>
Expenditures		
Accounting and legal	7,875	8,044
Bank and credit card fees	1,924	2,750
Committees	-	972
Foreign exchange loss	30	-
Insurance	4,999	3,675
Management fees (Note 3)	39,311	47,040
Marketing and promotion	3,133	2,848
Office	3,195	6,825
Salaries and benefits	41,558	-
Webinar	1,804	2,725
Website and database	6,807	6,627
	<u>110,636</u>	<u>81,506</u>
Total operational expenditures		
Conference expenditures (Note 3)	188,736	72,983
National registry (Note 3)	56,154	51,406
GVHD symposium	-	105
SIG initiatives	80,000	-
Sosido network	4,593	4,590
	<u>329,483</u>	<u>129,084</u>
Total program expenditures		
	<u>440,119</u>	<u>210,590</u>
Earnings before changes in fair value	167,265	(8,880)
Changes in fair value of temporary investments	10,703	4,665
	<u>177,968</u>	<u>(4,215)</u>
Excess (deficiency) of revenues over expenditures		

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STATEMENT OF CHANGES IN MEMBERS' EQUITY

For the year ended December 31, 2021

	2021	2020
	\$	\$
Internally restricted (Note 5)		
Balance, beginning	65,000	-
Transfer from unrestricted members' equity	-	65,000
Balance, ending	65,000	65,000
Unrestricted		
Balance, beginning	486,481	555,696
Excess (deficiency) of revenues over expenditures	177,968	(4,215)
Transfer to internally restricted fund	-	(65,000)
Balance, ending	664,449	486,481
	729,449	551,481

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STATEMENT OF CASH FLOWS

For the year ended December 31, 2021

	2021 \$	2020 \$
Cash flows related to operating activities		
Excess (deficiency) of revenues over expenditures	177,968	(4,215)
Adjustments for items not affecting cash:		
Change in fair value of temporary investments	(10,703)	(4,665)
Reinvested interest income	(2,377)	(1,447)
	164,888	(10,327)
Changes in non-cash working capital:		
Receivables	(2,406)	(7,685)
Prepaid expenses	(12,339)	(3,876)
Payables and accruals	(44,341)	85,926
Deferred revenue	(17,838)	39,966
	87,964	104,004
Cash flows related to investing activities		
Gain/(loss) on sale of investments	2,377	-
Net increase in cash	90,341	104,004
Cash, beginning	594,916	490,912
Cash, ending	685,257	594,916

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NOTES

For the year ended December 31, 2021

Cell Therapy Transplant Canada (the "Society") was incorporated in 1990 under the laws of Canada. The Society is a member-led, national, multi-disciplinary organization providing leadership and promoting excellence in patient care, research and education in the field of hematopoietic stem cell transplant and cell therapy. The Society is a registered charitable organization under the *Income Tax Act*. As a registered charity, the Society is not subject to income taxes.

Note 1 Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations ("ASNPO") and include the following significant accounting policies:

Temporary Investments

Temporary investments are capable of reasonably prompt liquidation and consist of marketable securities.

Revenue Recognition

Membership fees are invoiced annually and memberships expire on December 31. Membership fees are recorded once collection is reasonably assured and are recognized as revenue during the applicable membership period. Conference and meeting revenues, along with related sponsorship funds and exhibitor fees, are reported in the fiscal year in which the conference is held. Amounts received in advance from members, sponsors, exhibitors and attendees and major costs, such as hotel deposits, paid in advance by the Society for meetings occurring in the following fiscal year are recorded as deferred revenue or prepaid expenses, as applicable.

Fundraising, grants (including national registry), advertising and webinar fees are recorded once the amount is readily determinable and collection is reasonably assured.

Investment income consists of dividends which is recognized when declared and interest income which is recognized on a time proportion basis determined by the amount invested and the applicable interest rate. Gains and losses on the sale of temporary investments are recognized when transactions occur.

Restricted grants and contributions for the national registry are recognized as revenue in the year in which the related expenditures are incurred, until then they are reported as deferred revenue.

Foreign Currency Translation

Monetary assets and liabilities which are denominated in foreign currencies are translated at the exchange rate in effect at the balance sheet date. Expenditures are translated at the exchange rate in effect on the date the item is recognized. All exchange gains and losses are included in the determination of the excess (deficiency) of revenues over expenditures.

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NOTES

For the year ended December 31, 2021

Note 1 Significant Accounting Policies (continued)

Contributed Services and Materials

A number of volunteers contribute a significant amount of their time and services to the Society each year. Because of the difficulty in determining fair value, these contributed services are not recognized in the financial statements. The Society records the fair value of contributed materials at the time of receipt, where such fair value is determinable, and the materials would otherwise have been purchased. The Society did not receive any such contributed materials in the current year.

Financial Instruments

Arm's Length Transactions

Measurement of financial instruments

The Society measures its financial assets and financial liabilities at fair value at the acquisition date, except for financial assets and financial liabilities acquired in related party transactions.

The Society subsequently measures all of its financial assets and financial liabilities at amortized cost.

Related Party Transactions

Measurement of related party financial instruments

The Society measures all related party financial instruments recognized in these financial statements at either the cost of the related party financial instrument, or at the cost of the consideration exchanged for the related party financial instrument. Measurement is based on the nature of the financial instrument, and depends on whether the instrument has repayment terms. The Society has no related party financial instruments required to be measured at fair value.

When the instrument has repayment terms, the cost is determined using the undiscounted cash flows, excluding interest and dividend payments, and less any impairment losses previously recognized by the transferor.

When the related party financial instrument has no repayment terms, the cost of the instrument is determined using the consideration transferred or received.

Related party financial instruments initially measured at cost are subsequently measured using the cost method.

Transaction Costs

Transaction costs related to the acquisition or issuance of financial instruments subsequently measured at fair value and to instruments originated or exchanged in a related party transaction are recognized in excess (deficiency) of revenues over expenditures when incurred. The carrying amounts of financial instruments not subsequently measured at fair value are adjusted by the amount of the transaction costs directly attributable to the acquisition or issuance of the instrument, and the adjustment is recognized in excess (deficiency) of revenues over expenditures over the life of the instrument using the straight-line method.

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NOTES

For the year ended December 31, 2021

Note 1 Significant Accounting Policies (continued)

Financial Instruments (continued)

Impairment

Financial assets measured at amortized cost and related party financial assets measured using the cost method are assessed for indications of impairment at the end of each reporting period. If impairment is identified, the amount of the write-down is recognized as an impairment loss in excess (deficiency) of revenues over expenditures. Previously recognized impairment losses are reversed when the extent of the impairment decreases, provided that the adjusted carrying amount is no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in excess (deficiency) of revenues over expenditures.

Use of Estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reporting period.

Change in accounting policy

The Society has adopted the amendments to *CPA Handbook Section 3856*, Financial Instruments. The amendments have been adopted effective January 1, 2020, the beginning of the earliest comparative period in these financial statements (the "transition date"). The amendments provide guidance on the accounting for financial instruments arising from transactions between both arm's-length and related parties, and require disclosure of enterprise-specific information related to significant risks arising from financial instruments.

The Society has applied the amendments retrospectively, in accordance with the transition provisions. The amendments provide transition relief for instruments without repayment terms to be measured at their pre-adoption carrying amount less impairment at the transition date. Transition relief is also provided for instruments extinguished or derecognized prior to the transition date, such that only instruments existing on the transition date need to be assessed.

The adoption of the amendments had no impact on the Society's financial statements other than the enterprise-specific risk disclosures related to significant risks arising from the Society's financial instruments (see Note 6).

Note 2 Capital Management

The Society considers its capital structure to consist of members' equity. The Society is not subject to external restrictions on its equity.

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For the year ended December 31, 2021

Note 3 Management Fees

The Society has entered into a contract with Malachite Management Inc. for management services which expired on December 31, 2018. The terms will carry forward until a new contract is signed or the Society terminates the agreement. The contract contains the following terms:

- \$20,000 per year flat fee;
- 31.5% of annual gross general operational revenues;
- 31.5% of conference revenues;
- 15% for revenue generated to support the national registry; and
- 15% patient program-focused fundraising where Malachite Management Inc. is directly involved in the management and coordination of fundraising.

Total management fees of \$162,818 (2020: \$124,127) consist of \$39,311 (2020: \$47,040) included in management fees, \$111,070 (2020: \$69,376) included in conference expenditures and \$12,437 (2020: \$7,711) included in national registry expenditures.

Included in payables and accruals is \$2,119 (2020: \$11,113) due to Malachite Management Inc.

Note 4 Deferred Revenue

Deferred revenue consists of the following:

	2021	2020
	\$	\$
Membership fees - individual	11,814	13,815
Membership fees - institutional	5,720	9,240
National registry	150,000	142,912
Patient and Family revenue	1,920	6,325
Special project	20,000	20,000
Webinar	10,000	25,000
	<hr/>	<hr/>
	199,454	217,292

Grants received for the national registry are restricted for the development of a national registry for tracking patients undergoing blood and marrow transplantation and are recognized as revenue when the related expenditures are incurred. During the year, \$82,912 (2020: \$51,406) was recognized as revenue.

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For the year ended December 31, 2021

Note 5 Internally Restricted Surplus

Commencing in 2020, the Society internally restricted a portion of the surplus from Members' Equity for patient and research initiatives for the purpose of preserving, enhancing and expanding the Society's research.

Note 6 Financial Instruments

Items that meet the definition of a financial instrument include cash, temporary investments, receivables and payables and accruals.

Financial instrument transactions, such as purchasing and selling foreign currency and investments, collecting receivables, and settling payables may result in exposure to significant financial risks and concentrations of risk. The nature and extent of significant risks as at December 31, 2021 are described below. There have been no changes to the significant risks from the prior year.

Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The Society is exposed to liquidity risk arising primarily from its payables and accruals.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Society is exposed to credit risk in connection with its receivables. The Society provides credit to its members and customers in the normal course of its operations.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The Society is not exposed to significant currency or interest rate risks.

Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The Society is exposed to other price risk in respect of its temporary investments.

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For the year ended December 31, 2021

Note 7 Commitments

The Society enters into agreements with hotels for its annual conference. Hotel agreements are made several years in advance to block rooms and meeting space. Such agreements contain cancellation clauses that increase as the actual date of the conference approaches, as follows:

Year	Location	Commitment
2022	Sheraton Fallsview	
	- Minimum Guest Room Revenue	\$88,451
	- Minimum Food & Beverage Revenue	\$75,000
	Total Minimum Revenue	\$163,451

The Society has committed to provide Sheraton Fallsview with a minimum revenue of \$163,451 upon the signing of the hotel agreement. Should the booking be cancelled, in its entirety or in any part, the Society will be liable to pay the Hotel 100% of the minimum revenue amount.

Note 8 Update on COVID-19

On March 11, 2020, the World Health Organization categorized COVID-19 as a pandemic. The economic effects within the Society's environment and in the global markets, disruption in supply chains, and measures introduced at various levels of government to curtail the spread of the virus (such as travel restrictions, closures of non-essential municipal and private operations, imposition of quarantines and social distancing) could have a material impact on the Society's future operations and financial results.

The Society cannot estimate the length and gravity of the COVID-19 pandemic. The Society is continually monitoring and assessing new information and recommendations from health and government authorities as it becomes available, and will continue to respond accordingly.

As of the date of the approval of the financial statements on June 7, 2022, certain events planned for the 2022 season could be postponed and may be cancelled at a later date due to the current measures enforced by the government. While this presents uncertainty over future revenues, management expects the Society will have adequate cash flow to fund its operations during this crisis through existing revenue sources that have confirmed their funding intentions and tight controls over operating expenses.



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