



**MESSAGE from  
Dr. Ali Taher**

Lebanon

was pleased to be in India for this conference where he had the opportunity to interact with  $\beta$ -thalassemia patients. Per him, the lack of patient compliance is a major hindrance in treatment. He mentioned the need to create awareness in general public about thalassemias, which then can lead to increased compliance thereby decreasing the likelihood of potential complications like iron overload.

**Managing DIC with constraints in laboratory support**



**Prof. Subhash Varma, PGIMER, Chandigarh** thanked Dr. Prantar for supporting him. He emphasized that laboratory support helps in establishing diagnosis and clinical decision making. He also dealt with the issues in the

management of DIC. He also focused on the other therapeutic agents like recombinant activated factor VII, TFPI, etc. His presentation was really informative. The session was very interactive and the response from audience was excellent.



**INTAS PATIENT INTERACTION ZONE**

The open-air theater here hosted an interactive program with patients suffering from aplastic anaemia, thalassemia and hemophilia where the patients had the rare opportunity to interact directly with both the national and international experts in their respective fields. The patients and their caretakers were apparently rejoiced and welcomed such interactive sessions which open the doors for better doctor-physician relationships.

**POSTER PRESENTATION**

Haematcon-2010 hosted a total of 101 posters with participants from all over the country. The clinicians, scientists, residents and medical students had the opportunity to present the data from their research work and case studies. It is their impression that Haematcon-2010 provided the grounds through which many novel ideas were exchanged among them.

**Highlights of the day**

- ◆ Poster viewing
- ◆ Free paper presentation
- ◆ Poster walk
- ◆ Haematology quiz
- ◆ Novartis dinner symposium

20<sup>th</sup> November 2010

HAZMATCON 2010

51<sup>st</sup> Annual Conference of Indian Society of Haematology and Transfusion Medicine

Published with an unrestricted educational grant from



**BULLETIN**



Haematology in India

18<sup>th</sup> – 21<sup>st</sup> November, 2010

EZCC, Kolkata



**ISHTM HAEMATCON-2010**

Haematcon-2010 conference held at EZCC, Kolkata was a great success. The conference had various scientific sessions with remarkable talks by delegates from more than 10 countries from various parts of the world. In addition, the conference was also associated with stem cell symposium from MD Anderson Center. Other events included poster walk, cultural programme in Pegasta Hall, free paper presentations, general body meeting of ISHTM. Culture refers to a state of intellectual development or manners. The social and political forces that influence the growth of a human being is defined as culture and Indian culture is rich and diverse and as a result unique in its very own way. We had an immense opportunity to be a part of the cultural programme held at Pegasta hall which enlightened all of us.



**Introduction**

**Day 2 of the Haematcon-2010 conference** on 19<sup>th</sup> November at EZCC Kolkata started off on a warm winter morning with all the dignitaries on dias paying their tributes to Late Dr. JG Parekh for his contribution to the field of haematology. The sessions were then held at two different halls, Pegasta and Cytosar hall respectively. The day ended with a cultural programme involving folk music.

**Milestones in unravelling the biology of CML**



**Dr. Deepak Mishra from TMC, Kolkata**, briefed the milestones in unravelling the biology of CML. He reminded the fact that 2010 marks the golden jubilee year after the identification of Philadelphia chromosome in 1960. Later he narrated the evolution of different

chemotherapeutic agents used in the treatment of CML in a chronological order. He also informed that India has started developing generic drugs and Imatinib is one of them. He explained the international standardization for BCR-ABL, RQ-PCR in CML, one of the exciting topics for discussion.

**Hematology care at district level**



**Prof. P. K. Sashidaran** from CMC, Calicut started the proceedings for the day with his session on hematology care at the district level. He went over the spectrum of hematological disorders that rural India is challenged with and reiterated how practical

problems like affordability, changing lifestyle trends, lack of proper nutrition and health education trends are forcing the physicians at district level to resort to sub-optimal treatment modalities. He then went over the need to uplift the quality of primary health care in India to create overall health awareness through an effective National Health Policy.

**Editorial**

- Prof. Utpal Chaudhuri
- Prof. Santanu Basu
- Prof. Prantar Chakrabarti
- Prof. Uttam Nath

**Conceptualised & developed by**

Rajesh Sharma

Bendamustine  
**Bemustin**  
Be Assured.

Bendamustine  
**Bemustin**  
Be Assured

Lenalidomide  
**Lenomust**  
Redefining Hope

Bortezomib Injection 2mg  
**BorteTrust**  
Where Hope Starts

Pegfilgrastim 6mg  
**PeggTrust**  
Surge ahead with the right support

Because Hope is about finding ways

Lenalidomide  
**Lenomust**  
Redefining Hope



Scientific content developed by:



Managed by:



C & D: www.magnathealthsolutions.com | MHS 11131

**Pediatric and adult AML: Should they be managed differently?**



**Dr. Prashanth Ganeshan, Cancer Institute (WIA) Adyar, Chennai** gave the presentation. He mentioned few key points of differences between pediatric and adult AML in terms of induction protocols, CR rates and CNS prophylaxis. Another point that he brought to light was that some form

of high dose cytarabine is standard in high risk patients in both adult and pediatric groups. His presentation described brief differences in the management of pediatric and adult AML. Finally he concluded that "Yes, adult and pediatric AML patients should be treated differently".

**How to set up a coagulation laboratory at district level**



**Prof. H.P. Pati's** session urged the need for the transformation of health care facilities at the district level to evolve into multi-disciplinary institutes. He described how a majority of hematological disorders go undiagnosed due to

constraints in setting up a coagulation laboratory at a district level. Furthermore, he emphasized that automation of diagnostic tools and special training for MLTs can bring the necessary revolutionary changes needed to deal with the kind of patient load we have in rural India.



**Taking care of patients on chemotherapy**

**Dr. Shruti Prem** opined that a mismanaged hematological disorder ends up doing more harm to a patient than it was left alone. She described the guidelines and recommended regimens to be used in the event a patient on chemotherapy develops complications. She described alimentary mucositis, extravasation of the drug, diarrhea, vomiting etc. as common complications and envisaged the modalities of treatment of each.



**Parenteral iron therapy, is it required?**

**Prof. PK Gogoi** enumerated the changing trends and stigmas associated with parenteral iron therapy over the last two decades. He attributed the prevalence of nutritional anaemias to low socioeconomic conditions and lack of health education, proper diet, exercise and sanitation. He focused on the pros and cons of different types of iron therapies and threw light on the practical problems affecting compliance in patients on parenteral iron therapy.



**Is megaloblastic anaemia a problem in India?**

**Prof. K.C. Das** explained about megaloblastosis followed by the sites of enzymatic blockade in major metabolic pathways leading to it. He highlighted the application of dU suppression test in the context of megaloblastosis, myelodysplastic syndrome and leukomalacias. He concluded by submitting the data from his animal models related to folate deficiency.



**Management of aplastic anemia in India**

**Dr. S Apte** mentioned the various probable reasons of higher incidence of aplastic anaemia in India of which intrauterine malnutrition is one of the major risk factors, problems in management in terms of Indian scenario which include financial crisis, etc. He briefed the treatment options available like allogeneic SCT, IST and supportive care. He also pointed that MUD/HAPLO SCT is definitely not a first-line therapy. He concluded that sibling allogeneic SCT may be cheaper and better Rx option in India. Approximately, more than 90% do not receive definitive therapy.



**Consolidation therapy in AML**

This topic was dealt by **M Joseph John, MD, DM, Associate Professor and Head Clinical Haematology, Haemato-Oncology and Bone Marrow (Stem cell) Transplant Unit, Christian Medical College, Ludhiana, Punjab.** He presented a case vignette of a 40-year-old man who was diagnosed with AML. The presentation of the patient revealed that his bone-marrow was diffusely infiltrated with myeloblasts that expressed CD34, CD13, and CD33. In that situation, he mentioned that his topic of interest was to formulate the best post-remission consolidation strategy."



**Interaction of haemoglobinopathies & nutritional deficiencies**

**Dr. Amar Das Gupta's** modest and simple presentation highlighted that:

1. Vitamin supplementation to otherwise-healthy persons with MCV>97 leads to decreased incidence of megaloblastic anaemia.
2. Population studies about the incidence of B-thalassemia trait.
3. The similarities in presentation and masking effects of vitamin B12 deficiency and B-thalassemia trait.

**How to diagnose RBC enzymopathies?**



**Prof. Neelam Verma, PGIMER** described the variety of RBC enzymopathies, their prevalence, frequency, clinical features, morphological appearance of RBC and other details. She highlighted the limitations and points to consider

during careful interpretation of results. Her discussion probed into various recent advances in diagnosing G6PD and PK deficiencies. She delineated the differences between fluorescent spot test, methylhaemoglobin reduction test and dye decoloration test.

**Hodgkin's lymphoma**



**Dr. Pankaj Malhotra,** Internal medicine faculty, PGIMER lectured over WHO classification and staging of Hodgkin's lymphomas. He said the type and stage of HL directs the treatment modality and thereby the clinical outcome. He

stressed about the need for early diagnosis as most Hodgkin's lymphomas are treatable. As per him, ESR, a common laboratory tool, was proven to be useful in arriving at a diagnosis of HL. He concluded by enumerating the guidelines regarding the number of chemotherapy cycles to be used.

Glimpse of ISHTM Haematology Conference 2010

