



# HAEMATOLOGY UPDATES

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## President's Column

Our Dear Colleagues  
Assalam-o-Alaikum,

My special thanks to all of you for your very welcome response and confidence to Pakistan Society of Haematology. I request to all of you to pray Almighty Allah to Give Health, Courage and Strength to fulfill this obligation.

Alhamdulillah we have finalized the Working Groups of PSH for different sections of Haematology, BMT, Coagulation, Haemostasis and Transfusion Medicine to formulate guidelines, in local prospective for better diagnosis and management of blood diseases. We have started a long awaited dream of haematology registry for different diseases. As a first drop of rain, Bone Marrow Transplant Registry have started and we are very thank full to our PSH Rawalpindi/ Islamabad Chapter for their untiring efforts. We have planned to start further registries of haematological diseases.



We have signed memorandum of understandings and collaboration with International Society of Laboratory Haematology (ISLH) and International Society of Haematology (ISH) and international society for thrombosis and Haemostasis (ISTH).

We all know this is the era of multidisciplinary team management and evidence based medicine. We need a very close coordination and support of different disciplines for better patient care. We should start our preparations for upcoming mega event of 20<sup>th</sup> PSH meeting Haemcon2018, to be held on March 01-04, 2018 at Pearl Continental Hotel Rawalpindi.

Alhamdulillah we have introduced "PSH Bright Scholarship" for emerging haematologist for training within Pakistan and abroad, interested PSH member can get full information on PSH website.

With Allah is Blessing we have started PSH national Symposiums in different cities and hoping to expand this in others centers as well. Insha-Allah we are going to start PSH Annual updates on different Hematological Diseases and we need your cooperation as facilitators for these events.

Last but not the least, my dear friends the strength of our organization lies in unity. Let us remain united in achieving our goals. Also increase the new memberships of budding haematologist to increase the family of PSH. In think I should stop here and Insha-Allah rest will be discussed in next updates.

With Thanks & Allah Hafiz

**Prof. Dr. Nisar Ahmed,**  
President,  
Pakistan Society of Haematology





Pakistan Society of Haematology is pleased to announce that our academic activities are going to increase in the near future. All of our members are invited to participate voluntarily in the organization of workshops, seminars, and other academic activities under the banner of PSH. Please intimate with your area of interest.

For interested members, email your details on the [psh.org.pk@gmail.com](mailto:psh.org.pk@gmail.com)

With Blessing & Thanks,

Dr. Saima Farhan  
Secretary Treasures  
Pakistan Society of Haematology,  
[dr\\_saima99@yahoo.com](mailto:dr_saima99@yahoo.com)



## About PSH

Pakistan Society of Haematology was formed in 1996 with the aim of promoting advancement of haematology, BMT and transfusion medicine in the country. Presently it has more than 350 members and we all should make efforts to enroll every haematologist in the country. We request all our members to take special interest in extending the membership to all those haematologists around you who have not yet registered with PSH. Website was launched and has been very active in recent past. We are trying to rejuvenate the website "<http://www.psh.org.pk>. The website would be interactive and provide on line forum for sharing views with other haematologists, and case discussion with the experts. Other features will be facility to download online membership form, newsletter, list and addresses of the members. Hopefully the website will be more operational within this month InshaAllah.

## PSH History

### Gen Masood Anwar

1. PSH was raised as "Pakistan Society of Haematology/Transfusion Medicine (PASHT)" in 1991. A meeting was held at 5 pm on Friday Nov 22, 1991. Professor Dr Mohammad Khurshid, Brig(later Lt Gen) Muhammad Saleem, Dr Khalid Zafar Hashmi, Dr Nasim Siddiqui, and Dr Abdul Hayee attended the meeting as members in presence of Prof A. V Hoffbrand. In this meeting Dr Khurshid presented a brief outlay of the necessity to create such a society. He also pointed out that Dr. Abdul Hayee, Dr. Khurshid, Dr KZ Hashmi and Brig Saleem had met at Bahawalpur and agreed on the general principles that the first meeting would be held along with the International conference of Pathology.
2. Though initial work was comprehensive, governing body and meetings of PASHT were not held regularly. In Sept 1994 it was proposed by Gen Muhammad Saleem to meet all PASHT members during Pakistan Association of Pathology (PAP) conference at Quetta. Dr. Muhammad Khurshid in consultation with Gen Saleem, Prof. Abdul Hayee, Dr. Khalid Zafar Hashmi proposed a provisional constitution of PASHT for the discussion in meeting
3. Haematologists from all over the country met on Saturday 9<sup>th</sup> March 1996 at Hotel Pearl Continental Rawalpindi in order to form a society. It was unanimously agreed that official name of society will be "Pakistan Society of Haematology" with official abbreviation of "PSH". It was also decided that until elections for office bearers the society matters will be looked after by a committee as under
  - a. Dr. Muhammad Khurshid
  - b. Dr. Ehsan-ul-Allah
  - c. Dr. Abdul Hayee
  - d. Dr. Khalid Zafar Hashmi
  - e. Dr. Khalid Hassan
  - f. Dr. Masood Anwar will act as Co-ordinator





4. A general body meeting of PSH was held at Peshawar on 2<sup>nd</sup> and 3<sup>rd</sup> Nov 1996. Election for office bearers were carried out as follow
- Lt. Gen. Muhammad Saleem President
  - Prof. Muhammad Khurshid as Vice President
  - Dr. Khalid Hassan as Secretary/treasurer

Later in Oct 1997 appointment of vice president was renamed as president elect.

List of past presidents includes

1. Prof. Dr. Abdul Hayee
2. Prof. Dr. Abdul Khaliq
3. Prof. Dr. Muhammad Khurshid
4. Prof. Dr. Khalid Zafar Hashmi
5. Maj. Gen. Masood Anwar
6. Prof. Dr. Khalid Hassan
7. Maj. Gen. Suhaib Ahmed
8. Prof. Dr. Samina Naeem
9. Gen. Muhammad Ayyub

List of past secretaries includes

1. Dr. Khalid Hassan
2. Maj. Gen. Massod Anwar
3. Prof. Fazle-e-Raziq
4. Dr. Salman Naseem Adil
5. Dr. Shaheena Kauser
6. Brig. Nadir Ali
7. Maj. Gen. Pervez Ahmed
8. Dr. Nadeem Ikram
9. Dr. Humera Rafiq
10. Brig. Tariq Mehmood Satti

5. PSH was registered with Govt of Pakistan on 8<sup>th</sup> August 1998(RS/ICT/298 dated 8 Aug 1998 as non political and non sectarian body to promote advancement of haematology including transfusion medicine through encouragement of research, teaching and technical methods. The body will also organize scientific meetings, publication of scientific material, and affiliation with other National and international organizations. Members of Governing body included

- Lt. Gen. Muhammad Saleem as President
- Dr. Khalid Hassan as General secretary
- Dr. Birgees Mazhar Qazi as member
- Dr. Waseem Iqbal as member
- Dr. Hassan Abbas Zaheer as member
- Dr. Mobina Ahsan Dhodhy as member
- Dr. Farah Yasin as member
- Col. Masood Anwar as member

It was also decided that First National conference will be held on 4<sup>th</sup> Oct 1998. Since then Annual conference is held regularly in all capital cities of Pakistan. The society is publishing a quarterly newsletter and providing a forum to the haematologists all over the country contributing as advisors in haematology, consultants, researchers and mentorship. Currently the Governing body includes

- Prof. Dr. Nisar Ahmed as president
- Gen. Parvez Ahmed as President elect
- Dr. Saima Farhan as Secretary



## SCHEDULE OF PSH MONTHLY MEETING

City	Coordinator Name	Date	Time
Lahore	Dr. Muneeza Junaid	2 <sup>nd</sup> Tuesday of the Month	09:00 am to 10:00 am
Karachi	Dr. Bushra Moiz	Last Friday of the Month	08:00 am to 09:00 am
Quetta	Prof. Nadeem Samad Shaikh	Last Friday of the Month	09:00 am to 10:00 am
Rawalpindi/ Islamabad	Brig. Ch. Altaf Hussain	Last Thursday of the month	03:00 pm to 05:00 pm
Peshawar	Dr. Shah Taj Khan	3 <sup>rd</sup> Thursday of the month	12:00 pm to 01:00 pm

## EXECUTIVE COMMITTEE

New Executive committee was elected during 19<sup>th</sup> Annual Conference of Pakistan Society of Haematology held at Lahore from 16<sup>th</sup>-18<sup>th</sup> February 2017. Following are the office bearers of executive committee.

### PRESIDENT

Prof. Dr. Nisar Ahmed  
0300-4330196  
dr\_nisarahmed@hotmail.com

### PRESIDENT ELECT

Maj. Gen. Pervez Ahmed  
0300-8561288  
parvez101@yahoo.com

### SECRETARY/TREASURER

Dr. Saima Farhan  
0300-2408440  
dr\_saima99@yahoo.com

## MEMBERS

### ARMED FORCES

Brig. Ch. Altaf Hussain  
Brig. Maqbool Alam  
Brig. Saqib Qayyum

### ISLAMABAD

Prof. Dr. Ayesha Junaid

### PUNJAB

Dr. Muneeza Junaid  
Dr. Manzoor Hussain  
Prof. Dr. Arif Hussain

### SINDH

Prof. Dr. Muhammad Irfan  
Prof. Dr. Salman Naseem Adil  
Dr. Muhammad Nadeem

### BALUCHISTAN

Prof. Dr. Chandi Kapoor

### KPK

Dr. Shah Taj Khan





**AZAD KASHMIR**

**Dr. Zahida Qasim (Mirpur)**

**OFFICE ASSISTANT**

**Mr. Imran Waheed**  
0322-5181302  
itsme.immy@gmail.com

**OFFICE ASSISTANT**

**Mr. Abdul Aleem**  
0334-4391558  
aleemtospeak@gmail.com

## NATIONAL PSH COORDINATORS

**RAWALPINDI/ISLAMABAD**

**Brig. Chaudhry Altaf Hussain**  
altaf444@gmail.com  
0333-5464272

**KARACHI**

**Dr. Bushra Moiz**  
bushra.moiz@aku.edu  
0300-2160765

**LAHORE**

**Dr. Muneza Junaid**  
dr.mjunaid10@gmail.com  
0333-8029026

**QUETTA**

**Prof. Nadeem Samad**  
drnadeemsheikh@hotmail.com  
0300-8380847

**PESHAWAR**

**Dr. Shah Taj Masood**  
shahtajmasood@yahoo.com  
0333-9118335



## PSH WORKING GROUP

It is my pleasure to inform you that Haematology in Pakistan is progressing at a fast pace. In the first executive council meeting which was held at Lahore office, the proposal of making working groups was unanimously approved and now has taken up shape. The various working groups with nominated lead person along with members are hereby published.

Whoever wants to be a part of any group is hereby advised to get in contact with the lead person.

These working group are as under

### **Dr. Saima Farhan**

Secretary / Treasury PSH

#### **I. Working Group JPSH (Journal of Pakistan Society of Haematology)**

**Lead Person: Prof. Dr. Khalid Hassan**

Cell: 0333-5178210

Email: kh\_pims@yahoo.com

• **Members:**

- Prof. Dr. Shahida Mohsin
- Dr. Bushra Moiz
- Dr. Nadeem Ikram
- Brig. Nadir Ali
- Dr. Anum Wasim

#### **II. Working Group Blood & Marrow Transplant**

**Lead Person: Maj. Gen. Parvez Ahmed**

Cell: 0300-8561288

Email: parvez101@yahoo.com

• **Members:**

- Maj. Gen. Tariq Mehmood Satti
- Prof. Dr. Salman Naseem Adil
- Brig. Qamar-un-Nisa Chaudhry
- Dr. Saima Farhan
- Col. Mahren Ali

#### **III. Working Group Academic/ Curriculum Development:-**

**Lead Person: Gen. Saleem Ahmed Khan**

Cell: 0333-7816441

Email: saleem003@hotmail.com

• **Members:**

- Maj. Gen. Parvez Ahmed
- Prof. Dr. Salman Naseem Adil
- Prof. Dr. Nisar Ahmed
- Dr. Bushra Moiz
- Brig. Nuzhat Salamat
- Dr. Shah Taj
- Dr. Saima Farhan

#### **IV. Working Group Scholarship and Financial Aid:-**

**Lead Person: Brig. Nuzhat Salamat**

Cell: 0321-8514354

Email: nuzhatsalamat@yahoo.com

• **Members:**

- Dr. Lubna Zafar
- Dr. Muneeza Junaid
- Dr. Saima Farhan
- Dr. Tariq Ismail





#### V. Working Group Transfusion Medicine:-

**Lead Person: Brig. Maqbool Alam**

Cell: 0321-5196521

Email: maqboolalam448@hotmail.com

• **Members:**

- Prof. Dr. Hassan Zaheer Abbas
- Dr. Saba Jamal
- Dr. Ayesha Junaid
- Dr. Zahida Qasim
- Dr. Manzoor Hussain
- Dr. Saima Farhan
- Dr. Nazish Saqlain

#### VI. Working Group Paediatric Haematology:-

**Lead Person: Prof. Dr. Nisar Ahmed**

Cell: 0300-4330196

Email: dr\_nisarahmed@hotmail.com

• **Members:**

- Lt. Col. Tariq Ghafoor
- Dr. Aslam Shaikh
- Dr. Tooba Fateen
- Dr. Faiza Rafiq

#### VII. Working Group of Coagulation Medicine:-

**Lead Person: Brig. Ch. Altaf Hussain**

Cell: 0333-5464272

Email: altaf444@gmail.com

• **Members:**

- Prof. Dr. Mona Aziz
- Prof. Dr. Samina Amanat
- Prof. Dr. Arif Hassan
- Brig. Saqib Qayyum
- Dr. Naghmana Mazhar
- Dr. Jaweria Fatima

#### VIII. Working Group Benign Haematology:-

**Lead Person: Prof. Dr. Muhammad Irfan**

Cell: 0300-8270189

Email: Irfan6697@gmail.com

• **Members:**

- Prof. Dr. Nadeem Samad Shaikh
- Prof. Dr. Mubeena Dhodi
- Prof. Dr. Ayesha Ehsan
- Dr. Usman Shaikh
- Col. Nighat Shahbaz

#### IX. Working Group Malignant Haematology:-

**Lead Person: Maj. Gen. Tariq Mehmood Satti**

Cell: 0336-4243525

Email: tariqsatti@yahoo.com

**Members:**

- Dr. Nadia Sajid
- Col. Nighat Shahbaz
- Dr. Muhammad Idrees
- Dr. Irum Iqbal
- Dr. Hayat-ul-Allah

#### X. Working Group Molecular Haematology:-

**Lead Person: Maj. Gen (R). Suhaib Ahmed**

Cell: 0333-56231478

Email: suhaib955@hotmail.com

• **Members:**

- Dr. Jaweria Ejaz
- Dr. Bibi Kulsoom
- Col. Muhammad Naeem
- Dr. Saima Mansoor
- Dr. Ayesha Khalid



### XI. Working Group Immunophenotyping:-

**Lead Person: Dr. Asad Hayat**

Cell: 0301-8469399

Email: asadhayat@skm.org.pk

♦ **Members:**

- Dr. Imran Nazeer
- Dr. Sajjad
- Dr. Natasha Alvi
- Dr. Ayesha Imran

### XII. Working Group appropriate and sensible use of resources and investigation:-

**Lead Person: Prof. Dr. Mona Aziz**

Cell: 0333-4271736

Email: monaakhlaq@hotmail.com

**Members:**

- Dr. Anum Wasim
- Dr. Amreen Hamid
- Dr. Asma Sadia
- Dr. Sadia (LNH)
- Dr. Sarwar

### XIII. Working Group Lab Accreditation standards:-

**Lead Person: Dr. Tariq Mehmood**

Cell: 0321-4642978

Email: tariqm@skm.org.pk

• **Members:**

- Prof. Dr. Ayesha Juanid
- Col. Ghulam Rasul
- Dr. Rabia Ahmed
- Dr. Fouzia Tabassum

## PSH National Advisory and Steering Committee

- |                             |                              |                               |
|-----------------------------|------------------------------|-------------------------------|
| • Gen. Muhammad Saleem      | • Gen. Suhaib Ahmad          | • Brig. Zahoor ur Rehman      |
| • Prof. Abdul Hayee         | • Prof. Samina Naeem         | • Prof. Luqman Butt           |
| • Prof. Muhammad Khurshid   | • Gen. Muhammad Ayub         | • Brig. Farhat Abbas Bhatti   |
| • Prof. Abdul Khaliq        | • Prof. Fazle Raziq          | • Brig. Nadir Ali             |
| • Prof. Khalid Zafar Hashmi | • Prof. Javed Asif           | • Brig. Muhammad Ashraf       |
| • Gen. Masood Anwar         | • Brig. Muhammad Amin        | • Prof. Tahira Zafar          |
| • Prof. Khalid Hassan       | • Col. Farooq Khatak         | • Prof. Zeba Aziz             |
| • Prof. Yasmin Lodhi        | • Dr. Barjees Mazhar Qazi    | • Dr. Madoodul Manan          |
| • Prof. Tahir Jameel Ghazi  | • Prof. Saeed Ahmed Malik    | • Prof. Muhammad Hirani       |
| • Maj. Qaiser Husnain       | • Prof. Nighat Yasmin Ashraf | • Prof. Zahoorul Latif        |
| • Col. Ghulam Rasool        | • Brig. Jalil Anwar          | • Dr. Mian Muhammad Sharif    |
| • Prof. Farzana Amjad       | • Prof. Waseem Iqbal         | • Prof. Mussarat Niazi        |
| • Prof. Nouman Malik        | • Dr. Syed Iftikhar Abdi     | • Prof. Muhammad Saeed Talpur |
| • Prof. Fozia Butt          | • Brig. Ehsan Alvi           |                               |





## 3rd PSH National Haematology Symposium, Hyderabad

3<sup>rd</sup> National Haematology symposium took place in Hyderabad, the oldest city of Province Sindh, on 20<sup>th</sup> January, 2018 at Diagnostic and research laboratory, Pathology Department, Liaquat University of Medical and Sciences, Jamshoro.

The pre symposium workshop was conducted on 19<sup>th</sup> January, 2018 as well. The first session began with, recitation of verses from Holy Quran. Dr. Ikram Din Ujjan, Head of Pathology Department, LUMHS, welcomed the participants. The first session was on practical approaches of coagulation and thrombosis. Hands on mixing studies were also made an integral part of the session. The facilitators for session were Dr. Arshi Naz from NIBD Karachi, Dr. Kiran Aamir from LUMHS, Jamshoro and Dr. Mariam Khanzada, LUMHS. After the lunch break the second session was encompassing on bone marrow and morphology, the facilitators for this session were Dr. Jawad Hassan from NIBD Karachi, Dr. Muhammad Salman from Aga Khan Hospital Hyderabad,

Dr. Maj. Sunila Tashfeen, CMH Hyderabad. Clinical cases were given to students and participants for microscopy and were later discussed by the facilitators, keeping in view helping especially post graduate students with their capability of problem solving. The workshop came to end with distribution of shields among facilitators and certificates to participants.



Symposium began on 20<sup>th</sup> January, with recitation of verses from Holy Quran. The session was hosted by Dr. Maria Jawed (resident, Pathology Department, LUMHS, Jamshoro). Guest speakers and participants from all over Pakistan were welcomed on symposium by Dr. Ikram Din Ujjan, Dean basic medical sciences, Head of Pathology Department, LUMHS, Jamshoro. Chief Guest for the symposium was Vice Chancellor Prof. Bikha Ram Devrajani, LUMHS, Jamshoro. The Chief guest expressed his views and congratulated the Dean of Pathology Department Dr. Ikram Din Ujjan and President of PSH, Prof. Dr. Nisar Ahmed for the symposium that provided a platform for learning newer updates and knowledge.



The first presentation was on vWD: Diagnosis and management by Brig. Ch. Altaf Hussain, HOD Haematology, AFIP, Rawalpindi. After this informative lecture, the second presentation was on Management of menorrhagia: haematological perspective by Prof. Dr. Nisar Ahmed, President for Pakistan Society of Haematology and Head of Pathology Department, The Children's Hospital, Lahore. After this valuable lecture, Prof. Dr. Raheel Sikandar expressed her views on management of menorrhagia: gynecological perspective. Management of ITP was presented by Prof. Dr. Muhammad Irfan from Liaquat National Hospital, Karachi.

The next distinguished speaker was Brig. Nuzhat Mushahid, PNS Shifa, Karachi. She shared her knowledge on DIC management. Dr. Farheen Kareem from Aga Khan University Hospital, Karachi gave a talk on complications and management of Haemophilia. Dr. Munira Burhani from NIBD, Karachi expressed her expert views on rare bleeding disorders and its updates. The last presentation of the session was on, Platelet function disorders: Diagnosis and management by Dr. Saima Farhan from The Children's Hospital and ICH, Lahore.

The souvenirs and shields were presented to Speakers and organizing committee. The symposium was concluded by vote of thanks by Dr. Farzana Memon, Chairperson, Pathology Department, LUMHS, Jamshoro.

It is anticipated that workshop and symposium such like this one, should be organized in future as well to nurture hematology in best ways.









**3rd PSH National Haematology Symposium, Hyderabad Pre-Workshop**



**4th PSH National Haematology Symposium, Sahiwal Medical College**





PSH in collaboration with Sahiwal Medical College arranged 4th National Hematology Symposium on 13th February, 2018. It was a wonderful academic activity. The activity was particularly helpful for undergraduates, HOs, MOs, PGs and consultants of Medicine, Pediatrics, gynae and other clinical specialties as diagnosis and management of common hematological disorders were very well presented by renowned hematologists from all over the country. Hopefully these kind of academic activities will continue in the future.







## 5th PSH National Hematology Symposium, Multan

The 5th PSH national hematology symposium arranged by the mutual collaboration of Pakistan society of hematology and Pakistan pediatric association was held on 17-02-2018, in the city of Saints, Multan. The program was held in the children complex Multan and was a true enlightening blend of mentors of haematology and expert practicing pediatricians....Students, fcps residents, pathologists were fortunate to attend the academic session with the state of art lecture on the very practical problems of establishing BMT facility in a resource constraint country like Pakistan by Gen. Pervaiz Ahmad, followed by the truly in lightening talks by

professor Tahir Shahmsi , Prof. Muhammad Irfan, Gen Tariq Satti, Prof. Saba Jamal and Prof. Imran Iqbal on the whole the symposium was a beautiful academic activity all by the strenous efforts of Prof. Dr. Nisar Ahmad (President PSH) Dr. Aslam Sheikh (Assistant Professor pediatrics children hospital, Multan, Dr. Saima Farhan (Secretary PSH) and all PSH Team who believe to established heamotology in all cities of Pakistan whether big or small.







## **PSH Monthly Meeting (Lahore Chapter ) at SKCMH**

PSH Monthly Meeting was held at Begum Meer Hall, ShaukatKhanum Cancer Hospital and Research Center Lahore on Tuesday, 16<sup>th</sup> January, 2018.

Two interesting cases were discussed by Residents from SKCH&RC. The first case was about PNH diagnosed on flowcytometry. Other case was about Chronic Lymphocytic Leukemia. The participants enjoyed the cases and learnt from the discussion. Dr. Asad Hayat thanked all participants for their input.







## PSH Monthly Meeting (KPK Chapter ) at RMC Peshawar

### EVENT SUMMARY

The monthly PSH meeting was held on Saturday, 11<sup>th</sup> January 2018 in Rehman Medical Complex .It was organized by Dr. Yasar Yousafzai with the help of trainees. Dr. Yasar Yousafzai welcomed all participants, after that few verses from Holy Quran were recited .The meeting formally began with presentation of Dr. Mehreen, Resident Hematologist from RMI. Two cases were related to coagulation and one was about morphology .The trainees were asked different questions by seniors which helped them understand the concept of coagulation and problems related to it in a more elaborated way. Dr. Humaira Safdar, Resident Hematologist HMC presented a case of Hemolytic Anaemia along with investigations, which till now remains undiagnosed. This case has been put forward in hematology meetings in other cities as well and thoroughly discussed with senior hematology consultants but still remains tricky. The case was put forward in this PSH meeting in front of the participants to reach a definitive diagnosis. Different suggestions regarding the case were poured in, which were noted down to proceed with further investigations. Dr. Yasar Yousafzai presented a case of BCR-ABL positive adult ALL .







Dr. Yasar Yousaf also presented a case of CML on imatinib treatment. Monitoring of CML using BCR-ABL quantitative PCR was discussed with the participants. In this meeting the panel also discussed options for clinical training of M.Phil Hematology students. All senior members emphasized upon a fact that there should be regular evaluation of M.Phil student. In the end Dr. Yasar Yousafzai announced and invited participants to 1- day symposium on bone marrow transplant in Hematological Disorders –scheduled to be held on 1<sup>st</sup> Febuary in Khyber Medical University .The panel decided to conduct the PSH monthly meeting along with the symposium .Prof. Dr. Fazle Raziq and Assit. Prof Dr. Shahtaj announced concluded of the meeting and invited the attendants for a group photo, which was followed by hi-tea arranged by RMI.







## OUTLINE OF HEMATOLOGY CURRICULUM CPSP WITH COMMON IMM

A survey was conducted for a feed back on existing hematology programme by CPSP, and results were shared with the participants. After which a revision in programme was proposed. In following paragraphs a diagrammatic outline, with description, for the hematology curriculum is described. The main high light of the change from previous one is that it incorporates the core knowledge required for consultative practice of pathologist, common to all sub specialities within the discipline of pathology. These are incorporated in the foundational block of programme and is well suited to meet the healthcare needs and expectations within the country and is equally relevant internationally. The foundation and later content meets the competencies highlighted in mission statement as well as other aspects of mission of programme. These form a logical content for the IMM examination. Publishing it in newsletter was the desire of author and the hematology faculty. Aim is to provide food for thought and broad outline to slowly work towards consensus and capacity building as well as lobbying for meeting the standards in hematology postgraduate education programme. The ownership of hematology programme should be at all tiers to make it worthwhile, so the author and faculty may be approached with any comments, criticism or questions.

The details also refers to compliance with basic Standards for Postgraduate Education by International Federation of Medical Education, particularly Area 2 Programme Content, standard 2.3, that states “The training process must include the practical clinical work and relevant theory of the basic biomedical, clinical, behavioural and social sciences; clinical decision-making; communication skills, medical ethics, public health policy, medical jurisprudence and managerial disciplines required to demonstrate professional practice in the chosen field of medicine.” Reference to these standards should increase the stature of CPSP programme and opportunities for the fellows.

The whole curriculum is shown diagrammatically, to have an overview, hierarchical relation and broadly, map the content. The duration of each block is not proposed, because it calls for wider consensus, however it is self evident that the content of foundation block is essential and very basic for practice of any discipline of pathology and faculty realize the importance of the proposed content. Most of countries impart training in the content shown in foundation block as part of training programme of all disciplines of pathology and clinical pathology training as mandated by standards. The detailed outcomes, ToS and assessment for the broad areas in modules, will be written later, by engaging area experts, along with implementation strategies once a consensus on the content is obtained.

In order to accommodate the view point in favor of providing maximum time and experience in the chosen discipline, it can be appreciated and also advocated that foundational module content can be delivered while fellows work within their own discipline and exposed to experiences there. This foundation module however calls for a mandatory initial rotation in



general medicine and allied disciplines, after the introductory course. This is well suited to general laboratories that host facilities of all disciplines of pathology. This foundation block will help the fellows to understand the organization of health care systems and contextualize their specialty and role. With completion of foundation module the rotations before IMM, in other disciplines can also be reduced and with sole purpose of essential practical experiences enhancing knowledge of foundation block. The duration of the rotations in other disciplines and the experiences designed should be based on the concept of spiral curriculum and supplement and complement the knowledge of foundational module. The content proposed by other disciplines may have to be revisited after consensus on foundation block.

In order to understand the nature of foundation block the reading of Mission of hematology programme should be the starting point. It is also essential that other disciplines have their mission statements making reference to general competencies. A survey is under progress for obtaining comments on Mission statement.

### **MISSION HEMATOLOGY PROGRAMME (IFME Basic Standard 1)**

1. Provide comprehensive training in the field of hematology, including blood transfusion by integrating core competencies of patient care and procedural skills, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism and system based practice.
2. The programme will focus on core and additional competencies to prepare the fellows to face challenges in country and independently diagnose and manage hematological disorders by undertaking safe, efficient, cost effective workup and undertake decisions in best interest of patients, organizations, community and society in all healthcare settings.
3. Programme will provide sound foundation in general and subspecialty laboratory science, laboratory management, adequate experiences in clinical medicine including pediatrics and allied fields, clinical governance, multidisciplinary management, so that fellows are able to undertake consultative role as hematologist.
4. Programme will prepare the fellows to be competent in research and evidence based practice and it will provide knowledge and skills for use of technologies in practice.
5. Programme will inculcate values of faith, unity and discipline, to rise above self to serve patients and society, stand for the right and develop passion for teaching, become life long learners and strive to develop scholarship.
6. Provide opportunities for enhanced training in special interest hematology including blood transfusion, pediatric hematology, hemoncology, bone marrow transplantation, paediatric hematology, hemostasis and thrombosis, hemoglobinopathies and molecular hematology etc. and grow to realize their true potential.
7. Programme will prepare fellows to practice the speciality as per regulations of accreditation and regulatory authorities.
8. Programme will strive to meet international standards for postgraduate training, remain transparent and accountable to society and users of programme.





Dear Colleagues,  
Assalam-o-Alaikum,

Hope you are in the best of health and spirits.

As you all know that the Pakistan Society of Haematology (PSH) Newsletter is published on a quarterly basis. It's now renamed as "PSH Haematology Updates" we hope that everyone must be having October – December, 2017 edition in their hands up-till now.

The 1<sup>st</sup> edition of January – March, 2018 is on its way. It is highly encouraged that you send us your write-ups, photographs of any PSH activity, any news update in your city/province, not later than 28<sup>th</sup> February, 2018. So that it would be featured in the upcoming edition. Please send us the material at [psh.org.pk@gmail.com](mailto:psh.org.pk@gmail.com),

With Thanks,

**Dr. Saima Farhan,**  
Secretary/ Treasures  
Pakistan Society of Haematology,  
[dr\\_saima99@yahoo.com](mailto:dr_saima99@yahoo.com),

## FOUNDATION BLOCK (IFME Basic Standard 1.2 & 2)

### Course 1: Basics of Foundation

MODULE: BOF I

MODULE: BOF II

MODULE: BOF III

MODULE: BOF IV

MODULE: BOF V

MODULE: BOF VI

### Course 2: Basics of clinical medicine

MODULE : BOM I

MODULE : BOM II

MODULE : BOM III

MODULE : BOM IV

MODULE : BOM V

MODULE : BOM VI

### Course 3: Basics of Laboratory Medicine

MODULE I: BOL I

MODULE I: BOL II

MODULE I: BOL III

MODULE I: BOL IV

MODULE I: BOL V

MODULE I: BOL VI

**Competencies key:** Patient care and procedural skills (PCPS), medical knowledge(MK), practice based learning(PBL) and improvement, interpersonal and communication skills(ICS), professionalism(P) and system based practice(SBP).





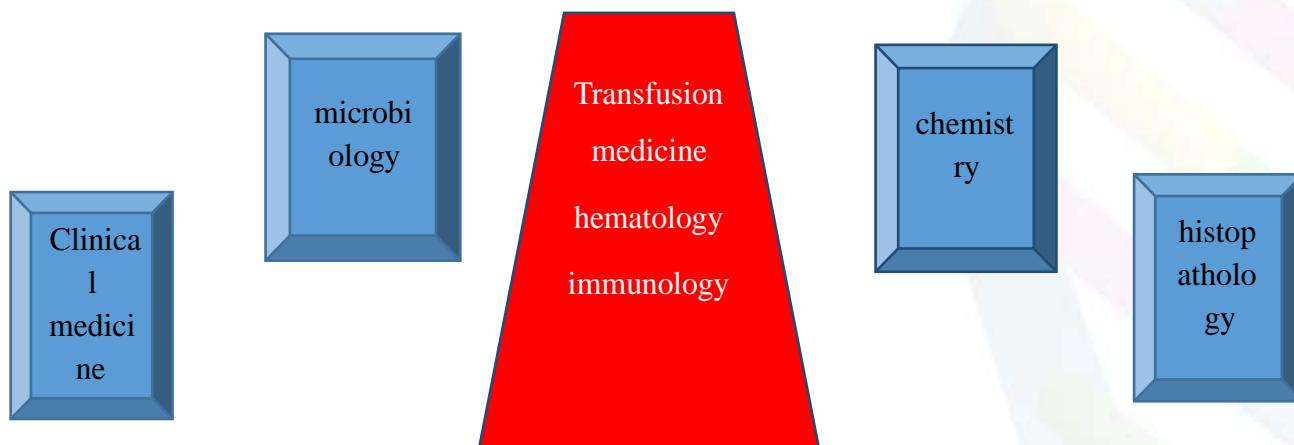
## GENERAL OUTLINE OF HEMATOLOGY PROGRAMME

Final assessment

Hematology and transfusion medicine

Haematology and transfusion medicine

IMM exam



Foundation block

Course 1

Course 2

Course 3



## COURSE 1: Basics of Foundation

Abbreviation: BoF Composition: Consists of six modules I to VI

Description: Introduces the discipline of pathology, programme mission, systems of health, policy, information management, research, ethics and communication skills, rights and responsibilities of trainees and trainers.

Compliance with IFME (International Federation of Medical Education) standards for post graduate education:  
Basic standard 1

Competencies and mission objectives targeted: MK, ICS

Course description document: Course 1: Basics of Foundation: Includes details of outcomes, objectives/ implementation strategies / Table of Specifications/ assessment/guidance to supervisor/guidance to fellows/resources







## COURSE 1: Basics of Clinical Medicine

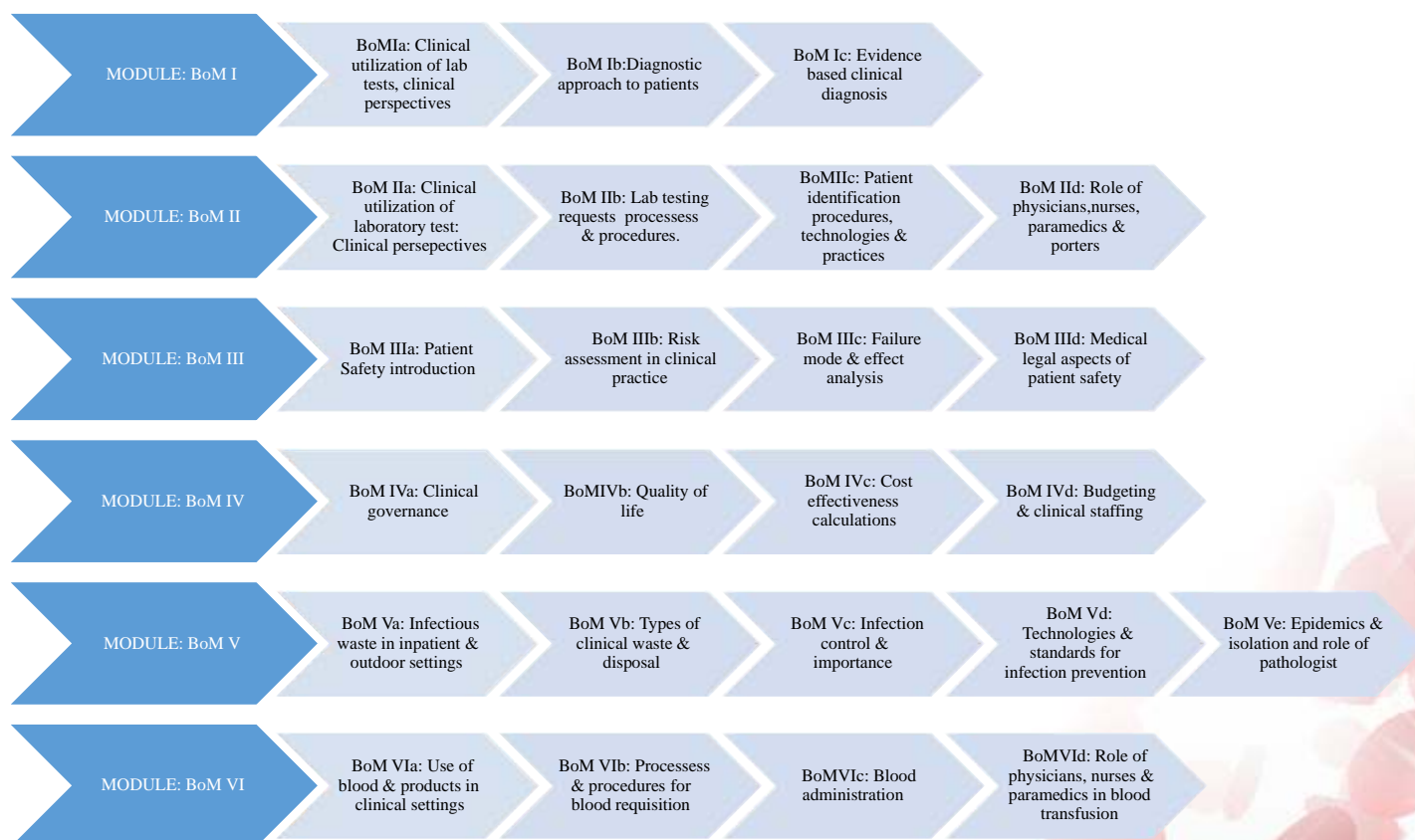
Abbreviation: BoM Composition: Consists of six modules I to VI

Description: Introduces the basics of clinical medicine, working of different disciplines for serving patient, the basics of clinical diagnostic skills, the relation of laboratory medicine in holistic care, the processes around requisition of lab tests and clinical utilization of lab tests, processes relevant to infection control.

Compliance with IFME (International Federation of Medical Education) standards for post graduate education:  
Basic standard 1

Competencies and mission objectives targeted: PCPS, P, SBP

Course description document: Course 1: Basics of Foundation: Includes details of outcomes, objectives/implementation strategies/ Table of Specifications/ assessment/guidance to supervisor/guidance to fellows/resources





## **COURSE 1: Basics of Laboratory Medicine**

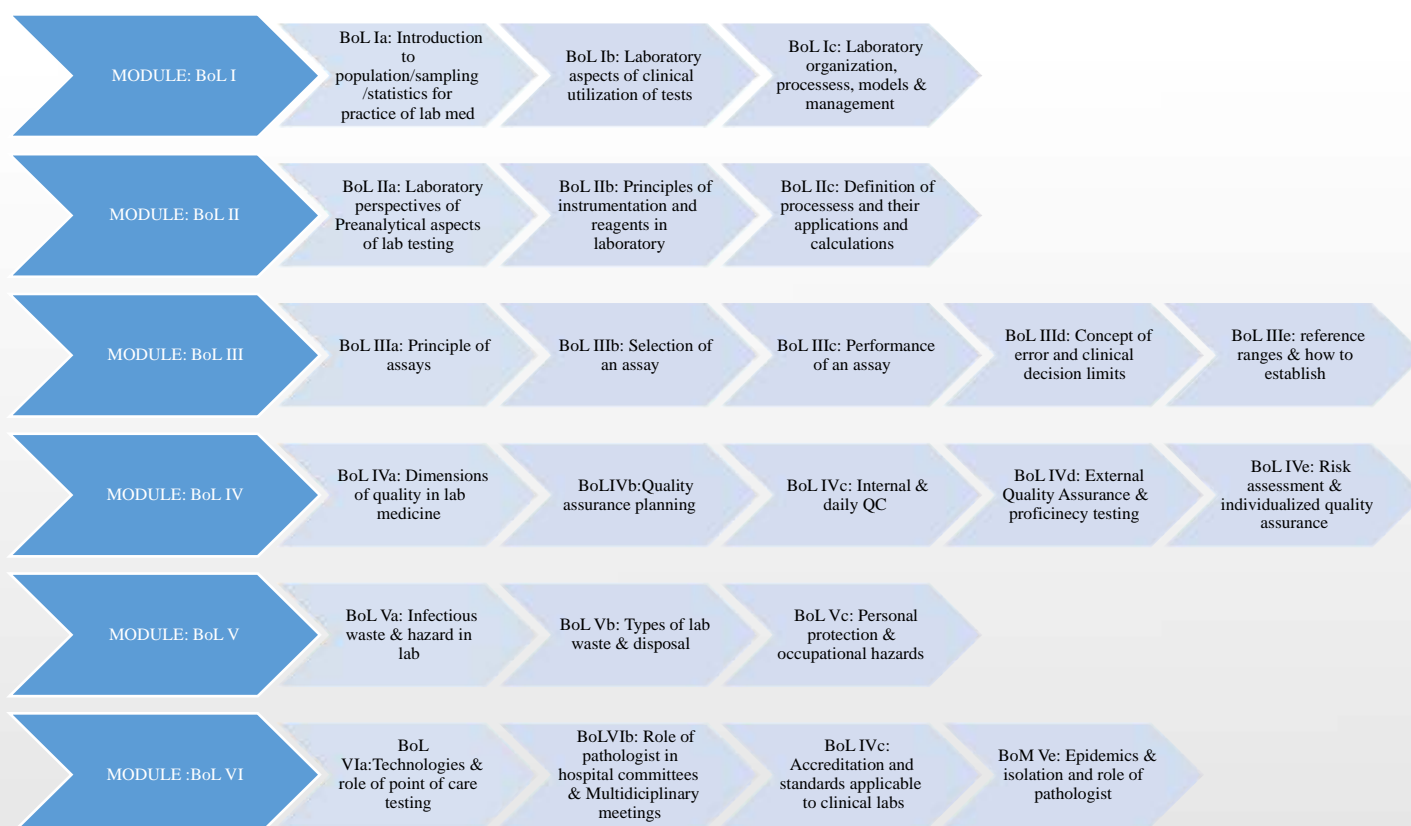
**Abbreviation:** BoL **Composition:** Consists of six modules I to VI

**Description:** Introduces the basics of laboratory medicine and essentials of its practice relevant to all disciplines and healthcare, working of laboratories, their role in patient care and health care settings. It covers working, core operations and processes around laboratory work, its management and role of pathologist and other human resource in laboratory.

**Compliance with IFME** (International Federation of Medical Education) standards for post graduate education: Basic standard 1

**Competencies and mission objectives targeted:** MK, PBL, P

**Course description document :** Course 1: Basics of Foundation: Includes details of outcomes, objectives/implementation strategies/ Table of Specifications/ assessment/guidance to supervisor/guidance to fellows/resources



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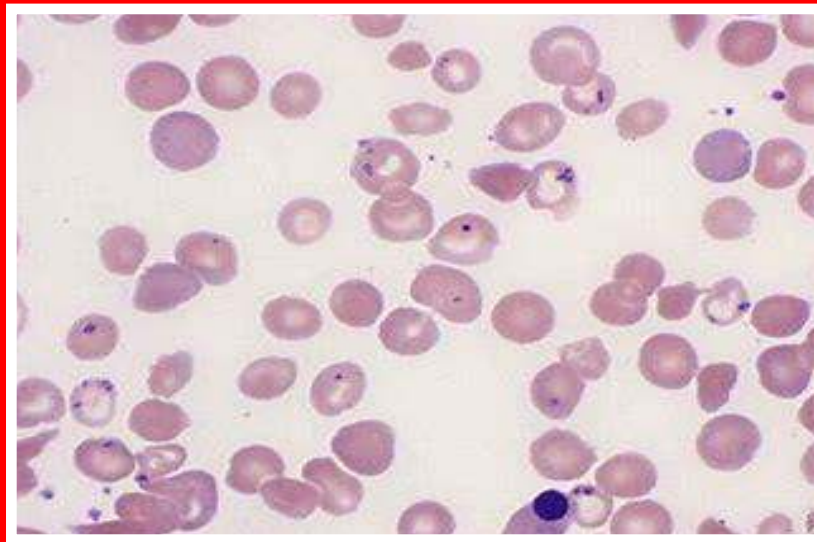
Dated: 27-12-2017





## RED BLOOD CELLS QUIZ

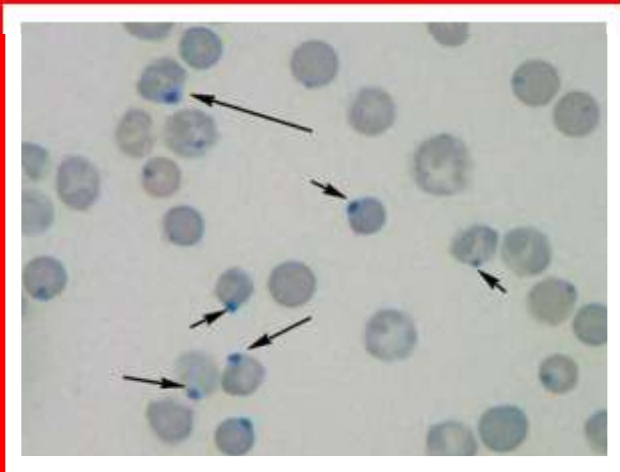
Identify the Red Blood Cells abnormalities pointed out.



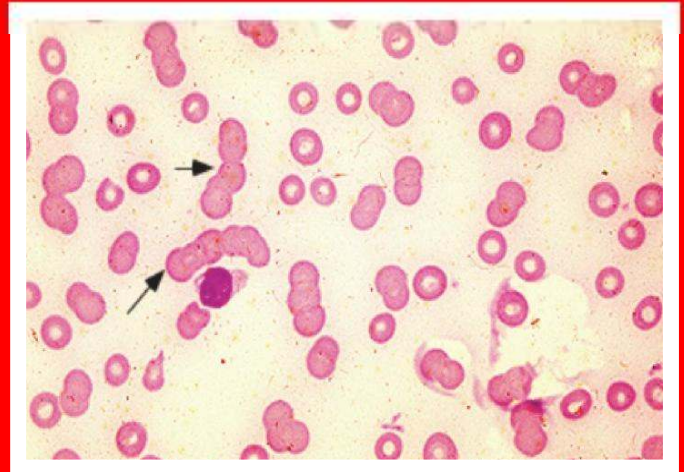
A)



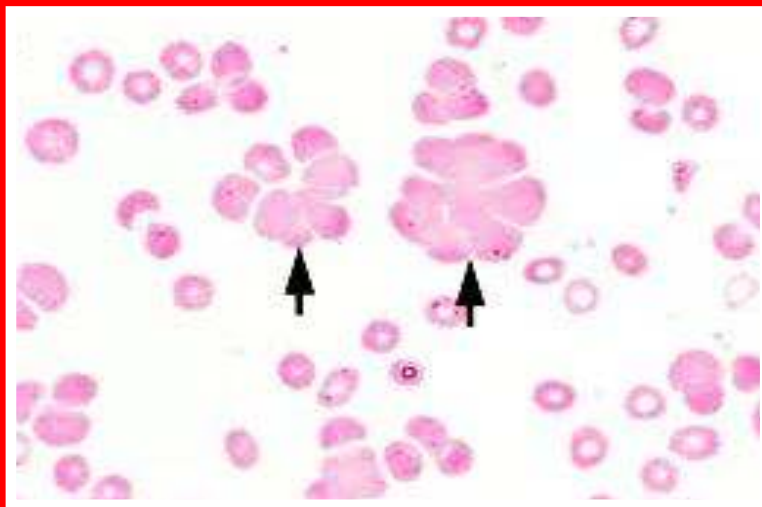
B)



C)



D)



E)

**Answer on Page No-29**





## UPCOMING EVENTS

### NATIONAL

- **5<sup>th</sup> PSH National Haematology Symposium**  
Venue: CHC Auditorium 4th Floor, The Children's Hospital & Institute of Child Health, Multan.  
Saturday, 17th February 2018
  
- **12<sup>th</sup> FCPS-II Haematology Intensive Course**  
Venue: CIME, Aga Khan University  
22-23 February, 2018
  
- **20<sup>th</sup> PSH Annual Meeting**  
Pearl Continental Hotel, Rawalpindi  
March 1-4, 2018  
For Contract: Gen. Tariq Mehmood Satti  
Commandant AFBMTC/ NIBMT, Rawalpindi  
Cell No: +92-336-4243525  
Email: [tariqmahmood\\_satti@yahoo.com](mailto:tariqmahmood_satti@yahoo.com)



## INTERNATIONAL

- **4<sup>th</sup> Biennial Summit of the “Thrombosis & Hemostasis Societies of North America”**  
March 8<sup>th</sup> – 10<sup>th</sup>, 2018, Marriott Marquis, San Diego, California.
- **ISLH, Brussels, Belgium, XXX 1<sup>st</sup> International Symposium on Technological Innovations in Laboratory Haematology,**  
May 10<sup>th</sup> – 12<sup>th</sup>, 2018,
- **ISBT, Toronto, June 22<sup>nd</sup> – 23<sup>rd</sup>, 2018.**
- **ISTH, SSC Dublin, Education, Innovation, Celebration,**  
July 18<sup>th</sup> – 21<sup>st</sup>, 2018,
- **AABB Boston Annual Meeting**  
October, 13<sup>th</sup> – 16<sup>th</sup>, 2018.

**Answers:-A)**

Howell Jolly Bodies B) Basophilic stippling C) Heinz Bodies D) Rouleaux Formation E) Agglutination

## BONE MARROW BIOPSY NEEDLE MATEK<sup>®</sup>

TURKEY



**THE BEST DEVICE IN YOUR HANDS**

Gauge	Length (mm)
11	100/150
13	100/150
16	---

Ergonomically Designed Handle

Easy, Safe & Fast Penetration

Trephine & Aspiration

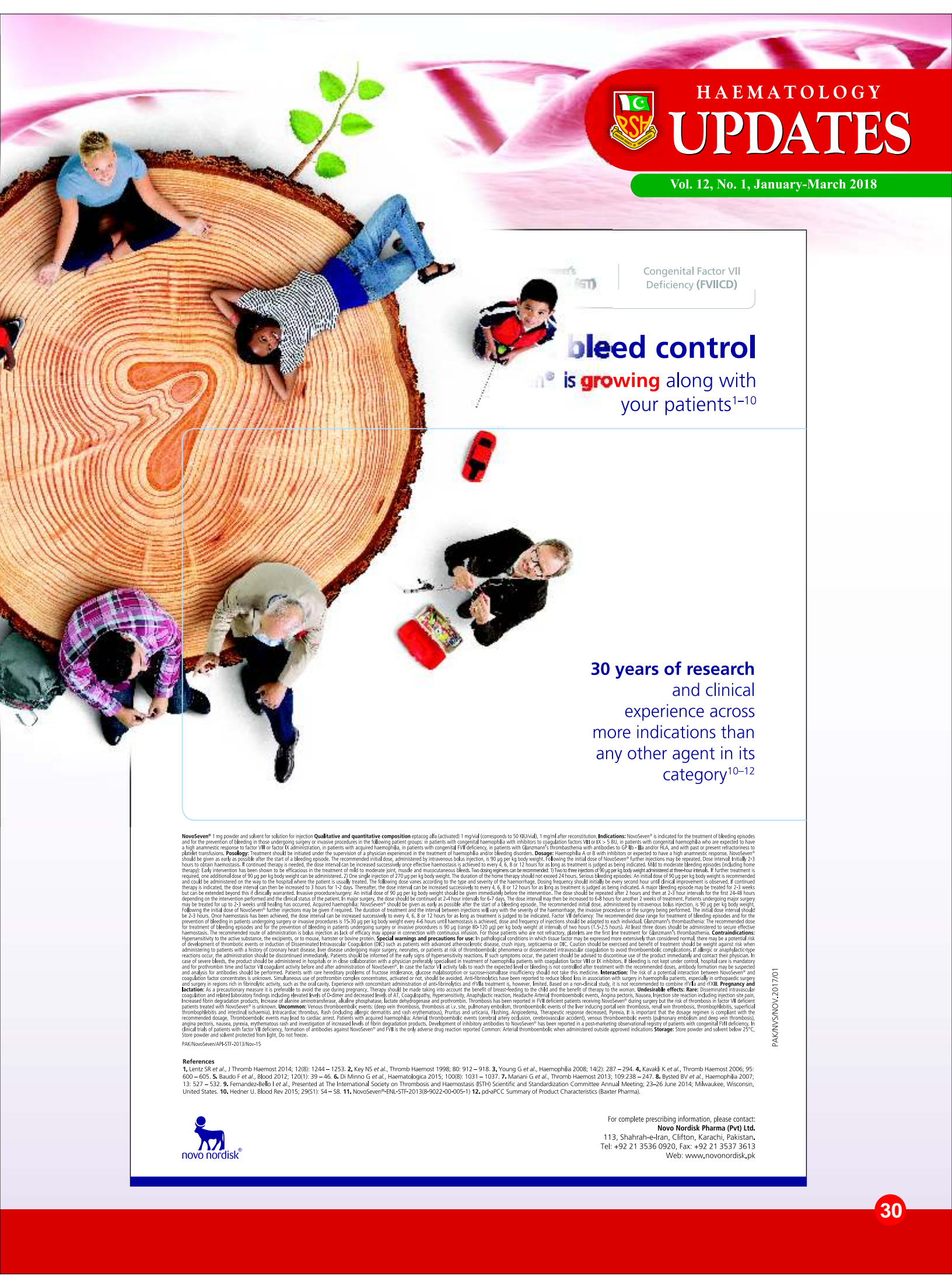
Comfortable Procedure

**ALHAYAT**

Sole Agent in Pakistan

42 Lower Mall, Lahore  
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Congenital Factor VII  
Deficiency (FVIIICD)

## bleed control

is growing along with  
your patients<sup>1-10</sup>

30 years of research  
and clinical  
experience across  
more indications than  
any other agent in its  
category<sup>10-12</sup>

**NovoSeven®** 1 mg powder and solvent for solution for injection **Qualitative and quantitative composition** octapag alla (activated) 1 mg/vial (corresponds to 50 KU/100µl), 1 mg/ml after reconstitution. **Indications:** NovoSeven® is indicated for the treatment of bleeding episodes and for the prevention of bleeding in those undergoing surgery or invasive procedures in the following patient groups: in patients with congenital haemophilia with inhibitors to coagulation factors VIII or IX > 5 BU, in patients with congenital haemophilia who are expected to have a high anaesthetic response to factor VIII or factor IX administration, in patients with acquired haemophilia, in patients with congenital FVII deficiency, in patients with Glanzmann's thrombasthenia with antibodies to GPIIb/IIIa and/or FIIA, and with past or present refractoriness to platelet transfusions. **Posology:** Treatment should be initiated under the supervision of a physician experienced in the treatment of haemophilia and/or bleeding disorders. **Dosage:** Haemophilia A or B with inhibitors or expected to have a high anaesthetic response, NovoSeven® should be given as early as possible after the start of a bleeding episode. The recommended initial dose, administered by intravenous bolus injection, is 90 µg per kg body weight. Following the initial dose of NovoSeven® further injections may be repeated. Dose interval initially 2-3 hours to obtain haemostasis. If continued therapy is needed, the dose interval can be increased successively once effective haemostasis is achieved to every 4, 6, 8 or 12 hours for as long as treatment is judged as being indicated. Mild to moderate bleeding episodes (including home therapy). Early intervention has been shown to be efficacious in the treatment of mild to moderate joint, muscle and mucocutaneous bleeds. Two dosing regimens can be recommended: 1) Two to three injections of 90 µg per kg body weight administered at three-hour intervals. If further treatment is required, one additional dose of 90 µg per kg body weight can be administered. 2) One single injection of 270 µg per kg body weight. The duration of the home therapy should not exceed 24 hours. Serious bleeding episodes: An initial dose of 90 µg per kg body weight is recommended and could be administered on the way to the hospital where the patient is usually treated. The following dose varies according to the type and severity of the haemorrhage. Dosing frequency should initially be every second hour until clinical improvement is observed. If continued therapy is indicated, the dose interval can then be increased to 3 hours for 1-2 days. Thereafter, the dose interval can be increased successively to every 4, 6, 8 or 12 hours for as long as treatment is judged as being indicated. A major bleeding episode may be treated to 2-3 weeks but can be extended beyond this if clinically warranted. Invasive procedures/surgery. An initial dose of 90 µg per kg body weight should be given immediately before the intervention. The dose should be repeated after 2 hours and then at 2-3 hour intervals for the first 24-48 hours depending on the intervention performed and the clinical status of the patient. In major surgery, the dose should be continued at 2-4 hour intervals for 6-7 days. The dose interval may then be increased to 6-8 hours for another 2 weeks of treatment. Patients undergoing major surgery may be treated for up to 2-3 weeks until healing has occurred. Acquired haemophilia. NovoSeven® should be given as early as possible after the start of a bleeding episode. The recommended initial dose, administered by intravenous bolus injection, is 90 µg per kg body weight. Following the initial dose of NovoSeven® further injections may be given if required. The duration of treatment and the interval between injections will vary with the severity of the haemorrhage, the invasive procedures or the surgery being performed. The initial dose interval should be 2-3 hours. Once haemostasis has been achieved, the dose interval can be increased successively to every 4, 6, 8 or 12 hours for as long as treatment is judged to be indicated. Factor VII deficiency. The recommended dose range for treatment of bleeding episodes and for the prevention of bleeding in patients undergoing surgery or invasive procedures is 15-30 µg per kg body weight every 4-6 hours until haemostasis is achieved, dose and frequency of injections should be adapted to each individual. Glanzmann's thrombasthenia. The recommended dose for treatment of bleeding episodes and for the prevention of bleeding in patients undergoing surgery or invasive procedures is 90 µg per kg body weight at intervals of two hours (1.5-2.5 hours). At least three doses should be administered to secure effective haemostasis. The recommended route of administration is bolus injection as lack of efficacy may appear in connection with continuous infusion. For those patients who are not refractory, platelets are the first line treatment for Glanzmann's thrombasthenia. **Contraindications:** Hypersensitivity to the active substance, the excipients, or to mouse, hamster or bovine protein. **Special warnings and precautions for use:** In pathological conditions in which tissue factor may be expressed more extensively than considered normal, there may be a potential risk of development of thrombotic events or induction of Disseminated Intravascular Coagulation (DIC) such as patients with advanced atherosclerotic disease, crush injury, septicemia or DIC. Caution should be exercised and benefit of treatment should be weighed against risk when administering to patients with a history of coronary heart disease. In case of severe bleeding, the product should be administered in hospital or in close collaboration with a physician preferably specialised in treatment of haemophilia patients with coagulation factor VIII or IX inhibitors. If bleeding is not kept under control, hospital care is mandatory and for prothrombin time and factor VIII coagulant activity before and after administration of NovoSeven®. In case the factor VII activity fails to reach the expected level or bleeding is not controlled after treatment with the recommended doses, antibody formation may be suspected and analysis for antibodies should be performed. Patients with rare hereditary problems of fructose intolerance, glucose malabsorption or sucrose-isomaltase insufficiency should not take this medicine. **Interaction:** The risk of a potential interaction between NovoSeven® and coagulation factor concentrates is unknown. Simultaneous use of prothrombin complex concentrates, activated or not, should be avoided. Anti-fibrinolytics have been reported to reduce blood loss in association with surgery in haemophilia patients, especially in orthopaedic surgery and surgery in regions rich in fibrinolytic activity, such as the oral cavity. Experience with concomitant administration of anti-fibrinolytics and FVIIa treatment is, however, limited. Based on a non-clinical study, it is not recommended to combine FVIIa and FVIII. **Pregnancy and lactation:** As a precautionary measure it is preferable to avoid the use during pregnancy. Therapy should be made taking into account the benefit of breast-feeding to the child and the benefit of therapy to the woman. **Undesirable effects:** Rare: Disseminated intravascular coagulation and related laboratory findings including elevated levels of D-dimer and decreased levels of AT, Coagulation. Hypersensitivity, Anaphylactic reaction, Headache Arterial thromboembolic events, Angina pectoris, Nausea, Injection site reaction including injection site pain, Increased fibrin degradation products, Increase of alkaline aminotransferase, alkaline phosphatase, lactate dehydrogenase and prothrombin. Thrombosis has been reported in FVII deficient patients receiving NovoSeven® during surgery but the risk of thrombosis in factor VII deficient patients treated with NovoSeven® is unknown. **Uncommon:** Venous thromboembolic events (deep vein thrombosis, thrombosis of v. cava, pulmonary embolism, thromboembolic events of the lower extremities), thrombocytopenia, thrombocytopenic purpura, thrombotic thrombocytopenic and intestinal ischaemia, Intracardiac thrombus, Rash (including allergic dermatitis and rash erythematous), Pruritus and urticaria, Flushing, Angioedema, Therapeutic response decreased, Pyrexia. It is important that the dosage regimen is compliant with the recommended dosage. Thromboembolic events may lead to cardiac arrest. Patients with acquired haemophilia: Arterial thromboembolic events (central artery occlusion, cerebrovascular accident), venous thromboembolic events (pulmonary embolism and deep vein thrombosis), angina pectoris, nausea, pyrexia, erythematous rash and investigation of increased levels of fibrin degradation products. Development of inhibitory antibodies to NovoSeven® has been reported in a post-marketing observational registry of patients with congenital FVII deficiency. In clinical trials of patients with factor VII deficiency, formation of antibodies against NovoSeven® and FVII is the only adverse drug reaction reported. Common: Arterial thromboembolic when administered outside approved indications **Storage:** Store powder and solvent below 25°C. Store powder and solvent protected from light. Do not freeze.

PAK/NovoSevenAPRST-2013/Nov-15

### References

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10. Hedner U, Blood Rev 2015; 29(5): 54 – 58.
11. NovoSeven®-ENL-2013/06-902-00-005-112, pd-aPCC Summary of Product Characteristics (Baxter Pharma).



For complete prescribing information, please contact:  
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 Tel: +92 21 3536 0920, Fax: +92 21 3537 3613  
 Web: www.novonordisk.pk

PAK/NS/NOV.2017/01

# Views & News

The Pakistan Society of Haematology updates is published on a quarterly basis and is a quick guide to all the happenings in the haematology community. To improve the updates, your comments and suggestions are welcome. We further encourage you to send us write ups and photographs of any PSH event in your city/province and they would be featured in our upcoming updates.

For contact, please refer to our corresponding address. We hope to hear from you on regular basis.

This updates was designed and edited by:

**Dr. Nazish Saqlain**

## CORRESPONDENCE

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