

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:

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PrintArt advertisers 03224343121



HAEMATOLOGY UPDATES

Vol. 12, No. 3, July-September 2018

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www.psh.org.pk

President's Column

Our Dear Colleagues
Assalam-o-Alaikum,

Our special thanks to all of you for your very welcome response and confidence to Pakistan Society of Haematology. I request 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, Diamond Blackfan Anaemia, Fanconi's Anaemia, Glanzman Thrombasthenia, Bernard Soulier Syndrome and many more diseases. As a first drop of rain, Bone Marrow Transplant Registry have started and we are very thankful to our PSH Rawalpindi/ Islamabad Chapter for their untiring efforts. We have planned to start further registries of haematological diseases, we have formed two new Working Groups of Haematotechnologist and Haem Nursing Group. 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). On invitation of Korean Society of Haematology; PSH delegates have attended International Congress of BMT2018 in Busan South Korea. PSH in collaboration with CPSP have completed first FCPS Haematology Intermediate module examination workshop.

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 (Consultative Haematology).

Alahamdulillah we have introduced "PSH Bright Scholarship" for emerging haematologists for training within Pakistan and Abroad. Interested PSH member can get full information on PSH website.

With Allah's Blessing we have started PSH national Symposiums in different cities and hoping to expand Haematology services in other centres as well. We have successfully conducted PSH National Symposium in Quetta, Faisalabad, Sahiwal, Multan, Hyderabad, Peshawar and Abbottabad and going to have meeting in Bahawalpur, Sargodha, Mirpur (AJK), Larkana and Gilgit. Insha-Allah we are going to start PSH Annual updates on different Hematological Diseases and we need your cooperation as facilitators for these events. PSH academic Calendar 2019 will be prepared to cover national activities, all local PSH chapter and members are requested to send their programs to finalize the PSH 2019 Calendar.

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



Join us!



For the past 1 ½ year Pakistan Society of Haematology has been running marathon in the form of symposiums, seminars, workshops for uplifting Haematology not only in the major cities but also remote areas of Pakistan.

I sincerely thank and congratulate all those who have spared their precious time inspite of their busy schedule for speciality growth and uplifting. These series of events will hopefully continue under the reign of new office bearer InshaAllah and we will keep the flag up of PSH.

All this will be possible with your efforts as you all are the stake holder and torch bearer of Haematology in Pakistan. So please volunteer yourself and join us to participate in these academic activities. You only can expand it for the strength of Haematology as a speciality and wellbeing of our patients.

All interested: please email their details with areas of interest on psh.org.pk@gmail.com

With Blessing & Thanks,

Dr. Saima Farhan,
Secretary Treasures
Pakistan Society of Haematology,
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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 450 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 9th 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 2nd and 3rd 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 Anwer
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 8th 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 4th 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/Treasurer



Executive Commtee

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

PRESIDENT

Prof. Dr. Nisar Ahmed
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PRESIDENT ELECT

Maj. Gen. Pervez Ahmed
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SECRETARY/TREASURER

Dr. Saima Farhan
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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)

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OFFICE ASSISTANT

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National PSH Coordinators

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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 | • Gen. Saleem Mehmood Khan | • Brig. Nadir Ali |
| • Prof. Khalid Zafar Hashmi | • Prof. Fazle Raziq | • Brig. Muhammad Ashraf |
| • Gen. Masood Anwar | • Prof. Javed Asif | • Prof. Tahira Zafar |
| • Prof. Khalid Hassan | • Brig. Muhammad Amin | • Prof. Zeba Aziz |
| • Prof. Yasmin Lodhi | • Col. Farooq Khatak | • Dr. Madoodul Manan |
| • Prof. Tahir Jameel Ghazi | • Dr. Barjees Mazhar Qazi | • Prof. Muhammad Hirani |
| • Maj. Qaiser Husnain | • Prof. Saeed Ahmed Malik | • Prof. Zahoorul Latif |
| • Col. Ghulam Rasool | • Prof. Nighat Yasmin Ashraf | • Dr. Mian Muhammad Sharif |
| • Prof. Farzana Amjad | • Brig. Jalil Anwar | • Prof. Mussarat Niazi |
| • Prof. Nouman Malik | • Prof. Waseem Iqbal | • Prof. Muhammad Saeed Talpur |
| • Prof. Fozia Butt | • Dr. Syed Iftikhar Abdi | • Brig. Ch. Altaf Hussain |
| • Prof. Salman Adil | • Brig. Ehsan Alvi | • Dr. Nadeem Ihsan |
| • Prof. Bushra Moiz | • Brig. Saqib Qayyum | • Prof. Shah Taj Masood |
| | • Prof. Atifa Shoaib | |



PSH Working Group

Our Dear Colleagues

Assalam-o-Alaikum,

As you know current office of PSH is striving hard for uplifting Haematology in Pakistan. In this regards working groups were made and modified. It is a request to all lead persons to please coordinate with their member and present a report of their progress in 21st annual PSH Meeting of Haemcon2019 March 14 - 16, 2019 / Karachi.

Let us know if any help from PSH office is needed.

With Thanks,

Dr. Saima Farhan

Secretary / Treasurer PSH

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

Lead Person: Prof. Dr. Khalid Hassan

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• **Members:**

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

II. Working Group Blood & Marrow Transplant

Lead Person: Maj. Gen. Parvez Ahmed

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• **Members:**

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

III. Working Group Academic/ Curriculum Development:-

Lead Person: Gen. Saleem Ahmed Khan

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• **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

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• **Members:**

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



PSH Working Group

V. Working Group Transfusion Medicine:-

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

VI. Working Group Paediatric Haematology:-

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Members:

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

VII. Working Group of Coagulation Medicine:-

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

VIII. Working Group Benign Haematology:-

Lead Person: Prof. Dr. Muhammad Irfan

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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

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- 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. ®. Suhaib Ahmed

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Members:

- Dr. Jaweria Ejaz
- Dr. Bibi Kulsoom
- Brig. Muhammad Naeem
- Dr. Saima Mansoor
- Dr. Ayesha Khalid
- Dr. Tooba Fateen



PSH Working Group

XI. Working Group Immunophenotyping:-

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Members:

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

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

Lead Person: Prof. Dr. Mona Aziz

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Members:

- Dr. Anum Wasim
- Dr. Ambeen Hamid
- Dr. Asma Sadia
- Dr. Sadia Ahmed
- Dr. Sarwar Khan

XIII. Working Group Lab Accreditation standards:-

Lead Person: Dr. Tariq Mehmood

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Members:

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

SCHEDULE OF PSH MONTHLY MEETING

City	Coordinator Name	Date	Time
Lahore	Dr. Muneeza Junaid	2 nd Tuesday of the Month	09:00am to 10:00am
Karachi	Prof. Dr. Bushra Moiz	Last Friday of the Month	08:00am to 09:00am
Quetta	Prof. Nadeem Samad Shaikh	Last Friday of the Month	09:00am to 10:00am
Rawalpindi/ Islamabad	Brig. Asad Mehmood Abbasi	Last Thursday of the month	03:00pm to 05:00pm
Peshawar	Dr. Shah Taj Khan	3 rd Thursday of the month	1200pm to 01:00pm

Highlights

1st FCPS IMM TOACS Haematology Workshop, Lahore

1st FCPS-II IMM Haematology Workshop was arranged in the Department of Paediatric Haematology, Bone Marrow Transplant and Transfusion Medicine, THE Children's Hospital and Institute of Child Health, Lahore on 17th September, 2018. Gen. Pervaz Ahmad was the convener of the workshop. It was one day hands on session, totally based on IMM TOACS examination pattern.



25 candidates attended the workshop and were rotated through 12 interactive stations, with exposure to 12 senior CPSP examiners. Hands on session was concluding by an elaborative discussion of cases



by Gen. Pervaz Ahmad, Prof. Nisar Ahmed, Brig. Muhammad Naeem, Brig. Asad Mehmood Abbassi, Dr. Tariq Mehmood and a panel of expert haematologists. This workshop proved to be of great help in preparation of IMM TOACS examination.



8th PSH National Haematology Symposium, Abbottabad

Pakistan Society of Haematology, with the collaboration of Department of Medical Education (DME) and Department of Pathology, Ayub Medical College organized 8th PSH National Haematology Symposium on Saturday 15th September 2018 at Ayub Medical College, Abbottabad.

Maj. Gen. (Retd.) Prof. Asif Ali Khan, Chairman, Board of Governors, MTI-Ayub Medical College, was the Chief Guest at this occasion. The proceedings started by recitation of the Holy Quran followed by National Anthem.



Prof. Salma Aslam Kundi, Dean, Ayub Medical College welcomed the guests and appreciated the efforts of the organizers in arranging this symposium. Prof. Nisar Ahmed highlighted the activities and achievements of PSH in the recent past. In his address to the audience, Maj. Gen. (Retd.) Prof Asif Ali Khan congratulated members of PSH and members of the organizing committee for successfully organizing the event. He assured his support in establishing state-of-the-art laboratory facilities in the ATH and upgrading the blood bank.

Eminent speakers and experts in the field of haematology from all over the country delivered talks on various important topics of haematology like Thalassaemia, Iron Chelation, management of common Anaemias, Aplastic Anaemia, Multiple Myeloma, CLL, ITP and challenges in blood banking. These included Maj. Gen. (Retd.) Suhaib Ahmed, Consultant Haematologist, Genetic Resource Center, Rawalpindi Maj. Gen. (Retd.) Muhammad Ayub, Consultant Haematologist and Member BoG, MTI-AMC, Rawalpindi, Maj. Gen. (Retd.) Pervez Ahmed, Consultant Haematologist, Quaid-e-Azam international Hospital, Islamabad, Brig. Nuzhat Salamat, Consultant Haematologist, Commandant AFIT, Rawalpindi, Brig. Asad Mahmood Abbasi, Consultant Haematologist, AFIP, Rawalpindi, Lt. Col. Nighat Shahbaz, Consultant Haematologist, CMH Abbottabad, Prof. Muhammad Irfan, Liaquat Consultant Haematologist, National Hospital, Karachi, Prof. Shahtaj Masood, Consultant Haematologist, Hayatabad Medical Complex, Peshawar, Dr. Saima Farhan, Consultant Haematologist, Children's Hospital, Lahore, Dr. Abdul Hameed, Consultant Haematologist, Ittefaq Hospital Trust, Lahore, Dr. Syed Sarwar Ali, Consultant Haematologist, P.O.F. Hospital, Wah.

8th PSH National Haematology Symposium, Abbottabad

The symposium was well attended by all members of Board of Governors, Members of the Academic Council, Medical Director and Hospital Director MTI- AMC, Faculty members, Doctors, TMOs, MOs, HOs, medicals students and lab technicians. Shields and Certificates of Attendance were awarded to the speakers and registered participants with Five CME credit hours. The Symposium ended with a vote of thanks by Prof. Naeema Afzal, Chairperson, Department of Pathology, Ayub Medical College.



Monthly Meeting FJMU, Lahore

The PSH monthly meeting Lahore was held on Tuesday, 26th June 2018. FJMU, in Department of Medical Education and is hosted by Punjab Thalassemia Prevention Program on Topic selected for discussion were Hemoglobin D Punjab and its implication regarding prenatal diagnosis. Ist case was compound heterozygosity for HbS and HbD Punjab. D punjab is considered a benign hemoglobinopathy otherwise ,but when co inherited with HbS the patient have Sickle cell disease like course as the mutation in HbD actually promote polymerisation of haemoglobin in such cases and prognosis, complications and management is same.

Second case were actually two cases which were analysed retrospectively. Both were Probands with beta thalassemia major. One parent was beta thalassemia carrier and other was labelled as Homozygous D Punjab. HbA₂ was normal in both D Punjab cases. After the birth of Thalassemia major children when they were revisited both were HbD/beta⁰ and the fact was missed by labs due to normal A₂ levels. This particular problem of normal or relatively low A₂ is inherent defect in chromatogram of all methods based on HPLC testing. Due to close integration of A₂ with D Punjab variant the baseline of chromatogram is slightly lifted thereby reducing the total area of A₂ resulting in reduced values. This particular pitfall should always be kept in mind while reporting homozygous D Punjab reported on HPLC especially when doing prenatal diagnosis and one partner is carrier of beta thassemia. This Problem is not there with Capillary Zone electrophoresis.

A detailed introduction of various Molecular techniques for diagnosis of hemoglobinopathies were done at the end of session and participants were updated on following techniques available

1. Amplification Refractory Mutation System (ARMS) PCR
2. Real-Time Quantitative Polymerase Chain Reaction (Q-PCR)
3. Real time PCR with High Resolution Melting (HRM) Analysis
4. Taqman assay by Realtime
5. Detection of Beta Thalassemia Mutation through Sequencing Method



Monthly Meeting Shalamar Hospital, Lahore

Monthly PSH meeting Lahore chapter was carried out on 17th July 2018 at Shalamar institute of health sciences Lahore. Two interesting cases were presented in it. First case was by Dr. Hafza, third year hematology resident from Allama Iqbal medical college. It was about a young male who presented with hematological manifestations of a rare autoimmune disease*. Second case was by Dr Sana Nasir Bhalli, Assistant professor shalamar medical and dental college. It was a rare case presentation of familial antiphospholipid syndrome in a Pakistani family. Senior hematologists from different centers in Lahore graced the occasion.



Monthly Meeting CMH, Lahore

The PSH monthly meeting of Lahore chapter was held on 28th August, 2018 in Combined Military Hospital, Lahore. It was organized by Brig. Muhammad Naeem and their team trainees. The meeting started with the recitation of Holy Quran and was followed by a case presentation of Fever and generalized weakness on exertion. No organomegaly and lymphadenopathy by Dr. Maria Fareed. The next case was presented by Dr. Asma Tasneem. It was a case of Plasma Cell Myeloma. The Meeting proved to be an excellent opportunity of learning various practical and clinical aspect for the young haematologists.



Monthly Meeting PGMI'

Pakistan Society of Haematology Monthly meeting of Lahore chapter was held on 25th September, 2018 in Post Graduate Medical Institute/ Allama Iqbal Medical College/ Lahore General Hospital Lahore. A large number of renowned hematologist along with post graduate students from different institutes attended the meeting. 1st case was about primary myelofibrosis in a young woman. 2nd case was about macrophage activation syndrome in adult onset still's disease. Both cases were interactive and generated interesting discussion.



Monthly Meeting AFIP, Rawalpindi

The monthly meeting of Pakistan Society of Haematology was held at Armed Forces Institute of Pathology, Rawalpindi on 27th Sep 2018. It was attended by Maj Gen Parvez Ahmed ®, Maj Gen Tariq Mahmood Satti, Briq Saqib Qayyum (R), Brig Qammar un Nisa Chaudhry, Brig Asad Mahmood, Lt Col Helen Mary Robert, Prof Atifa Shoaib, DrLubna Naseem ,Dr Shawana, Dr Nadeem Ikram and haematology trainees of Rawalpindi and Islamabad. Following cases were presented.

- 1) Pure Erythroid Leukaemia from AFIP.
- 2) Niemann Pick disease in a young adult male, from Shifa International Hospital, Islamabad.
- 3) Chediak Higashi Syndrome from Holy Family Hospital.
- 4) Griselli Syndrome Type 2, associated with Haemophagocytic Lymphohistiocytosis, from Holy Family Hospital.



Monthly Meeting Peshawar

The monthly PSH meeting was held at Hayatabad Medical Complex Peshawar on 27th September, 2018. This monthly meeting was organised by Prof. Dr. Shahtaj Khan and her team. Senior hematologists and residents from different institutes attended the meeting with zeal. The first case was presented by Dr. Hira Aroj, it was a case of sideroblastic anaemia. Full case along with complete history, investigations and peripheral smear slide, retic slide and bone marrow aspiration with trephine biopsy were explained to residents. This case was followed by another interesting presentation by Dr. Khizer Wahab, it was regarding microangiopathic hemolytic anaemia. The cases were followed by active discussion regarding important points related to the cases and their accurate diagnosis. Different queries of residents were answered by seniors. The candidates of IMM also asked case related questions. The participants were encouraged to bring cases which are interesting and offer challenge in diagnosis. The topics for next PSH meeting were allotted to the residents and seniors. The meeting ended with tea arranged by the HMC team for the participants.





21st PSH Annual International Conference



March 14-16, 2019
**First Announcement & Call for
Abstracts**

**Last Date of Submission
November 15, 2018**

For further information:
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Website: <http://www.psh.org.pk/meetings>

PSH Election 2019



BRIG (R) NADIR ALI, SI(M)
Incharge PSH Election-2019

Welcome to Election-2019!
Pakistan Society of Haematology (PSH)

Asalam-O-Alaikum!
Wishing for your best health.

PSH elections for office bearers will be held along with 21st PSH Annual International Conference 14-16 March, 2019 at The Aga Khan University, Karachi.

It is now time to prepare for the forthcoming elections. Those who have not cleared the dues may lose the opportunity for contesting for an office or vote.

For More Details Please click on <http://psh.org.pk/election2019/>



Data Collection Proforma

Alhamd-o-Lillah, under the banner of PSH, we have started a long awaited dream of haematology registry for different diseases, Diamond Black fan Anaemia, Fanconi's Anaemia, Glanzman Thrombasthenia, Bernard Soulier Syndrome and many more diseases.

Following is the registry proforma for Diamond Black fan Anaemia which will be shortly available on PSH website (www.psh.org.ok) and we will be pleased to accept the case entries from various Haematology Centres of Pakistan.

Pure Red Cell Alapasia (PRCA)

Date Collection Proforma

MR Number *	Lab Number *	Age *	Gender *	Date *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>
Name *				Phone *
<input type="text"/>				<input type="text"/>
Address *				
<input type="text"/>				

History

H/O Transfusion	H/O Sibling Death	H/O Drug Intake	H/O Infection	Family History
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Clinical Signs and Symptoms

Pallor	Jaundice	Splenomegaly	Lymphadenopathy	Congenital Anomalies
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

Investigation

CBC & Peripheral Film	Retics	Bone Marrow Biopsy
<input type="text"/>	<input type="text"/>	<input type="text"/>
HbF Level	Molecular Genetics & ADA Levels	
<input type="text"/>	<input type="text"/>	

Submit

Print

PSH delegate in International Conference BMT 2018, Korea

The International Congress of Blood and Marrow Transplantation 2018 (ICBMT 2018) was held in Busan, Republic of Korea from August 30th to September 1st, 2018. The event was held in conjunction with 23rd Annual Congress of Korean Society of BMT. The program included 9 scientific sessions, 7 satellite sessions, 3 plenary sessions, 5 industry symposiums, 12 simultaneous educational sessions and 158 papers from 12 countries. Over 1000 participants from 23 countries attended the congress.

The Pakistan Society of Haematology facilitated maximum participation from the haematologists' community in this global event. As a result Pakistan had the maximum participation with a total of 24 participants. The delegates from all around the prestigious institutes of Pakistan headed by honorable president of Pakistan Society of Haematology Prof. Dr. Nisar Ahmed.



15 oral 09 poster presentations were done by the doctors from all over the Pakistan under the umbrella of Pakistan Society of Haematology.



PSH delegate in International Conference BMT 2018, Korea

The Topics were well appreciated by the conference members and followed by brain storming answer question session.

Role of oral steroids In The Management of Pure Red Cells Aplasia in Children
Nisar Ahmed



Congenital Dyserythropoietic Anaemia: Comparison of Data at the Children's Hospital with the International CDA Registry
Saima Farhan



Pattern of Adulthood Hematological Malignancies In Khyber Pakhtunkhwa
Shahtaj Masood



Frequency and Clinical presentation of Patients of Hemophagocytic lymphohistosis: an experience at Children's Hospital Lahore
Shazia Yasin



Frequency and Clinico-Hematological Pattern of Congenital Pure Red Cell Aplasia: A single Centre 10 Year Experience
Javeria Fatima



Allogeneic Haematopoietic Cell Transplantation in Aplastic Anaemia: A Dataset of 240 Cases
Tariq Mehmood Satti



Pattern of recurrent mutations in chronic lymphocytic leukaemia patients and their distribution in younger and older age groups
Saqib Qayyum Ahmad



Outcome of Autologous Bone Marrow Transplant in Lymphoproliferative malignancies at Aga Khan Hospital: Thirteen Years' Experience
Muhammad Usman Ahmed



Administration of Bone Marrow Mesenchymal Stromal Cells in Steroid-Refractory Gvhd-A Phase I/II Clinical Trial
Humyoon Shafique Satti



Outcome of R-Chop Chemotherapy In Adult Diffuse Large B-Cell Lymphoma in Different IPI Risk Groups
Hayatullah Dotani



Platelet Transfusion in Patients Undergoing Stem cell Transplant - An Audit
Natasha Alvi



Role of Donor Chimerism in Predicting Disease Remission Status, Relapse, Transfusion Dependence & Outcome in Recipients of Allogeneic Hematopoietic Stem Cell Transplant
Nadia Sial



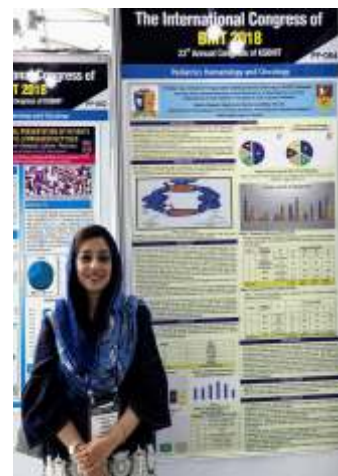
Epidemiological, Clinical and Genetic Characterization of Aplastic Anemia Patients in Pakistan
Zaineb Akram



Clinical Follow- Up of Vitamin K Dependent Clotting Factors Deficiency (VKCFD) Patients – Journey from severe bleeding manifestations to a bleeding free survival Experience at The Children's Hospital & ICH, Lahore, Pakistan
Nazish Saqlain



PSH delegate in International Conference BMT 2018, Korea



WBC Morphology Quiz

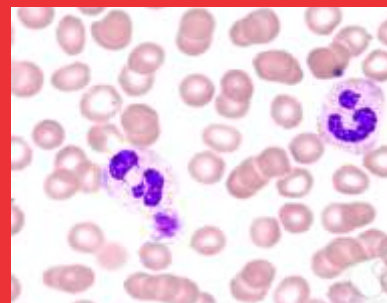
Identify the type of Neutrophil



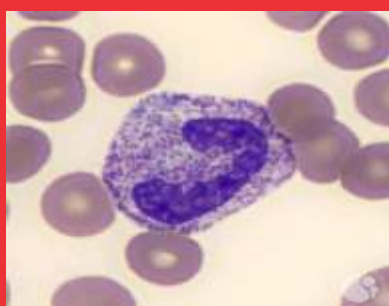
Picture 1



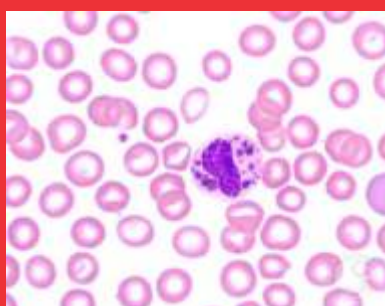
Picture 2



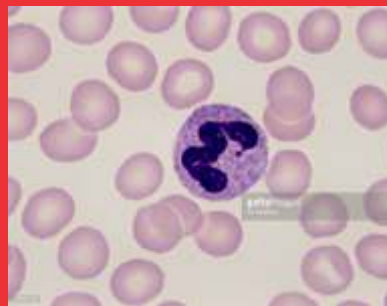
Picture 3



Picture 4

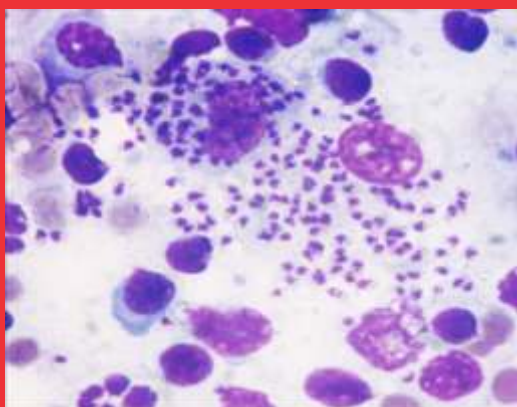


Picture 5



Picture 6

Spot Diagnosis



Picture 7

Answer on page 23



Upcoming Event

NATIONAL

- 11th PSH National Haematology, Symposium
Sargodha, Punjab
December 15th, 2018
- 12th PSH National Haematology, Symposium
Chilas, Gilgit-Baltistan
February 9th, 2019
- 21st PSH Annual International Conference
Haemcon2019, March 14th – 16th, 2019
Agha Khan University Hospital, Karachi
<http://psh.org.pk/meetings/haemcon-2019-53054>

INTERNATIONAL

- International Society of Blood Transfusion (ISBT),
The 29th Regional Congress in Basel
Basel, Switzerland, June 22 - 26, 2019 <http://www.isbtweb.org>
- International Society on Thrombosis and Hemostasis (ISTH),
ISTH 2019 Congress in Melbourne, Australia
July 6th – 10th, 2019, <http://www.ssc2019.org>



WBC Morphology Quiz Answers

Answers

Picture– 1 Hypersegmentation

Picture– 2 Pelger Huet Anomaly

Picture– 3 May-Hegglin Anomaly

Picture– 4 Toxic Granulations

Picture– 5 Chediak Higashi Abnormality(LGL)

Picture– 6 Barr Body

Picture– 7 Leishmaniasis

BONE MARROW BIOPSY NEEDLE MATEK® TURKEY



Ergonomically Designed Handle

Easy, Safe & Fast Penetration

Trephine & Aspiration

Comfortable Procedure

**THE BEST DEVICE IN
YOUR HANDS**

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

ALHAYAT

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National PSH Coordinators

Congenital Haemophilia
with Inhibitors (CHWI)

Acquired
Haemophilia (AH)

Glanzmann's
Thrombasthenia (GT)

Congenital Factor VII
Deficiency (FVIIICD)

Surgery

NovoSeven®
Recombinant Factor VIIa



Rooted in rapid bleed control

NovoSeven® is **growing** along with
your patients¹⁻¹⁰



30 years of research
and clinical
experience across
more indications than
any other agent in its
category¹⁰⁻¹²

NovoSeven® 1 mg powder and solvent for solution for injection **Qualitative and quantitative composition** espocag alfa (activated) 1 mg/vial (corresponds to 50 IU/vial), 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 anamnestic 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 HLA, 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 anamnestic 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 for 2-3 weeks but can be extended beyond this if clinically warranted. **Invasive procedure/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 (range 60-120 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, liver disease undergoing major surgery, neonates, or patients at risk of thrombotic phenomena or disseminated intravascular coagulation to avoid thrombotic complications. If allergic or anaphylactoid-type reactions occur, the administration should be discontinued immediately. Patients should be informed of the early signs of hypersensitivity reactions. If such symptoms occur, the patient should be advised to discontinue use of the product immediately and contact their physician. In case of severe bleeds, 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 VII 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 rFVIIa treatment is, however, limited. Based on a non-clinical study, it is not recommended to combine rFVIIa and rFVIII. **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, Coagulopathy, Hypersensitivity, Anaphylactic reaction, Headache Arterial thrombotic 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 thrombotic events: (deep vein thrombosis, thrombosis at iv site, pulmonary embolism, thrombotic events of the liver inducing portal vein thrombosis, renal vein thrombosis, thrombophlebitis, superficial thrombophlebitis 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. Thrombotic events may lead to cardiac arrest. Patients with acquired haemophilia: Arterial thrombotic events (central artery occlusion, cerebrovascular accident), venous thrombotic events (pulmonary embolism and deep vein thrombosis), angina pectoris, nausea, paresthesia, 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 thrombotic event when administered outside approved indications. **Storage:** Store powder and solvent below 25°C. Store powder and solvent protected from light. Do not freeze.

PAK/NovoSeven/APH-STF-2013/Nov-15

References

1. Lentz SR *et al.*, J Thromb Haemost 2014; 12(8): 1244 – 1253. 2. Key NS *et al.*, Thromb Haemost 1998; 80: 912 – 918. 3. Young G *et al.*, Haemophilia 2008; 14(2): 287 – 294. 4. Kavakli K *et al.*, Thromb Haemost 2006; 95: 600 – 605. 5. Baudo F *et al.*, Blood 2012; 120(1): 39 – 46. 6. Di Minno G *et al.*, Haematologica 2015; 100(8): 1031 – 1037. 7. Mariani G *et al.*, Thromb Haemost 2013; 109:238 – 247. 8. Bysted BV *et al.*, Haemophilia 2007; 13: 527 – 532. 9. Fernandez-Bello L *et al.*, Presented at The International Society on Thrombosis and Haemostasis (ISTH) Scientific and Standardization Committee Annual Meeting: 23-26 June 2014; Milwaukee, Wisconsin, United States. 10. Hedner U. Blood Rev 2015; 29(S1): S4 – S8. 11. NovoSeven®-ENL-STF-2013/8-9022-00-005-11 12. pd-aPCC Summary of Product Characteristics (Baxter Pharma).



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