

Immunodeficiency Canada 13th Annual PID Symposium
October 15, 2026, 2.15 pm-5.15 pm
Toronto, Ontario

This program was co-developed with Immunodeficiency Canada and was planned to achieve scientific integrity, objectivity and balance. This activity is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons Canada and approved by Canadian Society of Allergy and Clinical Immunology.

Overall Learning Objectives

At the end of this session, participants will be able to:

1. Recognize emerging therapeutic approaches and care pathways to enhance the management of individuals with inborn errors of immunity
2. Describe the pathophysiology, detection, and outcomes of a spectrum of inborn errors of immunity in pediatric and adult cases

Scientific Planning Committee Disclosures

CMR is Board Chair of Immunodeficiency Canada and Chair of the Jeffrey Modell Foundation Network of centers. BD reports Advisory activities and payments from Takeda. YDS reports grants/honorariums from CSL Behring. SA reports no conflicts of interest.

Moderators Disclosures

YDS reports grants/honorariums from CSL Behring. Other moderators report no conflicts of interest.

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Thursday October 15, 2026

Time	Duration & Interactivity	Topic
2:15 pm		Introduction & Welcome Linda Vong, PhD, Immunodeficiency Canada
Plenary Session Moderator: Tamar Rubin, MD, FRCPC. University of Manitoba, Winnipeg, MB, Canada		
2:16 pm	20 min	Sébastien Levesque, PhD. CHU de Québec – Université Laval, Québec. <i>Rewriting the human genome for severe blood disorders</i> Learning Objectives: 1. Discuss therapeutic genome editing of hematopoietic stem and progenitor cells for severe blood disorders. 2. Explore enhancing prime editing in hematopoietic stem and progenitor cells. 3. Describe therapeutic genome editing using prime assembly.
	7 min	Q&A
2:43 pm	8 min	Ian Burkovsy, PhD, MBA. Grifols Canada, Toronto, Ontario, Canada. <i>Closing the diagnostic gap in primary immunodeficiency: Results from an Ontario primary care survey</i> Learning Objectives: 1. Summarize Ontario PCP awareness and practice patterns related to PID. 2. Identify key barriers to PID diagnosis, referral, and access to immunology services.
	12 min	Parni Nijhawan, PhD. Hospital for Sick Children, Toronto, Ontario, Canada <i>Connecting care across Ontario: A network approach to immunoglobulin replacement therapy support</i> Learning Objectives: 1. Identify challenges that PID patients face during transitional care. 2. Describe an Ontario-wide Immunoglobulin Replacement Healthcare Provider Network to support and connect patients approaching transitional care.
	7 min	Q&A

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Trainee Lightning Session		
Moderators: Yael Dinur-Schejter, MD, FRCPC, University of Alberta, Edmonton, AB Andrew Wong-Pack, MD, FRCPC, McMaster University, Hamilton, ON		
3.10 pm	8 min	Angie Hu¹, Sebastian Chamorro Ordonez², Elizabeth Coleman², Ashley V. Geerlinks³, Ron Agatep⁴, Zoe Prue⁵, Michael Espino Horesh⁵, Justin D. Taft⁵, Dusan Bogunovic⁵, Stuart Turvey⁶, Tamar Rubin⁷. ¹Department of Pediatrics and Child Health, Max Rady College of Medicine, University of Manitoba, Winnipeg, MB, Canada; ²Max Rady College of Medicine, University of Manitoba, Winnipeg, MB, Canada; ³Department of Pediatrics, Western University, London, Ontario, Canada; ⁴Department of Biochemistry and Medical Genetics, University of Manitoba, Winnipeg, MB, Canada; ⁵Genomics, Diagnostic Services, Shared Health Manitoba, Winnipeg, MB, Canada; ⁶Center for Genetic Errors of Immunity, Columbia University Medical Center, New York, New York, USA; ⁷BC Children's Hospital, University of British Columbia, BC; ⁸Department of Pediatric Clinical Immunology and Allergy, Max Rady College of Medicine, University of Manitoba, Winnipeg, MB, Canada. <i>HEM1-Associated Immunodysregulatory Disorder: A Case Report</i> Learning Objectives: 1. Describe a case of HEM1 actin immunodysregulatory disorder caused by homozygous NCKAP1L c.1076C>T and compare this presentation with previous reported cases. 2. Illustrate how the HEM1 phenotype may evolve from severe infantile infection and hyperinflammation to persistent but less severe immune dysregulation. 3. Highlight the importance of functional validation of VUSs and repeat genomic evaluation in undiagnosed inborn errors of immunity.
	3 min	Q&A
3.21 pm	8 min	Jason Chung¹, Andrew Wong-Pack^{2,3}, Susan Waserman², Rae Brager⁴, Jenny Garkaby⁴. ¹Department of Medicine, Western University, London, ON, Canada; ²Division of Clinical Immunology and Allergy, Department of Medicine, McMaster University, Hamilton, ON, Canada; ³Division of Clinical Immunology and Allergy, Department of Medicine, University of Toronto, Toronto, ON, Canada; ⁴Division of Clinical Immunology, Allergy and Dermatology, Department of Pediatrics, McMaster University, Hamilton, ON, Canada. <i>A case report of a patient with 22q11.21 duplication presenting with hypogammaglobulinemia, granulomatous-lymphocytic interstitial lung disease and recurrent solid organ and hematologic malignancies.</i> Learning Objectives: 1. Discuss the clinical presentation and complications of 22q11.21 duplication. 2. Review treatment options for granulomatous-lymphocytic interstitial lung disease.
	3 min	Q&A

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3.32 pm	8 min	Maha Alzubedy¹, Maxine L. Hetherington², Arturo Borzutzky³, Isabelle Kone-Paut^{4,5}, Caroline Galeotti⁴, Charlotte Borocco⁶, M. de la Morena⁷, Parni Nijhawan¹, Linda Vong¹, Chaim M. Roifman¹. ¹Division of Immunology and Allergy, Department of Pediatrics, The Hospital for Sick Children and the University of Toronto, Toronto, ON, Canada; ²University of Missouri-Kansas City and Children's Mercy Hospital, Kansas City, MO, United States; ³Department of Pediatric Infectious Diseases and Immunology, School of Medicine, Pontificia Universidad Católica de Chile; ⁴Pediatric rheumatology department and CEREMAIA, Bicetre hospital APHP, France; ⁵University of Paris Saclay, France; ⁶Pediatrics department, Aix hospital, Aix en Provence, France; ⁷Division of Immunology, University of Washington and Seattle Children's Hospital, Seattle, United States. <i>Immune dysregulation is common in Roifman syndrome: autoimmune and autoinflammatory manifestations in a 19-patient cohort</i> Learning Objectives: 1. Recognize the spectrum of autoimmune and autoinflammatory manifestations in Roifman syndrome (RS). 2. Describe the relationship between RNU4ATAC variants and immune dysregulation, including the marked phenotypic heterogeneity and variable penetrance observed among patients with identical genotypes. 3. Discuss the proposed mechanisms by which minor spliceosome dysfunction contributes to immune dysregulation in RS.
	3 min	Q&A
3.43 pm	10 min	Break
3.53 pm	8 min	Sean Duke¹, Catherine M. Biggs¹, Kyla J. Hildebrand¹, Erika J. Sifuentes¹, Stuart E. Turvey¹, Elliot L. James¹, Andrea Human², Mercedes Chan², Jocelyn Jeong³ Kevan Jacobson³, Jefferson Terry⁴, Kunihiro Moriya⁵, Miyuki Tsumura⁶, Hiroko Hayakawa⁶, Takaki Asano^{6,7}, Satoshi Okada⁶ and Sarah Lohrenz¹. ¹Division of Immunology, Department of Pediatrics, BC Children's Hospital, University of British Columbia, Vancouver, BC, Canada; ²Division of Rheumatology, Department of Pediatrics, BC Children's Hospital, University of British Columbia, Vancouver, BC, Canada; ³Division of Gastroenterology, Hepatology and Nutrition, Department of Pediatrics, BC Children's Hospital, University of British Columbia, Vancouver, BC, Canada; ⁴Division of Pathology and Laboratory Medicine, Department of Pediatrics, BC Children's Hospital, University of British Columbia, Vancouver, BC, Canada; ⁵Department of Antibody Drug Development, Tohoku University Graduate School of Medicine, Sendai, Japan; ⁶Department of Pediatrics, Hiroshima University Graduate School of Biomedical and Health Sciences, Hiroshima, Japan; ⁷Department of Genetics and Cell Biology, Research Institute for Radiation Biology and Medicine, Hiroshima University, Hiroshima, Japan. <i>JAK inhibition ameliorates refractory multisystem inflammation in a boy with a novel dominant-negative variant in RELA</i> Learning Objectives: 1. Review the genetic basis and clinical features of RELA dominant-negative disease. 2. Discuss the role of type I interferon testing in RELA deficiency.
	3 min	Q&A

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4.04 pm	8 min	Jaime McNicholl¹, Divya Subburaj², Tamar Rubin³. ¹ Max Rady College of Medicine, University of Manitoba, Winnipeg, MB, Canada; ² CancerCare Manitoba, Winnipeg, MB, Canada; ³ Department of Pediatrics and Child Health, Section of Pediatric Allergy and Clinical Immunology, University of Manitoba, Winnipeg, MB, Canada.
		<i>Severe infection in a female hemizygous for a CYBB pathogenic variant: A Case Report</i> Learning Objectives: 1. Recognize how female hemizygous carriers of pathogenic CYBB variants can develop clinically significant infectious and inflammatory manifestations of chronic granulomatous disease, specifically in the context of skewed X-inactivation. 2. Understand the role of serial DHR flow cytometry in monitoring oxidative burst function over time in female CYBB. 3. Describe key management strategies for symptomatic or high-risk female CGD carriers, including when to consider antimicrobial prophylaxis and curative treatments such as hematopoietic stem cell transplant (HSCT).
	3 min	Q&A
4.15 am	8 min	Shatha Alhamdi^{1,2}, Parni Nijhawan^{1,3}, Harjit Dadi^{1,3}, Nigel Sharfe^{1,3}, Linda Vong^{1,3}, Chaim M. Roifman^{1,3}. ¹ Division of Immunology and Allergy, Department of Pediatrics, The Hospital for Sick Children, Toronto, ON, Canada; ² Allergy and Immunology Division, Department of Pediatrics, King Abdulaziz Medical City, Riyadh, Saudi Arabia; ³ Canadian Centre for Primary Immunodeficiency, Hospital for Sick Children, Toronto, ON, Canada.
		<i>RelB haploinsufficiency is associated with immunodeficiency and lymphoproliferation: A novel primary immunodeficiency</i> Learning Objectives: 1. Describe the role of RelB in the non-canonical NF-κB pathway and define a novel PID arising from heterozygous RELB variants (RelB haploinsufficiency). 2. Recognize the clinical spectrum associated with monoallelic RelB variants associated with reduced RelB protein expression. 3. Apply this recognition to the evaluation of carriers of a single RelB variant, including immune assessment and attention to atopic, autoimmune, and malignant complications.
	3 min	Q&A
4.26 pm	8 min	Nasreen Irfan¹, Leslie Abbott², Gabrielle White³, Anne Pham-Huy³. ¹ Department of Pediatrics, Children's Hospital of Eastern Ontario, University of Ottawa, Ottawa, ON, Canada; ² Division of Hematology and Oncology, Department of Pediatrics, Children's Hospital of Eastern Ontario, University of Ottawa, Ottawa, ON, Canada; ³ Division of Infectious Diseases, Immunology and Allergy, Department of Pediatrics, Children's Hospital of Eastern Ontario, University of Ottawa, Ottawa, ON, Canada.
		<i>Burkitt Lymphoma as the First Manifestation of EBV-Naïve X-Linked Lymphoproliferative Disease Type 1: When Should Children with Lymphoma Be Evaluated for an Inborn Error of Immunity?</i>

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		Learning Objectives: 1. Review the diverse clinical presentations of XLP1 in children 2. Identify red flags in childhood lymphoma that warrant evaluation for an underlying inborn error of immunity 3. Describe how diagnosing an inborn error of immunity guides treatment, family testing, donor selection, and consideration of HSCT
	3 min	Q&A
4.37 pm	8 min	Olivia Scoten¹, Sean Duke², Catherine M. Biggs², Kyla J. Hildebrand², Elliot L. James², Sarah Lohrenz², Stuart E. Turvey², and Erika J. Sifuentes². ¹Department of Pediatrics, BC Children's Hospital, University of British Columbia, Vancouver, BC, Canada; ²Division of Immunology, Department of Pediatrics, BC Children's Hospital, University of British Columbia, Vancouver, BC, Canada. <i>A Case of Congenital Athymia in an Infant with CHD7-related CHARGE Syndrome: Unique Management Considerations</i> Learning Objectives: 1. Recognize clinical, immunologic and syndromic features that should raise suspicion for congenital athymia and outline the appropriate diagnostic workup. 2. Describe appropriate infection prevention and control measures for patients with suspected or confirmed congenital athymia. 3. Discuss key considerations in the evaluation and planning of thymus transplantation.
	3 min	Q&A
4.48 pm	8 min	Catherine M. Andary^{1*}, Kaitlin Olsen^{2*}, Maya Fields², Jenny Garkaby³, Andrew Wong-Pack⁴, Harkamal Randhawa, Rae Brager³. ¹Temerty Faculty of Medicine, University of Toronto, Toronto, ON, Canada; ²Michael G. DeGroote School of Medicine, McMaster University, Hamilton, ON, Canada; ³Division of Immunology, Allergy, and Dermatology, Department of Pediatrics, McMaster University, Hamilton, ON, Canada; ⁴Division of Clinical Immunology and Allergy, Department of Medicine, McMaster University, Hamilton, ON, Canada. *Catherine Andary and Kaitlin Olsen contributed equally to this work and share first authorship. <i>Delayed Diagnosis of STAT3-Related Autosomal Dominant Hyper-IgE Syndrome in a Child with a c.1110-3C>G Splice-Region Variant and Concurrent 22q11.21 Duplication</i> Learning Objectives: 1. Describe the clinical presentation of a patient with STAT3-related autosomal dominant hyper-IgE syndrome and concurrent 22q11.21 duplication. 2. Discuss factors contributing to diagnostic delay in pediatric patients with STAT3-related autosomal dominant hyper-IgE syndrome.
	3 min	Q&A

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4.59 pm	8 min	Alice Phung¹, Bit Hashemi², Tamar Rubin³. ¹Max Rady College of Medicine, University of Manitoba, Winnipeg, MB, Canada; ²Division of Medical Genetics, Department of Paediatrics, Royal University Hospital, Saskatoon, SK, Canada; ³Department of Pediatric Clinical Immunology and Allergy, Max Rady College of Medicine, University of Manitoba, Winnipeg, MB, Canada. <i>Early onset, severe viral and bacterial infections in a patient with bi-allelic homozygous IFIH1 nonsense variants, and cirrhotic liver failure</i> Learning Objectives: 1. IFIH1 loss of function variants are associated with increased susceptibility to certain viral infections, particularly in childhood. 2. IFIH1 loss of function variants can present with a broad phenotypic spectrum, significant intrafamilial variability.
	3 min	Q&A
5.10 pm	5 min	Abstract Winners Best abstract – 2nd place best abstract – 3rd place best abstract –