CHU Sainte-Justine
Le centre hospitalier universitaire mère-enfant

Pour l'amour des enfants

Université de Montréal

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Montreal, February 11th 2019,

John Thomas, PhD, JD
Chair, Governing Board of the CIRM (ICOC)
210 King Street
San Francisco, CA 94107

Re: CLIN2-11431: A monoclonal antibody that depletes blood stem cells and enables chemotherapy free transplants

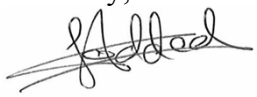
Dear Dr. Thomas,

I am writing this letter to you in order to strongly support the application referenced above. What we are facing here, from my point of view, is a likely major breakthrough in hematopoietic stem cell transplantation (HSCT), the kind that we usually only see once every 20 years in a given field.
With this introduction, let me present myself and briefly explain what makes me so enthusiastic about this trial. My name is Elie Haddad, I am an MD, PhD, Senior Clinician Scientist, full Professor of Pediatrics at the University of Montreal, and I work at Ste-Justine Hospital in Montreal, QC, Canada, a tertiary care center pediatric hospital. In Ste-Justine Hospital, I am the Head of the "Axis of Research for Immune diseases and Cancer" and I am responsible for all research-related immunological aspects of transplantation. With regard to the clinic, in addition to being the Head of the Immunology and Rheumatology Division, I am responsible for all HSCTs performed in patients with primary immunodeficiency (PID), which in our hospital we perform about 10 per year. I am considered an international expert in the treatment of patients with Primary Immune Deficiency, particularly patients with severe combined immunodeficiency (SCID).
SCID is lethal during the first year of life unless HSCT is performed. Although patients with SCID can be transplanted without any toxic chemotherapy before the transplantation, many studies have shown that the depletion of the patient's own stem cells provided by this chemotherapy is associated with a better engraftment and a better immune reconstitution. However, the consequences of this chemotherapy can be very deleterious in those very young children both on the short and the long term. Therefore, finding a way to deplete the patients' bone marrow cells to induce a good and robust engraftment without the consequences of chemotherapy would represent a real breakthrough in our field, that could apply not only to SCID patients but also to the majority of patients who receive a HSCT for non-malignant disorders and also to gene therapy strategy.
In this trial, it is proposed that use of a humanized monoclonal anti-c-kit antibody will deplete the haematopoietic stem cells of the recipient and will permit engraftment to take place. If this trial achieves its goal and the hypothesis is validated, it would then mean that we can "make some room" in the bone marrow niches, without the need for any radiotherapy or chemotherapy.

Because I am a member of the Data Safety Monitoring Committee of this study, I am aware of the early data suggest that this treatment is not only safe but also efficient to allow a sustained and robust engraftment of donor stem cells. Therefore, I consider it is absolutely crucial to continue this trial, the results of which could be disruptive in our field and change the way many patients are transplanted. By demonstrating that we can perform a HSCT with an efficient and sustained engraftment without using any toxic chemotherapy, this trial could revolutionize HSCT.

For all of these reasons, it is not only a distinct pleasure but also a duty, as an MD involved in HSCT for PID, to send you this letter of unqualified support for this trial. I am convinced that this trial will take an important place in the history of HSCT and I profoundly hope that your Institute will give a positive recommendation for continuing its funding.

Sincerely,



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