CTTC

CELL THERAPY TRANSPLANT CANADA

TRANSPLANTATION ET THÉRAPIE CELLULAIRE CANADA

Annual Report 2022/2023

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Annual Report 2022/2023

CONTENTS

Annual Report 2022/2023

PRESIDENT'S MESSAGE

Dear CTTC Members,

It has been an exciting first year as CTTC President, to see the growth and continued enthusiasm of our community. CTTC continues to grow in 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 2022-2023.

We have some changes in our leadership with Jean-Sébastien Delisle and Nicole Prokopishyn stepping down as the Director-At-Large, Research and Director-at-Large, Quality. We thank them for their years of service and the time and expertise they brought to the society. We welcome Jonas Mattsson and Harminder Kaur-Singh who will be stepping into the roles.

We started off 2023 with a January strategic retreat composed of Board members and representative CTTC members that identified the following goals for our organization over the next few years:

SHORT-TERM GOALS:

1. Develop educational resources for clinicians, allied health, patients, caregivers, and training the next generation
2. Increase leadership role for and expand allied health and other working committees
3. Improve CTTC website
4. Develop national 'cell therapy' strategies for research training and translation

LONG-TERM GOALS:

1. Advocate for access to equitable care
2. Increase visibility and brand promotion
3. Prioritize research
4. Increase education and engagement

Another output of the strategic retreat was the revision of the CTTC mission and vision:

MISSION

CTTC is a community of excellence, leading national efforts to improve patient lives in hematopoietic cell transplantation and cell therapy, through education, clinical care, research, and advocacy, in Canada and worldwide.

VISION

Through national collaboration, CTTC seeks to improve the lives of all patients receiving hematopoietic cell transplantation and cell therapy.

The full strategic report can be found in the members only section of the CTTC website.

RESEARCH AND EDUCATIONAL ACTIVITIES

Research remains a central focus for CTTC. The CTTC National Registry continues to grow under the leadership of Past-President Kristjan Paulson, together with registry co-chairs. 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 Director-at-Large for Research, Jean-Sébastien Delisle, continued to support several phase I/II clinical trials and other collaborative research projects. In 2022, we provided 14 letters of support for research grants being submitted to funding agencies by CTTC members, five of which were successfully funded. New Research Director Jonas Mattsson plans to continue supporting CTTC member research and expand research collaboration across Canada.

The **2022 Hans Messner New Investigator Award** was awarded to Kareem Jamani for "Quality of life of survivors late after allogeneic hematopoietic stem cell transplant". For the 2023-2024 year, we are partnering with The Leukemia & Lymphoma Society of Canada (LLSC) to offer a CTTC-LLSC operating grant for $200,000 over 2 years. The full submission deadline will be in February 2024 and we encourage applications from our community. We are also offering two **CTTC Allied Health Innovation Awards** this year, for $25,000 each, the competition for which is underway.

Our educational programs remain strong under the leadership of Wilson Lam, Director-at-Large, Education. CTTC's longstanding annual Webinar Series continues to address a broad range of topics. The Education Committee also put together an engaging Cellular Therapy 101 for Healthcare Professionals session at our 2023 conference in Halifax. A full summary of the meeting can be found on pages 9 – 12. In collaboration with our colleagues down under, we are developing several joint educational webinars with the Australia and New Zealand Transplant and Cellular Therapies (ANZTCT) group, showcasing one Canadian speaker and one Australasian speaker, on the following topics for 2024: MRD in AML; Viral-specific T-cells; Pediatrics; and Cellular Therapies.

PATIENT, FAMILY & CAREGIVER ADVISORY GROUP

We will continue the momentum started in 2022 to engage with patients and their families and caregivers through the Patient, Family, and Caregiver (PFC) Advisory Group, under the leadership of Peter Malone, Director-At-Large, Patients. We plan to continue our patient-centric Cellular Therapy 101 session at the 2024 Annual Conference

in Victoria. CTTC continues to welcome PFC representation in key areas, including the Research Network, Conference Planning Committee, and Board of Directors.

WORKING COMMITTEES

CTTC offers the following Working Committees that meet on a regular basis to work together:

- Laboratory Committee, co-chaired by Karin Hermans and Nicole Prokopishyn, engages Canadian laboratory members to discuss issues and share solutions.
- Pediatrics, led by Michel Duval in collaboration with C17, focuses on pediatric clinical trials in CTTC and the Pediatric Transplantation & Cellular Therapy Consortium (PTCTC).
- Quality and Regulatory Committee, co-chaired by Harminder Kaur-Singh (Director-at-Large, Quality) and Nicole Prokopishyn, aims to address quality and regulatory issues for Canadian centres.
- Nursing Committee (revitalized Jan. 2023), chaired by Cheryl Page, which aims to create a space for cellular therapy nurses to collaboratively connect, learn, and lead.
- *NEW* Pharmacy Committee, chaired by Christopher Tse. Meetings will begin this fall.
- *NEW* Advanced Practitioner Committee, chaired by Janell Wohlegmut. Meetings will begin this fall.

We encourage our community to participate. If you are interested in being more involved in one or more of these groups, please contact CTTC Head Office at info@cttcanada.org.

CELL AND TRANSPLANTATION RESEARCH COMMUNITY

CTTC continues our relationship with the Current Oncology journal, with CTTC member David Allan as the Section Editor-in-Chief for the Cell Therapy section. Like last year, the abstracts from CTTC 2023 will be submitted to this section for publication. We are also planning several “white papers”, the first of which addresses chronic GvHD management under the leadership of Dennis Kim.

International partnerships are a key priority for CTTC. We are building on our memorandum of understanding that is already in place with ALLG-ANZTCT-CTTC, and expanding the network to include collaborations with the UK.

I wish to thank the CTTC Board of Directors, committee chairs, members and staff who consistently work towards the vision of CTTC to improve the lives of our patients. I invite and encourage all members of the CTTC community to become more involved and participate fully with the association.

Sincerely,

Kirk R. Schultz, *MD, FCAHS*
CTTC President

Annual Report 2022/2023

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 cell transplant and cell therapy.

MISSION

CTTC is a community of excellence, leading national efforts to improve patient lives in hematopoietic cell transplantation and cell therapy, through education, clinical care, research and advocacy, in Canada and worldwide.

VISION

Through national collaboration, CTTC seeks to improve the lives of all patients receiving hematopoietic cell transplantation and cell therapy.

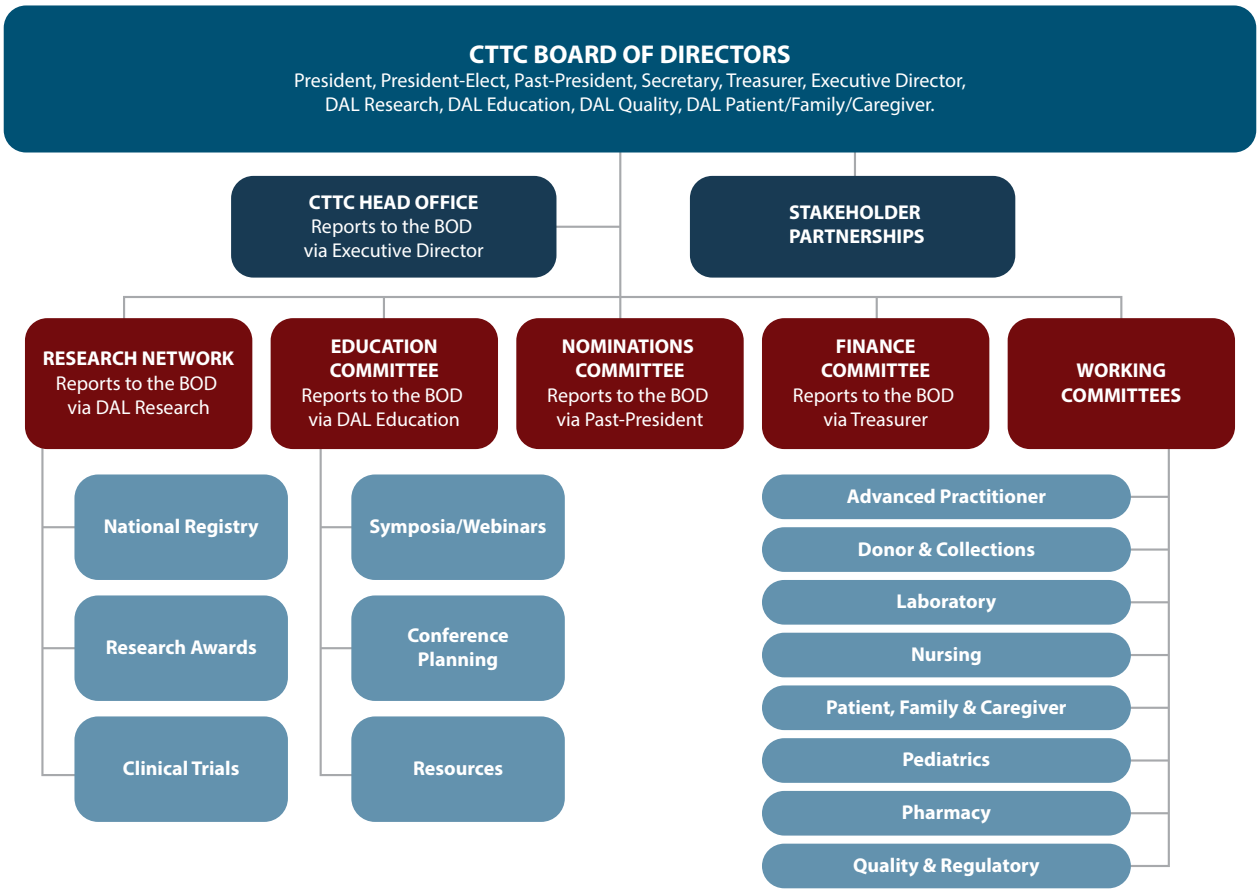
VALUES

Excellence, innovation, integrity, collaboration and professionalism in care, education and research in hematopoietic 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 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 Elsawy, *MD, MSc*
TREASURER
June 2020–June 2026
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 2026
Toronto, ON

Jonas Mattsson, *MD, PhD*
DIRECTOR-AT-LARGE, RESEARCH
June 2023–June 2026
Toronto, ON

Harminder Kaur-Singh, *BSc, BA, SSGB, CPHQ*
DIRECTOR-AT-LARGE, QUALITY
June 2023–June 2026
Montréal, QC

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

WORKING COMMITTEE CHAIRS

Jonas Mattsson, *MD, PhD*
RESEARCH NETWORK
Toronto, ON

Wilson Lam, *MD, BSc*
EDUCATION COMMITTEE
Toronto, ON

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

Karin Hermans, *PhD*
LABORATORY COMMITTEE
Toronto, ON

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

Harminder Kaur-Singh, *BSc, BA, SSGB, CPHQ*
QUALITY & REGULATORY COMMITTEE
Montreal, QC

Michel Duval, *MD*
PEDIATRICS GROUP
Montreal, QC

Cheryl Page, *RN, BScN, BSc, MEd, CVAA(c), CON(C), BMTCN®, de Souza APN*
NURSING COMITTEE
Hamilton, ON

HEAD OFFICE STAFF

Stephanie Maier, *PhD*
Executive Director

Elizabeth Sun, *MM, PMP*
Project Manager

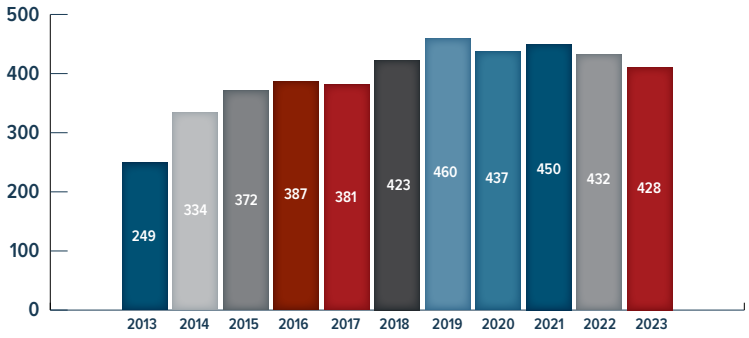
Alison McDonald, *BMus*
Association Coordinator

Paul Fogerty, *BA*
Meetings Director

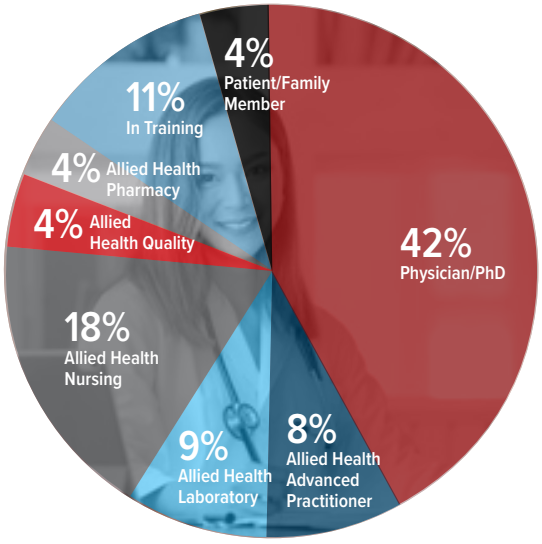
Eva-Marie Sweet, *BSc*
Events Coordinator

MEMBERSHIP UPDATE

MEMBERSHIP

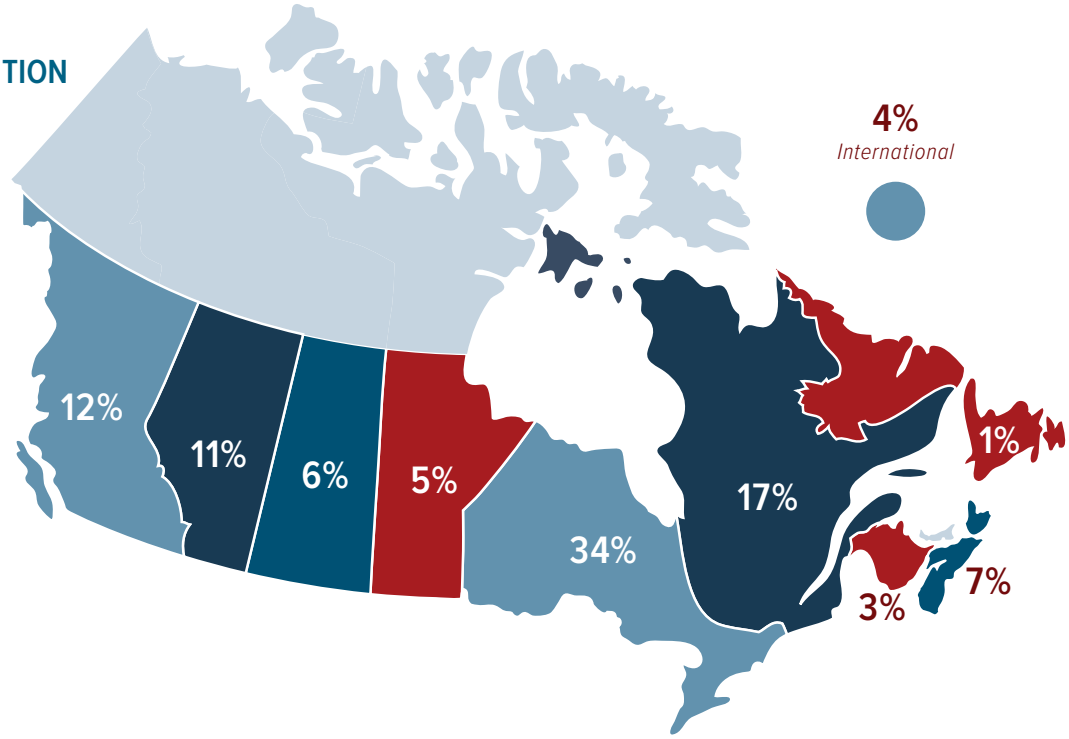


PROFESSIONAL DISTRIBUTION



GEOGRAPHIC DISTRIBUTION

British Columbia	12%
Alberta	11%
Saskatchewan	6%
Manitoba	5%
Ontario	34%
Québec	17%
New Brunswick	3%
Nova Scotia	7%
Newfoundland	1%
International	4%



STRATEGIC PRIORITIES

EDUCATION

Provide high quality educational programs that advance the practice of HCT 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 CTTC members

TRANSPARENCY IN GOVERNANCE

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

PATIENTS, FAMILIES AND CAREGIVERS

Support patient-led initiatives and activities

ADVOCACY

Advocate on behalf of members, programs and patients as needed

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 2023 Webinar Series:

AL AMYLOIDOSIS AND AUTOSCT	**Victor Zepeda,** *MD (Alberta Health Services / University of Calgary, Calgary, AB)*
STEROID-REFRACTORY GVHD	**Corey Cutler,** *MD, MPH, FRCPC (Dana-Farber Cancer Institute, Boston, MA)*
GRAFT MANIPULATION – ADVANCED TECHNIQUES IN CELL PROCESSING	**Nicole Prokopishyn,** *PhD (Cellular Therapy Laboratory, Calgary, AB)*

CTTC ANNUAL CONFERENCE

CTTC members and colleagues converged together in Halifax, Nova Scotia for the CTTC 2023 Annual Conference from May 31 – June 2, 2023. The threat of wildfires affected a few of the 281 delegates' ability to attend, but since the conference venue at the Westin Nova Scotian was deemed safely out of harms way, most physicians, allied health members, trainees, and sponsors attended. The conference planning committee did a great job planning the scientific content for this conference, and a summary of the sessions and other aspects of the conference is presented below.

The conference began with two pre-conference sessions on Wednesday, May 31, centred around Cellular Therapies for Healthcare Professionals, and for Patients, Family and Caregivers (PFC). In the very well-attended session aimed at Healthcare Professionals, **Michael Kennah** started off by reviewing the basics of conditioning regimens used in cellular therapies, after which **Auro Viswabandya** discussed GvHD prophylaxis in allogeneic stem cell transplant and the various strategies used. **Kareem Jamani** followed up with a review of the long term and late effects that occur after Hematopoietic Cell Transplant (HCT), emphasizing the ongoing need for surveillance, then **Robert Puckrin** went over the toxicities associated with CAR-T treatments and their management. The assessment of co-morbidities and fitness prior to HCT was covered by **Mohamed Elemary**. **Matthew Seftel** closed this session by discussing the issues surrounding donor selection, including the use of alternative donors.

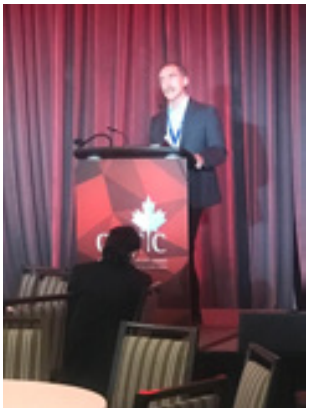
The pre-conference session geared towards PFCs showcased an excellent mix of professional presentations and patient survivorship journeys. Keynote speaker **Barry Yhard** shared his experience with resilience and survivorship after a blood cancer diagnosis and indicated that age, personality, spirituality, and social relationships are all relevant factors. He joked that he is now part of a club that no one wants to be a member of. Infectious diseases expert **Shelly McNeil** then indicated the reasons for and typical schedule of re-immunization after transplant or CAR-T therapy. The incidence, treatments, and complications of chronic GvHD were described by **Kirk Schulz**, with an overview of a biomarker study under development. **Kareem Jamani** gave an overview of late side effects, including cancer and cardiovascular disease, which can result from both transplant and (some controllable) non-transplant related factors. The challenges in treating rural patients, including travel logistics, financial constraints, and recognition of GvHD symptoms, was relayed by **Cindy Hickey**, and **Laura Minard** then described the importance of various team members of the hospital pharmacy team for teaching and follow-up. The rural patient perspective was shared by **Keith Didham** who described the unique challenges faced by this population and the importance of patient education. **Daniel Demers** then outlined the roles that a caregiver takes on, including a filter for information, dietician, family scheduler and symptom identifier. Special guests **Charles** and **Emmaline Jesso** shared their patient and caregiver perspectives resulting from Charles becoming the first CAR-T recipient in Nova Scotia. **Rachel Neilsen** gave an overview of the indications for and important side effects after CAR-T therapy and then **Nicole**

Prokopishyn concluded the session by explaining the journey cells take and the equipment involved in isolating, transducing, and expanding cells in the laboratory. Finally, PFC Chair **Peter Malone** summarized the day-long session and indicated that the recording would be available online for all PFC members (now available).

Several concurrent Working Committee sessions filled the afternoon of the pre-conference day, including a panel discussion-based laboratory session, with insights from speakers **Karin Hermans**, **Edwin Brindle**, and **Susan Berrigan**, a group discussion-based quality-focused session, led by **Harminder Kaur-Singh** and **Nicole Prokopishyn**, and an advanced practitioner/nursing-focused session with speakers **Cheryl Page**, **Tammy DeGelder**, **Janell Wohlgemut**, and **Rachel Nielsen**.

On Thursday, June 1, conference co-chairs **Mona Shafey** and **Wilson Lam** opened Symposium 1 and the first full conference day with welcoming remarks to the delegates, followed by an introduction to the Hans Messner Lectureship Award recipient, **Douglas Stewart**, who regaled the audience with the lessons learned over his 30-year career of transplantation for lymphoma. He compared the various treatment options for follicular lymphoma and the clear benefit of using auto transplant for a better chance at a cure. This highly entertaining presenter also shared his philosophy of planning ahead to maximize success for relapsed/refractory diffuse large B-cell lymphoma and showed that auto transplant is a great option for progressive CNS lymphoma. The Till and McCulloch Lectureship Award was presented during Symposium 2 to **Crystal Mackall**, who gave an amazing overview of CAR therapies with promising results in solid tumours, including data explaining why CAR-Ts are phagocytosed by macrophages. **Jeanette Boudreau** introduced NK cells as the quarterback of the immune system that can be expanded and potentially recruited to attack solid tumours alongside T cells. Then **Brent Johnston** described invariant Natural Killer T cells, which suppress tumour progression through activation of dendritic cells or when combined with oncolytic viruses.

In Symposium 3, entitled CAR-T in Solid Tumours, **Douglas Mahoney** showed the rapid and durable reduction in abdominal and neurological tumours in mice after treatment with GCAR1, a University of Calgary developed CAR-T therapy targeting GPNMB for ASPS, followed by the planning for three single patient clinical studies. Then **Shannon Maude** relayed the toxicities involved in the various trials done with CAR-Ts and prophylactic use of Tocilizumab or Anakinra to decrease risks. For the ATG vs PTCy debate, **Irwin Walker** showed evidence from seven high-quality studies that ATG works well to prevent GvHD in matched unrelated and sibling donor transplants, although conceded that PTCy is better for Haplos. **Joerg Krueger** acknowledged that ATG is good but there are many issues with it that PTCy potentially solves and indicated that PTCy shows a superior outcome in various settings, and it is less costly! In the end, they each conceded that the other made some great points, and that perhaps both are correct! (i.e. CTTC1901 study, led by Drs. Walker & Paulson)



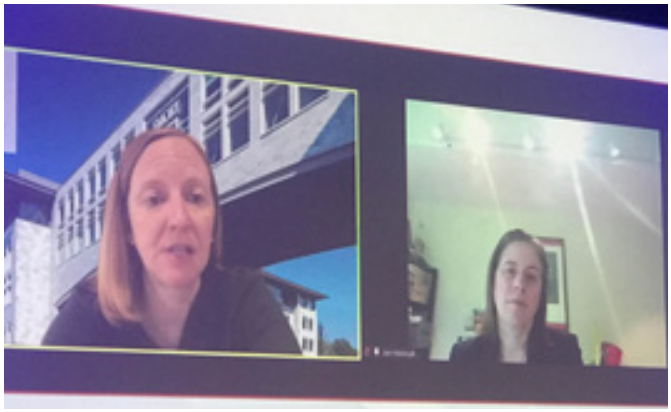
The poster session was held during the Welcome Reception at the end of Day 1, where there was a great amount of enthusiastic discussion surrounding each of the poster presenters. Four awards for best poster were given out by the adjudication committee members, to the following posters:

- ***Transcriptomic Characterization of Two Unique Regulatory Natural Killer Cell Subpopulations Associated with Chronic Graft-versus-Host Disease Suppression*** – **Madeline Lauener** – Basic/Translational Research
- ***Chimeric Antigen Receptor – Armed NK Cells Surpass DNAM-1 Mediated Immune Escape Mechanism in Acute Myeloid Leukemia*** – **Luciana Melo Garcia** – Basic/Translational Research
- ***Prognostic Impact of Donor Chimerism after Allogeneic Stem Cell Transplant*** – **Michael Radford** – Clinical Trials/Observations
- ***Increasing the Rates of Comprehensive Chronic Graft-vs-Host Disease (cGVHD) Screening in Pediatric Blood and Marrow Transplant (BMT) Patients Using Electronic Screening Questionnaires: A Quality Improvement Project*** – **Juliana Roden** – Pharmacy, Nursing, Other Support

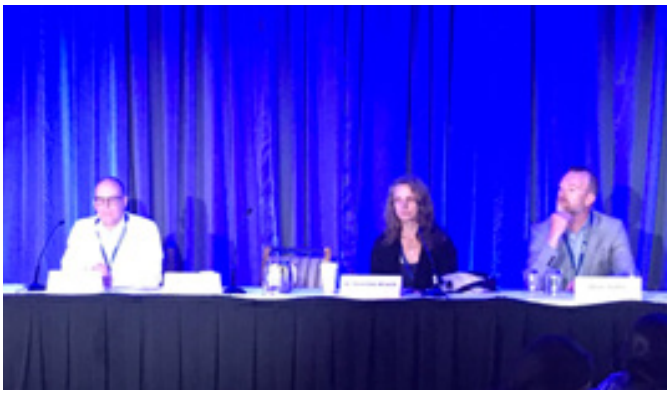
All abstracts will be published in an upcoming issue of *Current Oncology – Cell Therapy*.

Day 2 on Friday June 2 began with a quality-focused panel discussion, where **Harminder Kuar-Singh**, **Nicole Prokopishyn**, **Edwin Brindle**, and **Gordana Svajger** relayed the need for bringing quality and regulatory issues to the forefront and engaging with the people doing the work. They explained validation versus qualification and how quality assurance and quality improvement fit together. CTTC President **Kirk Schultz** then led the membership through the past year's activities during the Annual General Meeting (AGM) and then brief committee updates were provided by chairs **Wilson Lam** (Education), **Karin Hermans** (Laboratory), **Cheryl Page** (Nursing), **Peter Malone** (Patient, Family, Caregiver), **Michel Duval** (Pediatrics), **Harminder Kaur-Singh** (Quality & Regulatory), and **Jean-Sébastien Delisle** (Research). The National Registry report was given by Past-President **Kristjan Paulson** and the financial report was explained by CTTC Treasurer **Mahmoud Elsawy**. Supporting documents for the AGM can be found online HERE.

During the non-malignant disease-focused Symposium 4, which was given through virtual means due to last-minute complications, **Elizabeth Stenger** gave an overview of complications after transplant for sickle cell disease, using STAR and CIBMTR data. **Jennifer Heimall** then described post-transplant survival data for patients born with severe combined immunodeficiency and other non-SCID immune disorders. In Symposium 5, which highlighted equal access to cell and gene therapies, **Stephanie Villeneuve** explained the process for referring a pediatric patient to an accepting centre with examples



from relevant cases. The funding recommendation and negotiation process, including disparities between provinces, was outlined by **W. Dominika Wranik**. Parent **Dean Duffin** expounded on the very real access disparities present in Canada by sharing his family's experience



with the limited access to CAR-T therapies in Canada.

In the Oral Abstract session, **Emily Carter** explained how 2B4 and CD48 blockade leads to increased activation of NK cells, **Eshrak Al-Shaibani** showed the analysis of CAR-T cancellations at a single centre, **Adrian Bailey** described novel ways to optimize rare donors for improving options for ethnic populations, and **Armin Gerbitz** shared a Viking-inspired remote monitoring device and app designed to gather real-time data from patients. Each presenter was awarded with an oral abstract award for their presentation:

- ***2B4 is a Potent and Targetable Activating Receptor for NK Cell Activation Against Leukemia*** – **Emily Carter**
- ***A Real-World Analysis of CAR T-Cell Cancellations from a Canadian Cell Therapy Referral Centre*** – **Eshrak Al-Shaibani**
- ***HLA-Haplotype Redundancy and Rareness in Canadian Blood Services' Stem Cell Registry and Cord Blood Bank: Novel Metrics for Optimizing Donor Usage?*** – **Adrian Bailey**
- ***Remote Monitoring of Patients After Allogeneic Stem Cell Transplantation: A Mobile Phone Application to Report Symptoms, Vital Signs and Activity in Real Time*** – **Armin Gerbitz**

The final Symposium 6 was dedicated to Hemophagocytic Lymphohistiocytosis (HLH), wherein **Carl Allen** described the diagnostic criteria of the disease and showed evidence that the blockage of IFN-gamma with various treatments results in a reduction of inflammation. Perhaps a more appropriate name for this disease would be 'pathological inflammation due to X.' **Ivan Pasic** then discussed the various approaches to management of this rapidly progressing disease, both pre- and post-transplant. The day ended with a Gala Event at the Waterfront Warehouse, with views of the Halifax Harbour. Lively music was performed by *Cassie and Maggie* while the delegates enjoyed a lobster dinner and engaging conversation.

The CTTC leadership would like to thank all the presenters and moderators for attending the conference and for sharing your exciting research and expertise with the participants. Special thanks goes to the generous sponsors and exhibitors, without whom this conference would not be possible. We genuinely appreciate your support of CTTC 2023 and look forward to future collaboration. All in all, we hope you will agree that it was a great meeting filled with excellent talks, delicious food and networking opportunities. Next year, we will be hosted in Victoria from May 1-3 for CTTC 2024! Watch for more information on the CTTC website and social media channels.

CTTC 2023 AWARDS

2023 LECTURESHIP AWARDS

HANS MESSNER LECTURESHIP

Lessons Learned from Lymphoma Patients During a Career in Stem Cell Transplantation
Dr. Douglas Stewart, MD, FRCPC

TILL & MCCULLOCH LECTURESHIP

Advancing CAR-T Cell Therapies for Cancer
Dr. Crystal Mackall, MD

2023 RESEARCH AWARDS

2022 HANS MESSNER NEW INVESTIGATOR AWARD

Quality of life of survivors late after allogeneic hematopoietic stem cell transplant
Dr. Kareem Jamani

2023 ORAL ABSTRACT AWARDS

RESEARCH: BASIC/TRANSLATIONAL

2B4 is a Potent and Targetable Activating Receptor for NK Cell Activation Against Leukemia
Emily B. Carter

CLINICAL: CLINICAL TRIALS/OBSERVATION

HLA-Haplotype Redundancy and Rareness in Canadian Blood Services' Stem Cell Registry and Cord Blood Bank: Novel Metrics for Optimizing Donor Usage?
Adrian Bailey

CLINICAL: CLINICAL TRIALS/OBSERVATION

A Real-World Analysis of CAR T-Cell Cancellations from a Canadian Cell Therapy Referral Centre
Eshrak Al-Shaibani

CLINICAL: PHARMACY/NURSING/OTHER TRANSPLANT SUPPORT

Remote Monitoring of Patients After Allogeneic Stem Cell Transplantation: a Mobile Phone Application to Report Symptoms, Vital Signs and Activity in Real Time
Armin Gerbitz

2023 POSTER ABSTRACT AWARDS

RESEARCH: BASIC/TRANSLATIONAL

Transcriptomic Characterization of Two Unique Regulatory Natural Killer Cell Subpopulations Associated with Chronic Graft-versus-Host Disease Suppression
Madeline Lauener

RESEARCH: BASIC/TRANSLATIONAL

Chimeric Antigen Receptor-Armed NK Cells Surpass DNAM-1 Mediated Immune Escape Mechanism in Acute Myeloid Leukemia
Luciana Melo Garcia

CLINICAL: CLINICAL TRIALS/OBSERVATIONS

Prognostic Impact of Donor Chimerism after Allogeneic Stem Cell Transplant
Michael Radford

CLINICAL: PHARMACY, NURSING, OTHER SUPPORT

Increasing the Rates of Comprehensive Chronic Graft-vs-Host Disease (cGVHD) Screening in Pediatric Blood and Marrow Transplant (BMT) Patients Using Electronic Screening Questionnaires: A Quality Improvement Project
Juliana Roden

PATIENT, FAMILY & CAREGIVER ADVISORY GROUP

The Patient, Family, and Caregiver Advisory Group continues to engage with patients and their families under the leadership of Peter Malone, Director-At-Large, Patient, Family & Caregiver.

The PFC Advisory Group began meeting regularly again in October 2022 after a pandemic-induced hiatus, and together with CTTC Head Office have updated the patient landing page and resource listings on the CTTC PFC website and are diligently working to update the PFC Terms of Reference. PFC representation on CTTC committees over this past year included Daniel Demers with the Research Network, and Peter Malone on the Board of Directors. There are plans to collaborate with the Nursing Committee to help develop patient resources for standards of care.

A major focus for the group was the planning and execution of the PFC Cell Therapy 101 session on May 31 as part of the 2023 CTTC Annual Conference in Halifax. Twelve exceptional speakers from both the academic and patient/caregiver sectors presented during the day-long session within the three themes of Survivorship in 2023 (with keynote speaker Barry Yhard), Caregiving and Supporting, and Cell Therapy. The sessions were recorded and can be viewed on-demand here.

We plan to focus on outreach in 2024 to draw more Patient, Family, and Caregiver members to CTTC.

ASSOCIATION SPONSORS

CONFERENCE SPONSORS

CTTC wishes to thank our sponsors and exhibitors who supported our 2023 Annual Meeting.

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MEDEXUS PHARMA

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Pfizer Canada | Sanofi | SeaGen Canada Inc. | ScaleReady | Takeda Canada

CTTC 2022 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, 2022, 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, 2022, 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.

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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.
May 23, 2023

CELL THERAPY TRANSPLANT CANADA

BALANCE SHEET

December 31, 2022

	2022 $	2021 $
Assets		
Current		
Cash	**817,973**	685,257
Temporary investments	**218,966**	234,527
Receivables	**27,539**	9,782
Prepaid expenses	**7,669**	60,523
	1,072,147	990,089
Liabilities		
Current		
Payables and accruals (Note 3)	**98,646**	61,186
Deferred revenue (Note 4)	**127,259**	199,454
	225,905	260,640
Members' Equity		
Internally restricted (Note 5)	**65,000**	65,000
Unrestricted	**781,242**	664,449
	846,242	729,449
	1,072,147	990,089

Commitments (Note 7)

Approved by the Directors:

Kirk R Schultz

Mahmoud Elsawy

CELL THERAPY TRANSPLANT CANADA

STATEMENT OF REVENUES AND EXPENDITURES

For the year ended December 31, 2022

	2022 $	2021 $
Revenues		
Donation	**97,500**	-
Membership fees - individual	**16,349**	17,245
Membership fees - institutional	**19,800**	17,160
Membership fees - corporate	**-**	1,500
Webinar	**39,480**	23,000
Investment income	**4,137**	2,376
Other income	**2,320**	1,399
Advertising	**-**	1,000
Total operational revenues	**179,586**	63,680
Conference revenues	**571,956**	352,604
National registry	**130,000**	82,912
Fundraising	**10,112**	108,188
Total program revenues	**712,068**	543,704
	891,654	607,384
Expenditures		
Accounting and legal	**8,327**	7,875
Bank and credit card fees	**2,357**	1,924
Committees	**1,069**	-
Foreign exchange loss	**382**	30
Insurance	**9,859**	4,999
Management fees (Note 3)	**29,500**	39,311
Marketing and promotion	**1,375**	3,133
Office	**4,873**	3,195
Salaries and benefits	**86,860**	28,205
Sosido network	**3,687**	4,593
Travel and accomodation	**3,074**	-
Webinar	**1,801**	1,804
Website and database	**5,144**	6,807
Total operational expenditures	**158,308**	101,876
Conference expenditures (Note 3)	**444,125**	188,736
National registry (Note 3)	**104,765**	69,507
Special projects	**5,614**	-
SIG initiatives	**40,000**	80,000
Total program expenditures	**594,504**	338,243
	752,812	440,119
Earnings before changes in fair value	**138,842**	167,265
Changes in fair value of temporary investments	**(22,049)**	10,703
Excess of revenues over expenditures	**116,793**	177,968

CELL THERAPY TRANSPLANT CANADA

STATEMENT OF CHANGES IN MEMBERS' EQUITY

For the year ended December 31, 2022

	2022 $	2021 $
Internally restricted (Note 5)		
Balance, beginning	**65,000**	-
Transfer from unrestricted members' equity	**-**	65,000
Balance, ending	**65,000**	65,000
Unrestricted		
Balance, beginning	**664,449**	486,481
Excess of revenues over expenditures	**116,793**	177,968
Balance, ending	**781,242**	664,449
	846,242	729,449

CELL THERAPY TRANSPLANT CANADA

STATEMENT OF CASH FLOWS

For the year ended December 31, 2022

	2022 $	2021 $
Cash flows related to operating activities		
Excess of revenues over expenditures	**116,793**	177,968
Adjustments for items not affecting cash:		
Change in fair value of temporary investments	**22,049**	(10,703)
Reinvested interest income	**(6,488)**	-
	132,354	167,265
Changes in non-cash working capital:		
Receivables	**(17,757)**	(2,406)
Prepaid expenses	**52,854**	(12,339)
Payables and accruals	**37,460**	(44,341)
Deferred revenue	**(72,195)**	(17,838)
	132,716	90,341
Net increase in cash	**132,716**	90,341
Cash, beginning	**685,257**	594,916
Cash, ending	**817,973**	685,257

CELL THERAPY TRANSPLANT CANADA

NOTES

For the year ended December 31, 2022

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.

CELL THERAPY TRANSPLANT CANADA

NOTES

For the year ended December 31, 2022

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.

CELL THERAPY TRANSPLANT CANADA

NOTES

For the year ended December 31, 2022

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.

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.

Note 3 Management Fees

The Society has entered into a contract with Malachite Management Inc. for management services which expired on December 31, 2022. The terms will carry forward until a new contract is signed or the Society terminates the agreement. The contract contains the following terms:

- $177,000 per year flat fee;
- 35% of conference revenues above FY 2022 Board approved target of $480,000

Total management fees of $227,185 (2021: $162,818) consist of $29,500 (2021: $39,311) included in management fees, $179,685 (2021: $111,070) included in conference expenditures and $18,000 (2021: $12,437) included in national registry expenditures.

Included in payables and accruals is $1,858 (2021: $2,119) due to Malachite Management Inc.

CELL THERAPY TRANSPLANT CANADA

NOTES

For the year ended December 31, 2022

Note 4 Deferred Revenue

Deferred revenue consists of the following:

	2022 $	2021 $
Membership fees - individual	**12,399**	11,814
Membership fees - institutional	**4,840**	5,720
National registry	**105,000**	150,000
Patient and Family revenue	**-**	1,920
Special project	**-**	10,000
Webinar	**5,020**	20,000
	127,259	199,454

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, $130,000 (2021: $82,912) was recognized as revenue.

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.

CELL THERAPY TRANSPLANT CANADA

NOTES

For the year ended December 31, 2022

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, 2022 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 sponsors 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.

CELL THERAPY TRANSPLANT CANADA

NOTES

For the year ended December 31, 2022

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
2023	The Westin Nova Scotian	
	- Minimum Guest Room Revenue	$123,965
	- Minimum Food & Beverage Revenue	$90,000
	Total Minimum Revenue	$213,965

The Society has committed to provide The Westin Nova Scotian (the "Hotel") with a minimum revenue of $213,965 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.

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CELL THERAPY TRANSPLANT CANADA

TRANSPLANTATION ET THÉRAPIE CELLULAIRE CANADA

Annual Report 2022/2023

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