Event: Hope Asia 2020 (Virtual)

Venue: BMICH, Colombo

Date: 16-17 October 2020

The above event was held to highlight specific topics of interest presented at the European Hematology Association (EHA) 2020. Hope Asia 2020 provided a platform for the haematology community to share knowledge and experience on the latest developments in hematology. I was privileged to be able to attend the above event virtually. It provided an eye-opening opportunity for me to learn from the various haematology experts throughout the world. The topics covered were hemophilia, immune thrombocytopenic purpura, bone marrow failures, bone marrow transplant, thrombosis, myeloproliferative neoplasm, multiple myeloma and the others. The speakers were from Sri Lanka, India and Europe countries. There were case studies which allowed further discussion on the topics that were presented. The presentations had integrated latest research with local data from Sri Lanka and India. This showed the importance of collaborating latest updates into our daily practice to provide better quality of care to our patients.

Dr Claire Harrison from United Kingdom shared with us regarding current understanding and practice in myeloproliferative neoplasm. She mentioned the benefit of using MIPSS70 score, which integrated clinical, cytogenetic and mutational data, to risk stratify patients with myelofibrosis. Comfort-II study showed that ruxolitinib decreased the size of the spleen and improved quality of life. However, we needed to balance the benefit and toxicity of ruxolitinib. Ruxolitinib was associated with anaemia, thrombocytopenia, infection and squamous cell carcinoma. The abstract by G. Coltro, showed RAS/ MAPK pathway mutations was associated with resistance to Ruxolitinib in myelofibrosis, which had inferior survival and higher incidence of leukemic transformation. In a real-life analysis on 251 patients with ruxolitinib,13.5% of them experienced ruxolitinib discontinuation syndrome. They presented with symptomatic increased spleen size, splenic rupture, ARDS.

Dr Jill Corre from France discussed regarding genetics and risk assessment in multiple myeloma. She further elaborated high risk genetic mutation in multiple myeloma, which comprised of del17p, Tp53 biallelic inactivation (+++mut/del), 1q amplification, t(4;14), t(14;16), del1p32 and 1q gain. Perrot et al from Intergroupe Francophore du myeloma proposal constructed a prognostic model, which included 6 independent variables (trisomy 5, trisomy 21, t(4;14), 1q gain, del(1p 32) and del(17p), to better define cytogenetic risks. Each specific coefficient had corresponded to weight prognostic value. She highlighted the importance of monitoring minimal residue disease to assess treatment response. Minimal residue disease could be detected through next generation flow and next generation sequencing.

In summary, this is a great learning experience for me. I would like to thank Malaysia Society of Haematology (MSH) education committee for the opportunity. I hope I can integrate the knowledge in my daily clinical practice.

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