

John Goldman Memorial (Final Programme - Description of Sessions)

Saturday 24th May 2014

Wolfson Theatre Royal College of Physicians, Regent's Park, London W1

10.00 am Session I: Leukaemia Pioneer - The Career of John Goldman

John Goldman trained in medicine at Magdalen College, Oxford, St Bartholomew's Hospital, and later at Massachusetteds General Hospital in Boston. In 1971 he was recruited by David Galton and John Dacie to become part of the Medical Research Council's Leukaemia Unit, based at the Hammersmith Hospital. Soon after he developed his lifelong interest in chronic myleloid leukaemia.

Victor Hoffbrand, Daniel Catovsky, Lucio Luzzato and Ted Gordon-Smith were members of the Leukaemia Unit at the time and will discuss John's early years and his breakthroughs in the treatment of the disease, including his development of autotransplants, the first transplant in the UK for someone with CML from a sibling, and later the first use of transplants for CML in Europe from unrelated donors.

As a result of John and his colleagues' work, the Hammersmith Hospital became an internationally-renowned centre for treatment and research in leukaemia. Jane Apperly and Junia Melo will discuss what was accomplished in the later part of John's tenure at the Hammersmith, including the construction of the Catherine Lewis Centre.

John was also a pioneer in breaking down national boundaries to further international collaboration, especially in Europe. Christienne Chomienne will describe John's contribution as one of the founders of the European Hematology Association and Mohamad Mohty will discuss his role with the European Society for Bone Marrow Transplantation.

II.40 am Session 2: "A disease close to my heart..." - John Goldman and Chronic Myeloid Leukaemia

John famously uttered those words at an international meeting. Rick Van Etten and Robert Peter Gale will discuss how they worked with John, Angelo Carella and others to convene a group of CML researchers in a series of meetings that paved the way for a far greater understanding of the disease and ultimately a major breakthrough in its treatment. Building on the identification of the Philadelphia chromosome in 1960 and the discovery of its role in causing leukaemia in 1973, members of this group identified the BCR-ABL gene mutation and later proved that it caused leukaemia by inducing the disease in mice.

These developments in the understanding of the disease enabled Brian Druker and Novartis to develop the first tyrosine kinase inhibitor imatinib, later marketed as Glivec. By essentially shutting down the mutant BCR-ABL gene, the drug essentially turns off the disease and transformed care for CML patients practically overnight. As the first molecularly targeted therapy, the drug also represents a paradigm shift in cancer treatment. Brian will tell the story of how the drug was developed and John's critical role.

Imatinib and similar drugs have transformed CML treatment. But the ability to measure residual leukemia cells in a person remains critical for successful therapy. Nick Cross will discuss a molecular test developed in John's lab in the late 1980s which has become the international standard for quantifying residual leukemia. The question of whether these drugs can not only treat but cure CML was one of John's recent focuses and Pia Raanini, Francois-Xavier Mahon and Michael Deininger will discuss their work with John to address this critical question.

2.30 pm Session 3: Bone Marrow Transplantation in the Glivec Era

Once considered the only cure for CML, bone marrow transplantation has been supplanted by Glivec and similar drugs as the predominant treatment for the disease. Tessa Holyoake will discuss the biology of the leukaemia stem cell, and how it persists and causes leukemia recurrence even when the disease is no longer detectible - and why understanding their behaviour maybe critical to curing CML.

Bone marrow transplantation may ultimately be the only real cure for CML and new developments in patient care could conceivably make it the best treatment of CML once again, especially as stem cell manufacturing technology begins to develop. George Daley will discuss the future of bone marrow transplantation as a cure for leukaemia and potentially many diverse diseases.

3.20 pm Session 4: John Goldman and the Infrastructure for Curing Leukaemia Worldwide

From early in his career, John understood that ensuring persons with CML received access to treatment would require not just scientific research but "infrastructure" – effective organizations, international collaboration and even advocacy.

Simon Dyson and Alejandro Madrigal will discuss John's role as medical director of Anthony Nolan, the UK's bone marrow donor registry, in developing the organization: expanding the registry to over 500,000 potential donors, transforming and professionalizing its technologies, and greatly increasing the possibility that an individual needing a transplant in the UK would find one.

Gosta Gahrtron, Hans-Jochem Kolb and Mary Horowitz will discuss John's work to promote international standards and collaboration in bone marrow registries, especially his work with the World Marrow Donor Association and the Center for International Blood and Marrow Transplant Research, organizations that have made global bone marrow transplants possible. Mammen Chandy will also discuss John's role in establishing a bone marrow donor registry in India.

With the advent of Glivec, John also began to focus on improving access to drugs for patients in the developing world. Tim Hughes will discuss how he, John and Jorge Cortes established the International CML Foundation and worked with the Max Foundation and other organizations to improve access to Glivec globally. Tim will also discuss the editorial signed by over 100 CML experts published in Blood journal that flagged the issue of unsustainable drug prices that started a critical dialogue about the future of drug pricing.

