FINAL PROGRAMME

MONDAY 18 - THURSDAY 21 APRIL 2016
Dear Friends and Colleagues

Welcome to Glasgow for the 36th World Congress of the International Society of Hematology hosted by the British Society for Haematology. The theme for the meeting is ‘Haematology and Practice’ with most sessions featuring international experts and some sessions dealing specifically with developing world haematology emphasising the international flavour of the Congress.

We are delighted to launch the meeting with a plenary session organised with the American Society of Hematology, which will focus on haematological disease in the post genomic era. We are also pleased to welcome several outstanding speakers for the named lectures. Stephen Mulligan is going to deliver the BJH/RCPPath/Wilkinson lecture ‘New Developments in the Pathophysiology and Treatment of Chronic Lymphocytic Leukaemia’. Tim Littlewood will be delivering the BSH Medal Lecture on the ‘Art, Science and Humanity of Teaching Haematology’ and the BSHT Biggs McFarlane Plenary Lecture will be given by Cathy Hayward discussing ‘Novel Approaches to the Diagnosis of Mild Bleeding Disorders’.

As well as the plenary lectures there should be plenty of choice with 4 simultaneous sessions running throughout most of the programme. In addition there will be smaller, ticket only ‘Meet the Expert’ sessions and ample opportunity to discuss your poster presentations with invited experts. The ISH Presidential session will focus on genetics and malignancy with a presentation on ‘The 100,000 Genome Project in the UK’ from Mark Caulfield, the National Director for Genomics, plus presentations on the implications and potential of genetic change. Most of the BSH Presidential session will highlight the many aspects of the work of the BSH showing how the Society can help you develop your practice of haematology and give ideas of how you can get involved. There will also be a fascinating talk on ‘The Evolution of Megakaryocytes and Platelets’ by Jack Levin. As it will be impossible to attend every lecture we would highly recommend the “Take Home Messages” sessions on the Thursday afternoon which will provide a very useful précis of some key information presented during the course of the conference.

As always we are grateful to our colleagues in the pharmaceutical and biotechnology industry who support our meeting and provide excellent satellite symposia to complement the programme.

Finally we are fortunate to be holding this meeting in the vibrant city of Glasgow. The conference dinner will be held in the fascinating surroundings of the Kelvingrove Art Gallery and there will be a real treat in store with the after dinner entertainment. There will also be an informal buffet with an international theme on the Wednesday evening which will provide a very relaxing opportunity to meet with friends and colleagues.

We do hope you enjoy the meeting.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committees</td>
<td>4</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>6</td>
</tr>
<tr>
<td>Delegate Information</td>
<td>7</td>
</tr>
<tr>
<td>Programme Overview</td>
<td>14</td>
</tr>
<tr>
<td>Programme</td>
<td></td>
</tr>
<tr>
<td>Monday 18 April</td>
<td>23</td>
</tr>
<tr>
<td>Tuesday 19 April</td>
<td>43</td>
</tr>
<tr>
<td>Wednesday 20 April</td>
<td>65</td>
</tr>
<tr>
<td>Thursday 21 April</td>
<td>83</td>
</tr>
<tr>
<td>Poster Sessions</td>
<td>95</td>
</tr>
<tr>
<td>Exhibitors</td>
<td>131</td>
</tr>
<tr>
<td>Exhibitor Profiles</td>
<td>133</td>
</tr>
<tr>
<td>Notes</td>
<td>140</td>
</tr>
</tbody>
</table>
ORGANISING COMMITTEE

Professor Adrian Newland  President, International Society of Hematology
Professor Emin Kansu  Chair of Council, International Society of Hematology
Professor Ruben Mesa  Chair, Science and Education Committee, International Society for Hematology
Dr Paddy Carrington  President, British Society for Haematology
Dr Matthew Streetly  Scientific Secretary, British Society for Haematology
Professor Finbarr Cotter  Chairman, BSH Conferences Ltd
Sarah Lapsley  Business Manager and Conference Organiser, BSH Conferences Ltd

CONGRESS ORGANISER

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CONGRESS SECRETARIAT

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BSH Conference Secretariat
The Coach House
Dittons Road
Stone Cross
Pevensey
BN24 5ER
Tel: +44 (0) 1323 653660
E-mail: sharon.burrell@bshconferences.co.uk

INTERNATIONAL SOCIETY FOR HEMATOLOGY STEERING COMMITTEE

Professor Emin Kansu  Chair of Council
Professor Sabri Kehmali  Secretary General, European and African Division
Professor Tomok Naoe  Secretary General, Asian Pacific
Dr David Gómez Almaguer  Secretary General, Inter-American
Professor Ruben Mesa  Chair, Science and Education Committee
Professor Saengsuree Jootar  Past Chair of Council
Dr Guillermo J. Ruiz Arguelles  Past President
DOMESTIC ACADEMIC COMMITTEE

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BRITISH SOCIETY FOR HAEMATOLOGY COMMITTEE

President Dr Paddy Carrington
Vice-President Dr Tim Littlewood
Treasurer Professor Chris Fegan
Scientific Secretary Dr Rebecca Auer
Secretary Professor Cheng-Hock Toh
Immediate Past President Dr Trevor Baglin

BRITISH SOCIETY FOR HAEMATOLOGY ELECTED TRUSTEES

Dr John Ashcroft
Professor Gordon Cook
Dr Nichola Cooper
Professor Charles Craddock
Dr Guy Pratt
Dr Deepti Radia
Dr Matthew Streetly (Acting Scientific Secretary)
Dr Paul Telfer

BRITISH SOCIETY FOR HAEMATOLOGY CO-OPTED TRUSTEES

Dr Anne Parker Chair, British Committee for Standards in Haematology

BRITISH SOCIETY FOR HAEMATOLOGY OPERATIONAL LEADS

Professor Finbarr Cotter Chair, BSH Conferences Ltd
Professor Kristian Bowles Chair, Education Committee
Dr Elizabeth Chalmers Chair, Paediatric Committee
Professor Imelda Bates Chair, LMIC Committee
Dr Anne Parker Chair, Communications Committee
Dr David Dutton Trainee Lead
ACKNOWLEDGEMENTS

BRITISH SOCIETY FOR HAEMATOLOGY
REGIONAL LEADS

Dr Satarupa Choudhuri  North West England and North Wales
Dr Graham Collins  Oxford and Thames Valley
Dr Maria Gilleece  Yorkshire & Humberside
Dr Hayden Hussain  West Midlands Deanery
Dr Jonathan Kell  South Wales
Dr Priyanka Mehta  South West England
Dr Mallika Sekhar  London

BRITISH SOCIETY FOR HAEMATOLOGY STAFF

Katy Amberley  BSH Director of Operations
Rita Gupta  BSH Guidelines Administrator
Liz Taylor  Secretary and Facilities Officer
Sarah Miller  Membership Administrator
Roberta Filippi  Events and Office Administrator
Susan Davies  Bookkeeper

ABSTRACT REVIEWERS

We are particularly grateful this year as the number of abstracts has been double the usual number because we are hosting the International Society of Hematology. We hope this doesn’t put anyone off for next year when it should return to the usual number! If anyone wishes to help with reviewing of abstracts in future years please contact Sarah Lapsley.

Dr Jayesh Alamelu, Dr Raz Alikhan, Dr Shubha Allard, Professor Mutlu Arat, Dr John Ashcroft, Professor Selin Aytaç, Professor Alan Burnett, Professor Olga Cantu-Rodriguez, Dr Paddy Carrington, Dr Mark Catherwood, Dr Liz Chalmers, Professor Gordon Cook, Dr Nichola Cooper, Dr Dominic Culligan, Dr Jonathan Cullis, Dr Robert Cuthbert, Professor Muzaffer Demir, Dr Mike Dennis, Dr Chris Fegan, Dr Adele Fielding, Dr Damian Finneghan, Dr George Follows, Dr Chris Fox, Professor Gosta Gahrton, Professor David Gomez, Professor David Gomez-Almaguer, Professor David Grimwade, Professor Homero Gutierrez-Aguirre, Dr Dan Hart, Dr Peter Hillmen, Dr Jo Howard, Dr Beverley Hunt, Dr Sandra Irvine, Professor Graham Jackson, Professor Saengsuree Jootar, Professor Emin Kansu, Professor Nevine Kassim, Dr Jonathan Kell, Professor Sabri Kemahli, Ms Caroline Kerr, Dr Rachel Kesse-Adu, Dr Sally Kinsey, Professor Hitoshi Kiyoi, Dr Steve Knapper, Professor Mike Laffan, Professor Terry Lappin, Dr Will Lester, Dr Jindriska Lindsay, Dr Vicki MacDonald, Dr Steve Mackinnon, Dr Mike Makris, Professor Pier Mannucci, Dr Donal McLornan, Professor Mary Frances McMullin, Professor Ruben Mesa, Professor Ruben Mesa, Professor Ken Mills, Professor Yasushi Miyazaki, Professor Mike Murphy, Professor Tomoki Naoe, Professor Adrian Newland, Dr Roger Owen, Professor Tony Pagliuca, Dr Piers Patten, Dr Andrea Pellagatti, Dr Kate Pendry, Dr Chris Pepper, Dr Melanie Percy, Dr Chris Pocock, Dr Victoria Potter, Dr Guy Pratt, Dr Kavita Raj, Professor Olle Ringden, Professor Irene Roberts, Professor Guillermó J Ruiz-Argüelles, Professor Nigel Russell, Dr Kate Ryan, Dr Mike Scott, Professor Jerry Spivak, Ms Karen Stanley, Dr Simon Stanworth, Dr Matthew Streetly, Dr Paul Telfer, Professor Takanori Teshima, Professor Angela Thomas, Ms Nikki Thomas, Dr Cheng Hock Toh, Professor Aysegul Uner, Dr Ajay Vora, Dr Tom Valliamy, Dr Henry Watson, Dr Jonathan Wilde, Dr Lorna Williamson, Dr Jennie Wimperis, Dr David Wrench
ACCOMMODATION
The Congress Headquarter Hotels are The Crowne Plaza Glasgow and the Hilton Glasgow.

BADGES
Delegates are required to wear lapel badges at all times for security and identification purposes. Name badges will be issued to all delegates on registration and colour coded as follows:

- Blue: Participants
- Green: Exhibitors
- Yellow: Visitors
- Red: Speakers
- Orange: Staff
- Purple: Satellites

CATERING
Lunch each day is included in the registration fee pad. This will be served from the catering points within Hall 5 during the scheduled lunch breaks. Complimentary tea and coffee will also be served in the same areas during the scheduled breaks.

CONFERENCE APP
A conference app is available for you to download. For more information please visit www.ish2016.com.

CONTINUING PROFESSIONAL DEVELOPMENT
The meeting is approved for CPD credits at the rate of one per hour (exclusive of travel, refreshments, or social activity). Participants attending the whole meeting with receive 27 points. Those attending for one day will qualify for the following: Monday 6 credits, Tuesday 8 credits, Wednesday 8 credits, Thursday 5 credits. CPD credit for IBMS are as follows: Monday 6, Tuesday 8 credits, Wednesday 8 credits, Thursday 5 credits. All pre-registered delegates attending the meeting will receive a Certificate of Attendance in their conference pack. Delegates requiring a CPD certificate are asked to complete a short evaluation form on-line by visiting www.ish2016.com. Once a form is submitted you will be able to print off your CPD certificate. Please have your Personal ID Number (which is printed on your registration confirmation letter (booking overview) to hand when completing the evaluation form. If you have lost or mis-placed your confirmation please contact Sharon Forster, BSH Conference Secretariat on +44 (0) 1323 653660 for your Personal ID Number.

The Organising Committee regards delegate feedback as extremely important as it assists with the planning of future meetings.
EXHIBITION
The Trade Exhibition will be situated in Hall 5 and delegates are encouraged to visit

Monday 18th April  07:00 – 19:30
Tuesday 19th April  10:00 – 18:30
Wednesday 20th April  10:00 – 20:00
Thursday 21st April  10:00 – 14:00

LANGUAGE
English is the official language of the Congress

Meet the Expert Sessions
Tuesday 19th April

17:40 - 18:30  Professor Beverley Hunt
Managing a major bleed
17:40 - 18:30  Professor David Kuter
How I treat ITP
17:40 - 18:30  Professor Craig Moskowitz
Clinical cases employing novel agents in Hodgkin lymphoma
17:40 - 18:30  Dr Keith Stewart
Dilemmas in treating multiple myeloma

Wednesday 20th April

07:30 - 08:20  Dr Graham Collins
When Hodgkin lymphoma gets difficult
07:30 - 08:20  Professor Ruben Mesa
Individualizing care for MPN patients
07:30 - 08:20  Professor Philippe Moreau
Frontline therapy in young patients with symptomatic myeloma
07:30 - 08:20  Professor Stephen Mulligan
How I treat elderly patients with CLL
17:40 - 18:30  Professor Gail Roboz
How I use molecular genetics to guide treatment in AML
17:40 - 18:30  Professor David Steensma
How I treat patients with difficult forms of MDS
17:40 - 18:30  Professor Claire Harrison
Challenging clinical and therapeutic scenarios in MPN

Tickets are priced at £10.00 and can be purchased from the Meet the Expert and Social Programme desk. Attendees are asked to arrive 15 minutes before the start of each session.
MOBILE PHONES
As a courtesy to speakers and the other participants, all mobile phones and electronic devices must be switched off before entering the scientific sessions

PRAYER ROOM
A prayer room is available on request. Please contact the Congress Registration Desk

PRIZES
A cash prize of £75.00 each will be awarded to the three top scoring posters. In addition there will be cash prizes awarded for the following oral communications:

£200.00 for the best presentation in the Best Abstracts Session
£150.00 for the best presentation in the Early Stage Investigator Class

There will also be a runner’s up prize in each of the above categories of £100.00

REGISTRATION
The registration desks are open at the following times:-

Monday 18th April 07:00 – 19:30
Tuesday 19th April 07:30 – 19:00
Wednesday 20th April 07:00 – 20:00
Thursday 21st April 08:00 – 15:30
SOCIAL PROGRAMME

President’s Welcome Reception – Monday 18th April

The President’s Welcome Reception will be held between 18:45 – 19:30 on Monday 18th April in Hall 5. This will give delegates and exhibitors an opportunity to network and you are encouraged to attend.

Young Haematologists’ Quiz Night – Monday 18th April

Join your colleagues for this fun Quiz Night on Monday 18th April between 8.00pm and midnight.

This event will take place at Arta, a fantastic Mediterranean themed bar and club located in the trendy Merchant City area of Glasgow, and is only open to trainee haematologists and nurses attending the Congress.

Tickets are priced at only £15.00 each and include food, cocktail on arrival, 3 free drinks of your choice from the bar, pub quiz and live band. It’s great value for money and presents an opportunity to socialise, network and wind down from the day’s activities.

Tickets can be booked via the Congress Registration Desk.

Congress Dinner – Tuesday 19th April

This year, the Conference Dinner will be held at Kelvingrove Art Gallery.

Kelvingrove Art Gallery and Museum houses one of Europe’s great art collections. It is amongst the top three visitor attractions in Scotland and one of the most visited museums in the United Kingdom outside of London.

The museum has 22 themed galleries displaying an astonishing 8000 objects, brought together from across Glasgow Museums’ rich and varied collection, which is a Recognised Collection of National Significance. The displays are extensive and wide-ranging and include Dutch Old Masters and French Impressionists; Scottish Art; Salvador Dali’s Christ of St John of the Cross; Charles Rennie Mackintosh and the Glasgow Style; Natural History; Arms and Armour; Ancient Egypt; Scottish History and Archaeology and World Cultures.

A Drinks Reception will be served before dinner allowing guests to take a tour of the Museum. Guides will be on hand to answer any questions or supply information. Dinner will then be served in the Main Hall.

Tickets are priced at £60.00 and include entertainment and transfers to and from the venue. Coaches will depart from outside the front entrance of the SECC at 19.15hrs prompt and will return at 23.00hrs. Tickets are available to purchase from the Congress Registration Desk.
International Buffet – Wednesday 20th April

An international buffet will be provided at the SECC following the end of the poster session on Wednesday 20th April. This informal buffet will feature a selection of dishes from around the world and will be held in the Exhibition Hall. Tickets, which are priced at £15.00 per person, include two complimentary drinks and can be booked via the Congress Registration Desk.

WIFI

Free WiFi is available throughout the SECC. Please use the following login:

Username: ish2016
Password: haem

SOCIAL MEDIA

The Hashtag for the congress is #Haem2016
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:00 – 09:00</td>
<td>Registration, Tea/Coffee and Exhibition (Hall 5)</td>
<td></td>
</tr>
<tr>
<td>09:00 – 09:30</td>
<td>Opening Ceremony</td>
<td>The Clyde Auditorium</td>
</tr>
<tr>
<td>09:30 – 11:00</td>
<td>BSH-ASH-ISH Symposium: Haematological Disease in the Post Genomic Era</td>
<td>The Clyde Auditorium</td>
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<tr>
<td>11:15 – 11:30</td>
<td>Tea/Coffee, Posters and Exhibition (Hall 5)</td>
<td></td>
</tr>
<tr>
<td>11:30 – 13:00</td>
<td>FOUR SIMULTANEOUS SESSIONS</td>
<td>Free Communications: Lymphoid Malignancy</td>
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<td></td>
<td>Session One</td>
<td>The Clyde Auditorium</td>
</tr>
<tr>
<td></td>
<td>Session Two</td>
<td>BSBMT</td>
</tr>
<tr>
<td></td>
<td>Session Three</td>
<td>Obstetric Haematology</td>
</tr>
<tr>
<td></td>
<td>Session Four</td>
<td>Iron/ACD</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Lunch, Posters and Exhibition (Hall 5)</td>
<td></td>
</tr>
<tr>
<td>13:00 - 15:00</td>
<td>BSH Regional Leads Meeting</td>
<td>BSH Regional Leads only</td>
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<td>(BSH Regional Leads only)</td>
<td>The Morar Room</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>FOUR SIMULTANEOUS SESSIONS</td>
<td>Debate: ‘Chemo Free’ in Follicular Lymphoma</td>
</tr>
<tr>
<td></td>
<td>Session One</td>
<td>The Clyde Auditorium</td>
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<td></td>
<td>Session Two</td>
<td>Immune Thrombocytopenia</td>
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<td></td>
<td>Session Three</td>
<td>Transfusion Practice: Delivering Patient Blood Management</td>
</tr>
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<td>Session Four</td>
<td>LMIC Anaemia &amp; Infection</td>
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<tr>
<td>15:30 – 16:00</td>
<td>Tea/Coffee, Posters and Exhibition (Hall 5)</td>
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<td>15:30 – 16:00</td>
<td>Inaugural Business Meeting of Proposed UK Lymphoma Forum</td>
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<tr>
<td>16:00 – 17:15</td>
<td><strong>FOUR SIMULTANEOUS SATELLITE SYMPOSIA</strong></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Janssen</td>
<td>The Clyde Auditorium</td>
</tr>
<tr>
<td></td>
<td>Novel Therapies in Chronic Lymphocytic Leukaemia and Mantle Cell Lymphoma</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Celgene</td>
<td>The Lomond Auditorium</td>
</tr>
<tr>
<td></td>
<td>The Growing Role of VIDAZA® (azacitidine)</td>
<td></td>
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<tr>
<td></td>
<td>Improving Outcomes in Older Patients with Acute Myeloid Leukaemia (AML)</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Bristol Myers Squibb</td>
<td>The Forth Room</td>
</tr>
<tr>
<td></td>
<td>CML – A Focus on Long-Term Patient Outcomes: the SPRYCEL® (Dasatinib) Experience</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Decision Making on Lymphoma Agents</td>
<td>The Carron Room</td>
</tr>
<tr>
<td>17:15 – 17:30</td>
<td><strong>Break</strong></td>
<td></td>
</tr>
<tr>
<td>17:30 – 18:45</td>
<td><strong>FOUR SIMULTANEOUS SATELLITE SYMPOSIA</strong></td>
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<tr>
<td>1.</td>
<td>Celgene</td>
<td>The Clyde Auditorium</td>
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<td>The Future of Diagnostics and Targeted Therapies in Lymphoma FL and DLBCL</td>
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<td>2.</td>
<td>Takeda Oncology</td>
<td>The Lomond Auditorium</td>
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<td>Paradigm Shifts in Multiple Myeloma Clinical Management</td>
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<td>3.</td>
<td>Novartis</td>
<td>The Forth Room</td>
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<td>Eltrombopag’s Evolution – from Chronic Immune Thrombocytopenia (ciTP) to Severe Aplastic Anaemia (SAA)</td>
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<td>4.</td>
<td>Gilead</td>
<td>The Carron Room</td>
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<td>Interactive Case Studies in the Modern Management of CLL and FL</td>
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</tr>
<tr>
<td>18:45 – 19:30</td>
<td><strong>President’s Reception</strong></td>
<td>Hall 5</td>
</tr>
</tbody>
</table>

**Tuesday 19 April 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 – 10:00</td>
<td><strong>FOUR SIMULTANEOUS SESSIONS</strong></td>
<td></td>
</tr>
<tr>
<td>Session One</td>
<td>UKCLL</td>
<td>The Clyde Auditorium</td>
</tr>
<tr>
<td>Session Two</td>
<td>Best Abstracts</td>
<td>The Lomond Auditorium</td>
</tr>
<tr>
<td>Session Three</td>
<td>BSH Guidelines and Practice Session - The Global Applicability of BSH Guidelines</td>
<td>The Forth Room</td>
</tr>
<tr>
<td>Session Four</td>
<td>Free Communications: Myeloid Malignancy</td>
<td>The Carron Room</td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td>Tea/Coffee, Posters and Exhibition</td>
<td>Hall 5</td>
</tr>
<tr>
<td>10:30 – 12:00</td>
<td><strong>FOUR SIMULTANEOUS SESSIONS</strong></td>
<td></td>
</tr>
<tr>
<td>Session One</td>
<td>BSH Presidential Session</td>
<td>The Clyde Auditorium</td>
</tr>
<tr>
<td>Session Two</td>
<td>Free Communications: Stem Cell Transplantation</td>
<td>The Lomond Auditorium</td>
</tr>
<tr>
<td>Session Three</td>
<td>Acute Lymphoblastic Leukaemia</td>
<td>The Forth Room</td>
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<tr>
<td>Session Four</td>
<td>CLOT</td>
<td>The Carron Room</td>
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<tr>
<td>12:00 – 12:15</td>
<td><strong>Break</strong></td>
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</tr>
<tr>
<td>13:15 – 14:15</td>
<td>Lunch, Posters and Exhibition (Hall 5)</td>
<td>Hall 5</td>
</tr>
</tbody>
</table>
# Programme Overview

**14:15 – 15:45 FOUR SIMULTANEOUS SESSIONS**

<table>
<thead>
<tr>
<th>Session One</th>
<th>ISH Presidential Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue:</td>
<td>The Clyde Auditorium</td>
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<table>
<thead>
<tr>
<th>Session Two</th>
<th>ICSH / NEQAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue:</td>
<td>The Lomond Auditorium</td>
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<table>
<thead>
<tr>
<th>Session Three</th>
<th>Transfusion (Science)</th>
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<tbody>
<tr>
<td>Venue:</td>
<td>The Forth Room</td>
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<thead>
<tr>
<th>Session Four</th>
<th>LMIC Oncology</th>
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</thead>
<tbody>
<tr>
<td>Venue:</td>
<td>The Carron Room</td>
</tr>
</tbody>
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**15:45 – 16:15 Tea/Coffee, Posters and Exhibition (Hall 5)**

**16:15 – 17:30 FOUR SIMULTANEOUS SATELLITE SYMPOSIAS**

**1.** Janssen  
Evolving Pathways in Multiple Myeloma: The Line Up  
Venue: The Clyde Auditorium

**2.** Boehringer Ingelheim Ltd  
Setting New Standards in Anticoagulation Care: The Impact on Clinical Practice  
Venue: The Lomond Auditorium

**3.** Amgen  
Exploring The Optimal ‘Real-World’ Management of Relapsed Multiple Myeloma  
Venue: The Forth Room

**4.** Takeda Oncology  
Hodgkin Lymphoma: Challenging Current Clinical Practices in an Evolving Landscape  
Venue: The Carron Room

**17:40 – 18:30 Training discussion**

Venue: The Lomond Auditorium
<table>
<thead>
<tr>
<th>17:40 - 18:30</th>
<th>Meet the Expert Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Venue:</strong></td>
<td>The Morar Room</td>
</tr>
<tr>
<td><strong>Professor Craig Moskowitz</strong></td>
<td>Clinical cases employing novel agents in Hodgkin lymphoma</td>
</tr>
</tbody>
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| **Venue:** | The Leven Room          |
| **Professor Beverley Hunt** | Managing a major bleed |

| **Venue:** | The Ness Room           |
| **Dr Keith Stewart** | Dilemmas in treating multiple myeloma |

| **Venue:** | The Katrine Room         |
| **Professor David Kuter** | How I treat ITP |

| 19:15 | Conference Dinner       |
## Wednesday 20 April 2016

### 07:30 - 08:20  Meet the Expert Sessions

**Venue:** The Morar Room

**Dr Graham Collins**  
*When Hodgkin lymphoma gets difficult*

**Venue:** The Leven Room

**Professor Ruben Mesa**  
*Individualizing care for MPN patients*

**Venue:** The Ness Room

**Prof Philippe Moreau**  
*Frontline therapy in young patients with symptomatic myeloma*

**Venue:** The Katrine Room

**Professor Stephen Mulligan**  
*How I treat elderly patients with CLL*

### 08:30 – 10:00  FOUR SIMULTANEOUS SESSIONS

#### Session One  UKMF

**Venue:** The Clyde Auditorium

#### Session Two  Education Sub-Committee Session

**Venue:** The Lomond Auditorium

**Teaching Haematology in an Online World - Making the Web Work for You**

#### Session Three  Platelets: Function and Management

**Venue:** The Forth Room

#### Session Four  Laboratory Science

**Venue:** The Carron Room

**10:00 – 10:30**  Tea/Coffee, Posters and Exhibition (Hall 5)
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<tr>
<th>Time</th>
<th>Session One</th>
<th>Venue</th>
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<tr>
<td>10:30 – 12:00</td>
<td>The Lymphoma Association</td>
<td>The Clyde Auditorium</td>
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<td>Session Two</td>
<td>UK Haemoglobinopathy Forum</td>
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<td>Session Three</td>
<td>Patient Advocacy Session</td>
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<td>Session Four</td>
<td>LMIC Transfusion</td>
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<td>12:00 – 12:15</td>
<td>Break</td>
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<td>12:15 – 13:15</td>
<td>BSH Medal Lecture</td>
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<td>13:15 – 14:15</td>
<td>Lunch, Posters and Exhibition</td>
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<td></td>
<td>13:30 British Society for Haematology Annual General Meeting</td>
<td>The Carron Room</td>
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<td>14:15 – 15:45</td>
<td>Debate: Use of PET to Minimise of RT in Lymphoma</td>
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<td>Session Two</td>
<td>UK MDS Forum</td>
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<td>Session Three</td>
<td>Free Communications: Haemostasis and Thrombosis</td>
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<td>Session Four</td>
<td>Paediatric Committee/CCLG/CLCN</td>
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<td>15:45 – 16:15</td>
<td>Tea/Coffee, Posters and Exhibition (Hall 5)</td>
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<tr>
<td>16:15 – 17:30</td>
<td>TWO SIMULTANEOUS SATELLITE SYMPOSIA</td>
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<tr>
<td>1.</td>
<td>Roche Products Ltd</td>
<td>The Lomond Auditorium</td>
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<td>Challenge Your Perceptions: See CLL Through the Eyes of a Patient</td>
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<td>2.</td>
<td>Swedish Orphan Biovitrum Ltd</td>
<td>The Carron Room</td>
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<td>Why Extended Half Life Matters in Haemophilia A</td>
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<td>17:40 – 18:30</td>
<td>POSTER JUDGING SESSION</td>
<td>Hall 5</td>
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<td>17:30 - 19:00</td>
<td>National Haematology Groups Meeting</td>
<td>The Leven Room</td>
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<td><em>(National Haematology Groups only)</em></td>
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<td>17:40 – 18:30</td>
<td>Meet the Expert Sessions</td>
<td>The Morar Room</td>
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<td></td>
<td>Professor Gail Roboz</td>
<td>The Ness Room</td>
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<td></td>
<td>How I use molecular genetics to guide treatment in AML</td>
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<td>Professor David Steensma</td>
<td>The Katrine Room</td>
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<td></td>
<td>How I treat patients with difficult forms of MDS</td>
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<td>Professor Claire Harrison</td>
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<td></td>
<td>Challenging clinical and therapeutic scenarios in MPN</td>
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<td>17:45 – 18:45</td>
<td>INTERNATIONAL SOCIETY OF HEMATOLOGY ANNUAL GENERAL MEETING, BOARD OF COUNCILLORS, GENERAL ASSEMBLY</td>
<td>The Carron Room</td>
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<td>18:30 – 20:00</td>
<td>INTERNATIONAL BUFFET</td>
<td>Hall 5</td>
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<td>08:30 – 10:00</td>
<td>BSH Morphology Session</td>
<td>The Clyde Auditorium</td>
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<td>10:00 – 10:30</td>
<td>Tea/Coffee, Posters and Exhibition (Hall 5)</td>
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<td>10:30 – 12:00</td>
<td>Acute Myeloid Leukaemia</td>
<td>The Clyde Auditorium</td>
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<td>12:00 – 12:15</td>
<td>Break</td>
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<td>12:15 – 13:15</td>
<td>BSHT Biggs MacFarlane Plenary Lecture</td>
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<td>13:15 – 14:00</td>
<td>Lunch, Posters and Exhibition (Hall 5)</td>
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<td>14:00 – 15:30</td>
<td>Take Home Messages – Oncology</td>
<td>The Clyde Auditorium</td>
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<td>15:30 – 16:00</td>
<td>Lunch, Posters</td>
<td>The Lomond Auditorium</td>
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Monday 18 April 2016

07:00 – 09:00  Registration, Tea/Coffee and Exhibition  
              Hall 5

09:00 – 09:30  Opening Ceremony

Venue:  The Clyde Auditorium

Master of Ceremony  
*Presents and introduces the program and the speakers*

Bailie Baker, Glasgow City Council  
*Welcome speech*

Professor Adrian Newland, President - International Society of Hematology  
*Welcome speech*

Dr Paddy Carrington, President – British Society for Haematology  
*Welcome speech*

Professor Emin Kansu, Chair of Council - International Society of Hematology  
*Welcome speech*

*Presentation of recognition plagues to:*

Professor Saengsuree Jootar – Past Chair of Council, International Society of Hematology

Professor Adrian Newland – President 2016, International Society of Hematology

Dr Paddy Carrington – President 2016, British Society for Haematology

*Transfer of International Society for Hematology Flag to Professor Gail Rock, President 2018, International Society of Hematology*
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<th>Time</th>
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<tr>
<td>09:30 – 11:00</td>
<td>BSH-ASH-ISH Symposium: Haematological Disease in the Post Genomic Era</td>
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<td><strong>Chairmen:</strong></td>
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<td>Professor Adrian Newland, Barts and The London School of Medicine and Dentistry, UK</td>
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<td>Professor Emin Kansu, Hacettepe University Cancer Institute, Turkey</td>
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<td>The Clyde Auditorium</td>
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**Dr Kevin Shannon, UCSF Helen Diller Family Comprehensive Cancer Center, USA**  
*Germ line predisposition to leukemia*

**Professor Stephan Beck, University College London, UK**  
*Epi-typing: the new kid on the block for haematopoietic stem cell transplantation?*

**Dr David Williams, Dana-Farber/Boston Children’s Cancer and Blood Disorders Center, USA**  
*Stem cell gene therapy form monogenic diseases*

**Learning Objectives**  
**Dr Kevin Shannon**
- Germ line predispositions to myeloid malignancies include recognizable constitutional syndromes, certain primary hematologic disorders, and other “familial” leukemias
- Gata2 mutations are the most common cause of familial leukemia and are inherited in a dominant manner. Recessive familial leukemias also occur.
- Many of the same genes mutated in patients with germ line leukemia predispositions are also altered somatically in MDS and other de novo myeloid malignancies.
- Chromosome 7 deletions (monosomy 7) are common secondary aberrations in myeloid malignancies arising in persons with a predisposing germ line mutation.

**Dr David Williams**
- Describe the change in gamma-retrovirus vector that was used to address the insertional mutagenesis seen in the previous trials in France and the UK for X-linked Severe Combined Immunodeficiency Disease (X-SCID).
- Describe the key scientific questions being addressed in the current gene therapy trial in X-SCID.
- Describe the effect of deletion or inhibition of BCL11A with respect to γ-globin expression.
- Describe the effect of deletion or inhibition of BCL11A with respect to hematopoietic stem cell engraftment.

| 11:15 – 11:30 | Tea/Coffee, Posters and Exhibition  
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</table>
11:30 – 13:00 FOUR SIMULTANEOUS SESSIONS

Session One: Free Communications: Lymphoid Malignancy

Chairman: Dr George Follows, Cambridge University Hospitals NHS Foundation Trust, UK

Venue: The Clyde Auditorium

11.30 – 11.45 1* Quadruplet vs sequential triplet induction therapy approaches to maximise response for transplant eligible (TE), newly diagnosed myeloma patients (NDMM) in the NCRI Myeloma XI trial

11.45 – 12.00 2 A salvage autologous stem cell transplant (ASCT2) induces superior overall survival following bortezomib-containing re-induction therapy for relapsed multiple myeloma (MM): Results from the Myeloma X (Intensive) Trial

12.00 – 12.15 3 ELOQUENT-2: Extended safety and efficacy follow-up of the phase 3, randomized, open-label study of elotuzumab in combination with lenalidomide/dexamethasone in patients with relapsed/refractory multiple myeloma

12.15 – 12.30 4 Results from the international, randomized phase 3 study of ibrutinib versus chlorambucil in patients 65 Years and older with treatment-naïve (TN) CLL/ SLL (RESONATE-2™)
P Hillmen, A Tedeschi, PM Barr, T Robak, C Owen, P Ghia, O Bairey, NL Bartlett, J Li, D Simpson, S Grosicki, S Devereux, H McCarthy, S Coutre, H Quach, G Gaidano, Z Maslyak, DA Stevens, A Janssens, F Offner, J Mayer, M O’Dwyer, A Hellmann, A Schuh, T Siddiqi, A Pollack, CS Tam, D Suri, C Zhou, F Clow, L Styles, DF James, TJ Kipps, JA Burger
12.30 - 12.45  5* Blocking CD62L inhibits CLL cell interaction with vascular endothelium; an effect that is augmented by ibrutinib  
**C Shere**, TN Hartmann, G Pratt, C Fegan, C Pepper, EJ Walsby

12.45 - 13.00  6* A CXCR4 inhibitor and Btk inhibitor ONO/GS-4059 are synergistic and result in loss of CLL cell migratory ability and survival  
T Lewis, VK Proctor, P Brennan, G Pratt, TN Hartmann, AGS Buggins, T Yoshizawa, C Fegan, C Pepper, **EJ Walsby**
<table>
<thead>
<tr>
<th>Session Two</th>
<th>BSBMT</th>
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<tr>
<td>Chairman:</td>
<td>Dr Charles Crawley, Cambridge University Hospitals NHS Foundation Trust, UK</td>
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**Professor John Snowden, Sheffield Teaching Hospitals NHS Foundation Trust, UK**  
*Transplant for autoimmune disease*

**Professor Damiano Rondelli, University of Illinois Hospital & Health Sciences System, USA**  
*BMT in sickle cell disease*

**Professor Peter Dreger, Heidelberg University Hospital, Germany**  
*Allogeneic stem cell transplantation: still a role in CLL/lymphoma?*

### Learning Objectives

#### Professor John Snowden
- Background to the field – from animal models to early phase and observational studies
- Current status of EBMT Autoimmune Diseases Working Party (ADWP), in relation to database and research, including RCTs in MS, systemic sclerosis and Crohn’s disease
- Mechanisms of action – ‘rebooting’ the immune system
- Future directions for the field in the context of other novel treatment for autoimmune disease

#### Professor Damiano Rondelli
- Definition of high risk sickle cell patients eligible for BMT
- Previous results in BMT for sickle cell disease
- A non-myeloablative approach to BMT in sickle cell disease
- Quality of Life improvement after non-myeloablative transplant in sickle cell disease
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<th>Session Three</th>
<th>Obstetric Haematology</th>
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<td><strong>Chairman:</strong></td>
<td>Dr Sue Pavord, Oxford University Hospitals NHS Foundation Trust, UK</td>
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Dr Sahra Ali, Hull and East Yorkshire Hospitals NHS Trust, UK  
*AML in pregnancy*

Professor Jane Apperley, Imperial College London, UK  
*CML in pregnancy*

Professor Saskia Middeldorp, Academic Medical Center, The Netherlands  
*Thrombophilia testing & obstetrics - who to test and what tests*

Professor Beverley Hunt, Guy’s and St Thomas’ NHS Foundation Trust, UK  
*Thrombotic microangiopathies and pregnancy*

**Learning objectives**

Dr Sahra Ali

The presentation covers the management of acute myeloid leukaemia in pregnancy.

It focuses on:

- Diagnosis of AML in pregnancy.
- Key facts in the management at diagnosis at different stages in pregnancy.
- The safety of chemotherapy to the pregnant women as well as the toxicity and teratogenicity to the foetus. What and when?
- It gives guidance on the best and safest supportive therapy and the management of neutropaenic sepsis.
- It covers the active management of delivery. Timing and type of delivery.
Professor Saskia Middeldorp
At the conclusion of this presentation, participants should be able to

- Describe the impact of thrombophilia on risk of pregnancy-related venous thrombosis
- Describe the association between pregnancy complications and thrombophilia both quantitatively and qualitatively
- Describe if and how the presence of thrombophilia affects recommendations regarding thrombosis prophylaxis in pregnancy and puerperium, or during puerperium only
- Describe the state of the evidence with respect to prevention of pregnancy complications with aspirin and/or heparin in women with antiphospholipid syndrome and with hereditary thrombophilia

Professor Beverley Hunt

- to understand the range of TMAs on pregnancy
- to be able to diagnose TTP in pregnancy
- to be able to start appropriate treatment of TTP in pregnancy
Session Four  | Iron/ACD
--- | ---
Chairman: | Dr Kate Ryan, Central Manchester University Hospitals NHS Foundation Trust, UK
Venue: | The Carron Room

**Professor Guenter Weiss, Medical University of Innsbruck, Austria**  
*Pathways for iron loading beyond hemochromatosis and blood transfusion*

**Dr James O’Beirne, Royal Free London NHS Foundation Trust, UK**  
*Raised ferritin and the liver: why worry?*

**Professor John Porter, University College London Hospitals NHS Foundation Trust, UK**  
*How should we investigate new referrals for hyperferritinaemia?*

**Learning Objectives**  
Professor John Porter
- To recognise the causes of hypeferritinaemia with and without iron overload
- To understand the role of transferrin saturation in the investigation pathway for hyperferritinaemia
- To understand the role of liver iron concentration estimation (LIC) in the investigation pathway for hyperferritinaemia
- To understand when it is appropriate to refer for a hepatology opinion

**13:00 – 14:00**  
Lunch, Posters and Exhibition  
Hall 5
13:00 - 15:00  BSH Regional Leads Meeting  
(BSH Regional Leads only)

Venue:  The Morar Room

14:00 – 15:30  FOUR SIMULTANEOUS SESSIONS

Session One  Debate: ‘Chemo Free’ in Follicular Lymphoma

Chairmen:  Professor Graham Jackson, The Newcastle upon Tyne Hospitals NHS Foundation Trust, UK
Dr Andrew McMillan, Nottingham University Hospitals NHS Trust, UK

Venue:  The Clyde Auditorium

Introduction by Dr Daniel Hodson, University of Cambridge, UK

FOR
Professor Gilles Salles, South Lyon Hospital, France

versus

AGAINST
Dr Robert Marcus, King’s College Hospital NHS Foundation Trust, UK

Learning objectives

Dr Daniel Hodson
- Review our current understanding of follicular lymphoma biology
- Highlight oncogenic pathways that might be therapeutically targetable in follicular lymphoma
- Understand the mechanism of action of currently used “targeted” agents in follicular lymphoma

Dr Robert Marcus
- To understand progress made in the therapy of Follicular Lymphoma over past decade
- To appreciate that novel agents carry their own toxicities
- That chemotherapy and novel agents are not mutually exclusive alternatives and that multiple therapies will be used in the time course of the disease
- Long term tumour control is as good as cure
Session Two  Immune Thrombocytopenia

Chairman: Dr Drew Provan, Barts Health NHS Trust, UK

Venue: The Lomond Auditorium

Professor Francesco Zaja, Azienda Ospedaliero-Universitaria, Italy
Approach to refractory ITP

Professor Adrian Newland, Barts and The London School of Medicine and Dentistry, UK
Is there a role for splenectomy today?

Dr Sue Pavord, Oxford University Hospitals NHS Foundation Trust, UK
ITP in pregnancy/neonate

Professor David Kuter, Massachusetts General Hospital, USA
New treatment options in ITP

Learning Objectives

Professor Francesco Zaja
- Definition of refractory ITP
- Is splenectomy still a standard of care for ITP
- Long-term effect of Splenectomy, Rituximab and TPO receptor agonists
- Can we select ITP patients to be treated with splenectomy, Rituximab or TPO receptors-agonists?

Professor Adrian Newland
- Newer treatment options reduce the need for splenectomy
- Splenectomy rates have dropped dramatically over the last 6 years since the Consensus document on management of ITP
- Ultimately up to 40% fail splenectomy with an increased risk of infection particularly in those requiring further treatment
- Indium-labelled platelet imaging techniques should guide the decision on whether splenectomy should occur

Dr Sue Pavord
- To consider the clues to diagnosis of ITP in pregnancy
- To understand the risks to both mother and neonate and the disparity between their respective platelet counts
- To examine the risks and benefits of first and second line treatments
- To appreciate the different presentations of ITP in pregnancy and how these may influence management
Professor David Kuter

- To determine how anti-CD40 ligand therapy might reduce anti-platelet antibody production
- To predict the effect of inhibition of neonatal Fc receptor on anti-platelet antibody clearance
- To see if sialylated IgG or stradomers might be more effective in reducing platelet clearance than IVIG
- To assess the effect of syk kinase inhibition on platelet clearance
Session Three
Transfusion Practice: Delivering Patient Blood Management

Chairmen:
Dr Kate Pendry, Central Manchester University Hospital NHS Foundation Trust, UK
Professor Henrik Ullum, Copenhagen University Hospital, Denmark

Venue: The Forth Room

Professor Mark Yazer, The Institute for Transfusion Medicine, USA
Patient blood management - how we implemented it in Pittsburgh from the ground up

Professor Timothy Walsh, University of Edinburgh, UK
Red cell transfusion for the critically ill: are we ready for precision medicine?

Professor Peter Collins, Cardiff and Vale University Health Board, UK
Patient blood management in obstetrics: the management of post partum haemorrhage

Dr Jeannie Callum, Sunnybrook Health Sciences Center, Canada
Transfusing wisely: North American experience of choosing wisely campaign

Learning Objectives

Professor Mark Yazer
- Appreciate the diverse activities that fall under the term Patient Blood Management
- Understand how different PBM activities can benefit patients and reduce costs
- Appreciate that a full-fledged PBM programme does not have to built in one day

Professor Timothy Walsh
- To summarise current evidence based on recent systematic reviews of the available trial evidence
- To highlight ongoing clinical uncertainties regarding red cell transfusion practice, specifically the types of disease process and types of patient co-morbidities for which a generally restrictive process may not be as safe as a more liberal approach
- To justify why patients with acute and chronic cardiovascular disease represent a prevalent group who may be at risk from severe anaemia based on pathophysiological rationale and recent analysis of existing evidence.
**Professor Peter Collins**

- The coagulopathy associated with postpartum haemorrhage differs according to the cause of bleeding
- Laboratory tests of coagulation often take too long to be clinically useful and experience with point of care testing is increasing
- During postpartum haemorrhage fibrinogen falls to critically low levels sooner than other coagulation factors and is associated with poor outcomes
- Options for haemostatic support during postpartum haemorrhage include fixed-ratio RBC:FFP transfusion and goal directed approaches although no strategies have been subjected to high quality clinical trials

**Dr Jeannie Callum**

- Review the variability in transfusion practice worldwide: there is too much variability to be accounted for by differences in patient characteristics
- Understand the impetus behind “choosing wisely” campaigns; save money, improve the sustainability of healthcare, reduce complications from unnecessary tests and procedures
- Review the 5 statements from the AABB’s Choosing Wisely: Don’t transfuse liberally. Don’t transfuse iron deficiency. Don’t give blood products to reverse warfarin except in emergencies. Don’t perform serial blood work in stable patients. Don’t transfuse O-neg blood to non-O-neg patients.
- Discuss how these initiatives can help you gain traction with quality improvement
Session Four  
LMIC Anaemia & Infection

Chairmen:  
Professor David Roberts, Oxford University, UK  
Dr Amma Benneh, Korle Bu Teaching Hospital, Ghana

Venue:  
The Carron Room

Professor Michael Boele Van Hensbroek, Academic Medical Center, The Netherlands  
Iron, anaemia and susceptibility to infections in children in LMIC

Dr Kamija Phiri, University of Malawi, Malawi  
New insights into anaemia and malaria from Malawi

Dr Martin Mwangi, Wageningen University, The Netherlands & Maseno University, Kenya  
Safety and efficacy of iron supplementation in pregnancy in Kenya

Professor Simon Draper, University of Oxford, UK  
From dead cell antigens to vaccines: progress and prospects with new vaccines for malaria

Learning Objectives
Professor Michael Boele van Hensbroek
- The relative importance of iron deficiency in the aetiology of severe anaemia in children in developing countries.
- Is it safe and beneficial to give iron supplementation to anaemic children living in an area with a high infection pressure?
- Is there an association between iron deficiency and malaria susceptibility?

Dr Martin Mwangi
Antenatal iron supplementation has immense benefits for infant survival and health that should outweigh any possible concerns about risks of malaria.
- Antenatal iron supplementation (AIS) does not result in increased malaria risk.
- AIS has major benefits: increased birthweight (150g), in women with initial iron deficiency, increased birthweight by 234g; increased gestational duration and neonatal length; decreased risk of low birthweight by 58%.
- Maternal haemoglobin concentration increased at birth and at 1-month after birth while maternal and infant iron stores at 1-month after birth were increased. Risk of premature birth decreased. There was no evidence that the effect was modified by IPT use.
- Policy implications: Only 16.8 women need to be supplemented to prevent one case of low birthweight. Scaling up coverage of universal iron supplementation in pregnancy must be prioritised.
Professor Simon Draper

- The malaria parasite is a complex pathogen that utilises many receptor-ligand interactions to invade the host red blood cell – redundancy within this repertoire has greatly hindered vaccine development.
- Contrary to this paradigm, recent advances have identified an interaction between the malaria parasite’s RH5 protein and basigin/CD147 on the red cell surface which is essential.
- A new generation of vaccines for Plasmodium falciparum malaria are now in development that target this critical interaction.
- The first clinical trial of a PfRH5-based vaccine is revealing how human antibodies can neutralise the red blood cell invasion process by the parasite.

15:30 – 16:00 Tea/Coffee, Posters and Exhibition
Hall 5

15:30 – 16:00 Inaugural Business Meeting of Proposed UK Lymphoma Forum

Venue: The Leven

Inaugural Business Meeting for proposed UK National Lymphoma Forum

At present, lymphoma has no counterpart of the successful National Forums for Myeloma, CLL, MDS etc. We believe that this should be changed and invite anyone interested to a business meeting to make plans to launch a Lymphoma Forum. This is your chance to get involved with this project from the beginning – please join us if you can.

Andrew McMillan and Simon Rule
### 16:00 – 17:15 FOUR SIMULTANEOUS SATELLITE SYMPOSIA

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<td><strong>Novel Therapies in Chronic Lymphocytic Leukaemia and Mantle Cell Lymphoma</strong></td>
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<tr>
<td><strong>Chairman:</strong> Dr George Follows, Cambridge University Hospitals NHS Foundation Trust, UK</td>
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<td><strong>Venue:</strong> The Clyde Auditorium</td>
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<tr>
<td><strong>Professor Simon Rule, Plymouth Hospitals NHS Trust, UK</strong></td>
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<tr>
<td>Management strategies in mantle cell leukaemia</td>
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<td><strong>Professor Jan Burger, MD Anderson Cancer Centre, USA</strong></td>
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<td>Chronic lymphocytic leukaemia: understanding the key decisions in the first relapse setting, the US approach</td>
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<td><strong>The Growing Role of VIDAZA® (azacitidine)</strong></td>
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<td><strong>Improving Outcomes in Older Patients with Acute Myeloid Leukaemia (AML)</strong></td>
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<td><strong>Chairman:</strong> Professor Charlie Craddock, University Hospitals Birmingham NHS Foundation Trust, UK</td>
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<td><strong>Venue:</strong> The Lomond Auditorium</td>
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<td><strong>Chair’s Welcome &amp; The AML Treatment Landscape</strong></td>
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<td><strong>Professor Paresh Vyas, Oxford University Hospitals NHS Trust, UK</strong></td>
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<td>The biology of AML in older patients</td>
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<td><strong>Professor Jamie Cavenagh, St. Bartholomew’s Hospital, London, UK</strong></td>
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<tr>
<td>The challenge of treating older patients with AML and the growing role of VIDAZA®</td>
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<td><strong>Professor Charlie Craddock, University Hospitals Birmingham NHS Foundation Trust, UK</strong></td>
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<td>The older AML patient: who, when and how to transplant?</td>
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3. Bristol Myers Squibb

CML – A Focus on Long-Term Patient Outcomes: the SPRYCEL® (Dasatinib) Experience

Chairman: Professor Mhairi Copland, University of Glasgow, UK

Venue: The Forth Room

Professor Giuseppe Saglio, University of Turin, Italy
DASISION: final 5 year analysis and case study

Professor Stephen G O’Brien, University of Newcastle, UK
SPIRIT 2: a focus on safety and side effect management, practicalities and case study

Professor Mhairi Copland, University of Glasgow, UK
Funding and availability for SPRYCEL® in the UK and devolved nations

4. Decision making on lymphoma agents

Chairmen: Professor Adrian Newland, Barts and The London School of Medicine and Dentistry, UK
Dr Guy Pratt, University Hospitals Birmingham NHS Foundation Trust, UK

Venue: The Carron Room

Meindert Boyson, Centre for Health Technology Evaluation, NICE, UK
Cancer Drugs Fund and NICE commissioning
Where are we heading post CDF?

Dr Emanuele Zucca, Oncology Institute of Southern Switzerland
Challenges in lymphomas.
Spotlight on new drugs and treatments in NHL

Dr Martin Pule, University College London, UK
Future thoughts.
CAR T cell therapy in lymphoma

Discussion

This satellite symposium is designed by Professor Newland and organised by Hartley Taylor Medical Communications

17:15 – 17:30 Break
### 17:30 – 18:45 FOUR SIMULTANEOUS SATELLITE SYMPOSIA

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<td>The Future of Diagnostics and Targeted Therapies in Lymphoma</td>
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<td>FL and DLBCL</td>
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<td>Chairman:</td>
<td>Dr Andrew Davies, University of Southampton, UK</td>
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<td>Professor Randy Gascoyne, University of British Columbia</td>
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<td>Transforming perceptions: pathology and progression of lymphomas</td>
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<td>Dr Andrew Davies, University of Southampton, UK</td>
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<td>Expanding the lymphoma arsenal</td>
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<td>Professor Andy Pettit, University of Liverpool, UK</td>
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<td>Focussing on the future: applications in practice – follicular lymphoma (FL)</td>
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<td>Dr Andrew Davies, University of Southampton, UK</td>
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<td>Focussing on the future: applications in practice – diffuse large B-cell lymphoma (DLBCL)</td>
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<td>Paradigm Shifts in Multiple Myeloma Clinical Management</td>
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<td>Chairman:</td>
<td>Professor Gordon Cook, The Leeds Teaching Hospitals NHS Trust, UK</td>
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<td>The Lomond Auditorium</td>
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<td>Professor Gordon Cook, The Leeds Teaching Hospitals NHS Trust, UK</td>
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<td>Hallmarks of cancer: a focus on multiple myeloma</td>
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<td>Professor Paul Richardson, Dana-Farber Cancer institute, USA</td>
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<td>Latest advances in the clinical management of relapsed/refractory multiple myeloma</td>
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<td>Professor Graham Jackson, Newcastle Hospitals NHS Foundation Trust, UK</td>
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<td>Making clinical sense of all the treatment options in relapsed/refractory multiple myeloma</td>
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<td><strong>Eltrombopag's Evolution – from Chronic Immune Thrombocytopenia (cITP) to Severe Aplastic Anaemia (SAA)</strong></td>
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<td><strong>Chairman:</strong></td>
<td><strong>Dr Drew Provan, Barts &amp; The London School of Medicine, UK</strong></td>
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<td><strong>Venue:</strong></td>
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<td><strong>Dr Marie Scully, University College Hospital, UK</strong></td>
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<td><em>Eltrombopag in practice – my current approach in adult cITP</em></td>
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<td><strong>Dr Drew Provan, Barts &amp; The London School of Medicine, UK</strong></td>
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<td><em>ITP in the 21st century: pathogenesis and management pathway</em></td>
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<td><strong>Dr Austin Kulasekararaj, King's College London, UK</strong></td>
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<td><em>Beyond the platelet: eltrombopag’s effect in severe aplastic anaemia (SAA)</em></td>
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<td><strong>Dr Drew Provan, Barts &amp; The London School of Medicine, UK</strong></td>
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<td><em>Summary and Q&amp;A</em></td>
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<td><strong>Interactive Case Studies in the Modern Management of CLL and FL</strong></td>
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<td><strong>Chairman:</strong></td>
<td><strong>Dr Mike Leach, Beatson West of Scotland Cancer Centre, UK</strong></td>
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<td><strong>Venue:</strong></td>
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<td><strong>Dr Mike Leach, Beatson West of Scotland Cancer Centre, UK</strong></td>
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<td><em>Introduction and agenda overview</em></td>
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<td><strong>Professor Andrew Zelenetz, Memorial Sloan-Kettering Cancer Center, USA</strong></td>
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<td><em>CLL case studies from the US</em></td>
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<td><strong>Dr Angus Broom, Western General Hospital, Edinburgh</strong></td>
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<td><em>FL case studies from Scotland</em></td>
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<td><strong>All speakers</strong></td>
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<td><em>Panel discussion with audience</em></td>
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<td><strong>Dr Mike Leach, Beatson West of Scotland Cancer Centre, UK</strong></td>
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<td><em>Symposium close</em></td>
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18:45 – 19:30  President’s Reception
Hall 5
Tuesday 19 April 2016

08:30 – 10:00  FOUR SIMULTANEOUS SESSIONS

Session One  UKCLL

Chairman: Dr George Follows, Cambridge University Hospitals NHS Foundation Trust, UK

Venue: The Clyde Auditorium

Professor Jan Burger, MD Anderson Cancer Center, USA

The role of the microenvironment and novel therapies in CLL

Professor Arnon Kater, Academic Medical Center, The Netherlands

Limitation of targeted therapy in CLL; lessons from translational studies

Dr Anna Schuh, University of Oxford, UK

Advances in molecular stratification of chronic lymphocytic leukaemia

Learning Objectives

Professor Jan Burger

• The tissue microenvironment promotes CLL cell survival and proliferation by engaging in a complex cross talk with the leukemia cells
• Nurselike cells (macrophage-like feeder cells), T lymphocytes, and mesenchymal stromal cells are important cellular players in the CLL microenvironment
• B cell receptor (BCR) signaling is a central pathway activated by interactions between CLL cells and the microenvironment, activating downstream kinases, including SYK, BTK, and PI3K
• Kinase inhibitors blocking BTK, and PI3K are currently changing the therapeutic landscape in CLL and provide major advances over established chemo-immunotherapy, particularly for higher-risk CLL patients

Professor Arnon Kater

• Understand the importance of the tumor microenvironment in CLL
• Learning the caviats of current targeted therapies in CLL
• Understand the rationale of combination treatments
• Understand the potential role of MRD

Dr Anna Schuh

• Summary of the clinical outcome and available treatment options for high risk CLL
• Understanding the clinical relevance of TP53 mutation/deletion detection and laboratory methods available
• Overview of our current knowledge in CLL genomics including also non-coding mutations
## Session Two Best Abstracts

**Chairmen:** Professor Sabri Kemahli, Yeditepe University Faculty of Medicine, Turkey  
Dr Matthew Streetly, Guy’s and St Thomas’ NHS Foundation Trust, UK

**Venue:** The Lomond Auditorium

<table>
<thead>
<tr>
<th>Time</th>
<th>Abstract</th>
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| 08.30 - 08.45 | Potential benefit of higher dose daunorubicin in patients harbouring a FLT3-ITD mutation: Updated results of the AML17 trial  
**NH Russell**, RK Hills, J Kell, J Cavenagh, L Kjeldsen, MF McMullin, P Cahalin, M Dennis, L Friis, A Grech, D Milligan, R Clark, AK Burnett |
| 08.45 - 09.00 | Conditional deletion of the HoxA cluster in MLL-AF9 is incompatible with leukaemia maintenance  
**LMJ Kettyle**, IV Grishagin, C-E Lebert-Ghali, GJ Dickson, JJ Bijl, KI Mills, A Thompson |
| 09.00 - 09.15 | Haemochromatosis is more than being a C282Y homozygote: The utility of NGS, using the 16 gene Disorders of Iron Regulation NGS Panel, and MPLA as routine diagnostic tools  
**PA Bignell**, W Atoyebi, HMP Dreau, P Antoniou, AH Schuh, KJH Robson |
| 09.15 - 09.30 | Idelalisib plus bendamustine and rituximab (BR) is superior to BR alone in patients with relapsed/refractory chronic lymphocytic leukemia: Results of a phase 3 randomized double-blind placebo-controlled study  
**A Zelenetz**, T Robak, B Coiffier, J Delgado, P Marlton, A Adewoye, Y Kim, L Dreiling, P Hillmen |
| 09.30 - 09.45 | Patient blood management in surgery – results of a UK National Comparative Audit in 2015  
**S Allard**, K Pendry, T Richards, D Highton, D Lowe, J Grant-Casey |
| 09.45 - 10.00 | Idarucizumab reversal of anticoagulation in dabigatran-treated patients presenting with acute traumatic injuries: Interim results from the RE-VERSE AD Study  
**S Austin**, CV Pollack Jr., F Grunenfelder, J Eikelboom, E Hylek, M Mills, F Selke, P Kamphuisen, E Kleine, P Reilly, J Kreuzer, J Weitz |
<table>
<thead>
<tr>
<th>Session Three</th>
<th>BSH Guidelines and Practice Session - The Global Applicability of BSH Guidelines</th>
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<tr>
<td><strong>Chairmen:</strong></td>
<td>Dr Anne Parker, University of Glasgow, UK</td>
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<td>Dr David Keeling, Oxford University Hospitals NHS Foundation Trust, UK</td>
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<td><strong>Venue:</strong></td>
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**Professor Beverley Hunt, Guy’s and St Thomas’ NHS Foundation Trust, UK**  
*Major haemorrhage*

**Dr Sridhar Chaganti, University Hospitals Birmingham NHS Foundation Trust, UK**  
*DLBCL: controversies and global challenges*

**Dr Edeghoghon Olayemi, University of Ghana Medical School, Ghana**  
*Applicability of BSH Guidelines in a low income country*

**Learning Objectives**

**Professor Beverley Hunt**
- Update in evidence supporting blood transfusion in haemorrhage in different settings
- Current recommended protocol of use of blood products
- Use of tranexamic acid

**Dr Sridhar Chaganti**
- Understanding of the current management strategy for diffuse large B cell lymphoma.
- Knowledge of the controversy surrounding determination of cell of origin (ABC vs GCB) and its impact on management.
- Understanding of the differences between double hit and double expressor lymphomas.
- Review the controversy surrounding definition of “high-risk” diffuse large B cell lymphoma and its management.

**Dr Edeghoghon Olayemi**
- Although application of clinical guidelines can improve patient outcome; the patient’s preference should always be considered.
- The population from which evidence for BSH guidelines are based and for which they were designed is markedly different from those found in most low income countries (LICs).
- Economic and infrastructural difficulties limit application of BSH guidelines in most LICs.
- The inclusion of experts from LICs in BSH guideline development may improve their applicability in LICs.
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<th>Time</th>
<th>Session</th>
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<tr>
<td>08.30</td>
<td>13</td>
<td>De-escalation of tyrosine kinase inhibitor treatment in chronic myeloid leukaemia patients with excellent molecular responses: Initial safety results from the DESTINY trial</td>
<td>RE Clark, F Polydoros, JF Apperley, C Pocock, G Smith, R Salim, T Coffey, SG O’Brien, L Foroni, M Copland</td>
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<tr>
<td>08.45</td>
<td>14*</td>
<td>Pregnancy outcome in women with myeloproliferative neoplasms in the United Kingdom</td>
<td>S Alimam, S Bewley, L Chappell, M Knight, P Seed, G Gray, C Harrison, S Robinson</td>
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<td>09.00</td>
<td>15</td>
<td>Comprehensive and effective biobanking for research into chronic myeloid malignancies</td>
<td>EJ Baxter, HF McMurray, N Manes, VA Burrows, FE Beaton, CE Massie, J Nangalia, GS Vassiliou</td>
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<tr>
<td>09.15</td>
<td>16*</td>
<td>Identification of common and distinct epigenetic reprogramming properties of core-binding-factor fusion proteins</td>
<td>J Loke, A Ptasinska, MR Imperato, SA Assi, P Cauchy, O Heidenreich, M Raghavan, PN Cockerill, C Bonifer</td>
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<tr>
<td>09.30</td>
<td>17</td>
<td>Targeted sequencing of 647 patients with myeloid malignancies, marrow failures and cytopenia: A prospective ‘real life’ analysis</td>
<td>AG Kulasekararaj, S Best, A Kizilors, AS Riberio, N Igbineweka, T Chevassut, JCW Marsh, R Ireland, N Lea, GJ Mufti</td>
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<td>09.45</td>
<td>18</td>
<td>Molecular signature of dormancy in CD34+CD38- acute myeloid leukaemia cells</td>
<td>M Gh Al-Asadi, M Castellanos, ST May, NH Russell, CH Seedhouse, M Pallis</td>
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<td>10:00</td>
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<td>Tea/Coffee, Posters and Exhibition</td>
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<td>Hall 5</td>
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# Session One
## BSH Presidential Session

### Chairman:
- Dr Paddy Carrington, Central Manchester University Hospitals NHS Foundation Trust, UK
- Dr Tim Littlewood, Oxford University Hospitals NHS Foundation Trust, UK

### Venue:
The Clyde Auditorium

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<td>10:30 – 12:00</td>
<td><strong>FOUR SIMULTANEOUS SESSIONS</strong></td>
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**Session One BSH Presidential Session**

**Chairmen:**
- Dr Paddy Carrington, Central Manchester University Hospitals NHS Foundation Trust, UK
- Dr Tim Littlewood, Oxford University Hospitals NHS Foundation Trust, UK

**Venue:** The Clyde Auditorium

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- **Dr Paddy Carrington, Central Manchester University Hospitals NHS Foundation Trust, UK**
  - Introduction

- **Dr David Keeling, Oxford University Hospitals NHS Foundation Trust, UK**
  - BSH Guidelines – where to now?

- **Professor Kris Bowles, Norfolk and Norwich University Hospitals NHS Foundation Trust, UK**
  - Education, education, education - teaching and learning through the BSH

- **Dr Matthew Streetly, Guy's and St Thomas' NHS Foundation Trust, UK**
  - Grants - supporting our members

- **Professor Finbarr Cotter, Barts Health NHS Trust, UK**
  - British Society for Haematology and British Journal of Haematology

- **Dr Anne Parker, Queen Elizabeth University Hospital, UK**
  - Are you talking to me? – communication the BSH way

- **Dr Liz Chalmers, Royal Hospital for Sick Children, UK**
  - Paediatric haematology – subspecialty or separate specialty

- **Professor Imelda Bates, Liverpool School of Tropical Medicine, UK**
  - Joining forces to support haematology in developing countries

- **Dr Will Lester, University Hospitals Birmingham NHS Foundation Trust, UK**
  - Getting on with the neighbours - how the BSH relates to other organisations

- **Miss Katy Amberley, British Society for Haematology, UK**
  - Are you being served - the role of the BSH office

- **Professor Jack Levin, University of California School of Medicine, USA**
  - The unexplained evolution of the megakaryocyte/platelet lineage
Learning Objectives
The first part of this session will provide an overview of all the activities of the BSH together with information on how you can make the most of the work of the Society to inform and improve your practice. We shall also explain how the Society has changed in the last year and will change further in future, highlighting opportunities for you to get involved.

Professor Jack Levin
- Megakaryocytes and their progeny, non-nucleated platelets, are found only in mammals
- In all other animal species, cells involved in hemostasis and blood coagulation are nucleated
- Nonmammalian vertebrates have nucleated thrombocytes, the first cells to evolve that specialize in hemostasis
- Neither live birth nor placental pregnancy accounts for the evolution of platelets in mammals
### Session Two: Free Communications: Stem Cell Transplantation

**Chairmen:**
Dr David Gomez Almaguer, Universidad Autonoma de Nuevo Leon, Mexico  
Professor John Snowden, Sheffield Teaching Hospitals NHS Foundation Trust, UK

**Venue:** The Lomond Auditorium

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<tr>
<td><strong>10.30 - 10.45</strong></td>
<td><strong>19</strong> Reduced intensity conditioned allogeneic stem cell transplantation (RIC-Allo) as front-line therapy for mantle cell lymphoma (MCL): Results from the UK Phase II Mini Allo Study (CRUK: C7627/A9080)</td>
<td>DL Tucker, KS Peggs, G Cook, N Russell, A Hunter, S Robinson, NJ Morley, A Sureda, P Smith, P Patrick, N Braganca, L Stevens, T Adedayo, AA Kirkwood, S Rule</td>
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<tr>
<td><strong>10.45 - 11.00</strong></td>
<td><strong>20</strong> Single UK centre outcomes of peripheral blood stem cell (PBSC) haploidentical transplantation</td>
<td>JM O’Sullivan, A Pagliuca, M Streetly, H de Lavallade, V Potter, A Kulasekararaj, D McLornan, M Kazmi, J Marsh, G Mufti, K Raj</td>
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<td><strong>11.00 - 11.15</strong></td>
<td><strong>21</strong> T-cell depletion with anti-thymocyte globulin (ATG) favours superior overall survival and lowers rates of relapse and GVHD when compared to alemtuzumab in patients undergoing allogeneic haematopoietic stem cell transplantation for myelofibrosis: A retrospective single centre analysis</td>
<td>S Alimam*, Y Beauverd*, D McLornan, M Ibrahim, C Saha, K Raj, H De Lavallade, M Kenyon, CN Harrison, A Pagliuca, GJ Mufti</td>
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<td><strong>11.15 - 11.30</strong></td>
<td><strong>22</strong> Feasibility and optimal schedule of eculizumab in patients with haemolytic paroxysmal nocturnal hemoglobinuria (hPNH) with severe aplastic anaemia (SAA) prior to haemopoietic stem cell transplant (HSCT)</td>
<td>AG Kulasekararaj, A Hill, I Farmer, K Riley, L Arnold, R Allam, S Gandhi, M Griffin, T Munir, J Large, V Potter, GJ Mufti, A Pagliuca, P Hillmen, JCW Marsh</td>
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</table>
11.30 - 11.45  23  Outpatient hematopoietic grafting in patients with multiple sclerosis employing autologous non-cryopreserved peripheral blood stem cells: A feasibility study  

11.45 - 12.00  24  Excellent outcomes following etoposide-melphalan autologous stem cell transplant in lymphoma patients unfit for standard BEAM conditioning  
**FA Abed, MJ Bishton, CP Fox, NH Russell, JL Byrne, R Ganatra, F Richardson, C Griffiths, AK McMillan**
Session Three: Acute Lymphoblastic Leukaemia

Chairman: Dr Adele Fielding, Royal Free London NHS Foundation Trust, UK

Venue: The Forth Room

Professor Nicolas Boissel Hôpital Saint-Louis, France

Risk stratification on MRD and oncogenetic factors in Ph-1-negative ALL

Dr Anita Rijneveld, Erasmus University Medical Center, The Netherlands

BCRABL - like ALL

Professor Adele Fielding, Royal Free London NHS Foundation Trust, London

Relapsed ALL

Learning Objectives

Professor Nicolas Boissel

• In adult with Ph1-negative ALL, pediatric-inspired therapeutic approaches have improved patient’s outcome.
• Early MRD assessment at complete remission time is the strongest prognostic factor in both BCP- and T-ALL subgroups.
• Recently identified oncogenetic factors including IKZF1 intragenetic deletion in BCP-ALL and NOTCH1 pathway mutations in T-ALL/LL improve risk stratification.
• Allogeneic stem cell transplant mostly benefit to patients with slow MRD response to induction phase.

Dr Anita Rijneveld

• A new prognostic poor risk category for adult B-ALL has been identified: BCR-ABL1-like or Philadelphia-like subgroup; different patients are identified by different methods (BCR-ABL1-like versus Ph-like).
• Tyrosine kinase signalling is disabled in the majority of this BCR-ABL-like subgroup by a diverse repertoire of rearrangements and/or mutations.
• Tyrosine kinase inhibition (with imatinib, dasatinib) is a promising approach in patients with specific aberrations in this subgroup
• Whether JAK2 inhibition (with e.g. ruxolitinib) has a positive effect in patients in this subgroup, needs to be clarified
Professor Adele Fielding

- To understand what is currently known about the risk of relapse in ALL and the prognosis when conventional therapy is given
- To know which new agents are being tested/have recently been licensed for the therapy of relapsed ALL
- To understand how the side effects and outcomes may differ from conventional chemotherapy alone
- To contemplate how these agents may be developed for use in de novo ALL
Session Four  CLOT

Chairman: Mr Huw Rowswell, Plymouth Hospitals NHS Trust, UK

Venue: The Carron Room

Mrs Sarah Bond, Great Western Hospital NHSFT, UK
DOAC in clinical practice real world audit data

Professor Francis Couturaud, University Hospital of Brest, France
How long to anticoagulate for post unprovoked VTE? The PADIS PE Trial

Mr Huw Rowswell, Plymouth Hospitals NHS Trust, UK
Acquired vs community VTE risk factors and 5 year follow up

Dr Walter Ageno, University of Insubria, Italy
Leg vs limited leg scanning - the Pallido study

Learning Objectives

Mrs Sarah Bond
• To learn about a method of capturing local real world data
• To learn the incidence of adverse events in patients on a DOAC managed by a local district hospital
• To understand why following up patients on a DOAC is beneficial both to patients and healthcare professionals

Professor Francis Couturaud
• Stratification of the risk of recurrent venous thromboembolism after stopping anticoagulation: major and minor risk factors, clinical versus biochemical and radiological risk factors
• Stratification of the risk of bleeding during anticoagulation
• Components of the benefit risk balance after the first months of anticoagulation
• Alternative to indefinite anticoagulation using warfarin therapy in patients with unprovoked venous thromboembolism
Mr Huw Rowswell

- Hospital Acquired vs Community Acquired VTE Risk Factors and Five Year Follow up

- In 2010 of 703 VTE events 486 were community acquired (CAT) (251 DVT & 235 PE) and 217 hospital acquired (HAT) (84 DVT & 133 PE) a significant association of PE with HAT (p=0.003)

- Age > 60 was associated with HAT events whilst obesity, immobility, personal or family VTE history with CAT events

- All cause 5 year mortality was significantly greater for HAT events over CAT events (p=0.001)

- There were 62 recurrent VTE events with the majority, (77%), previously being CAT events. Recurrence was also significantly associated with the index events with 55/62 (81%) being the same VTE event (p=0.001).

Dr Walter Ageno

- Compression ultrasonography (CUS) represents the mainstay for the diagnosis of DVT.

- Two different approaches have been validated: limited- and whole-leg CUS. When compared, their diagnostic accuracy was shown to be equivalent and both approaches are recommended by international guidelines.

- By combining the two diagnostic strategies in a single algorithm, we were able to simplify the diagnostic approach to patients with suspected DVT. Using the PALLADIO algorithm, DVT can be safely ruled-out without the need for repeat CUS and only selected, higher risk patients require whole-leg CUS. This approach is likely to reduce the overdiagnosis of low risk isolated distal DVT.

12:00 – 12:15 Break

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**Professor Stephen Mulligan, Royal North Shore Hospital, Australia**  
*Chronic lymphocytic leukaemia: transition to a new era*

#### Learning Objectives

**Professor Stephen Mulligan**  
- Understand the current standard of care and clinical trial evidence
- Recognise the dramatic recent changes in therapeutic options now available in CLL
- Understand the evolving role of these novel agents in CLL and potential problems for clinical use
- Explore future directions in CLL

### 13:15 – 14:15 Lunch, Posters and Exhibition

**Hall 5**
<table>
<thead>
<tr>
<th>Session One</th>
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<td>Dr Beverley Rowbotham, Sullivan Nicolaides Pathology, Australia</td>
</tr>
<tr>
<td>Venue:</td>
<td>The Clyde Auditorium</td>
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</table>

**Professor Mark Caulfield, Queen Mary University, London, UK**  
*The 100,000 genome project in the UK*

**Dr Keith Stewart, Mayo Clinic, USA**  
*Genomic guided therapy of myeloma*

**Dr Gail Jarvik, University of Washington Medical Center, USA**  
*Classifying and returning diagnostic, uncertain and incidental genomic results*

**Learning Objectives**

**Professor Mark Caulfield**

- To understand the 100,000 Genomes and the concept of whole genome sequencing
- To understand the potential for new diagnoses in rare disease, cancer and infection
- To appreciate the impact on precision medicine
- To appreciate what genomic medicine means for the haematologist
Session Two  ICSH / NEQAS

Chairman:  Professor Sam Machin, President ICSH and Emeritus Professor of Haematology, University College London, UK

Venue:  The Lomond Auditorium

Professor Sam Machin, President ICSH and Emeritus Professor of Haematology, University College London, UK
The present role of ICSH in standardisation and international guideline activities

Dr Jason So, The University of Hong Kong, China
Prevalence and diagnosis of thalassemia in Hong Kong and China

Dr Steve Kitchen, Royal Hallamshire Hospital, UK
Past, present and future of quality in haemostasis

Learning Objectives

Professor Sam Machin
- The modern role of ICSH worldwide will be introduced
- The importance of following modern international approved evidence based guidelines worldwide for haematology laboratory practice.
- To establish laboratory practice for evaluation locally of automated blood cell counters.
- To define standardisation of peripheral blood morphological descriptive terms.

Dr Jason So
- Appreciate the huge impact of thalassaemias on the Chinese population
- Describe the medical service available to tackle thalassaemias in China
- Evaluate the prevention programme and diagnostic approach for thalassaemias

Dr Steve Kitchen
- Understand the importance of quality assessment and quality assurance in haemostasis
- Understand the requirements of ISO standards in relation to External Quality Assessment/Proficiency testing
- Understand how this may need to develop in future
Session Three
Transfusion (Science)

Chairmen:
Professor Mike Murphy, Oxford University Hospitals NHS Foundation Trust, UK
Dr Gail Rock, St Laurent Medical Centre, Canada

Venue: The Forth Room

Dr James Zimring, Bloodworks North West, USA
Biology of stored red cells: lessons learned from animal models and human studies

Dr Dean Fergusson, Ottawa Hospital Research Institute, Canada
The clinical impact of RBC storage age: findings from clinical trials

Dr Marc Turner, Scottish National Blood Transfusion Service, UK
Progress in the development of cultured red blood cells

Learning Objectives
Dr Dean Fergusson
- To describe potential deleterious consequences of red cell storage age
- To explain important clinical and methodological characteristics of clinical trials conducted and being conducted
- To present trial findings and summarize the current evidence base for the clinical impact of red cell storage

Dr Marc Turner
- An understanding of the limitations in respect of current global red cell transfusion provision.
- An understanding of the methods by which red cells can be differentiated from adult haematopoietic stem and progenitor cells and the limitations of this approach.
- An understanding of the possibilities and challenges in manufacturing red cells from pluripotent stem cells.
- An understanding of the possibilities and limitations offered by erythroid cell lines.
### Session Four: LMIC Oncology

**Chairman:** Professor Gordon Cook, The Leeds Teaching Hospitals NHS Trust, UK  
**Venue:** The Carron Room

#### Dr Amma Benneh, Korle Bu Teaching Hospital, Ghana

*The practice of clinical haematology in an emerging economic environment*

#### Dr Eduardo Rego, University of São Paulo, Brazil

*APL associate coagulopathy*

#### Professor Liz Molyneux, Queen Elizabeth Central Hospital, Blantyre, Malawi

*Oncology for children: what is possible where resources are scarce?*

### Learning Objectives

#### Dr Amma Benneh

- Appreciation of the scope of haematological disorders seen in an Emerging Economic Environment.  
- To learn about the diagnostic facilities available in this environment.  
- Identification of challenges experienced in the practice of Clinical Haematology in an Emerging Economic setting.  
- Despite challenges some successes have been made and can only get better with collaboration.

#### Dr Eduardo Rego

- Mortality of patients with acute promyelocytic leukemia (APL) in the first 30 days from diagnosis remains high. Consequently, patients suspect to have APL should receive ATRA treatment immediately and bone marrow samples should be obtained for future genetic confirmation of the diagnosis.  
- Supportive therapy should be started immediately to maintain the fibrinogen concentration and platelet count above 100-150 mg/dL and 30-50 x 10^9/L, respectively.  
- Microparticles (MPs) expressing Tissue Factor are present in the plasma of patients at diagnosis and up to seventh day of ATRA therapy. MPs are associated with the aberrant activation of the coagulation.

#### Professor Liz Molyneux

- There is never nothing we can do  
- Progress is made one step at a time  
- Cure the curable – give care to all  
- Collaborations are important

### 15:45 – 16:15  
**Tea/Coffee, Posters and Exhibition**  
**Hall 5**
<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>16:15 – 17:30</td>
<td><strong>FOUR SIMULTANEOUS SATELLITE SYMPOSIA</strong></td>
</tr>
<tr>
<td>1.</td>
<td><strong>Janssen</strong> Evolving Pathways in Multiple Myeloma: The Line Up</td>
</tr>
<tr>
<td>Chairman</td>
<td>Professor Graham Jackson, Newcastle upon Tyne Hospitals NHS Foundation Trust, UK</td>
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<tr>
<td>Venue</td>
<td>The Clyde Auditorium</td>
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<td></td>
<td>Dr Mark Cook, University Hospitals Birmingham NHS Foundation Trust, UK</td>
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<tr>
<td></td>
<td><em>How do the available multiple myeloma therapies line up?</em></td>
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<td></td>
<td>Professor Philippe Moreau, Nantes University Hospital, France</td>
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<td></td>
<td><em>Evolving treatment strategies with novel agents</em></td>
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<tr>
<td>2.</td>
<td><strong>Boehringer Ingelheim Ltd</strong> Setting New Standards in Anticoagulation Care: The Impact on Clinical Practice</td>
</tr>
<tr>
<td>Chairman</td>
<td>Dr Catherine Bagot, Glasgow Royal Infirmary, UK</td>
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<tr>
<td>Venue</td>
<td>The Lomond Auditorium</td>
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<td></td>
<td>Dr Steve Austin, St Georges’ Hospital, UK</td>
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<td></td>
<td><em>Setting new standards in anticoagulation care</em></td>
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<td></td>
<td>• NOACs: an expanding evidence base</td>
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<td></td>
<td>• NOAC reversal agents: new developments and latest data</td>
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<td>Dr Tamara Everington, Hampshire Hospitals NHS Foundation Trust and Salisbury Hospital NHS Foundation Trust, UK</td>
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<td></td>
<td><em>The impact on clinical practice</em></td>
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<td>• The impact of a reversal agent on emergency care options</td>
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<td>• Practical case study based approach</td>
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3. **Amgen**

**Exploring The Optimal ‘Real-World‘ Management of Relapsed Multiple Myeloma**

<table>
<thead>
<tr>
<th>Chairman:</th>
<th>Professor Kwee Yong, University College London, UK</th>
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<tr>
<td>Venue:</td>
<td>The Forth Room</td>
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- Discuss the deepening understanding of clonal heterogeneity and evolution in multiple myeloma, the advances in novel technologies that have facilitated this, and the clinical repercussions for treatment of the disease

- Utilise case studies to describe the clinical situations in which triplet combinations or doublet combinations may be more preferable, and to illustrate optimal sequencing of combinations at first and subsequent relapse

- Communicate recent clinical trial data for novel therapy combinations in the relapsed and/or refractory setting, including ASPIRE/ELOQUENT-2/TOURMALINE MM2/PANORAMA-1/ENDEAVOR

**Professor Kwee Yong, University College London, UK**  
*Welcome and Introduction*

**Dr Keith Stewart, USA**  
*Advances in our understanding of clonal evolution in multiple myeloma: where are we now?*

- Current understanding of clonal heterogeneity and evolution in multiple myeloma

- Advances in novel technologies for investigating clonal heterogeneity and evolution (e.g. comparative genomic hybridisation, whole genome/exome sequencing, epigenetic analysis)

- Clinical implications in terms of resistance to treatment, disease relapse/recurrence and treatment decisions

- Unanswered questions in the area and how these are being addressed

*Question and Answer Session*
Doublet data: Dr Karthik Ramasamy, Royal Berkshire & Oxford University Hospital, UK

Triplet data: Dr Keith Stewart, USA

- Two progressing case studies
  - Candidate for triplet (first relapse)
    - Rationale for triplet
    - Considerations when choosing a triplet (e.g. frontline treatment)
    - Data on novel triplet combinations (incl. ASPIRE/ELOQUENT-2/TOURMALINE-MM1/PANORAMA-1)
    - Panel discussion
  - Candidate for doublet (first relapse)
    - Rationale for doublet
    - Considerations when choosing a doublet (e.g. frontline treatment)
    - Data on novel doublet combinations (incl. ENDEAVOR/MM09/MM10/MM-003)
    - Panel discussion
  - Candidate for triplet (further relapse)
    - Discussion and supporting data on optimal sequencing
    - Panel discussion
  - Candidate for doublet (further relapse)
    - Discussion and supporting data on optimal sequencing

Panel discussion

Question and Answer Session

Professor Kwee Yong, University College London, UK

Summary and Close
4. Takeda Oncology
Hodgkin Lymphoma: Challenging Current Clinical Practices in an Evolving Landscape

Chairman: Professor John Radford, University of Manchester Institute of Cancer Sciences, UK

Venue: The Carron Room

Dr Craig Moskowitz, Memorial Sloan Kettering Cancer Centre, USA
Rethinking risk for better outcomes in ASCT

Professor John Radford, University of Manchester Institute of Cancer Sciences, UK
Interactive case study discussion

Professor Karl Peggs, University College London Hospitals, UK
Challenging treatment paradigms in multiple relapse HL

Professor John Radford, University of Manchester Institute of Cancer Sciences, UK
Interactive case study discussion

17:40 – 18:30 Training discussion

Chairmen: Professor Graham Jackson, The Newcastle upon Tyne Hospitals NHS Foundation Trust, UK
Dr Deepti Radia, Guy’s and St Thomas’ NHS Foundation Trust, UK

Venue: The Lomond Auditorium

Professor Ian Cumming, Health Education England, UK
The future landscape of medical training and practice in the UK

Learning Objectives
Professor Ian Cumming

- An overview of the skill sets the scientific laboratory workforce must acquire in a changing healthcare landscape - such as bioinformatics and genomics
- An outline of some initiatives HEE is providing to support new skills required e.g. the Modernising Scientific Careers programme and science apprenticeships
- How curriculums are changing to reflect advancements such as genome-based diagnostics
- How a greater emphasis on the drive to integrate diagnostics into primary care will enable further improvements to patient care.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Venue</th>
<th>Speaker</th>
<th>Topic</th>
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<tbody>
<tr>
<td>17:40 - 18:30</td>
<td>Meet the Expert Sessions</td>
<td>The Morar Room</td>
<td>Professor Craig Moskowitz</td>
<td>Clinical cases employing novel agents in Hodgkin lymphoma</td>
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<td>Professor Beverley Hunt</td>
<td>Managing a major bleed</td>
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<td>Dr Keith Stewart</td>
<td>Dilemmas in treating multiple myeloma</td>
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<td>Professor David Kuter</td>
<td>How I treat ITP</td>
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<td>19:15</td>
<td>Conference Dinner</td>
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</table>
07:30 - 08:20  Meet the Expert Sessions

Venue: The Morar Room

Dr Graham Collins
*When Hodgkin lymphoma gets difficult*

Venue: The Leven Room

Professor Ruben Mesa
*Individualizing care for MPN patients*

Venue: The Ness Room

Professor Philippe Moreau
*Frontline therapy in young patients with symptomatic myeloma*

Venue: The Katrine Room

Professor Stephen Mulligan
*How I treat elderly patients with CLL*
<table>
<thead>
<tr>
<th>Session One</th>
<th>UKMF</th>
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</table>
| **Chairmen:** | Professor Kwee Yong, University College London Hospitals NHS Foundation Trust, UK  
Dr Karthik Ramasamy, Oxford University Hospitals NHS Foundation Trust, UK |
| **Venue:** | The Clyde Auditorium |

**Professor Wee Joo Chng, National University Cancer Institute, Singapore**  
*Integrating NGS approaches into patient care: how I manage high risk disease at presentation in a transplant eligible patient*

**Dr Philippe Moreau, University Hospital of Nantes, France**  
*High risk asymptomatic myeloma: a practical approach*

**Professor Sonja Zweegman, VU University Medical Center, The Netherlands**  
*Risk stratification in the older patient: what are our priorities?*

### Learning Objectives

**Professor Wee Joo Chng**
- Latest prognostic system to identify high-risk patients
- How genomics can be integrated for prognostication
- Management of high risk myeloma for high risk myeloma based on current evidence
- The next step for risk stratified approaches in myeloma

**Professor Sonja Zweegman**
- Immunomodulatory agents and the proteasome inhibitors have greatly improved the prognosis of elderly patients non-eligible for transplantation.
- The outcome as described in population based registries indicates that a subgroup of elderly patients benefits from novel therapies.
- The International Myeloma Working Group described concise frailty score, based on age, Charlson Comorbidity Index C and (instrumental) Activities Daily Life score predicting outcome, non-haematological toxicity and discontinuation rate.
- This frailty score will enable to identify patients who will benefit from treatment.
<table>
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<tr>
<th>Session Two</th>
<th>Education Sub-Committee Session</th>
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<td>Teaching Haematology in an Online World - Making the Web Work for You</td>
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</table>

**Chairman:** Professor Barbara Bain, UCL Cancer Institute, UK  
**Venue:** The Lomond Auditorium

**Professor Beverley Hunt, Guy’s and St Thomas’ NHS Foundation Trust, UK**  
*Making the virtual world work for you*

**Dr Emily Graves & Dr Andrew McGregor, City Hospitals Sunderland Foundation Trust, UK and Royal Victoria Infirmary, Newcastle upon Tyne, UK**  
*‘TeamHaem’ - haematology and social media*

**Dr Rachel Clarke, Churchill Hospital, Oxford, UK**  
*‘iBlood’ putting patients at the heart of students’ learning*

**Dr Duncan Brian, University College London Hospitals NHS Foundation Trust, UK**  
*Making apps happen for haematology*

**Mr Ieuan Walker, King’s College London School of Medicine, London, UK**  
*‘Prezi’ - making your presentations sing*

**Learning Objectives**

**Professor Beverley Hunt**
- Learn how to engage with various websites to extend one’s professional profile
- Which communities are most accessible & relevant?

**Dr Emily Graves**
- Explain that ‘the textbook is dead’, and why this is (probably) a good thing.
- Introduce the potential of Twitter and blogging as an educational tool (for both learner and teacher.)
- Highlight the benefits as described by current users of such platforms (including converted ‘luddites.’)
- Present the work and achievements of TeamHaem, our international educational project.

**Mr Ieuan Walker**
- Medical education is undergoing a technological revolution, challenging the traditional format of lectures. Meanwhile evidence is growing that visual learning is becoming more effective in individuals who have grown up using smartphones, tablets etc.
- Prezi is a cloud based software, which offers users a more innovative approach to delivering lectures.
- This talk will explore why medical education needs to keep pace with the technological revolution, and provide an example of how to use this platform to deliver haematology lectures to engage the next generation of medical students.
<table>
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<tr>
<th>Session Three</th>
<th>Platelets: Function and Management</th>
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**Chairman:** Professor Adrian Newland, Barts and The London School of Medicine and Dentistry, UK

**Venue:** The Forth Room

**Dr Cedric Ghevaert,** NHSBT Blood Centre, UK  
*Megakaryocytes and platelets production in vitro: new avenue for research and cellular therapy*

**Professor John Semple,** St Michael’s Hospital, Canada  
*Platelets and immunity*

**Professor Carlo Balduini,** Fondazione IRCCS Policlinico San Matteo, Italy  
*Inherited thrombocytopenias: not only haemorrhages*

**Dr Marie Scully,** University College London Hospitals NHS Foundation Trust, UK  
*Advances in our understanding of TTP and current management*

### Learning Objectives

**Dr Cedric Ghevaert**

- Production of somatic cells from pluripotent stem cells: forward programming vs directed differentiation
- Considerations for potential clinical applications of pluripotent stem cell-derived blood cells: challenges, regulation and economic viability
- Assessing in vitro produced blood cells: functional assays and pre-clinical data
- Key advantages of pluripotent stem cells-derived blood cells in the age of genome editing.

**Professor John Semple**

- To understand why platelets are immune-like cells.
- To learn about the different ways of how platelets interact with the immune system.
- To know newer concepts of how platelets can modulate adaptive immunity.

**Professor Carlo Balduini**

- be able to suspect the genetic origin of a thrombocytopenia based on history, physical examination and examination of peripheral blood smears
- make a diagnosis of certainty for the different forms of inherited thrombocytopenia
- define the prognosis of affected subjects
- give a personalized treatment to patients with inherited thrombocytopenias
<table>
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<tr>
<th>Session Four</th>
<th>Laboratory Science</th>
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<tr>
<td>Chairman:</td>
<td>Dr Sheila O’Connor, St James’ Institute of Oncology, UK</td>
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<td>Venue:</td>
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**Dr Beverley Rowbotham, Sullivan Nicolaides Pathology, Australia**  
*New ways of providing haematology laboratory services. What does “high value” look like?*

**Dr Ruth de Tute, Leeds Teaching Hospitals, UK**  
*CLL or not CLL? Definitive diagnosis of CD5+B cell malignancies in an integrated laboratory*

**Professor Matthew Collin, Newcastle University, UK**  
*The A to X of histocytosis for haematologists*

**Learning Objectives**  
**Dr Beverley Rowbotham**  
- Review the quality framework within which pathology tests are outsourced across borders  
- Describe the risk management framework for laboratory networks with centralised testing.  
- Identify low value practices in physician requesting of haematology laboratory services.  
- Develop a scorecard for diagnostic error for clinical services.

<p>| 10:00 – 10:30 | Tea/Coffee, Posters and Exhibition Hall 5 |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Session One</th>
<th>The Lymphoma Association</th>
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<tbody>
<tr>
<td>10:30 – 12:00</td>
<td>Chairmen:</td>
<td>Professor David Linch, University College London Hospitals NHS Foundation Trust, UK</td>
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<td>Dr Graham Collins, Oxford University Hospitals NHS Foundation Trust, UK</td>
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<td></td>
<td>Venue:</td>
<td>The Clyde Auditorium</td>
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</tbody>
</table>
Session Two  UK Haemoglobinopathy Forum

Chairman:  Dr Anne Yardumian, North Middlesex University Hospital, UK

Venue:  The Lomond Auditorium

Professor Miguel Abboud, American University of Beirut, Beirut
*New science underlying potential treatment approaches for sickle cell disease*

Professor Mohamed Cherif Rahimy, University of Abomey-Calavi, Benin
*Developing services for sickle cell disease in a low resource setting*

Dr Bernard Davis, The Whittington Hospital NHS Trust, UK
*Transfusion in sickle cell*

**LEARNING OBJECTIVES**

Professor Miguel Abboud

- Participants will be able to identify different areas of the pathophysiology of sickle cell disease that may be amenable to therapeutic interventions.
- Pertinent proposed clinical trials and the result of the latest clinical and preclinical research will be reviewed.
- The role of invariant NK T cells, selectins and cell adhesion in the pathophysiology of sickle cell disease will be highlighted. Pharmacological agents affecting these pathways will be described.
### Session Three

**Patient Advocacy Session**

**Chairman:** Eric Lowe, Myeloma UK  
**Venue:** The Forth Room

Professor John Snowden, University of Sheffield, UK  
*Now patients are living longer, we need to think about long-term sequelae and not just short-term impact*

Ms Sarah Richard, Myeloma UK  
*Assessing benefits and risks of new medicines from the patient perspective methodological approaches*

Mr Alfonso Aguarón, Myeloma Patients Europe, Spain  
*Using digital media and information communication technology to capture what matters to patients in health-related quality of life*

### LEARNING OBJECTIVES

**Professor John Snowden**

- Definition of late effects - ‘[A] health problem[s] that occur[s] months or years after a disease is diagnosed or after treatment has ended. Late effects may be caused by cancer or cancer treatment. They may include physical, mental and social problems, and second cancers.’ (NCI)
- Evolved from paediatrics but now apply to all ages
- In haematology, apply to ‘cured’ cancers (like acute leukaemia) and ‘chronic’ cancers (like myeloma and CML)
- Dedicated models of care are advantageous for service delivery of late effects

**Ms Sarah Richard**

- To explore current patient input mechanisms into benefit-risk decision-making on new treatments
- To consider the changing context for patient input and involvement mechanisms
- To discuss the potential of patient preference methodologies in different decision-making settings
Session Four  LMIC Transfusion

Chairman:  Professor David Roberts, Oxford University, UK

Venue:  The Carron Room

Professor Imelda Bates, Liverpool School of Tropical Medicine, UK
A new research agenda for blood services in Africa

Professor Henrik Ullum, Copenhagen University Hospital, Denmark
The challenge of providing safe blood transfusions in Sub-Saharan Africa – T-REC transfusion research in Ghana

Mr Jonathan Ledgard, EPFL, Switzerland
Redline: flying robots to expedite blood delivery in emerging economies

Learning Objectives
Professor Imelda Bates
To understand:

- The challenges faced by blood services in sub-Saharan Africa (SSA) in ensuring adequate supplies of safe blood and equitable access
- Why research from high-income countries may not be applicable to the SSA setting where most blood comes from family donors and is used for emergencies, and where transfusion-transmitted infection (TTI) prevalence is high
- Why the current research focus on TTIs does not match the need for ‘systems-level’ research on, for example, how to increase repeat donors and optimise stock management and use

Mr Jonathan Ledgard
- Near future Africa: economics, logistics, and technology
- Introduction to cargo drones
- Relationship between blood needs and future infrastructure failing

12:00 – 12:15  Break
12:15 – 13:15 BSH Medal Lecture

Chairman: Dr Paddy Carrington, Central Manchester University Hospitals NHS Foundation Trust, UK

Venue: The Clyde Auditorium

Dr Tim Littlewood, Oxford University Hospitals NHS Foundation Trust, UK

Teaching haematology; art, science, humanity

Learning Objectives

• The importance of role models in inspiring and enthusing students and junior doctors
• The need to teach the curriculum before more possibly interesting but esoteric topics
• Every contact with a student or junior doctor is a learning opportunity which should be taken. Most of the time they will be learning from you; but it might be the other way round.
• Use patients to teach about the impact of disease on them as people and the importance of excellent communication. Videos will be used to illustrate these points.

13:15 – 14:15 Lunch, Posters and Exhibition

Hall 5

13:30 British Society for Haematology Annual General Meeting

Venue: The Carron Room
<table>
<thead>
<tr>
<th>14:15 – 15:45</th>
<th>FOUR SIMULTANEOUS SESSIONS</th>
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<tbody>
<tr>
<td>Session One</td>
<td>Debate: Use of PET to Minimise of RT in Lymphoma</td>
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<tr>
<td><strong>Chairmen:</strong></td>
<td>Professor Graham Jackson, The Newcastle upon Tyne Hospitals NHS Foundation Trust, UK</td>
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<td>Dr Andrew McMillan, Nottingham University Hospitals NHS Trust, UK</td>
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<td><strong>Venue:</strong></td>
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<td></td>
<td>Introduction: Dr Bhuey Sharma, The Royal Marsden NHS Foundation Trust, UK</td>
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<td><strong>FOR</strong> Dr Graham Collins, Oxford University Hospitals NHS Foundation Trust, UK</td>
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<td><strong>AGAINST</strong> Dr Craig Moskowitz, Memorial Sloan Kettering Cancer Center, USA</td>
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</tbody>
</table>
Session Two  UK MDS Forum

Chairman:  Dr Sally Killick, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, UK

Venue:  The Lomond Auditorium

Dr Catherine Cargo, Leeds Teaching Hospitals NHS Trust, UK
*Future of diagnostics in MDS*

Professor David Steensma, Dana-Faber Cancer Institute, USA
*Precision medicine for MDS?*

Professor Ghulam Mufti, King's College Hospital, UK
*Transplantation in the 60-75 year age group – do we offer a cure?*

**Learning Objectives**

**Dr Catherine Cargo**
- Outline current diagnostic criteria for myelodysplastic syndromes (MDS) and the inherent weaknesses with this approach
- Describe new technologies, in particular high throughput sequencing, which could provide objective evidence of disease by detecting acquired genetic abnormalities
- Summarise recent research utilizing these technologies in cytopenic patients and the potential issues highlighted by mutational analysis in healthy individuals
- Describe a potential pathway for the future laboratory investigation of cytopenic individuals

**Professor David Steensma**
- More than 40 recurrent somatic mutations have been described in blood and marrow from patients with myelodysplastic syndromes (MDS).
- These mutations offer diagnostic and prognostic value. To a limited extent, genotype predicts likelihood of response to existing therapies (e.g., TET2 mutations and azacitidine).
- New therapies for MDS such as luspatercept appear to be effective only in specific genotypes.
- Most patients with MDS have a mutation altering mRNA splicing. This can be exploited therapeutically and clinical trials of splicing modulators are about to begin.

**Professor Ghulam Mufti**
- 2 real case histories
- Treatment options
- Transplant outcome
- Post transplant therapies
<table>
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<tr>
<th>Session Three</th>
<th>Free Communications: Haemostasis and Thrombosis</th>
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<tr>
<td><strong>Venue:</strong></td>
<td>The Forth Room</td>
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</table>
| **14.15 - 14.30** | 25  Current management and perinatal outcomes in women with idiopathic severe thrombocytopenia in pregnancy: National cohort study  
**A Care**, S Pavord, M Knight, Z Alfirevic |
| **14.30 - 14.45** | 26  Evolving antithrombotic treatment patterns in patients with newly diagnosed atrial fibrillation: UK findings from the GARFIELD-AF registry  
**P Apenteng**, G Accetta, FDR Hobbs, AK Kakkar, DA Fitzmaurice |
| **14.45 - 15.00** | 27* Histone-associated thrombocytopaenia is a significant cause of thrombocytopaenia in critical illness  
**Y Alhamdi**, ST Abrams, S Lane, G Wang, CH Toh |
| **15.00 - 15.15** | 28* Extracellular histones promote prothrombin activation in the absence of phospholipids  
**Y Sahraoui**, ST Abrams, D Su, Y Alhamdi, J Foley, G Wang, CH Toh |
| **15.15 - 15.30** | 29  Relationship between genotype and phenotype in ACTN1-related macrothrombocytopenia  
**SK Westbury**, on behalf of the BRIDGE-BPD Consortium |
| **15.30 - 15.45** | 30  Studying inherited diseases of the blood stem cell and its progeny through whole genome sequencing  
**S Papadia**, on behalf of the NIHR BioResource – Rare Diseases and BRIDGE projects |
Session Four  
Paediatric Committee/CCLG/CLCN

Chairmen:  
Dr Amrana Qureshi, Oxford University Hospitals  
NHS Foundation Trust, UK  
Dr Chris Halsey, University of Glasgow, UK

Venue:  
The Carron Room

Professor Shai Izraeli, Edmond and Lily Safra  
Children's Hospital Sheba Medical Centre, Israel  
Genomics of childhood ALL

Professor Lia Gore, Chidren's Hospital Colorado,  
USA

Use of novel agents in childhood ALL

Professor Christine Mauz-Körholz, Justus-Liebig  
University of Giessen, Germany  
Hodgkins - update on treatment strategies in children  
and adolescents with Hodgkins disease

Learning Objectives

Professor Shai Izraeli

- Understand that the role of the inherent lymphoid specific  
genomic instability in acute lymphoblastic leukemia  
- Understanding the recently described subgroups of kinase  
driven (Ph like) and ERG deleted ALLs  
- Understanding that deletion of IKZF1 is not always  
associated with worse prognosis.  
- Learning insights on the processes that drive clonal  
selection in relapse.

Professor Lia Gore

- Describe some current trials for childhood ALL employing  
novel agents

Immunotherapeutic approaches (CARTs and BITEs)

Drug and molecularly targeted agents

- Describe novel toxicities associated with immunotherapy  
approaches for childhood ALL and suggested management  
strategies  
- Frame the context of new agents with more conventional  
approaches to the currently highly successful treatment of  
ALL for a large majority of affected patients  
- Discuss both the short- and long-term consequences of  
newer treatments both alone and in combination with more  
conventional chemotherapeutic agents.
Professor Christine Mauz-Körholz

- Identified practice gap associated with session (the difference between actual (what is) and ideal (what should be) in regards to performance and/or patient outcomes)

- Recent surveys of PHO collaborative group members have demonstrated a level of discomfort with the management of children and adolescents with Hodgkin lymphoma, particularly surrounding issues such as when to omit radiotherapy and early response criteria. In addition, recent evidence has emerged showing that patients treated off clinical trials experienced inferior outcomes than those treated on trials, which may in large part be due to confusion surrounding the above issues.

- Educational Need (Why do learners need to know this?)

- New data has emerged on risk-adapted treatment of Hodgkin lymphoma. An understanding of this evidence is necessary in order for clinicians to minimize treatment intensity in patients with Hodgkin without impacting on cure rates.

- Expected Outcomes a statement of the intended result, or fix (what action is needed to correct the problem)

- Presentation of the evidence underlying current best management of Hodgkin lymphoma in an interactive and engaging manner will give audience members the tools to provide best-practice care to their own patients.

15:45 – 16:15 Tea/Coffee, Posters and Exhibition
Hall 5
16:15 – 17:30  TWO SIMULTANEOUS SATELLITE SYMPOSIA

1.  Roche Products Ltd
   Challenge Your Perceptions: See CLL Through the Eyes of a Patient

   Chairman:  Professor Paul Moss, University of Birmingham, UK
   Venue:  The Lomond Auditorium

   Professor Paul Moss, University of Birmingham, UK
   Unmet need in current CLL management

   Dr Ben Kennedy, University Hospitals of Leicester, UK
   The impact of CLL: understanding the patient journey

   Professor Christopher Fegan, Cardiff University School of Medicine, UK
   Applying evidence to optimise the Slow-Go patient journey

2.  Swedish Orphan Biovitrum Ltd
   Why Extended Half Life Matters in Haemophilia A

   Chairman:  Professor Christopher Ludlam, Emeritus Professor of Haematology and Coagulation Medicine, Edinburgh
   Venue:  The Carron Room

   Professor Christopher Ludlam, Emeritus Professor of Haematology and Coagulation Medicine, Edinburgh
   Haemophilia A – past, present, future

   Dr Elizabeth Chalmers, Royal Hospital for Sick Children, Glasgow
   Extended half life factors – what is the evidence?

   Dr Sarah Mangles, North Hampshire Haemophilia, Haemostasis and Thrombosis Centre
   Long term clinical experience with Elocta® and case studies discussion

   Professor Christopher Ludlam, Emeritus Professor of Haematology and Coagulation Medicine, Edinburgh
   Panel discussion on real world use of extended half life factors in haemophilia
17:40 – 18:30  POSTER JUDGING SESSION  
Venue:  Hall 5

17:30 - 19:00  National Haematology Groups Meeting  
(National Haematology Groups only)  
Venue:  The Leven Room

17:40 - 18:30  Meet the Expert Sessions  
Venue:  The Morar Room

  **Professor Gail Roboz**  
  *How I use molecular genetics to guide treatment in AML*

Venue:  The Ness Room

  **Professor David Steensma**  
  *How I treat patients with difficult forms of MDS*

Venue:  The Katrine Room

  **Professor Claire Harrison**  
  *Challenging clinical and therapeutic scenarios in MPN*

17:45 – 18:45  INTERNATIONAL SOCIETY OF HEMATOLOGY  
ANNUAL GENERAL MEETING, BOARD OF  
COUNCILLORS, GENERAL ASSEMBLY  
Venue:  The Carron Room

18:30 – 20:00  INTERNATIONAL BUFFET  
Venue:  Hall 5
<table>
<thead>
<tr>
<th>Time</th>
<th>Session One</th>
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<tbody>
<tr>
<td>08:30 – 10:00</td>
<td>BSH Morphology Session</td>
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**Chairmen:**
- Dr Roger Owen, Leeds Teaching Hospitals NHS Trust, UK
- Dr Robin Ireland, King’s Collage Hospital, UK

**Venue:**
The Clyde Auditorium

**Experts:**
- Professor Aysegul Uner, Hacettepe University, Turkey
- Dr Peter Carey, The Newcastle upon Tyne Hospital NHS Foundation Trust, UK
### Session Two  
**MPD / CML**

| Chairmen: | Professor Claire Harrison, Guy’s and St Thomas’ NHS Foundation Trust, UK  
Professor Ruben Mesa, Mayo Clinic, USA |
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<td>Venue:</td>
<td>The Lomond Auditorium</td>
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**Professor Jane Apperley, Imperial College London, UK**  
*Curing CML: hope or reality?*

**Professor Alessandro Vannucchi, University of Florence, Italy**  
*Mutations in MPN. What do they mean, how can we use them?*

**Professor Ruben Mesa, Mayo Clinic, USA**  
*Goals of treatment for myeloproliferative neoplasm patients*

**Learning Objectives**

**Professor Alessandro Vannucchi**
- to realize the molecular complexity of classical MPN, including both driver and subclonal mutations
- to understand the role of known mutations in the diagnostic path
- to update information on the therapy-induced changes of mutations in patients with classical MPN
- to clarify the prognostic role of selected mutations and their use in therapeutic decisions

**Professor Ruben Mesa**
- Identify the spectrum and assessment of the disease burden MPN patients experience
- Understand the serial assessment of MPN symptom burden, and understand how to incorporate symptom response in evaluating patient status
- Understand current response goals for the spectrum of MPN patients, and how to dynamically assess effectiveness of treatment plan
- Understand how to individualize MPN care plans based on disease burden, therapy efficacy, therapy emergent toxicities, and patient input.
### Session Three
**LMIC Coagulation/Haemoglobinopathy**

**Chairman:** Dr Dan Hart, Barts Health NHS Trust, UK  
**Venue:** The Forth Room

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Title</th>
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<tbody>
<tr>
<td>Dr Nick Casewell, Liverpool School of Tropical Medicine, UK</td>
<td><em>Convergent evolution of coagulopathic snake venoms and the consequences for human snakebite victims</em></td>
</tr>
<tr>
<td>Professor Beverley Hunt, Guy’s and St Thomas NHS Foundation Trust, UK</td>
<td><em>The trials &amp; tribulations of running the largest ever global trial in obstetric haemorrhage</em></td>
</tr>
<tr>
<td>Dr Julie Makani, Muhimbil University, Tanzania</td>
<td><em>Platelets and infections in low-resource settings</em></td>
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<tr>
<td>Dr Jecko Thachill, Manchester Royal Infirmary, UK</td>
<td><em>Platelets and infections in low-resource settings</em></td>
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**Learning Objectives**

**Professor Beverley Hunt**
- To understand the prothrombotic state at term
- To understand management of PPH
- To reflect on how we might manage PPH in the developing world in the future

**Dr Jecko Thachill**
- Platelets are a key factor in the pathogenesis of infections
- Thrombocytopenia may be an early and easily available marker of infections and may have prognostic implications
- Since platelets can contribute to vascular integrity, thrombocytopenia can lead to vascular leakage which is a common complication of infections manifesting as oedema and ARDS

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<th>Time</th>
<th>Activity</th>
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| 10:00 – 10:30 | Tea/Coffee, Posters and Exhibition  
Hall 5 |

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XXXVI WORLD CONGRESS International Society of Hematology  
Hosted by - British Society for Haematology  
18 - 21 April 2016 – SECC Glasgow, UK
10:30 – 12:00 FOUR SIMULTANEOUS SESSIONS

Session One  Acute Myeloid Leukaemia

Chairmen:  
Professor David Grimwade, King’s College London, UK  
Dr Tomoki Naoe, National Hospital Organization Nagoya Medical Center, Japan

Venue:  The Clyde Auditorium

Dr Elli Papaemmanuil, Memorial Sloan Kettering Cancer Center, USA  
What have we learnt from sequencing adult AML?

Professor Jan Cornelissen, Erasmus University Medical Center, The Netherlands  
Which AML patients should (/shouldn’t) we transplant in the molecular age?

Dr Gail Roboz, Weill Cornell Medical College, USA  
How should I treat AML in older adults in 2016?

Learning Objectives

Professor Jan Cornelissen

• Graft versus leukemia by allogeneic T-cells after alloHSCT is similarly exerted among good, intermediate, and poor-risk AML.
• Reduced intensity conditioning (RIC) prior alloHSCT is associated with less treatment related mortality (TRM) as compared to myeloablative conditioning. Therefore, patients at higher risk for TRM may benefit from reduced intensity conditioning in terms of overall outcome.
• Consolidation therapy in AML patients in first CR with an intermediate risk profile of their AML may consist of continuing chemotherapy or autologous transplantation, while alloHSCT may be reserved for an eventual relapse.
• Preferred donors for allogeneic transplantation include matched sibling and matched unrelated donors, while alternative donors for AML poor-risk patients include allele mismatched adult unrelated donors, haploidentical family donors, and unrelated cord blood. Currently, the preferred alternative donor remains to be determined.

Dr Gail Roboz

• Review and discuss regimens and outcomes for older AML patients using intensive chemotherapy
• Review and discuss regimens and outcomes for older AML patients using low-dose cytarabine and hypomethylating agents
• When, in whom, and with what to “shoot for cure” in older AML patients
• Review of selected, promising investigational strategies
Session Two  BSHT/UKHCDO

Chairmen:  Professor Robert Ariens, University of Leeds, UK
Dr Henry Watson, Aberdeen Royal Infirmary, UK

Venue:  The Lomond Auditorium

Professor Johannes Oldenburg,
Universitätsklinikum Bonn, Germany
*Treatment strategies in haemophilia*

Professor Rodney Camire, University of Pennsylvania Perelman School of Medicine, USA
*Novel protein strategies for haemophilia treatment*

Professor Hugo ten Cate, Maastricht University Medical Center, The Netherlands
*Assessment of bleeding in anticoagulation*

**Learning Objectives**

**Professor Rodney Camire**

- By the end of the lecture the audience will be able to identify major barriers or complications associated with current hemophilia treatment strategies.
- At the conclusion of the talk the audience will be able to identify new hemophilia therapies in clinical development, their mechanisms of action, and their strengths and weaknesses.
- By the end of the session the participants will develop a basic knowledge of the factor X zymogen to protease transition and understand how its manipulation can have therapeutic benefit for hemophilia treatment.

**Professor Hugo ten Cate**

- Bleeding is the major complication of anticoagulation (major 1-3%/year, clinically relevant up to 15%/year)
- Risk factors, including those in the HAS-Bled score are not yet implemented in the choice of anticoagulant
- Contributing factors, eg variations in coagulation protein (activity) need to be identified
- Education of patients and physicians including focus on adherence is essential to improve the quality of anticoagulation.
# Session Three

**Waldenstrom Forum**

**Chairmen:**

- Dr Roger Owen, Leeds Teaching Hospitals NHS Trust, UK
- Dr Shirley D’Sa, University College London Hospital NHS Trust, UK

**Venue:** The Forth Room

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**Dr Stephen Ansell, Mayo Clinic, USA**

*Biology of WM*

**Dr Monique Minnema, University Medical Center, The Netherlands**

*Bing Neel syndrome*

**Dr Sogbjorn Berentsen, Haugesund Hospital, Norway**

*Cold agglutinin disease*

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**Learning objectives**

**Dr Stephen Ansell**

- Describe the disease phenotype in Waldenström macroglobulinemia and the genetic mutations associated with this disease.
- Understand the role of cytokine signaling in promoting malignant cell growth and IgM secretion in Waldenström macroglobulinemia.
- Identify the therapeutic opportunities afforded by the unique biology in Waldenström macroglobulinemia.

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**Dr Monique Minnema**

- Recognize the clinical picture of Bing Neel Syndrome
- Know which diagnostic tools should be used when you think about Bing Neel syndrome
- The possible treatment options for patients including intensive regimens and less intensive, oral, regimens
- The proposed follow up after treatment discontinuation

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**Dr Sogbjorn Berentsen**

- Primary chronic cold agglutinin disease (CAD) is an autoimmune haemolytic anaemia and a bone marrow lymphoproliferative B-cell disorder, distinct from lymphoplasmacytic lymphoma and MYD88 L265P negative.
- Not all patients need pharmacological treatment. Corticosteroids should not be used to treat CAD.
- Documented first-line therapy is rituximab or rituximab-fludarabine, depending on patient characteristics.
- Rituximab-bendamustine and complement modulating agents are currently being investigated.
Session Four  Free Communications: Red Cells and Transfusion

Chairman:  
Dr Tom Butler, Barts Health NHS Trust

Venue:  
The Carron Room

10.30 - 10.45  
31 Transfusion adverse events in patients with haemoglobinopathy – reports to the Serious Hazards of Transfusion UK Haemovigilance scheme 2010-2014  
S Allard, P Bolton-Maggs, D Poles

10.45 - 11.00  
32 Laboratory surveys from UK Transfusion Laboratory Collaborative (UKTLC) confirm cause for concern  
J Bark, S Grey, A Watt, R Rook, PHB Bolton-Maggs

11.00 - 11.15  
33 Improved compliance with guidelines for transfusion in haematology and the resulting blood reduction and cost savings through the implementation of an electronic blood ordering process including decision support  
J Smith, S Noel, J Staves, T Verhoef, S Morris, MF Murphy

11.15 - 11.30  
34 Transfusion for sickle cell disease in pregnancy: A single centre survey  
J Sharif, K Stevenson, J Raddats, E Morsman, L Byrd, K Ryan

11.30 - 11.45  
35 Paroxysmal nocturnal haemoglobinuria screening practice from UK centres: A report from the UK PNH Network  

11.45 - 12.00  
36* Reference values in osmotic gradient ektacytometry for diagnosis of haemolytic anaemias due to red blood cell membrane defects  

12:00 – 12:15  Break
12:15 – 13:15 BSHT Biggs MacFarlane Plenary Lecture

Chairman: Professor Robert Ariens, University of Leeds, UK

Venue: The Clyde Auditorium

Dr Cathy Hayward, McMaster University, Canada

Novel approaches to the diagnosis of mild bleeding disorders

Learning Objectives
Dr Cathy Hayward

• Describe the importance of platelet disorders among causes of bleeding disorders.
• Understand the challenges in assessing the bleeding history for diagnostic and prognostic purposes and how information on the bleeding history has been used to quantify bleeding risks.
• Describe at least 3 major challenges to improving the laboratory diagnosis of platelet disorders.

13:15 – 14:00 Lunch, Posters and Exhibition
Hall 5
<table>
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<tr>
<th>Time</th>
<th>Session One</th>
<th>Venue</th>
<th>Speakers</th>
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</thead>
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| 14:00 – 15:30 | Take Home Messages – Oncology | The Clyde Auditorium   | Dr Graham Collins, Oxford University Hospitals NHS Foundation Trust, UK  
*Lymphoma*  
Professor Gordon Cook, The Leeds Teaching Hospitals NHS Trust, UK  
*Myeloma*  
Dr Mike Dennis, Christie Hospital NHS Foundation Trust, UK  
*Acute leukaemia and MDS* |
<table>
<thead>
<tr>
<th>Session Two</th>
<th>Take Home Messages - Non Malignant</th>
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<tbody>
<tr>
<td>Venue:</td>
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|             | **Dr Jim Murray, University Hospitals Birmingham NHS Foundation Trust, UK**  
|             | *General haematology*             |
|             | **Dr Kate Pendry, NHS Blood and Transplant, UK**  
|             | *Transfusion*                      |
|             | **Dr Henry Watson, Aberdeen Royal Infirmary, UK**  
|             | *Haemostasis and thrombosis*       |
|             | **Learning Objectives**            |
|             | **Dr Jim Murray**                  |
|             | General Haematology Topics         |
|             | • ITP                              |
|             | • Iron deficiency and excess       |
|             | • Integrated diagnosis and laboratory measurements |
|             | • Sickle cell and thalassaemia     |
|             | Healthcare resources are under pressure wherever you look in the world. And the presentations at this year’s meeting offer an intriguing insight into novel approaches for managing this resource. Important presentations on new therapeutic options in ITP, integrated diagnosis of haematological malignancy, use of social media, next generation sequencing are just some that will be discussed. We all know how to treat ITP and iron deficiency. Or do we? |
|             | **Dr Kate Pendry**                 |
|             | • Get your bite-sized Transfusion Update here: |
|             | • From the Transfusion Practice session focussing on Patient Blood Management, there will be an overview of: |
|             | • Red cell transfusion for the critically ill |
|             | • Transfusing Wisely— update from North America |
|             | • The potential for a centralized transfusion service to support Patient Blood Management |
|             | • Up to date management of post partum haemorrhage |
|             | • From the Transfusion Science session there will be an overview of: |
|             | • The biology of stored red cells |
|             | • The clinical impact of storage age: results from recent trials |
|             | • Progress in the development of cultured red cells |
|             | There will also be a roundup of highlights from the abstracts and posters |
Dr Henry Watson
Highlights in Haemostasis and Thrombosis

• A brief overview of outstanding work presented during the conference
• This will serve to bring to attention what I perceive to be the outstanding contributions to H&T in this meeting
• Delegates who have not attended these talks will be made aware of their importance
<table>
<thead>
<tr>
<th>Posters</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>Human parvovirus B19 infection in patients with sickle cell anemia in Lagos State University Teaching Hospital (LASUTH), Ikeja, Lagos, Nigeria</td>
<td>AA Akinbami, A Ismail, AO Dosunmu, SO John-Olabode, EI Uche, A Adediran, BI Osikomaiya, AO Dada, A Abioye, B Bonaventure</td>
</tr>
<tr>
<td>38</td>
<td>An analysis of haematology patients admitted to ICU at Maidstone Hospital</td>
<td>JE Cassell</td>
</tr>
<tr>
<td>39</td>
<td>Thrombelastographic and structural variations of human whole blood clot formation after ex vivo addition of s-nitrosoglutathione</td>
<td>X Wang, R Crawford, P Masci, Y Xiao</td>
</tr>
<tr>
<td>40</td>
<td>Possible effect of ambient temperatures in transmission of malaria during off season</td>
<td>A Memon, R Jamal, F Qaisar, M Beg</td>
</tr>
<tr>
<td>41</td>
<td>5-hydroxy-2-methyl-1,4-naphthoquinone (Plumbain from Plumbago zeylanica) is a potential drug candidate for attenuating drug induced hematotoxicity via modulation of anti-oxidant enzymes</td>
<td>P Shukla, RK Singh</td>
</tr>
<tr>
<td>42</td>
<td>Development of a long-acting granulocyte colony stimulating factor molecule</td>
<td>HG Ghaban, IW Wilkinson, RR Ross</td>
</tr>
<tr>
<td>43</td>
<td>A retrospective analysis of the use of azathioprine for the treatment of immune thrombocytopenia (ITP)</td>
<td>BD Warner, G Shah, A Marinaki, T Corbett, D Radia, R Kesse-Adu, S Robinson</td>
</tr>
<tr>
<td>44</td>
<td>A one year hospital based prospective study of sickle cell disease from one capital area of Kuwait by HPLC</td>
<td>SMA AlDallal, S Abdulsalam</td>
</tr>
<tr>
<td>45</td>
<td>Impact of immunoparesis and altered serum free light chain ratio (ASFLCR) on the progression of monoclonal gammopathy of undetermined significance (MGUS ) in a district general hospital in the United Kingdom</td>
<td>B Badugama, C Taylor</td>
</tr>
<tr>
<td>46</td>
<td>Anti-coagulation ‘DATIX’ incident reporting audit</td>
<td>C Broadfield, H Patel</td>
</tr>
<tr>
<td>47</td>
<td>Clinical pharmacist-provided services in iron overloaded beta-thalassemia major children. A new insight to patient care</td>
<td>S Bahnasawy, N El Beblawy, L El Wakeel, M El Hamamsy</td>
</tr>
<tr>
<td>48</td>
<td>How do myeloma patients’ experiences before and during diagnosis compare to those for all cancers? Findings from secondary analysis of the National Cancer Patient Experience Survey 2014</td>
<td>SC Richard, CE Shaw</td>
</tr>
</tbody>
</table>
49 Assessing the applicability of a blood test guide in Accident and Emergency to optimise blood test requesting and achieve value for money
   **AA Merzougui**, H Patel

50 Safety and diagnostic yield of splenic core biopsies performed under radiological guidance at a single centre
   **K Hanlon**, M Leach, D Kay

51 Review of use and implementation of the 2015 BCSH guidelines for the prophylaxis and treatment of tumour lysis syndrome in patients with haematological malignancy at University Hospitals Bristol
   **R Oliver**, J Griffin

52 Analysis of cord blood units at different time points reveals gentle processing of cord blood by CellEffic CB
   **C Fricke**, N Sato, C McGuckin, N Forraz, O Degoul, G Atzeni, H Sakurai

53 Eosinophilia: A three year survey in a tertiary centre
   **A Sellors**, J Tam, M Garg, L Barton, R Krishna

54 EphB4 enhances bone marrow stromal stem cell-mediated support of haematopoiesis

55 EphrinB1 expressing stromal cells exhibit an enhanced capacity for haematopoietic stem cell maintenance
   **TM Nguyen**, A Arthur, S Paton, LE Purton, S Gronthos

56 Developing a telepathology service for rapid remote diagnosis in a resource challenged paediatric haemato-oncology unit in Malawi
   **P Carey**, S O’Brien, G Chagaluka, E Molyneux, S Bailey

57 PV: Poor Value?
   **N Svenson**, A Fletcher, H Cox

58 Deficiency of vitamin D with hiperhomocysteinemia and essential thrombocytosis
   **CMJ Malem**

59 Clinical associations with a markedly raised ferritin and their significance
   **F Leonforte**, S Marwah, F Wandroo

60 The clinical utility of reticulocyte haemoglobin equivalent (Ret-He) and red cell distribution width (RDW-CV) in patients with polycythaemia vera
   **R Paradza**, Y Nunwa, W Thomas

61 Acute thrombosis in a paediatric tertiary hospital; outcome and shortfalls
   **M Madni**, M Faizan, M Williams

62 Eltrombopag use in severe ITP and beyond; a single centre cohort
   **AM Taylor**, F Laskou, JP Westwood, S McGuckin, M Scully
63 Place of death in patients with haematological malignancy in the North-East of England: Where does this happen and what factors may influence this?  
**J Vidrine**, E Hurst, A Pelham

64 Platelet counting by immunophenotyping to overcome erroneous result due to platelet clumping  
**I Kaddam**, S Brooks, D Chandra, S Loweth

65 Investigating the appropriateness of oral iron therapy in older patients in primary care using routinely collected data  
**Z Thomson**, K Hands, MD Witham

66 Mortality within 30 days of systemic anti-cancer therapy (SACT) - results of a multi-site audit following the NCEPOD model in the South Yorkshire region  
**CV Samuelson**, M Griffin, E Welch, R Went, S Kaul, JP Ng, H Barker, JA Snowden

67 The limitations of a generic chemotherapy consent form: Improving chemotherapy consent with the use of regimen-specific consent forms  
**C Watson**, E Beacham

68 The Latin American experience allografting patients with severe aplastic anaemia: Real-world data on the impact of stem cell source and ATG administration  

69 Novel TUBB1 gene mutations in Turkish patients with macrothrombocytopenia  
**DT Özkan**, AA Waheed, A Kandilci, N Akar

70 Some 80% of your patients with iliofemoral reflux post thrombotic syndrome might benefit from neovalve surgery  
L Kimani, L Carone, B Braithwaite

71 Critical care of patients with haematological malignancies – a retrospective analysis of one tertiary centre’s experience  
**AJ Duguid**, I Koutsavlis

72 A gain-of-function variant in DIAPH1 is associated with heritable macrothrombocytopenia and sensorineural deafness  
**SK Westbury, on behalf of the BRIDGE-BPD Consortium**

73 Developing haematological cancer services in Wales: Exploring options for ambulatory care  
**R Iredale**, C Bygrave, R Pugh, W Ingram, J Kell

74 Prevalence of neutropenia in children by nationality  
**S Denic**, LA Al Mekaini, ON Al Jabri, H Narchi, S Al Hammadi, AK Souid

75 Use of rituximab for immune thrombocytopenic purpura – a single centre experience  
**J Browning**, V Aggarwal, M Murphy, D Roberts, S Pavord
76 Single centre experience of managing patients with Kikuchi-Fujimoto disease

77 Geophagia: A scientific approach to a historical practice to sustainably supplement iron to the diet in a rural community in Nepal
RL Jones, NL Barlow, RD Keenan

78 Improving the management of patients with a raised INR: a reaudit cycle and ongoing work
S Cheshire, J Graham, K Pendry, J Peters

79 ENERCA: Towards a European Reference Network (ERN) in rare haematological diseases
MM Mañú-Pereira, V Gutiérrez-Valle, JL Vives-Corrons, E Llaudet i Planas

80 A regional experience of ADAMTS13 testing, thrombotic thrombocytopenic purpura (TTP) diagnosis and outcome
M Lannon, P Murphy, J Wallis, J Maddox, T Biss

81 Ferric carboxymaltose (Ferinject) use in the treatment of peripartum anaemia is associated with relative hypophosphataemia
A Koteci, A Christensen, S Pavord

82 A high resolution genetic atlas of blood cell variation and function in humans

83 Outcomes for patients undergoing splenectomies in a district general hospital
A Farah, O Abdel-Hadi, A Al-Nowfal, E Fine, KY Lee

84 Reticulocyte haemoglobin content (CHr) versus percentage hypochromic red cells (%HYPO): Stability determines suitability
A Sellors, J Melbourne, L Barton

85 Simultaneous testing of 45 genes underling a rare group of inherited bone marrow failure syndromes using Next Generation Sequencing; a review of the service to date
K Smith, C Steward, R Newbury-Ecob, M Greenslade, C Wragg, L Yarram-Smith, C Faulkner, J Davies, M Williams
86 Congenital amegakaryocytic thrombocytopenia (CAMT) due to a novel deletion in the MPL gene identified by Next Generation Sequencing
C Faulkner, S Stokley, K Smith, M Greenslade, M Gable, J Honeychurch, C Wragg, L Yarram-Smith, C Steward, M Williams

87 CellCountr: An online workspace for streamlining the interpretation of bone marrow aspirates - case study of use in a teaching hospital diagnostic laboratory. https://cellcountr.com
DL Brian, JV Clemence, OG Madge, WK Wong

88 The North of England haemato-oncology diagnostic service (NEHODS): A more devolved and inclusive approach to integrated reporting facilitated by an IT system (Haemosys) networked to local information management systems (LIMS) in all participating regional hospitals
P Carey, G Cuthbert, R Dang, B Greystoke, A McGregor, R Oakes, J Wallis

89 Age and gender effect on osteonecrosis in sickle cell disease
H Al-Jafar, S Alfadhli, M Al-Feeli, A Ali, M AlAgeel

90 ABSTRACT WITHDRAWN
SM Lim, EL Lim, CH Siar

Haemostasis and Thrombosis
Hall 5

91 Reversal of coagulation markers in patients on dabigatran by prothrombin complex concentrate: A meta analysis
BK Rudd

92 Prevalence of genetic variations in SERPINC1 gene in Indian deep vein thrombosis population with type I antithrombin deficiency
TB Teena, AS Amit, MM Manoranjan, RS Renu, MAJ Mohamad Aman

93 Normal pregnancy is associated with an increase in thrombin generation from the very early stages of the first trimester of pregnancy
CN Bagot, E Leishman, CC Onyiaodike, F Jordan, DJ Freeman

94 Is there a need for a community anticoagulant monitoring service for the new direct acting oral anticoagulants?
D Rhead, C Shiach

95 Diagnosis and management of upper limb deep vein thrombosis in a district general hospital
G Clark, E Benge, A Alibhai, C Dinning, R Noble

96 Factors associated with activated protein C resistance in Indian patients with recurrent pregnancy loss
A Sharma, T Bhakuni, A Biswas, R Ranjan, R Kumar, K Kishor, M Mahapatra

97 A small change makes a big difference: Not bridging ‘moderate risk’ AF patients halves use of LMWH for bridging at King’s College Hospital
AF Freixo, JC Czuprynska, JP Patel, KK Kittoe, SB Brookman, RP Patel, RA Arya
98  Primary thrombophilia in México XI. The activated protein C resistance phenotype is multifactorial  
MF Vallejo-Villalobos, A Leon-Peña, P Valdes-Tapia, J Garces-Eisele, A Ruiz-Argüelles, GJ Ruiz-Argüelles

99  Single tertiary centre experience of treating thrombotic thrombocytopenic purpura between 2010-2015  
W Thomas, C Page, P Boraks, T Baglin

100 Preventing hospital acquired thrombosis in medical patients at a district general hospital: Compliance with National Institute for Health and Care Excellence (NICE) guidance  
R Ghinai, S Mullins, R Cumber, A Humphries, S Scott, J Crowe

101 External quality assurance (EQA) for thromboelastography (TEG) and thromboelastometry (Rotem)  
DP Kitchen, S Munroe-Peart, I Jennings, S Kitchen, TAL Woods, ID Walker

102 Multiple phenotypic expression of Harris platelet syndrome  
A Das, H Elias, G Guha, S Harris, HV Naina

103 Validity of two-level Well’s score in predicting lower limb deep vein thrombosis and the risk of developing hospital aquired thrombosis in hospitalised patients at National Hospital of Sri Lanka  
N Ediriwickrama, S Alahakoon, BR Jayaratne, LV Goonaratne

104 Management and outcomes of deep vein thrombosis in injecting drug users: Is there a case for national guidance for this challenging scenario?  
H Downing, L Gurowich, J Sewell, C Dinning, A McSorely, RS Noble, MD Creagh

105 An unusual acquired coagulopathy  
SH McNeill, A Gebreyes, G Loudon, C Bagot

106 Risk of venous thromboembolism in care home residents  
P Apenteng, ET Murray, FDR Hobbs, A Roalfe, M Usman, DA Fitzmaurice

107 Global tests of blood clotting during asparaginase treatment for acute lymphoblastic leukaemia. Preliminary results of the GlobALL study  
K Burley, J Salem, T Phillips, D Marks, O Tunstall, J Moppett, A Mumford, C Bradbury

108 Is the factor VIII gene mutation c.1094A>G of clinical significance? Bleeding phenotype of a West Midlands patient cohort  
E Jesky, B Theophillus, A Guilleat, A Lokare, J Wilde, D Chandra, M Williams

109 Low-dose rituximab, eltrombopag and high-dose dexamethasone as frontline treatment of newly diagnosed immune thrombocytopenia in adults  
110 A single centre retrospective observational study assessing the incidence of hospital acquired thrombosis over an eight year period from 2007-2014 spanning the introduction of mandatory venous thromboembolism (VTE) risk assessment data for adult patients admitted to hospital
R Oliver, M Melly, A Clark

111 Disease remission following the use of bortezomib in an adult patient with acute refractory thrombotic thrombocytopenic purpura
M Joffe, E Millen, R Gooding

112 Effect of extremes of body weight on efficacy and safety of rivaroxaban in the treatment of venous thromboembolism; real life experience
D Jayakody Arachchilage, R Reynolds, T Devey, R Maclean, S Kitchen, J Van Veen

113 A retrospective analysis of missed VTE assessments at Aintree University Hospital Trust

114 Prothrombin complex concentrate (PCC) related thrombosis: A systematic review
AM Bucko, G Saccullo, JJ van Veen, M Makris

115 Predictors of major bleeding in adult immune thrombocytopenia (ITP)
D Saengpanit, P Rojnuckarin

116 Evaluation of a simplified procedure for EQA samples: First survey results for the point of care testing (POCT) INR EQA for CoaguChek, XS Plus & XS Pro users
S Munroe-Pearl, DP Kitchen, L Brown, I Jennings, S Kitchen, TAL Woods, ID Walker

117 Commutability of samples used to assess assays for direct oral anticoagulants (DOACS): Data from UK NEQAS for Blood Coagulation multicentre studies
I Jennings, S Kitchen, DP Kitchen, S Munroe-Pearl, L Brown, TAL Woods, ID Walker

118 Point of care d–dimer testing in practice: Survey results for d–dimer testing performed in patient care within the United Kingdom
L Brown, DP Kitchen, I Jennings, S Munroe - Peart, S Kitchen, TAL Woods, ID Walker

119 Von Willebrand factor (VWF) assays and the diagnosis of von Willebrand disease (VWD). Who follows the guidelines?
I Jennings, DP Kitchen, TAL Woods, S Munroe-Pearl, L Brown, S Kitchen, ID Walker

120 Continued discrepancies between protein S activity assays?
I Jennings, DP Kitchen, TAL Woods, S Munroe-Pearl, L Brown, S Kitchen, ID Walker
Identifying factors that influence the agreement between platelet function tests in patients on P2Y12-inhibitors with a high bleeding risk
MJA Vries, HJ Bouman, RH Olie, LF Veenstra, S Zwaveling, AJ ten Cate-Hoek, H ten Cate, YMC Henskens, PEJ van der Meijden

Venous thromboembolism in cardiac surgery: Comparing emergency to planned admissions over five years
HR Rowswell, B Kent, TJN Nokes

Rituximab therapy as prophylaxis against thrombotic thrombocytopenic purpura: Comparison of standard and reduced dose regimens
J-P Westwood, D Ellis, S Mc Guckin, K Langley, V McDonald, M Thomas, M Scully

Metabolism of coversin, a complement C5 inhibitor with applications in haematological diseases
WH Weston-Davies, IJ Mackie, AM Nunn, A Chitolie, P Lane, SJ Machin

An audit of thromboprophylaxis and venous thromboembolism rates in myeloma patients at King's College Hospital
Z Sayar, J Czuprynska, J Patel, D Gunning, R Benjamin, R Arya

Use of age adjusted d-dimer monitoring to assist the withdrawal of anticoagulation following unprovoked pulmonary embolism
KM Musgrave, M Alley, AJ Simpson, P Kesteven

Is there any clinical or biological difference that distinguishes recurrence from non-recurrence after idiopathic PE?
M Alley, KM Musgrave, AJ Simpson, P Kesteven

Venous thromboembolism incidence in ambulatory patients with pancreatic and endometrial cancer and association with Khorana Score
K Austin*, J Borrowman*, M Scully, MR Thomas

Severe antithrombin deficiency in pregnancy: How can adequate anticoagulation be achieved?
B Pearson-Stuttard, B Myers, C Bagot, E Ciantar, R Davies, A Clark, R Rayment, A McKernan, S Pavord

Von Willebrand testing – how useful is assessment of collagen binding in the diagnostic work-up of von Willebrand disease?
R Lee, O Otubo, P George, B Hopkins, R Gooding

Do patients with ‘low VWF’ bleed?
R Low, J Thachil

Modified computer assisted strain gauge plethysmography (venometer V3) can safely decrease the need for compression ultrasound scanning in patients with suspected deep vein thrombosis
ASB Hughes, B Hall, V Webb, K Jennings, G Page, C Smith, S Macdonald, J King, F Chorova
133 The use of age-adjusted d-dimer in patients over 50 years old presenting with a suspected deep vein thrombosis can safely decrease the need for compression ultrasound scanning
**ASB Hughes**, B Hall, V Webb, K Jennings, G Page, C Smith, S Macdonald, J King, F Chorova

134 A survey of the management of venous thrombosis in cancer associated thrombocytopenia
**CAT Hildyard**, NS Curry, SJ Stanworth

135 Developing a new diagnostic algorithm for disseminated intravascular coagulation (DIC)
**RI Iqbal**, YA Alhamdi, NV Venugopal, SA Abrams, CD Downey, CHT Toh, IDW Welters

136 Continuation of eculizumab in atypical haemolytic syndrome (aHUS) patients without renal recovery or an identified complement defect
**RJ Shaw**, C Kay Jones, T Dutt

137 A retrospective analysis of correction studies in all patients with a prolonged activated partial thromboplastin time within the Belfast health and social care trust over a 3 year period
**S Lawless**, G Benson, H Eswedi, M Mohsin, A Morris, B Merron, A Niblock, R Brockbank, C McCauley, C Bradford, C McConville, M Bridgham

138 Effects of rivaroxaban and apixaban on routine coagulation screening tests
**SJM Platton**, L Bowles, PK MacCallum

139 Evaluation of diagnostic delay in a cohort of individuals with acquired haemophilia A
**AS Anwar**, J Orr, R Evans, P Murphy, M Mahmoud, F Keenan, K Talks, T Biss

140 Prothrombin complex concentrate (PCC) for reversal of vitamin K antagonists – a West of Scotland regional audit
**MR Wilson**, RC Tait

141 Trends in oral anticoagulant prescriptions and major bleeding complications: A comparison of NHS CCG prescription data with cases from a prospective study (ORANGE) between October 2013 and June 2015
**CR Tait**, JK Morris, J Tan, S Antoniou, S MacBride-Stewart, R Alikhan, N Curry, R Maclean, K Saja, S Stanworth, T Everington, L Green, PK MacCallum

142 The relevance of placental infarction for subsequent pregnancies following stillbirth
**S Wharin**, S Pavord, H Maybury

143 Single UK tertiary neonatal unit experience of neonatal arterial thrombosis
**J Yong**, C Rajan, Z Molnar, E Adams, G Hall, A Qureshi, N Bhatnagar

144 Haemostatic and inflammatory changes following pre-eclampsia: Potential link with development of subsequent cardiovascular events?
**FS Abad**, X Tan, BB van Rijn, BR Birch, AJ Cooper, **BA Lwaleed**
145 Assessing the impact of direct oral anticoagulants on dental practitioners
   J Khwaja, Z Khwaja

146 Venous thrombotic events versus length of stay on warfarin, enoxaparin, rivaroxaban and apixaban
   DT Eden, NA Smith

147 Use of direct oral anticoagulants in women of childbearing age: Data from the East Midlands registry
   AH Webster, B Myers

148 Method of renal function estimation influences accuracy of DOAC prescribing
   M Seidi, J Patel, J Czuprynska, L Roberts, R Patel, R Arya

149 Treatment of PE in the DOAC era: real-world experience
   M Seidi, J Patel, J Czuprynska, L Roberts, R Patel, R Arya

150 Differentiating acquired and congenital TTP: A case report demonstrating the limitations of ADAMTS13 inhibitor testing
   M Joffe, R Gooding

151 Impedance platelet aggregometry for surveillance of ibrutinib therapy in chronic lymphocytic leukaemia
   L Kazianka, W Thomas, I Pabinger, I Ringshausen, G Follows, U Jäger

152 Splanchnic vein thrombosis (SVT) in patients with myeloproliferative (MPN) neoplasms
   A Danaee, S Ahmed, D Patch, M Sekhar

153 HIT at Southend: A cluster of cases associated with low molecular weight heparin use
   M Badat, F Oyesanya, P Cervi, A Islam

154 Low molecular weight heparin (LMWH) and anti-Xa monitoring in pregnancy. A single centre experience
   V Shah, C Waddilove, C Roughley, G Evans, K Elliott

155 ThromboGenomics - a comprehensive high-throughput sequencing test for the diagnosis of inherited bleeding, thrombotic and platelet disorders
   K Downes, on behalf of the ThromboGenomics working group

156 The impact of TTP specialist centres on patient survival and satisfaction
   R Low, C Kay-Jones, T Dutt

157 Superficial thrombophlebitis – treatment with rivaroxaban; a single centre experience

158 Assessment of deep venous thrombosis referrals in an ambulatory emergency care unit: A single centre study
   R Amerikanou, C Fleming
159 The DAWN® 4S VTE module - an electronic tool and record for deep vein thrombosis (DVT) assessment, diagnosis, treatment and follow up

160 Validation of the use of age adjusted d-dimer cut off values to reduce the compression venous ultrasound rates in an acute ambulatory DVT service
   J Strong, V Frimpong, H Briggs, T Stewart, R Clarke-Drury, D Thornton, K Coultas, J Eggleston

161 A snapshot of anticoagulation in a district general hospital
   R Cumber, H Sahota, J Crowe, A Leadbetter, K Wadehra, A Knott, JE Norman

162 Dilute Russell's viper venom time – potential use for the detection of apixaban and rivaroxaban predicted from interference in lupus anticoagulant testing
   SJM Platton, L Bowles, PK MacCallum

163 Hospital admission data on primary immune thrombocytopenia patients in the National Health Service: Findings using hospital episodes statistics & United Kingdom Immune Thrombocytopenia Registry linked data
   IU Doobaree, K Conway, R Raghava, A Newland, A Provan

164 Intravenous drug users presenting to an acute ambulatory DVT service: A single centre experience
   AH Webster, V Frimpong, J Eggleston, D Thornton, H Briggs, T Stewart, R Clarke-Drury, K Coultas, J Strong

165 Thrombi form faster and are more resistant to lysis at low haematocrit
   P Untiveros, A Lionikiene, M Greaves, HG Watson, NJ Mutch

166 Outcomes of patients treated for cancer or chemotherapy associated venous thromboembolism and effectiveness of secondary prevention
   DA McClinton, KA Breen, GA Thomson, V McDonald

167 Platelet activation and aggregation is modulated by the Hodgkin lymphoma 'secretome'
   NK Binsaleh, A Alqahtani, S Jones, NC Dempsey-Hibbert

168 DOACs: Common and uncommon errors. A brief patient safety intervention and review
   A Langridge, V Ware, C Petrie, K Talks

169 The introduction of lab based TEG testing: Could South Tees NHS Foundation Trust introduce an individualised goal-directed therapy with regards to effective blood management
   DM Winterburn, N Stratford, E Kothmann, J Maddox, F Lisle, A Wood

170 Safety of plasma exchange in the treatment of thrombotic microangiopathies
   S Mc Guckin, C Vendramin, J-P Westwood, M Thomas, M Scully
171 Treatment pattern of immune thrombocytopenia over time: Findings from the United Kingdom Immune Thrombocytopenia (UK ITP) Registry
**IU Doobaree**, S Hodges, R Nandigam, A Newland, A Provan

**Lymphoid Malignancy - Cellular and Molecular Biology**

**Hall 5**

172 Correlating FMC7 and CD20 expression in B cell malignancies
**J Arberry**, TA Eyre, W Atoyebi, K Leyden, CS Hatton

173 A specific ITK inhibitor, ONO-7790500, represses TCR signalling in T-cell lines: Potential for treatment of peripheral T-cell lymphoma
**S Mamand**, RL Allchin, MJ Ahearne, SD Wagner

174 Mir-363 is a potential biomarker of the tumour microenvironment in chronic lymphocytic leukaemia
**A Alharthi**, DT Smallwood, D Beck, B Apollonio, AG Ramsay, SD Wagner

175 TBK1/IKK inhibitors target a subset of diffuse large B-cell lymphoma
**M Carr**, K Chapman, T Perrior, SD Wagner

176 Combinations containing the aza-anthracenedione pixantrone show pre-clinical activity in diffuse large B-cell lymphoma (DLBCL)
**C Tarantelli**, E Gaudio, I Kwee, A Stathis, P Zintl, M Turton, E Zucca, **F Bertoni**

177 Impact of adhesion molecules expression on nodal and extra-nodal involvement in chronic lymphocytic leukemia
**AM Kamel**, NM El-Sharkawy, RA Osman, EK Abd El-Fattah, E El-Noshokaty, T Abd El-Hamid, EZ Kandeel

178 Characterisation of telomere dynamics in lymphocyte subsets from chronic lymphocytic leukaemia patients
**CH Jones**, EJ Walsby, C Fegan, D Baird, C Pepper

179 Curcumin loaded biocompatible electrospun polymer mats for the treatment of CTCL skin lesions
**Y Iliev**, K Kaloyanov, D Yosifov, M Zaharieva, P Donchev, G Yakub, A Toncheva, I Rashkov, N Manolova, I Zhelezova, D Momekova, G Momekov, H Najdenski, **S Konstantinov**

180 Impact of the apoptotic regulator DRAK2 in chronic lymphocytic leukemia
**C Ciardullo**, P Zhou, E Willmore, CJ Harrison, A Hall, J Eswaran, M Soundararajan

181 Differences in phenotype and immune function of lymph node and peripheral blood derived CLL cells are linked to transendothelial migration
**M Pasikowska**, E Walsby, K Cuthill, B Apollonio, E Coulter, M Longhi, Y Ma, D Yallop, L Barber, C Fegan, A Ramsay, C Pepper, S Devereux, A Buggins
182 Comparison between fusion transcripts and leukemia-associated immunophenotypes as markers of minimal residual disease in B-precursor acute lymphoblastic leukemia

**YJ Huang**, HW Kao, E Coustan-Smith, HC Liu, SH Chen, CP Yang, CC Hsiao, TC Yeh, MC Kuo, CL Lai, CH Chang, D Campana, DC Liang, LY Shih

183 Analysis of the MM.1S multiple myeloma cell line reveals a distinct phenotypic and genetic architecture including a pre-existing MM.1R-like glucocorticoid resistant sub-clonal population

**JW Murray**, C Fegan, CJ Pepper

184 Characterising the immune phenotype of paediatric acute lymphoblastic leukaemia patients during induction chemotherapy

**KLE Phillips**, BF Flanagan, SE Christmas, RD Keenan

185 T lymphocyte reconstitution during induction chemotherapy in paediatric B-cell acute lymphoblastic leukaemia

**KLE Phillips**, BF Flanagan, SE Christmas, RD Keenan

186 Preclinical investigation and validation of a second generation CD19 directed chimeric antigen receptor (CAR), to target diffuse large B-cell lymphoma (DLBCL) for use in a phase 1 clinical trial

**C Roddie**, G Cheung, B Philip, H Zang, L Chan, W Qasim, A Thrasher, F Farzenah, KS Peggs, DC Linch, MA Pule

187 The presence of MYD88 L265P in non-IgM lymphoplasmacytic lymphoma: Implications for diagnosis and therapy

**RM Medlock**, R De Tute, J Shingles, P Evans, A Rawstron, R Owen

188 Characterisation of ibrutinib-resistance in B lymphoma cells

**S Farag**, G Doody, D Newton, L Mahmoud, M Fouda, D Elghannam, P Hillmen

189 Dysregulation of CCN1 expression in conjunction with increased expression of p21<sub>CIP1</sub> and p27<sub>KIP1</sub> implicated in mantle cell lymphoma progression

**A Zaidi**, T Mindos, C Hutchinson, S Rule, L McCallum

190 CD319 and CD38 expression patterns in Waldenstrom’s macroglobulinaemia (WM), myeloma and MGUS: Implications for antibody therapy

**J Shingles**, RM de Tute, AC Rawstron, RG Owen

191 Pyrrolobenzodiazepine (PBD) monomers are cytotoxic and produce inhibitory effects on NF- B in CLL and multiple myeloma

**TO Lewis**, DB Corcoran, KM Rahman, DE Thurston, C Fegan, C Pepper

192 Cold agglutinin disease is a phenotypically distinct clonal B-cell disorder

**RM de Tute**, AC Rawstron, P Evans, RG Owen

193 A comparison of PCR methods for the detection of MYD88 L265P mutations in a diagnostic setting

**J Anwar**, A Kizilors, S Kassam, R Ireland, A Ribeiro, T Smith, D Yallop, GJ Mufti, NC Lea
194 Molecular classification of DLBCL: An improved prognostic and diagnostic tool compared to standard immunohistochemistry
S Wedderburn, J Russell, D Shor, A Dicu, P Wawruch, J Morgan, A Hodson, M Prahladan

Lymphoid Malignancy - Clinical Hall 5

195 Efficacy and safety of single-agent ibrutinib in rituximab-refractory patients with Waldenström's macroglobulinemia (WM): Initial results from an international, multicenter, open-label phase 3 substudy (iNOVATE™)
MA Dimopoulos, J Trotman, A Tedeschi, JV Matous, D Macdonald, C Tam, O Tournilhac, S Ma, A Oriol, LT Heffner, C Shustik, R García-Sanz, RF Cornell, C Fernández de Larrea, JJ Castillo, M Granell, MC Kyrto, V Leblond, A Symeonidis, P Singh, J Li, T Graef, E Bilotti, S Treon, C Buske, on behalf of the iNOVATETM investigators

196 Efficacy of different chemotherapy regimens in primary mediastinal large B-cell lymphoma
I Ilyasova, M Kichigina, G Tumyan, E Paramonova, S Lepkov, O Trofimova, V Larionova, E Osmanov

197 What is the best route for methotrexate delivery to reduce the incidence of central nervous system relapse in diffuse large B-cell lymphoma? A review of our practice at University Hospital Aintree, Liverpool
J Heseltine, S Williams, J Smith

198 Efficacy and safety of RCEOP chemotherapy in patients with diffuse large cell lymphoma (DLCL) not fit for anthracyclines are comparable to RCHOP
D Abdulwahid, C Arbuthnot, S Paneesha, S Jobanputra, A Borg

199 An analysis of cost savings achieved through the practice of vial sharing for patients receiving bortezomib (Velcade®) containing regime in multiple myeloma in a district general hospital (DGH) haematology unit over a two year period
M Bartlett, J Hughes, H Grubb, S Kundu

200 Diagnosing light chain (AL) amyloidosis on temporal artery biopsies for suspected giant cell arteritis
R Ghinai, S Mahmood, P Mukonoweshuro, S Webber, A Wechalekar, S Moore

201 Audit of central nervous system (CNS) prophylaxis in diffuse large B cell lymphoma (DLBCL) in adult patients in West of Scotland
FH Nicholson, A Sefcick, A Hart

202 A comparative retrospective analysis of the frequency of microbiologically confirmed respiratory tract infections in patients receiving rituximab maintenance therapy for B cell – non Hodgkins lymphoma
G Mayer, M Senbanjo, H Babu, S Jenkins
203 Clinical, morphological and laboratory characteristics of patients with indolent non-Hodgkin's lymphoma, markers of viral hepatitis with and without markers of hepatitis C
S Lepkov, I Subortseva, G Tumyan, E Paramonova, A Kogravin, P Zeinalova, N Kokosadze, S Kosura, O Kolomeitsev, J Riabukina, O Ettinger, I Komarov, I Illasova, G Storodzakov, V Ivanova, I Lazarev, O Zacharov

204 Results of a multicentre UK-wide retrospective study evaluating the efficacy of pixantrone in relapsed, refractory diffuse large B cell lymphoma
TA Eyre, KM Linton, P Rohman, J Kothari, K Cwynarski, K Ardeshea, C Bailey, WL Osborne, C Rowntree, D Eden, P Shankara, DW Eyre, P Jasani, A Chaidos, GP Collins, C Hatton

205 The NCRI Myeloma XI trial for newly diagnosed symptomatic multiple myeloma (NDMM); second primary malignancy (SPM) incidence when lenalidomide is used as an induction and maintenance treatment option

206 Estrogen receptor beta (ERβ) expression in diffuse large B cell lymphoma (DLBCL): A predictor of poor outcome
SF Faknuam, TA Assanasen, PR Raungvejvorachai, PH Hanrivadhanakul, PR Rojnuckarin

207 Real world experience of ibrutinib in mantle cell lymphoma - prospective multi-centre data from 61 patients treated for MCL with ibrutinib (single agent) via the expanded access programme in Great Britain and Ireland
DL Tucker, E Vandenberghe, N Morley, K Bowles, S Rule

208 Experience of lenalidomide use in the treatment of myeloma at North Bristol NHS Trust - increasing number of dose modifications is associated with increased overall survival
JS Wolf, F Loewecke, CN Burney, AJ Whiteway

209 The addition of rituximab to CODOX-M & IVAC in first line therapy of poor risk Burkitt lymphoma (IPI 3-5) yields an excellent outcome: A phase 2 UK NCRI / Bloodwise Trial (LLR 04058)

210 Front line therapy with R-CODOX-M & R-IVAC in poor risk diffuse large B cell lymphoma (IPI 3-5) yields a good outcome without transplantation: A phase 2 UK NCRI / Bloodwise Trial

211 A retrospective analysis of therapy and outcomes in post-transplant lymphoproliferative disorder (PTLD) over a 15-year period at a major UK transplant centre
LEE Crossman, B Uttenthal, GA Follows
212 Incidence of occult systemic lymphoma in patients with primary central nervous system lymphoma (PCNSL)
V Shah, A Dunlop, D Yallop, R Marcus, S Devereux, P Patten, S Kassam

213 Plasma cell dyscrasia and an increased risk of fracture: Evidence from hospital episodes statistics
G McIlroy, M Cook, G Pratt, M Drayson, P Cockwell, P Yadav, F Evison, J Mytton, J Pinney

214 Clinical, morphological and laboratory characteristics of patients with diffuse large B-cell lymphoma non-Hodgkin's lymphoma with markers of hepatitis C (HCV) (DLBCL+C) and without markers of hepatitis C (DLBCL- C)
S Lepkov, I Subortseva, G Tumyan, I Iliasova, A Kovrigina, P Zeinalova, N Kokosadze, S Kosura, O Kolomeitsev, J Riabukina, O Ettinger, I Komarov, E Paramonova, G Storodzakov, V Ivanova, I Lazarov, O Zacharov

215 Audit of thromboprophylaxis for patients with multiple myeloma on treatment with immunomodulatory drugs
A Kumari, R Man, C Gardner, S Paneesha, B Kishore, G Pratt

216 Intrathecal chemotherapy prophylaxis for diffuse large B cell lymphoma (DLBCL): Real-life clinical practice in the face of conflicting guidelines and a weak evidence base
Y Chung, L Wakefield, G Ricchetti, C Hemmaway, A Brownell, B Krishnan, P Greaves

217 Is toxicity and inpatient admission time reduced with recently introduced GDP salvage chemotherapy compared to IVE and DHAP chemotherapy? A retrospective review of relapsed and refractory lymphoma patients in the Northern region of England
J Orr, L Dunning, S Gabriel, S Welsh, T Creasey, G Jones

218 Single centre experience of managing patients with double hit lymphoma (DHL)
I Qureshi, M Saeed, M Kaparou, A Kanellopoulos, V Murthy, E Nikolousis, B Kishore, K Holder, R Lovell, SPaneesha

219 Single centre experience of lenalidomide in multiply relapsed and or refractory lymphomas
I Qureshi, M Saeed, M Kaparou, A Kanellopoulos, V Murthy, E Nikolousis, B Kishore, K Holder, S Paneesha, R Lovell

220 Bortezomib vial sharing in multiple myeloma (MM) treatment: What is needed for this innovation to succeed?
S Sachedina, R Krishna, M Karolia, C Clarke, M Watson, D Dhillon, L Barton, M Garg

221 Reversal of multiple myeloma (MM) associated pulmonary hypertension (PH) in 2 patients
R Krishna, S Sachedina, I Armstrong, G Asagba, L Barton, D Kiley, M Garg

222 The cost effectiveness of idelalisib in chronic lymphocytic leukaemia in England and Wales
W Sullivan, S Hadlow, R Perard, S Mealing, L Cox, D Lee
Activity of idelalisib in high-risk follicular lymphoma with early relapse following front line immunochemotherapy
A Gopal, B Kahl, C Flowers, P Martin, B Link, S Ansell, W Ye, B Koh, S Abella, P Barr, G Salles, J Friedberg

Minimal residual disease analysis in patients with follicular lymphoma treated with obinutuzumab plus bendamustine versus bendamustine alone in GADOLIN, a phase III study of relapsed/refractory indolent non-Hodgkin lymphoma
C Pott, D Belada, N Danesi, G Fingerle-Rowson, J Gribben, C Harbron, E Hoster, B Kahl, K Mundt, C Sebban, LH Sehn, BD Cheson

Population-based study of patients with mantle cell lymphoma; era by era improvement in survival mediated by first-line rituximab and autologous stem cell transplantation
K Joshi, R Hubbard, MJ Bishton

A review of the management of elderly Hodgkin lymphoma in North Glasgow
MJ Rafferty, M Leach, P McKay

An updated survival analysis from the CLL11 study in patients with chronic lymphocytic leukaemia treated with obinutuzumab or rituximab in combination with chlorambucil versus chlorambucil alone
G Follows, K Fischer, F Bosch, H Frederiksen, A Cuneo, H Ludwig, N Crompton, J Maurer, M Uguen, G Fingerle-Rowson, M Hallek, V Goede

Focal segmental glomerulosclerosis: A paraneoplastic phenomenon of mantle cell lymphoma
D Sparksman, K Maw, J Russell, S Sadullah, C Gomez, M Mangi

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AL Gately, M Cummins, DI Marks, J Moppett, O Tunstall, C Bradbury

Ibrutinib for relapsed/refractory CLL: A UK and Ireland survival analysis
G Follows, presenting data on behalf of the UK CLL Forum

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F Abed, S Hebballi

Subcutaneous rituximab can be safely administered without pre-medication
SH Burrows, O Akinbobuyi, S Rule, N Crosbie

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A Zelenetz, N Lamanna, T Kipps, S Coutre, S O’Brien, J Graves, W Ye, R Dubowy, I Flinn
234 Safety of idelalisib in B-cell malignancies: Integrated analysis of eight clinical trials

235 Treatment and outcomes of secondary CNS lymphoma in a tertiary referral centre
K Fletcher, R Marcus, S Devereux, P Patten, D Yallop, S Kassam

236 Results of a phase III randomized, controlled study evaluating the efficacy and safety of idelalisib in combination with ofatumumab (OFA) for previously treated patients with CLL

237 Audit of the use and response rate of pomalidamide in clinical practice: A large DGH experience
C Skeet, D Allotey, S Hebbali

238 Overall survival analysis adjusting for treatment effect after crossover in a phase 3 study evaluating idelalisib in combination with rituximab in relapsed CLL
P Ghia, P Hillmen, Y Kim, O Gurтовaya, D Li, T Jahn, R Perard, B Coiffier

239 Idelalisib treatment is associated with improved cytopenias in patients with relapsed/refractory iNHL and CLL

240 Idelalisib efficacy and safety in follicular lymphoma patients from a phase 2 study

241 Idelalisib monotherapy and durable responses in patients with relapsed or refractory marginal zone lymphoma (MZL)
P Martin, A Armas, A Gopal, E Gyan, N Wagner-Johnston, J Walewski, S Abella, W Ye, B Philip, B Sorensen, S de Vos

242 Quality of life (QoL) benefits of idelalisib with rituximab for patients with previously treated chronic lymphocytic leukaemia
W Sullivan, D Lee, R Perard, L Ysebaert, V Leblond

243 A dramatic response to lenalidomide based chemotherapy in a patient with multiple relapsed GCB-subtype diffuse large B cell lymphoma post allogeneic stem cell transplant
P George, A Tsoukani, L Anthony, A Mcgrann

244 Global mantle cell lymphoma (MCL) named patient program (NPP) experience in >790 patients treated with ibrutinib
S Rule, J Diels, N Healy, W Iraqi, J Aschan, M Wildgust

245 Idelalisib monotherapy and durable responses in patients with relapsed or refractory small lymphocytic lymphoma (SLL)
246 Idelalisib monotherapy results in durable responses in patients with relapsed or refractory Waldenstrom’s macroglobulinemia (WM)

247 Reduction in serum paraprotein level due to curcumin in a patient with asymptomatic myeloma
P Harrington, M Streetly, A Khera

248 An update on prospective audit of rivaroxaban as prophylaxis and treatment during myeloma therapy with immunomodulatory drugs (IMiDs) at East Kent Hospitals University NHS Foundation Trust
CA Roughley, M Capomir, J Lindsay, C Pocock, V Ratnayake, K Saied, G Evans

249 Hepatotoxicity with pegylated-asparaginase in acute lymphoblastic leukaemia is influenced by raised body mass index
KG De Abrew, DS Richardson, MA Cook, H Launders

250 Long-term results of treatment of diffuse large B-cell lymphoma with markers of hepatitis C(DLBCL+C) and B-cell diffuse large cell lymphoma without markers of hepatitis C(DLBCL-C) and role of antiviral therapy for hepatitis C virus (HCV)

251 Lenalidomide: the Northern Ireland experience 2009 - 2014
C McConville, DA Donaldson

252 The Leeds Haematological Malignancy Diagnostic Service Outreach postal monitoring service for patients with indolent B-lymphoproliferative and plasma cell disorders: 10-year evaluation of laboratory parameters and symptom self-assessment for early identification of disease progression
N Appleby, D Painter, A Smith, V Martin, H Greenwood, C Mountain, R Jones, R Owen, A Rawstrom

253 Minimal residual disease predicts outcome in transplant ineligible myeloma patients: Results from the UK NCRI Myeloma XI trial

254 Histopathological features and poor clinical outcomes in a predominantly human immunodeficiency virus negative (HIV-) group of patients with plasmablastic lymphoma (PBL): A population based retrospective study
N Appleby, D Painter, A Smith, E Roman, S Barrans, S O’Connor, R Owen, A Jack, R Tooze

255 Tumour lysis risk assessment and prophylaxis for high grade lymphoma in a large university hospital - an audit against BCSH Guidelines
ER Chernucha, MJ Bishton, AK McMillan, CP Fox
256 Avoiding a sticky end: The importance of considering cryoglobulins and cryofibrinogens
   **MP Player**, R Krishna, R Gooding, L Barton, G Asagba, M Garg

257 The cost of myeloma: A gap analysis in the diagnostic work-up of multiple myeloma at Gloucestershire Hospitals NHS Foundation Trust
   **M Camilleri**, ML Shields, A Johny

258 Significance of early interim PET results in advanced Hodgkin lymphoma treated intensive program EACOPP-14
   **A Leontjeva**, E Demina, J Ryabukhina, G Tumyan, O Trofimova, V Sotnikov, V Larionova, E Paramonova, O Mukhortova, I Aslanidis, D Osmanov

259 Patients in the MRC Myeloma XI trial receiving induction chemotherapy for newly diagnosed multiple myeloma containing dexamethasone at full or moderated dose have significantly reduced half-life of IgG

260 Primary central nervous system lymphoma in adults: Clinicopathological features and outcomes in a tertiary centre in Malaysia
   **NR Tumian**, CL Wong

261 Pattern of infections in patients with multiple myeloma: A single centre experience in a developing country
   Z Jamli, CL Wong, **NR Tumian**

262 Brentuximab vedotin as a bridge to transplant in classical Hodgkin lymphoma: Single tertiary centre real-world experience
   **A Sarma**, V Potter, D Wrench, P Fields, D Yallop, S Devereux, P Patten, R Marcus, S Kassam

263 Hepatitis B reactivation in patients receiving R-CHOP: Delayed reactivation and infrequent breakthrough on lamivudine prophylaxis
   **EH Phillips**, I Parisi, K Ardesha, C Attwood, C Kyriakou, S Montoto, A Virchis, D Webster, A Burroughs, K Cwynarski

264 Diagnosis and management of CLL patients - single centre experience
   **S Kazi**, G Preston

265 Nodular lymphocyte predominant Hodgkin lymphoma: A retrospective review of 30 consecutive cases managed through the Norfolk and Waveney MDT
   **JC Griffin**, S Sadullah, L Igali, NK Shah, KM Bowles, JZ Wimperis

266 A single centre experience of DPACE-based therapy with lenalidomide or thalidomide +/- bortezomib prior to autologous transplant in myeloma
   **TE Parker**, KG De Abrew, RN Lown, MW Jenner
267 The efficiency and long-term results of treatment of patients with indolent lymphoma with hepatitis C virus and without hepatitis C virus
S Lepkov, I Subortseva, G Tumyan, I Iliasova, A Kovrigina, P Zeinalova, N Kokosadze, E Paramonova, O Kolomeitsev, J Ryabukhina, O Ettinger, I Komarov, S Kosura, G Storozdacov, V Ivanova, I Lazarev, O Zacharov

268 Absolute differential between urinary protein creatinine ratio (PCR) and albumin creatinine ratio (ACR): An early warning indicator for multiple myeloma
S Sachedina, M Joffe, R Krishna, P Patel, G Asagba, L Barton, M Garg

269 Pattern of lymphoma in the University of Calabar Teaching Hospital, Calabar, Nigeria
MAI Asuquo, IA Ibanga, GA Ebughe, V Nwagbara, ME Asuquo

270 An ongoing multinational observational study in multiple myeloma (PREAMBLE): Preliminary report on patient survival
G Cook, D Cellar, B Durie, H Goldschmidt, D Kuter, P Moreau, R Vij, C Davis, A Oukessou, T Zyczynski, S Popov, A Palumbo

271 Global chronic lymphocytic leukaemia (CLL) named patient program (NPP) experience in >2900 patients treated with ibrutinib
P Hillmen, J Diels, N Healy, W Iraji, J Aschan, M Wildgust

272 A retrospective review of CNS prophylaxis in diffuse large B cell lymphoma in two district general hospitals
A Pryce, A Danga, C Liu, T Sugai

273 Evolution of the first line treatment of multiple myeloma in a district general hospital setting - a retrospective review of overall survival and time to second treatment
A Hart, M Al-Obaidi, A Babb

274 Back door lymphoma: Protean presentation of patients with newly diagnosed lymphoma and the implications for newly proposed NICE guidance
CE Mactier, C Cwynarski, C McNamara

275 The use of CD200 antigen to assist in differentiating between chronic lymphocytic leukaemia (CLL) and mantle cell lymphoma (MCL)
E E Bart-Smith, S Kassam, D Yallop, R Ireland, A Dunlop

276 Variegate presentation of lymphoma patients contributes to the risk of a delayed diagnosis
CE Mactier, K Cwynarski, C McNamara

277 Central nervous system involvement in chronic lymphocytic leukaemia
D Shor, J Russell, S Wedderburn, A Dicu, N Gill, J Morgan, M Prahladan, A Hodson

278 Rationalizing the use of intravenous immunoglobulin replacement in secondary antibody deficiency
F Cox, N Orfali, M Connell, J Fitzgerald, K Fadalla
279 The LLR TAP IcICLle trial assessing biological response to ibrutinib in CLL: Immediate disease redistribution precedes cell cycle arrest by 2 weeks with reduced bone marrow infiltration by 6 months
T Munir, A Rawstron, S Dalal, R De Tute, K Brock, F Yates, C Fox, D MacDonald, C Fegen, A Bloor, P Hillmen

Myeloid Malignancy - Cellular and Molecular Biology
Hall 5

280 ABSTRACT WITHDRAWN

281 Assessment of DNA damage and DNA damage response and repair in dormant leukaemic cells
S Aldosari, M Pallis, N Russell, C Seedhouse

282 Basal expression of erythroid regulators mRNA of -thalassemia/ Hb E erythroblasts
W Sornjai, J Jaratsittisin, K Khungwanmaythawee, S Svasti, S Fucharoen, DR Smith

283 Reduced Fas-associated phosphatase-1 expression in patients with acute myeloid leukaemia
NF Osman, WH Alzobary, MA Samra, HH Alsaid, IA Eltounsi

284 CML cells actively evade host immune surveillance through cytokine-mediated downregulation of MHC-II expression
AM Michie, A Tarafdar, P Gallipolli, F Pellicano, L Hopcroft, K Korfi, J Cassels, HJ Jorgensen, D Vetrie, TL Holyoake

285 Resazarin/resorufin inhibits protein kinase CK2 and exhibits anti-leukemic effect in vitro and in vivo
TQ Ha, V Andresen, BT Gjertsen

286 The impact of biomarkers on outcomes of 203 Taiwanese patients with primary myelofibrosis: Endogenous erythroid colony growth and CALR mutation are independent favorable predictors
LY Shih, MC Kuo, CF Sun, TH Lin, TL Lin, P Dunn, JH Wu, PN Wang, YJ Huang, CH Chang, TC Tang, H Chang, TY Huang, YJ Wu

287 Integrated analysis of the biological and molecular effects of the epigenetic modifying agent romidepsin in MDS and AML
K Clarke, F Liberante, S McDade, C Young, A Thompson, K Mills

288 DNA damage response in dormant AML cells
S Aldosari, M Pallis, N Russell, C Seedhouse

289 Small molecule Axl inhibitor BGB324 inhibits primary chronic phase chronic myeloid leukaemia (CML) cell function and viability
L Mukherjee, S Rankin, A Laird, Y-C Hsieh, LEM Hopcroft, EK Allan, I Ben Batalla, D Micklem, TL Holyoake, S Loges, HG Jorgensen

290 T cell subsets do not alter on decreasing/stopping tyrosine kinase inhibitor therapy in chronic myeloid leukaemia: Data from the DESTINY trial
G Austin, K Knight, J Bell, L Foroni, R Salim, SE Christmas, M Copland, RE Clark
291 Uncovering the BCR-ABL1 tyrosine kinase independent signature in chronic myeloid leukaemia stem cells

**E Gomez-Castaneda**, LEM Hopcroft, S Rogers, HG Jorgensen, F Pellicano, D Vetrie, M Copland, S Grimmond, TL Holyoake

292 Small molecule inhibitors against PI3K/Akt/mTOR and NF-kB signaling pathways as a combinatorial approach in acute myeloid leukemia treatment

**AG Deslauriers**, K Reckzeh, A Mosbech, KD Rasmussen, K Helin, K Theilgaard-Mønch

293 MicroRNAs that affect the Fanconi anaemia (FA)/BRCA pathway are downregulated in imatinib-resistant patients without detectable BCR ABL kinase domain mutations

E Yap, ZA Norziha, A Simbun, **NR Tumian**, CF Leong, CL Wong

294 Germline heterozygous **DDX41** variants account for a subset of familial myelodysplasia and acute myeloid leukaemia


295 Ribosomal protein S6 dephosphorylation is a rapid broad-spectrum biomarker for therapeutic targeting of leukaemia cells

M Pallis, N Russell, M Hall, L Elmi, T Jones, **M Grundy**

296 Mebendazole: A candidate FDA approved drug for repurposing in leukaemia

**KB Matchett**, IV Grishagin, LM Kettyle, G Gavory, T Harrison, KI Mills, A Thompson

297 Identifying genes and pathways deregulated in chronic myeloid leukaemia stem cells through meta-analysis of transcriptomic data

**L Jackson**, LEM Hopcroft, S Rogers, H Jorgensen, F Pellicano, C Wells, R Mosbergen, T Chen, D Vetrie, TL Holyoake

298 Germline mutations of **hTERT** in myelodysplastic syndromes are associated with shortened telomeres but are not associated with increased cytogenetic abnormalities


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**Myeloid Malignancy - Clinical**

**Hall 5**

299 Outcome of solitary plasmacytoma

**E Ibrahim**, MA Harris

300 Platelet count predicts Janus Kinase 2 status at presentation of polycythaemia vera

**A Wood**, A Stanley, C Suwito, M Vickars, R Noble
301 An analysis of the cost savings achieved through practice of vial sharing for patients on azacitidine (Vidaza®) treatment for myelodysplastic syndromes (MDS), chronic myelomonocytic leukaemia (CMML with 10-29% blasts) and acute myeloid leukaemia (AML with 20-30% blasts) in a district general hospital (DGH) haematology unit over a two year period
M Bartlett, T Thomas, J Hughes, H Grubb, S Kundu

302 Observational study of multiple myeloma in Latin America
VM Hungria, A Maiolino, G Martinez, CA Souza, R Bittencourt, L Peters, G Colleoni, LCO Oliveira, E Crusoe, EODM Coelho, R Pasquini, SMM Magalhaes, R Nunes, JV Pinto-Neto, RMO Faria, M Souza, N Hammerschlack, D Fantl, R Navarro, GJ Ruiz-Argüelles, D Gomez-Almaguer, G Conte, BGM Durie, on behalf of the International Myeloma Working Group Latin America

303 A 48-year-old man with thrombocytopenia-absent-radius syndrome and pancytopenia
P Polzella, C Gordon, M Offer

304 Prospective study of trough imatinib levels in newly diagnosed chronic myeloid leukaemia (CML) patients and its correlation with response
D Chandra, C Agbuduwe, M Griffiths, J Mason, J Borrow, S Rose, K Piechocki, C Craddock

305 Pegylated-interferon alfa-2a treatment is safe and effective for pregnant women with essential thrombocythaemia
Y Beauverd, D Radia, C Cargo, S Knapper, M Drummond, A Pillai, C Harrison, S Robinson

306 Reduction in gram negative rod sepsis rate in intensively treated patients with acute myeloid leukaemia achieved through identification of unexpected potential environmental source: A successful root-cause analysis
WYC Sin, F Kenton, C Hemmaway, B Krishnan, P Greaves

307 Therapeutic leukapheresis in Chinese patients with hyperleukocytosis and leukostasis
H Liu, WK Choy, N Chau, H Wong, F Chan, B Kho, CW Lau, WW Yan

308 Patient outcomes from a nurse-managed home azacitidine administration programme: A single centre experience
L Merrick, C Barnes, J Bowman, H Hashim, K Porczynska, S Roberts

309 Risk of cardiovascular disease (CVD) in chronic myelogenous leukemia (CML) patients from community-based oncology practices
AO D’Souza, D Makenbaeva, E Farrelly, P Landsman-Blumberg, B Bolinder

310 Status of persistent, grade 1/2 imatinib-related adverse events (AEs) in chronic phase chronic myeloid leukemia (CML-CP) patients after switching to dasatinib (DASPERSE/CA180-400)
DW Kim, CS Cleeland, S Saussele, LA Williams, H Mohamed, J Pinilla-Ibarz, E Abruzzese
311 The use of ruxolitinib in the treatment of myelofibrosis: A review of clinical practice and response in a single teaching hospital
S Elhag, F Wadelin

312 Thiamine deficiency is uncommon in patients with myeloproliferative neoplasms
NCG Curto-Garcia, CH Harrison, DPM McLornan, DHR Radia

313 Factors predicting survival in adult acute myeloid leukaemia: The experience of a district general hospital
G McIlroy, SY Hasan, R Murrin, J Gilson, C Craddock, F Wandroo

314 The analyses of efficacy and tolerability of ruxolitinib in myelofibrosis patients - our experience
VM Popov, M Tevet, M Murat, CV Dragan, DG Georgescu, OFG Patrinoiu, LF Mihai, M Popescu, AP Trifa, AM Ilea

315 Danazol as first-line therapy for myelodysplastic syndromes

316 Multilineage involvement and not multilineage dysplasia differentiates more precisely two basic biological categories of acute myeloid leukaemias
P Lemez, J Galikova, K Michalova, A MacWhannell, Z Zemanova, T Haas, J Stejskal

317 Long term follow up of patients with acute promyelocytic leukaemia (APL) treated in a tertiary referral centre: the South Wales experience (2008-2014)
AJM Mahdi, LMM Morgan, EJM Mahdi, WJK Kell, SK Knapper

318 Morbidity and mortality outcomes in acute myeloid leukaemia (AML) patients treated with FLAG or FLAG-IDA chemotherapy; a single centre experience
F Leonforte, F Wandroo, G Soul, J Gillson, Y Hasan

319 Clinical details are vital for the effective application of a targeted CALR mutation service for JAK2 negative referrals
M O’Brien, S Keeney, F Dignan, K Ryan

320 Ruxolitinib in myelofibrosis; a single-centre experience
PWJ Russell, KD Maw, C Gomez, M Mangi, S Sadullah

321 Single centre review of chronic myeloid leukaemia (CML) patients: Prognostics, European Leukaemia Net (ELN) response assessments, tyrosine kinase inhibitor (TKI) tolerability and outcomes
HJ Wood, D Fitzgerald, S Ibrahim, T Corbett, A Arasaretnam

322 Impact of unsuccessful karyotyping in AML - a single centre study
S Kazi, D Massie, D Stevenson, D Culligan

323 Engraftment post autologous stem cell transplant for multiple myeloma is unaffected by length of stem-cell storage. Experiences from the Royal Marsden Hospital, UK
SJ Chavda, R Mellor, C Pawlyn, A Smith, M Ethell, M Potter, C Anthias, C Dearden, M Kaiser
324 Balancing therapeutic impact of treatment strategies with quality of life and pain experience in multiple myeloma: New insights into influence of genetic variants
SH Ahmedzai, **JA Snowden**, A Cox, DA Cairns, C Williams, A Hockaday, JD Cavenagh, C Parrish, K Yong, J Cavet, H Hunter, JM Bird, J Ashcroft, J Brown, TC Morris, G Cook

325 An experience with ruxolitinib, a Janus Kinase 1 and 2 inhibitor, in the management of patients with myeloproliferative neoplasms
**K Raza**, P Murphy, J Quinn, J Sargent, P Thornton

326 Chronic myeloid leukaemia patients with the e14a2 BCR-ABL transcript type have a distinct phenotype with a trend to improved major molecular response rates
S Chauhan, A Barkhuizen, A MacWhannel, A Jacob, S Lee, S Basu, **S Francis**

327 To bleed or not to bleed: Identifying the clinical significance of platelet function abnormalities in myelodysplastic syndrome (MDS)
**A Sellors**, R Gooding

328 Clinico-haematological profile in myelodysplastic syndromes (MDS) patients from a single tertiary care cancer center in India
**DK Mishra**, N Gupta, N Arora, M Parihar, R Pawar, SJ Bhave, A Chakrapani, R Nair, M Chandy

329 CNS demyelination in patients on nilotinib treatment for CML
**E Rekhi**, A Pryce, M Sohal, P Dassan

330 A prospective multicentre study of the demographic, molecular and clinical landscape of myeloproliferative neoplasm in a developing country
CL Wong, G Gerrard, ZA Norziha, **NR Tumian**, SK Cheong, CF Leong, PC Bee, GG Gan, J Sathar, B Ma, L Liang, L Foroni, T Aitman, M Laffan

331 A review of new diagnoses of haematological malignancies within the Leicestershire, Northamptonshire and Rutland region
**LE Sanders**, R Atterby, B Metcalfe, L Barton

332 Implementation of high throughput sequencing in an integrated laboratory: Experience from the Haematological Malignancy Diagnostic Service (HMDS)
J Taylor, P Evans, M Short, **C Cargo**

333 Pegylated interferon alpha-2a in high risk myeloproliferative neoplasms: A safe, effective and well tolerated alternative to hydroxyurea
**M Garg**, M Ruparelia, S Sachedina, G Asagba, R Krishna, H Qureshi

334 Molecular targets to guide tyrosine kinase inhibitor therapy in chronic myeloid leukaemia
**C Cotter**, N Orfali, K Fadalla

335 Challenges associated with mutational screening of suspected myeloproliferative neoplasms in a regional diagnostic laboratory
**FL Cullen**, P Evans, S Crouch, T Lightfoot, RJ Kelly, C Cargo
FLAG-lite regimen is effective bridging salvage chemotherapy for relapsed/refractory acute myeloid Leukaemia - a single centre experience

V Mehra, K Raj, V Potter, D McLornan, H de Lavallade, J Hayden, G Ong, D Cave, A Kulasekararaj, T Pagliuca, GJ Mufti

Single centre experience of treating aplastic anaemia with anabolic steroids

T Munir, M Griffin, A Hill, D Newton, S Richards, L Arnold, N Copeland, K Riley, P Hillmen

Nursing
Hall 5

Low level laser therapy in the treatment of chemotherapy-induced mucositis is an upcoming and successful intervention in modern medicine. A small group of forty patients have been studied to identify the effectiveness of this treatment in the bone marrow transplant setting

S McDermott

Clinical trials in multiple myeloma (MM): A survey of recruitment figures, screening failures and interventions


Unlocking the potential of anticoagulation nurse specialists

S Brookman, E Gee, I Badu Appiah

Holistic needs assessment of physical and psychosocial difficulties experienced in a cross section of multiple myeloma and other plasma cell dyscrasia patients

DT Gunning, M Kenyon, O Stewart, S Schey, M Streetly, R Benjamin

Haematology outreach: The impact on capacity, savings and quality

DJ Palmer, N Jones

Paediatrics
Hall 5

Second line therapy for children with persistent or chronic ITP: Results from the UK Paediatric ITP Registry

J Lakhani, RJ Klaassen, NJ Barrowman, J Chan, JD Grainger

The impact of immune thrombocytopenia on health-related quality of life in children

CEC Colam, J Grainger

Central nervous system imaging findings of patients with Fanconi aplastic anemia

Ş Ünal, T Bayhan, İ Altan, F Gümrük

Chediak-Higashi syndrome - too little too late?

YM Yousafzai, Q Khan, I Paracha, S Khan, F Raziq
| 347 | Single dose rasburicase reduces the financial toxicity and prevents tumour lysis syndrome in children with high tumour burden |
|     | **E Syrimi, P Hiwarkar** |
| 348 | Presentation, course and outcome of langerhans cell histiocytosis in children |
|     | **FS Khan, A Ahmad, S Anwar** |
| 349 | Leukostasis and tumor lysis syndrome in children’s leukaemia admitted to an intensive care unit |
|     | **DM Mota, O Afonso, F Coelho, A Martins, F Faria** |
| 350 | Review of an internal quality assurance programme for transcranial doppler (TCD) screening in children with sickle cell disease. Experiences from Bart’s Health NHS Trust |
|     | **B Kaya, P Telfer** |
| 351 | Haemophagocytic lymphocytic histiocytosis - a single centre review of cases |
|     | **RM Medlock, B James, SE Kinsey** |
| 352 | Clinical and genetic features of patients with Fanconi anemia in Lebanon and a report on two novel mutations in the *FANCA* gene |
|     | **R Farah, T Yammine, N El Youssef, H Khalifeh, C Khayat, A Collet, C Dubois-Denghien, D Stoppa-Lyonnet, A Megarbane** |

### Red Cell Disorders

**Hall 5**

<p>| 353 | Haemoglobinopathies in the Northern Darfur state, stratified by tribes and ages |
|     | <strong>AY Elderdery, KA Nassreldeen, BA Mohamed</strong> |
| 354 | Comparison of iron chelation efficacy between deferiprone and deferasirox in non-transfusion dependent thalassaemia |
|     | <strong>AL Ang, HT Mya</strong> |
| 355 | Hematological abnormalities and serum cobalamin: Correlation with severity of neurological manifestations in vitamin B12 deficiency-related myeloneuropathies |
|     | <strong>M Murari, UK Mishra</strong> |
| 356 | Fanconi syndrome and metabolic acidosis in association with deferasirox (Exjade) in children with thalassaemia major: Two cases and literature review |
|     | <strong>CV Samuelson, JC Welch</strong> |
| 357 | Treating sickle cell acute pain crisis at a busy London emergency department |
|     | <strong>R Amerikanou, S Kotsiopoulou, L Sawyerr</strong> |
| 358 | Investigation of anaemia in patients admitted to a Medicine of the Elderly Unit |
|     | <strong>A J Killean, S Mohandas</strong> |
| 359 | Diagnostic challenges in the evaluation of hemoglobinopathies in an under resourced setting |
|     | <strong>R Akbar, L Zafar, S Khalique</strong> |</p>
<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>360</td>
<td>Spectrum of haemoglobinopathies detected by capillary electrophoresis in East Kent</td>
<td>J Gasston, V Ratnayake, C Pocock, A Liyanage</td>
</tr>
<tr>
<td>361</td>
<td>Fat embolism syndrome in 3 patients with sickle cell disease</td>
<td>A Collins, R Gahault, M Roberts-Harewood, A Yardumian, M Besser</td>
</tr>
<tr>
<td>362</td>
<td>The impact of an integrated social care provision approach on admission data in sickle cell patients: An evaluation</td>
<td>C Matthews, N Lewis, DA Tsitsikas</td>
</tr>
<tr>
<td>363</td>
<td>Barriers affecting the nutritional management of sickle cell patients in the UK: Findings from a national dietitians survey</td>
<td>C Matthews, J Darkwah, DA Tsitsikas</td>
</tr>
<tr>
<td>364</td>
<td>How to improve time to analgesia in sickle cell disease drop-in services</td>
<td>L Berg, A Jalaly, A Ekong, S Ali, N Lewis, DA Tsitsikas</td>
</tr>
<tr>
<td>365</td>
<td>Use of automated red cell exchange transfusion in the management of stuttering priapism in sickle cell disease</td>
<td>A Ekong, L Berg, S Ali, RJ Amos, DA Tsitsikas</td>
</tr>
<tr>
<td>366</td>
<td>Hydroxyurea and sickle cell disease: Do we need to reach the maximally tolerated dose (MTD)?</td>
<td>W Al-Sakkaf, T Latham, N Paterson, O Llewellyn, P Mehta</td>
</tr>
<tr>
<td>367</td>
<td>Co-incidence of iron deficiency/overload in beta thalassaemia trait</td>
<td>SM Khan*, YM Yousafzai*, T Jalil, A Mir, K Ayaz, F Raziq</td>
</tr>
<tr>
<td>368</td>
<td>Higher dose hydroxyurea/hydroxycarbamide therapy for sickle cell disorders in childhood: The experience of Alder Hey Children’s Hospital</td>
<td>L Smith, KLE Phillips, RD Keenan</td>
</tr>
<tr>
<td>369</td>
<td>Exploring chronic pain in thalassaemia patients</td>
<td>R Amerikanou, R Peralta, T Latinwo, JB Porter, P Eleftheriou</td>
</tr>
<tr>
<td>370</td>
<td>Sickle cell acute painful episode management at a district general hospital setting</td>
<td>S Hebballi, M McGowan</td>
</tr>
<tr>
<td>371</td>
<td>The impact of a nurse led clinic to improve patient compliance with hydroxy carbamide - a retrospective analysis</td>
<td>N Lewis, C Matthews, T Hughes, DA Tsitsikas</td>
</tr>
<tr>
<td>372</td>
<td>Effect of automated red cell exchanges on oxygen saturation on air, blood parameters and length of hospitalization in sickle cell disease patients with acute chest syndrome</td>
<td>JC Aneke, N Huntley, JB Porter, P Eleftheriou</td>
</tr>
<tr>
<td>373</td>
<td>Serum cortisol level and its correlation with liver and cardiac iron concentration with clinical symptoms and other endocrinopathies in transfusion dependent beta thalassaemia patients</td>
<td>A Faisal, JB Porter, P Eleftheriou</td>
</tr>
<tr>
<td>374</td>
<td>Implantable dual lumen ports are associated with an increased risk of right atrial thrombosis in patients with sickle cell disease</td>
<td>JN Brewin, R Kesse-Adu, BJ Hunt, V McDonald, J Howard</td>
</tr>
<tr>
<td>Posters</td>
<td>Title</td>
<td>Authors</td>
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<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>375</td>
<td>A life-threatening autoimmune hemolytic anemia in a patient with newly-diagnosed pulmonary sarcoidosis</td>
<td>A Ntineri, K Kazi, M Paraskeva, A Filopoulou, A Stefanidou, G Kounadis, E Kontogeorgi, G Kourt, S Karakatsanis, P Roussou</td>
</tr>
<tr>
<td>376</td>
<td>An unusual case of methaemoglobinemia in pregnancy</td>
<td>H Wong, W Atoyebi, S Benjamin, L Mackillop, D Harrington, M Patel, S Pavord</td>
</tr>
<tr>
<td>377</td>
<td>Decreased SOD2 mRNA levels in peripheral blood cells from steady-state sickle cell disease patients</td>
<td>I Armenis, V Kalotychou, R Tzanetea, K Pantos, K Konstantopoulos, I Rombos</td>
</tr>
<tr>
<td>378</td>
<td>Response of different thalassaemia intermedia genotypes to hydroxyurea therapy</td>
<td>TB Hanif, M Pietro, G Lim, J Porter, P Eleftheriou</td>
</tr>
<tr>
<td>379</td>
<td>Annual review of transfusion targets in regularly transfused paediatric and adult sickle cell patients. Experiences from Bart’s Health NHS Trust</td>
<td>R Nzouakou, K Nevel, F Barroso, P Telfer, B Kaya</td>
</tr>
<tr>
<td>380</td>
<td>A novel cause of ineffective erythropoiesis; SPTA1 mutations</td>
<td>B Clark, F Smith, D Brawand, P Rushton, M Oakley, D Rees</td>
</tr>
</tbody>
</table>

**Transfusion Medicine**

**Hall 5**

<table>
<thead>
<tr>
<th>Posters</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>381</td>
<td>Seroepidemiology of hepatitis B, C &amp; HIV among blood donors in Jos, North-Central Nigeria</td>
<td>AM Onoja, A J Orkuma, IA Nwannadi, AO Ejele, OJ Egesie, AT Onoja, OO Alao, IN Ibrahim</td>
</tr>
<tr>
<td>382</td>
<td>Public involvement in clinical research: Lessons from a cluster-randomised trial</td>
<td>SP Hibbs, V Jairath, MF Murphy</td>
</tr>
<tr>
<td>383</td>
<td>Sustained effect on compliance with transfusion guidelines of a combination of direct feedback about practice and an electronic decision support process</td>
<td>J Smith, S Noel, J Staves, MF Murphy</td>
</tr>
<tr>
<td>384</td>
<td>A descriptive single centre experience of the management and outcome of maternal alloantibodies in pregnancy</td>
<td>N Heeney, V Chatziantoniou, T Maggs, C Rozette, T Watts, C Harrison, D Pasupathy, S Sankaran, P Kyle, S Robinson</td>
</tr>
<tr>
<td>385</td>
<td>The impact of the implementation of an electronic prescribing system on the use of single unit transfusions in an acute haematology ward</td>
<td>J Smith, S Noel, J Staves, MF Murphy</td>
</tr>
<tr>
<td>386</td>
<td>A comparative retrospective review of blood usage since the implementation of a single unit transfusion policy for haematology inpatients</td>
<td>G Mayer, M Lumley</td>
</tr>
<tr>
<td>387</td>
<td>Post transfusion purpura followed by immune thrombocytopenia</td>
<td>CN Burney, JS Wolf, G Lucas, S Davies, J Birchall</td>
</tr>
</tbody>
</table>
388 Serious Hazards of Transfusion (SHOT) scheme analysis of cumulative errors in incorrect blood component transfused haemovigilance reports 2013-2014
   J Ball, H Mistry, C Gallagher, D Poles, A Watt, PHB Bolton-Maggs
389 Changing patterns of off-licence use of recombinant activated factor VII (rFVIIa; NovoSeven) in the management of major haemorrhage
   J Orr, J Trattles, J Ryan, K Nesbitt, D Cox, E King, T Biss
390 Pre-transfusion testing and confirmation of patient ABO group for first time transfused patients
391 A red cell dosage calculator could promote single unit red cell transfusion, prevent over-transfusion and reduce red cell usage
   S Grey, P Kinsella, K Sweeney, A Steele, C Patalappa, S Roberts
392 Optimisation of preoperative anaemia in patients undergoing elective cardiac surgery
   N Blunt, N Balani, G Hallward, S McCorkell, M Ghosh-Dastidar, J Roxburgh, A Bott, K Duncombe, A O’Sullivan, D Radia, R Kesse-Adu, S Robinson
393 ABSTRACT WITHDRAWN
394 Tertiary neonatal single centre experience of fresh frozen plasma transfusion - an audit of current practice
   S Dillon, J Yong, C Baithun, Z Molnar, A Qureshi, N Bhatnagar
395 Does the age of platelet product transfused affect the time to next platelet transfusion? A retrospective review of 3636 platelet transfusions given to haematology patients
   EMR Watts, JP Wallis
396 Real time monitoring method for iron chelation therapy
   O Erel, A Polat, M Alisik, M Ergin, S Akkus, C Koca Bicer, FM Yilmaz, A Aycicek, A Koc
397 Pitfalls in pre-procedure optimisation of platelet transfusion
   M Sekhar, S Clark, M Al Zaabi, S Woodrow
398 Single unit blood transfusion in the acute haematology setting
   A Timmins, SL Allford
399 Hyperhaemolysis in sickle cell disease is not necessarily a transfusion reaction
   EA Jones, L Smith, RD Keenan
400 Effective use of oral ribavirin for respiratory syncytial viral infections in allogeneic haematopoietic stem cell transplant recipients
C Gorcea, E Tholouli, A Turner, E Davies, E Battersby, M Saif, F Dignan

401 Is there any difference in line infection rates between Hickmann and internal jugular/subclavian central lines in stem cell transplant patients?
CE Stockdale, S Bolam

402 Hematopoietic stem cell transplant activity in Latin America: Predominant increase in autologous and modest increase in allogeneic HCT with high use of unrelated cord blood grafts

403 Outpatient haploidentical peripheral blood stem-cell transplantation with post-transplant cyclophosphamide in children and adolescents

404 Donors who are heavier than their recipient, male, have a BMI > 30 or are aged < 40 provide the best chance of meeting requested cell dose for PBSC transplantation
A Billen, A Madrigal, BE Shaw

405 Audit of use of plerixafor for stem cell mobilisation prior to haematopoietic stem cell transplant
Y Gu, R Pawson

406 Outcomes following salvage autologous stem cell transplant (ASCT2) vs low dose alkylating consolidation (non-transplant consolidation NTC) therapy following bortezomib-containing re-induction for relapsed multiple myeloma (MM) may be dependent on age and symptomatic status initiation of re-induction: Results from the Myeloma X (Intensive) Trial
AJ Ashcroft, DA Cairns, C Williams, A Hockaday, JD Cavanagh, JA Snowden, C Parrish, K Yong, J Cavet, H Hunter, JH Bird, G Pratt, S Chown, E Heartin, S O’Connor, JM Brown, TCM Morris, G Cook

407 Donor cell t(8:21) AML after allogeneic unrelated donor hematopoietic stem cell transplantation for infant ALL
I Sabet, A Vora

408 Prospective review of therapeutic antifungal therapy in HSCT and acute leukaemia patients
S Elmoamly, M Saif, E Tholouli, F Dignan, A Dodgson, R Krishna
409  Shared post-transplant care: Improving the effectiveness of service provision
   E Thorman*, Z Tippu*, T Rintala, K Raj
410  Anti-phospholipase A2 receptor (Anti-PLA2R) antibody positive-nephrotic syndrome as a manifestation of multi-system, immune-mediated complications post allogeneic stem cell transplant: A case report
411  Response to hepatitis B virus vaccination in patients after peripheral blood stem cell transplantation: A single centre experience
   SA Hamid, CL Wong, NR Tumian
412  An audit of stopping antifungal prophylaxis post allogeneic stem cell transplantation
   P Parekh, K Raj, D McLornan, H De Lavallade, V Potter, A Pagliuca

Abstract Only

500  Subarachnoid hemorrhage (SAH) as the initial presentation of polycythemia vera
   G Pangtey, P Choudhary
501  Abuse in the use of benzodiazepins with vitamin D deficiency
   CMJ Malem
502  Frequency of platelet function disorders in patients presenting with bleeding
   A Memon, S Adil
503  Autoimmune heparin-induced thrombocytopenia: A case report
   J Collins, A Greinacher, P MacCallum
504  Management and outcome of pregnancy in a woman with benign hypergammaglobulinemic purpura
   A Danaee, BJ Hunt, H Oram, L Chappell, P Kyle, C Piercy, S Robinson
505  Tissue factor and inflammatory cytokines in urine and plasma of catheterised patients managed using valves or free drainage
   BA Lwaleed, X Tan, T Talukdar, T Tudball, AJ Cooper, BR Birch, M Fader
506  Immunophenotypic analysis of haematological malignancies in a Pakistani population
   A Memon, N Ali, A Ahmed
507  A workflow to demonstrate architecture and number of T-cell subsets in B-cell non-Hodgkin’s lymphoma by multiplex immunohistochemistry
   K Wickenden, AL Wilson, KR Straatman, SD Wagner, MJ Ahearne
508 A case demonstrating the efficacious use of PCR in distinguishing between cutaneous CD30 positive lymphoproliferative disorders (cutaneous ALCL, lymphomatoid papulosis, cutaneous deposition of systemic ALCL) and transformed mycoses fungoides (MF)
J George, G Leopold, LM Morgan, A Salamat

509 Primary bone marrow diffuse large B-cell lymphoma presenting with an isolated thrombocytopenia: A case report
P Sriskandarajah, R Davies, J Mercierca

510 Paraproteinemia - a rare cause of a demyelinating neuropathy
O Atkins, T Erblich, J Howard, A Malaspina

511 Clinico-pathological profile of primary GI lymphoma – study from a single centre in Nepal
AK Jha, B Suwal, R Prajapati, S Shrestha, PR Pneupane

512 Retinal microinfarcts, an unusual ocular presentation in chronic lymphocytic leukaemia
M Khalifa Mohammed, Y Sorour, O Hadid

513 10 cases of hematologic malignancy that caused gastrointestinal perforation – experience in our department
KN Natori, DN Nagase, SI Ishihara, AS Sakai, YM Mitsui, YK Kuraishi, MK Kato, KA Arai, HI Izumi

514 Extremely rare case, extranodal lymphoma of prostate
KN Natori, SI Ishihara, DN Nagase, AS Sakai, YM M, YK Kuraishi, MK Kato, KA Arai, HI Izumi

515 Diagnosis of splenic lymphoma with circulating villous lymphocytes
A Ranjan, R Pramanik, P Tanwar, M Wadhwani

516 Hematological malignancies in HIV/AIDS
DG Georgescu, MT Tevet, MB Balea, CD Dragan, MM Murat, SS Schiopu

517 Diagnosis of extramedullary plasmablastic plasma cell myeloma
A Ranjan, R Pramanik, P Tanwar, M Wadhwani

518 81 year-old lady presenting with anaemia and cerebellar syndrome
V Shyam-Sundar, P Polzella, M Offer

519 Wilms tumor-1 (WT1) gene mutation: a prevalence study in acute myeloid leukemia
P Tanwar, I Haider, S Bakhshi, L Kumar, A Ranjan

520 Acute lymphoblastic leukaemia (ALL) transformed from chronic phase chronic myeloid leukaemia (CML) in major molecular response (MMR) on tyrosine kinase inhibitors (TKIs) for 5 years
S Kundu, H Grubb, M Bartlett, S Meyrick, S Couzens, A Goringe

521 Primary myelofibrosis (PMF) with co-existent paroxysmal nocturnal haemoglobinuria (PNH)
S Kundu, H Grubb, T Munir, A Hill

522 Hypereosinophilic syndromes FIP1L1/PDGFRA fusion gene NEGATIVE – hematological remission on imatinib mesilate
DG Georgescu, OP Patrinoiu, VP Popov, MT Tevet, MB Balea, SZ Zurac, CD Dobrea
523  A case of acute myeloid leukemia developing after treatment for brucellosis with pancytopenia
KP Kim, YR Kim, SH Kang, **SH Kim**

524  Haemoglobin H disease detected during presentation of idiopathic thrombocytopenic purpura in a 14-month old boy
**N Chanchlani**, D Black, A Leigh

525  Quality of life in adults with sickle cell disease
**L Dixon**, D Simcox

526  Pregnancy associated sickle hepatopathy successfully treated with exchange transfusion
**YY Peng**, E Rhodes

527  Identifying and prioritising treatment uncertainties in blood transfusion through the James Lind Alliance
**S Hibbs**, MF Murphy

528  Ensuring the correct use of irradiated blood products (IRRBP) following immunosuppressive medication: An experience across two Trusts
**TG Scorer**

529  Experience of therapeutic plasma exchange in patients with severe fever with thrombocytopenia syndrome
**SH Kim**

530  Investigating the efficacy of treatment options for haematological diseases: Umbilical cord blood transplants against alternative haemopoietic stem cell sources
**DR Aboyeji**, N Turton

531  High dose melphalan and autologous stem cell transplantation following urinary bladder reconstruction with ileum: Measures to minimise mucositis
**M Khalifa Mohammed**, J Snowden, DJ Rosario, M Munir
<table>
<thead>
<tr>
<th>Stand No</th>
<th>Company Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Myeloma UK</td>
</tr>
<tr>
<td>3</td>
<td>Mitsubishi Tanabe Pharma Europe Ltd</td>
</tr>
<tr>
<td>5</td>
<td>American Society of Hematology (ASH)</td>
</tr>
<tr>
<td>6</td>
<td>ARIAD Pharmaceuticals</td>
</tr>
<tr>
<td>7</td>
<td>Agios Pharmaceuticals</td>
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<tr>
<td>8</td>
<td>Viapath</td>
</tr>
<tr>
<td>9</td>
<td>Taylor and Francis</td>
</tr>
<tr>
<td>10</td>
<td>WMUK</td>
</tr>
<tr>
<td>12,13</td>
<td>Boehringer Ingelheim</td>
</tr>
<tr>
<td>15</td>
<td>Alexion Pharmaceuticals</td>
</tr>
<tr>
<td>16,17,18,19</td>
<td>Janssen</td>
</tr>
<tr>
<td>20</td>
<td>Leukaemia CARE</td>
</tr>
<tr>
<td>21, 22, 23, 24</td>
<td>Wisepress Ltd</td>
</tr>
<tr>
<td>26</td>
<td>Bristol Myers Squibb / Otsuka Pharmaceuticals UK Ltd</td>
</tr>
<tr>
<td>28, 30</td>
<td>Amgen</td>
</tr>
<tr>
<td>31</td>
<td>Colonis Pharma Limited</td>
</tr>
<tr>
<td>32</td>
<td>Chugai Pharma UK Ltd</td>
</tr>
<tr>
<td>33, 34,35,36</td>
<td>Takeda UK Ltd</td>
</tr>
<tr>
<td>37,39</td>
<td>Pfizer Oncology</td>
</tr>
<tr>
<td>41,42,43,44</td>
<td>Celgene Ltd</td>
</tr>
<tr>
<td>45,46</td>
<td>Gilead Sciences Ltd</td>
</tr>
<tr>
<td>47</td>
<td>Novartis</td>
</tr>
<tr>
<td>48</td>
<td>Roche Products Ltd</td>
</tr>
<tr>
<td>49</td>
<td>BioProducts Laboratory Ltd</td>
</tr>
<tr>
<td>50</td>
<td>Resonance Health</td>
</tr>
<tr>
<td>51</td>
<td>Sandoz</td>
</tr>
<tr>
<td>52</td>
<td>CHS/ISH 2018</td>
</tr>
</tbody>
</table>
EDITORIALS

Stand No.1 – Myeloma UK

Myeloma UK is the only organisation in the UK dealing exclusively with myeloma, a bone marrow cancer for which there is no cure, but many very effective treatments.

Our broad and innovative range of services cover every aspect of myeloma from providing information and support, to improving standards of treatment and care through research and campaigning.

Stand No. 3 – Mitsubishi Tanabe Pharma Europe Ltd

Mitsubishi Tanabe Pharma Europe acts as the European Headquarters of one of Japan’s leading pharmaceutical companies, Mitsubishi Tanabe Pharma Corporation. Based in London, we are dedicated to the clinical development of new medicines for the European markets. We are the marketing authorisation holder for Exembol®, Argatra®, Arganova® and Novastan® (argatroban) and support commercial operations for other in-house products.

www.mt-pharma-eu.com

Stand No. 5 – American Society of Hematology (ASH)

Description of exhibit: The American Society of Hematology (ASH) is an educational and charitable organization devoted to helping hematologists conquer blood diseases worldwide. With more than 16,000 members from nearly 100 countries, ASH is the world’s largest professional society of these specialists.

Stand No. 6 – ARIAD Pharmaceuticals

ARIAD Pharmaceuticals, Inc., headquartered in Cambridge, Massachusetts and Lausanne, Switzerland, is an integrated global oncology company focused on transforming the lives of cancer patients with breakthrough medicines. ARIAD is working on new medicines to advance the treatment of various forms of chronic and acute leukemia, lung cancer and other difficult-to-treat cancers. ARIAD utilizes computational and structural approaches to design small-module drugs that overcome resistance to existing cancers medicines. For additional information, visit http://www.ariad.com

Stand No. 7 – Agios Pharmaceuticals

Agios is a biopharmaceutical company located in Cambridge, Massachusetts, USA. Agios is focused on discovering and developing novel investigational medicines to treat cancer and rare genetic metabolic disorders through scientific leadership in the field of cellular metabolism. In addition to an active research and discovery pipeline across both therapeutic areas, Agios has multiple first-in-class investigational medicines in clinical and/or preclinical development.
Stand No. 8 – Viapath

Viapath is a provider of Pathology Services offering pioneering diagnostic testing across all pathology disciplines.

With a unique partnership of clinical, scientific and operational expertise, Viapath is transforming pathology services with specialist tests and unique state of the art equipment, helping clinicians to create better treatments and outcomes for their patients.

Please come and meet us to discuss Viapath’s new Next Generation Sequencing Red Cell Gene Disease Panel or to find out how you can gain access to the latest diagnostic tests.

Viapath, Francis House, 9 Kings Head Yard, London SE1 1NA
Telephone 020 7188 9684
Website www.viapath.co.uk

Stand No. 9 – Taylor and Francis

Taylor & Francis Group partners with researchers, scholarly societies, universities and libraries worldwide to bring knowledge to life. As part of our Medical portfolio we are one of the world’s leading publishers of scholarly journals, books, ebooks and reference works in Hematology and Oncology and related disciplines. Website: http://taylorandfrancisgroup.com

Stand No. 10 – WMUK

WMUK is a charitable partnership: doctors, patients and carers, providing support and research into this rarer NHL.

Collect BSH treatment guidelines, WM guide and read ‘Patient Tales’. Join the WM Doctor Forum at this exciting time.

We fund the Rory Morrison UK WM registry (currently enrolling centres), biobank and WM genetics research at Leeds University. Come and discuss your interests!

Collect a free tote bag for completing a brief online treatment questionnaire. Don’t forget the WM Forum -Thursday AM!

Stand No. 12,13 – Boehringer Ingelheim

Boehringer Ingelheim is one of the world’s 20 leading pharmaceutical companies and is proud to be independent and family owned. Our vision helps us to deliver value through innovation and to look to the future with commitment and ambition. Over the past 50 years, Boehringer Ingelheim has been committed to the treatment and prevention of stroke and other thromboembolic disease. Today our innovative medicines are helping improve the outlook for patients requiring thrombolytic and anticoagulant therapies, enabling them to live healthier lives.

www.boehringer-ingelheim.co.uk
Stand No. 15 – Alexion Pharmaceuticals

Alexion is a global biopharmaceutical company focused on serving patients with devastating and rare diseases.

Patients with these debilitating diseases often have no effective treatment options, and they and their families suffer with little hope. Our goal is to develop and deliver therapies that will dramatically transform their lives.

Stand No 16,17,18,19 – Janssen

Janssen, the pharmaceutical division of Johnson & Johnson in the UK, is dedicated to addressing and solving the most important unmet medical needs of our time, including oncology, immunology, neuroscience, infectious disease, and cardiovascular and metabolic diseases. Driven by our commitment to patients, we develop sustainable, integrated healthcare solutions by working side by side with healthcare stakeholders, based on partnerships of trust and transparency. The legal entity for Janssen in the UK is Janssen-Cilag Ltd. More information about Janssen in the UK can be found at www.janssen.co.uk.

Stand No. 20 – Leukaemia CARE

Founded in 1969 as a support group for parents whose children had leukaemia, Leukaemia CARE has evolved into a national patient organisation dedicated to supporting anyone affected by a blood cancer. Our support services ensure that patients and their families receive the right information, advice and support.

Our new e-learning tool (developed with the RCGP) supports GPs in diagnosing blood cancers earlier and is just one of the ways we have been improving awareness of blood cancers throughout the UK.

Stand No. 21, 22, 23, 24 – Wisepress Ltd

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Stand No. 26 – Bristol Myers Squibb / Otsuka Pharmaceuticals UK Ltd

Bristol Myers Squibb is a global BioPharma company firmly focused on its mission to discover, develop and deliver innovative medicines that help patients prevail over serious diseases. For more information about Bristol-Myers Squibb, visit www.b-ms.co.uk.

Otsuka Europe is committed to focusing its research and development on innovative products and medical devices that address unmet medical needs, particularly in our specialist areas of oncology, renal, endocrine, gastro-intestinal and central nervous system disorders.

Stand No. 28, 30 – Amgen

Amgen is committed to unlocking the potential of biology for patients suffering from serious illnesses by discovering, developing, manufacturing and delivering innovative human therapeutics. A biotechnology pioneer since 1980, Amgen has reached millions of patients around the world and is developing a pipeline of medicines with breakaway potential.

Stand No. 31 – Colonis Pharma Limited

Colonis Pharma are proud to introduce Mucodis Oral – for the prevention and treatment of oral mucositis induced by cancer treatment, available in a mouthwash and oromucosal spray. Come and visit us on stand 31 to discuss how we can improve your patient’s treatment experience.

Stand No. 32 – Chugai Pharma UK Ltd

Chugai Pharma UK Ltd is a research-based pharmaceutical company, part of the Roche Group. Our mission is to provide innovative medical products and services for the benefit of the UK medical community and the patients in its care.

Chugai is a Japanese global company, with a rich history and strong position in a number of therapeutic areas including oncology and rheumatology with a growing research pipeline including novel targeted therapies and supportive care agents.

Stand No. 33, 34,35,36 – Takeda UK Ltd

At TAKEDA ONCOLOGY, we endeavour to deliver novel medicines to patients with cancer worldwide through our commitment to science, breakthrough innovation and passion for improving the lives of patients.

This singular focus drives our aspirations to discover, develop and deliver breakthrough oncology therapies. By concentrating the power of leading scientific minds and the resources of a global pharmaceutical company, we are finding innovative ways to improve the treatment of cancer.
Stand No. 37, 39 – Pfizer Oncology

At Pfizer Oncology, we are committed to the discovery and development of innovative treatments to improve outcomes for cancer patients. Equally, we believe that as important as the medicine that the patient receives, is the care and support that the patient has during their cancer journey. Our colleagues are passionate about improving patient experience and outcomes and the difference they can make to the lives of patients, and their families, who are impacted by cancer. This happens through our patient support materials and programmes.

For more information, please visit www.pfizer.co.uk.

Stand No. 41,42,43,44 – Celgene Ltd

Celgene is a global biopharmaceutical company committed to improving the lives of patients worldwide. Celgene seeks to deliver truly innovative and life-changing medicines for patients. The company focuses on the discovery, development and commercialisation of products for the treatment of cancer and other severe immunological and inflammatory conditions. For more information about Celgene visit www.celgene.co.uk

Stand No. 45,46 – Gilead Sciences Ltd

Gilead Sciences is a biopharmaceutical company that discovers, develops and commercializes innovative therapeutics in areas of unmet medical need. The company’s mission is to advance the care of patients suffering from life-threatening diseases worldwide. Headquartered in Foster City, California, Gilead has operations in North and South America, Europe and Asia Pacific.

Stand No. 47 – Novartis

At Novartis Oncology, we are passionate about the discovery and development of innovative medicines. We seek to provide a broad range of new therapies as well as practical solutions to advance the care of patients.

Novartis Oncology has an extensive portfolio of over 22 oncology, haematology and rare disease medicines treating more than 25 conditions from breast and lung cancer to chronic myeloid leukaemia and acromegaly. Our broad pipeline includes over 18 new molecular entities in development, targeting key molecular pathways in cancer biology.

A decade of success in oncology drug development has taught us the value of our connections within the oncology community and their importance to innovation. Together, we explore novel compounds in clinical development, many with potential best-in-class status, aiming to meet unmet medical needs of cancer patients by advancing or creating new standards of care.

For more information visit www.novartis.co.uk
Stand No. 48 – Roche Products Ltd

Roche is the world’s largest biotech company, with truly differentiated medicines in haematology, oncology, immunology, infectious diseases and neuroscience. Roche’s personalised healthcare strategy aims at providing medicines and diagnostics that enable tangible improvements in the health, quality of life and survival of patients. Roche in the UK employs over 2,000 people in pharmaceuticals and diagnostics. For more information: www.roche.co.uk

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Stand No. 49 – BioProducts Laboratory Ltd

Bio Products Laboratory (BPL) is headquartered in Elstree, near London (UK).

BPL’s mission is to provide a continuous supply of high quality plasma derived products to a growing global market, through investing in the latest research, technology and manufacturing methods, and by ensuring on-going and responsive support to health professionals throughout the world.

We are committed to research and development to maintain a key position in a constantly changing market in the 21st century.

For further information on our products, please contact our Customer Services on 020 8957 2251.

Stand No. 50 – Resonance Health

Resonance Health delivers FerriScan® R2-MRI, the gold standard in non-invasive measurement of liver iron concentration (LIC).

FerriScan is FDA, CE and TGA approved for quantitative measurement of Liver Iron Concentration and provides an accurate tool to assist clinicians optimise iron monitoring and management. Cardiac T2* can also be offered alongside FerriScan in a ‘dual-analysis’ service for assessment of both liver and heart iron.

Over 30,000 FerriScans have now been performed worldwide.

Stand No. 51 – Sandoz

Sandoz, a Novartis company, is committed to increasing patient access to high-quality generics and biosimilars. Sandoz currently markets three biosimilars in Europe, each of which is the market leader for a biosimilar in its respective category. The Sandoz pipeline includes several biosimilars in various stages of development.
Stand No. 52 – CHS/ISH 2018

Come to Canada for ISH 2018!

The Canadian Hematology Society (CHS) will host the World Congress of the International Society of Hematology, September 13 – 17, 2018 at the Vancouver Convention Centre, set on the Vancouver waterfront against a mountain background on Canada’s beautiful west coast.

A great social program and post congress tours will be featured.

Congress co-chairs:
Dr. Gail Rock, Chair, Organizing Committee
Dr. Tom Nevill, Chair, Scientific Committee

For more information contact the CHS chs@uniserve.com

Website: http://www.ish2018.com/