Invitation to a scientific meeting on MDS in Denmark

April 12, 2018 from 12:00 - 18:00

On behalf of **The Danish Acute Leukemia Group** we have the pleasure to invite you to a scientific meeting about MDS in Copenhagen.

The meeting will take place at the IDA congress center, Kalvebod brygge 31-33, Copenhagen

The purpose of the meeting is:

- to put focus on new insights into MDS and treatment options in the future.

We expect that around 80 colleagues with interest in MDS/hematology will attend and hope that **YOU** will join us in Copenhagen.

Program*

12.00 - 13.00 Arrival and sandwich

13.00 - 13.05 Welcome by the chairman

13.05 – 14.20 "The clinical implications of leukemia evolution" Liran Shlush, Israel.

14.20 – 15.05 "Assessing cytopenia with a molecular approach; diagnostics and decisions upon molecular results" Luca Malcovati, Pavia, Italy

15.05 - 15.30 Coffee break

15.30 – 16.30 "A novel minimal residual disease methodology for decision-making and follow-up after stem cell transplantation". Eva Hellström-Lindberg, Stockholm, Sweden

16.30 - 16.50 Coffee break

16.50 – 17.50 Germline predisposition syndromes: "MDS in inherited bone marrow failure comes of age" Henrik Hasle, Aarhus Denmark and "Identification of inherited bone marrow failures" Mette Klarskov Andersen, Rigshospitalet, Copenhagen.

17.50 - 18.00 Closing remarks

18.00 Dinner

*order can be changed

It is possible to apply for reimbursement of reasonable travel expenses (flight economy or train 2. class).

Please register by returning the answerform **before March 15, 2018** to anja.pedersen@regionh.dk

On behalf of the Danish Acute Leukemia Group

Jakob Werner Hansen and Professor Kirsten Grønbæk, Rigshospitalet, Copenhagen



Answer form

Scientific meeting on MDS in Denmark

April12, 2018 from 12:00 - 18:00

Please send the completed form to: anja.pedersen @regionh.dk

☐ Yes, I would like to participate in the Scientific Meeting on April 12, 2018 in Copenhagen
☐ Yes, I would like to participate in the Dinner (please note any special dietary requests)
□ No, I cannot participate in the Dinner
☐ Yes, I would like to apply for reimbursement of my travel expenses. Please send estimated price for your travel and we will process your application. Reimbursement will happen after the meeting, when documentation is received.
NAME:
PHONE:
E-MAIL:
REIMBURSEMENT(estimated cost):