PATHWEL CENTER OF HEMATOLOGY
& BONE MARROW TRANSPLANT
A project of Pakistan Thalassaemia Welfare Society

PATHWEL *times*

BIMONTHLY NEWSLETTER 2026 | Sep-Oct | Vol 3.5

Dr Laila Bahadur

Consultant Hematologist PATHWEL



Transforming Diagnostics, Enabling Excellence

Dr Laila Bahadur has strengthened PATHWEL's diagnostic services through dedication and leadership, introducing advanced investigations including molecular diagnostics, flow cytometry, cryopreservation, MRD assessment, viral studies, and drug-level monitoring, alongside an advanced blood bank, improving patient care.

Dr Khalil Ur Rahman

Hematologist & BMT Specialist, PATHWEL



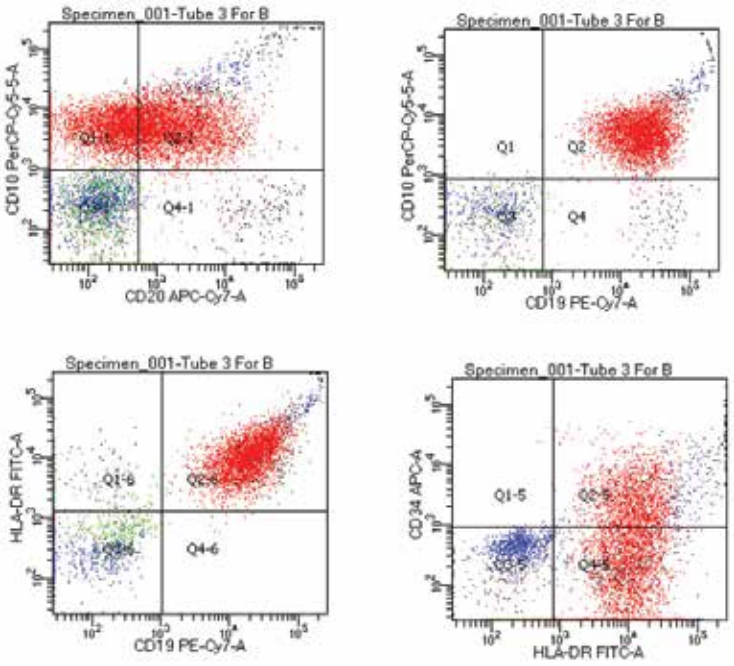
A Hundred Transplants, One Remarkable Journey

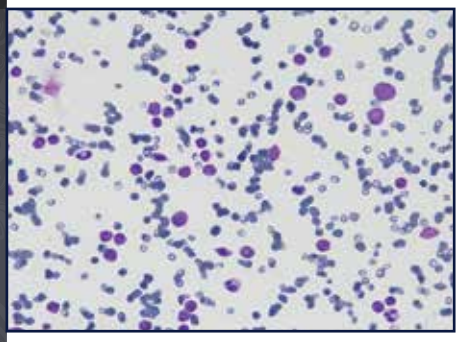
Dr Khalil ur Rehman has been at the forefront of our bone marrow transplant programme. Under his stewardship, PATHWEL has achieved 100 transplants, reflecting his clinical expertise, dedication & teamwork, while bringing renewed hope to patients with life-threatening diseases.

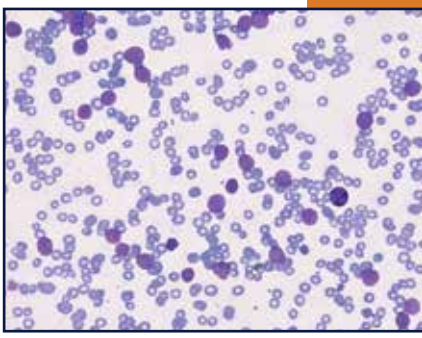
Picture Quiz

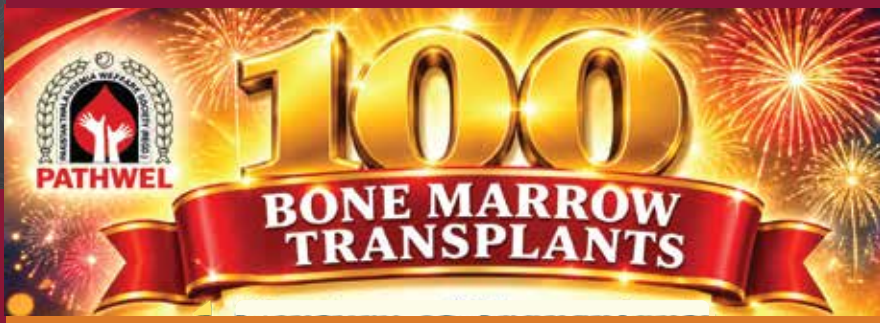
A 16-year-old male presented with fever and generalized body aches for the last two weeks. CBC showed WBC 102 × 10^3/µL, Hb 6.7 g/dl, and platelet count 14 × 10^3/µL.

What is the most likely diagnosis? **(Answer on page 6)**









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From Editor's Desk

Beyond Charity: Building a Sustainable Model of Healthcare for Pakistan

An eight-year-old boy is brought to hospital with persistent fever and unusual bruising. Investigations reveal acute leukaemia. The diagnosis is devastating, but what follows is equally frightening. The family is told that treatment will involve months of chemotherapy, repeated hospital admissions, expensive medicines and possibly a bone marrow transplant. The father has a modest income and no health insurance. His immediate concern is not just whether his son can be cured, but whether he can afford to keep him alive. For this family, illness has become both a medical and a financial crisis.

This is the reality faced by millions of Pakistanis. Despite remarkable advances in medical science and healthcare delivery, access to quality treatment remains beyond the reach of a large segment of our population. The question is no longer simply how to provide health-care to more people, but how to finance it sustainably and make it affordable for all.

Pakistan has a proud tradition of philanthropy. Institutions such as Indus Hospital and the SIUT have demonstrated how public generosity, charitable contributions and government support can sustain high-quality healthcare, often entirely free of charge. However, can a country of over 250 million people depend primarily on charity to meet its healthcare needs? Philanthropy is invaluable, but it cannot, on its own, guarantee the continuity and financial predictability required by a modern healthcare system.

Perhaps it is time to move beyond charity as the principal financing mechanism and embrace a model of shared responsibility.

The government must remain the guarantor of healthcare access, particularly for the poor and vulnerable. Health insurance initiatives, including the Sehat Sahulat Programme, have introduced an important concept: pooling financial risk so that illness does not translate into financial ruin.

A sustainable model should bring together government financing, health insurance, employer contributions, philanthropy and affordable patient payments. Those who can afford more should contribute more, while low-income families receive substantial subsidies and the poorest receive treatment entirely free of charge. No one should be denied essential healthcare because of an inability to pay.

Healthcare institutions, particularly not-for-profit organisations, must also evolve. A combination of free, subsidised and cost-based services, supported by insurance reimbursements and government partnerships, can help institutions become financially sustainable without compromising their social mission.

At PATHWEL, our experience in treating patients with thalassemia, leukaemia and other blood disorders, including those requiring bone marrow transplantation, reinforces this belief. Charitable support remains essential, but it must be complemented by sustainable financing arrangements if we are to expand access and secure continuity of care.

Let us return to the father and his eight-year-old son. Imagine a healthcare system in which the family receives timely treatment, the government or health insurance covers the major costs, and charitable resources bridge whatever financial gap remains. The father can concentrate on his son's recovery rather than worry about the next hospital bill.

That is the healthcare system we must aspire to build:
one in which the ability to pay does not determine the opportunity to live.



Bismillah Charity Reaffirms Its Commitment to PATHWEL

On October 20, 2026, a delegation from the UK-based Bismillah Charity, led by its head, Abdul Qazi Chishti Qadri, visited PATHWEL, reaffirming the charity's longstanding commitment to supporting children living with thalassemia. Renowned Qari Syed Sadaqat Ali also joined the occasion.



During the visit, the delegation distributed gifts among thalassemia patients and extended generous financial support to the hospital. The delegation was received by PATHWEL's Medical Director, Maj Gen (R) Prof Dr Parvez Ahmed, along with Dr Zohra Wazir, Chief Medical Officer, and the hospital's Medical Superintendent Dr Nasir Mahmood Khan.

Bismillah Charity has maintained a valued relationship with PATHWEL, visiting the centre every year to express solidarity with patients and support the Society's mission of providing quality healthcare and treatment to children with thalassemia.

PATHWEL deeply appreciates the continued generosity, compassion and commitment of Bismillah Charity. Such partnerships go beyond financial assistance; they bring smiles to young patients, encouragement to their families and renewed hope for a better future.

Together, through compassion and commitment, we can make a difference!

PATHWEL and Midwest Institute Sign MoU

On October 13, 2026, PATHWEL & Midwest Institute of Sciences signed an MoU to promote collaboration in healthcare awareness, education, and training. The agreement was signed by Mr. Zia Ur Rehman, CEO Midwest Institute, and Maj Gen (R) Prof. Dr. Parvez Ahmed, Medical Director PATHWEL. Key areas include awareness about blood disorders and thalassemia, blood donation camps, and clinical training and employment opportunities at PATHWEL for Midwest's paramedical students.



Inauguration of Molecular & Immunophenotyping Lab

On September 17, 2026, the Molecular and Immunophenotyping sections of PATHWEL's Diagnostic Laboratory were formally inaugurated by Maj Gen (R) Dr. Suhaib Ahmed, President, PTWS, & Mr. Khalid Mahmood, Member, PATHWEL Executive Council. The inauguration marked a significant milestone in strengthening PATHWEL's diagnostic services and expanding its laboratory capabilities.

These advanced facilities will support comprehensive investigations into blood disorders, enabling more precise diagnosis, disease monitoring, and treatment planning. Their establishment reflects PATHWEL's continued commitment to improving diagnostic accuracy, supporting clinical decision-making, and providing patients with access to advanced hematological investigations and quality healthcare services.



Blood Camps' Diary



By **Ms Nigar Shah** PRO & Camp In-charge
Pakistan Thalassemia Welafare Society



PATHWEL continued its blood donation activities across Rawalpindi and Islamabad during July and August 2026, bringing together public institutions, corporate partners and community members. With educational institutions closed, public parks provided an alternative setting for blood drives and community outreach.

July: Community & Institutional Partnerships

The July activities began with a blood donation camp at Allama Iqbal Park, Rawalpindi, on July 4, with the approval of the PHA Director.

On July 23, PATHWEL held a blood drive at Radio Pakistan Headquarters, Islamabad, in collaboration with Director Imran Javed. The partnership also included a series of Radio Pakistan programmes on blood disorders featuring PATHWEL Medical Director Maj Gen (R) Prof Dr Parvez Ahmed to raise public awareness.



PRIMACO (Pakistan Real Estate Investment and Management Company Limited) continued its annual support for PATHWEL's blood donation efforts. Mr Sharyar, with the assistance of CEO Mr Shinwari, organised a drive at EOBI Tower, Sector G10, Islamabad, on July 24.

A further drive took place at EOBI CCC Plaza, Sector I-8, Islamabad, on July 25, with permission from Mr Shinwari and Mr Sharyar. EOBI management and local tenants supported the PATHWEL team. On July 27, another PRIMACO-supported drive was held at EOBI Plaza, Sector I-8, Islamabad, with assistance from Mr Muzammil of EOBI throughout the event.

August: Public Outreach & Thalassemia Awareness

With continued support from the PHA Director and Assistant Director, PATHWEL held a blood donation camp at Liaquat Bagh, Rawalpindi, on August 7. Further camps followed at Allama Iqbal Park, Rawalpindi, on August 8 and 9, with the approval of the PHA Director. The August 9 camp was held on a Sunday, with the team working on its day off to support children living with thalassemia.



On Pakistan's Independence Day, August 14, PATHWEL organised another blood drive at Allama Iqbal Park. The presence of families and children provided an opportunity to engage the public in a discussion about thalassemia, its prevention, common myths and the importance of blood donation.



Acknowledging our Partners

PATHWEL thanks the **PHA** leadership, **Radio Pakistan, PRIMACO, EOBI** management, local tenants and all participating donors for supporting these activities. Their cooperation enabled the team to continue its blood donation efforts and bring thalassemia awareness into community spaces.

PATHWEL Stars



A brother's gift. A sister's second chance. Journey from Severe Aplastic Anemia to Recovery at PATHWEL

*by **Dr Khalil Ur Rahman**, Consultant Clinical Hematology & Bone Marrow Transplant*

In November 2023, Mahpara, a young woman from Gujrat district, developed a persistent cough, shortness of breath and unusual fatigue. Investigations revealed pancytopenia, and bone marrow examinations at CMH Kharian and PATHWEL confirmed severe aplastic anemia, a life-threatening condition in which the bone marrow fails to produce sufficient blood cells. Her marrow cellularity was less than 10%, indicating severe bone marrow failure.

With critically low blood counts, Mahpara required repeated transfusions, receiving approximately 12–14 units of red blood cells and 8–10 units of random donor platelets before transplantation. Allogeneic hematopoietic stem cell transplantation (HSCT) offered her the best chance of recovery. Fortunately, her brother was found to be a fully HLA-matched donor.

A New Beginning at PATHWEL

Mahpara was admitted to PATHWEL on 24 June 2024. Following comprehensive assessment, she received conditioning therapy comprising fludarabine, cyclophosphamide and anti-lymphocyte globulin. On 8 July 2024, her brother's peripheral blood stem cells were successfully infused, marking the beginning of her journey towards recovery.

Her post-transplant course involved several complications, including neutropenic fever, gastrointestinal discomfort, transient kidney & liver dysfunction. She also developed features suggestive of engraftment syndrome. Through close monitoring, timely antimicrobial treatment and comprehensive supportive care, the transplant team successfully managed these complications.

A major milestone was achieved on Day +11, when her neutrophil count recovered, indicating successful early engraftment. Platelet recovery followed shortly afterwards. Her condition steadily improved, allowing her discharge on 23 July 2024 with appropriate medication, dietary and hygiene guidance, and a structured follow-up plan.

Road to Recovery

Mahpara continued regular follow-up at PATHWEL and made encouraging progress. In September 2025, more than a year after transplantation, her immunosuppressive treatment was successfully discontinued, marking another significant milestone.

However, long-term monitoring remained essential. In July 2026, she was readmitted with painful herpetic lesions on the left side of her face, severe ear pain, extensive oral ulcers and oropharyngeal candidiasis. She received intravenous acyclovir, antifungal treatment, hydration, oral care and pain management. Her symptoms gradually improved, and she regained her ability to eat before being discharged in stable condition.

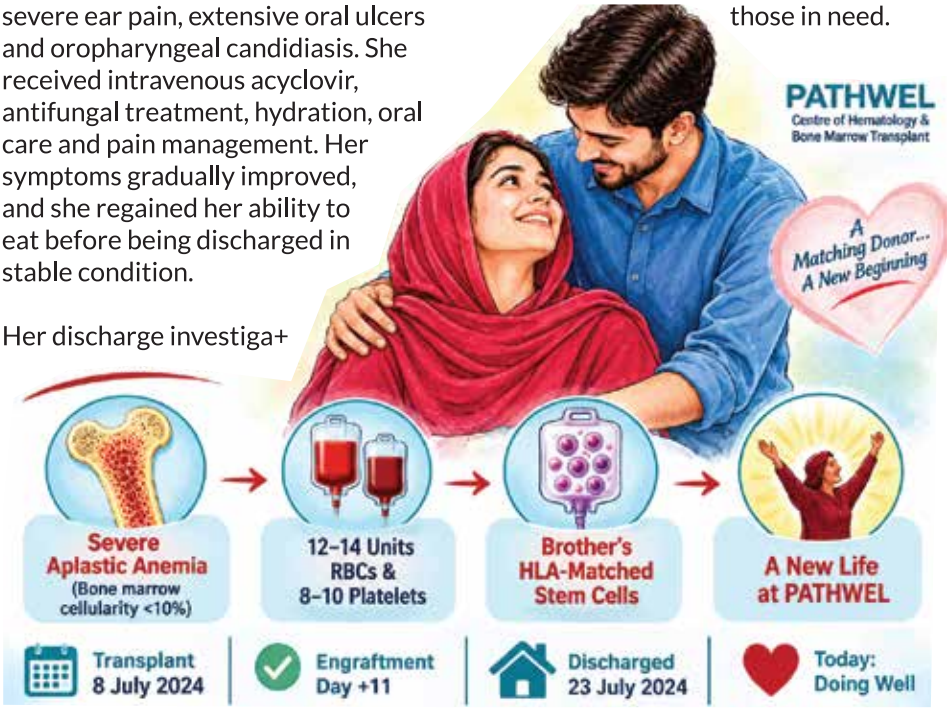
Her discharge investigations demonstrated reassuring blood counts: haemoglobin 13.9 g/dL, white blood cells 9.8 × 10^9/L and platelets 240 × 10^9/L, reflecting sustained bone marrow recovery.

A Gift Beyond Measure

Today, Mahpara is doing well and remains clinically stable. Her journey highlights the importance of early diagnosis, family donor support, timely transplantation, multidisciplinary expertise and lifelong follow-up.

Above all, her story celebrates an extraordinary bond between siblings. Her brother's decision to donate stem cells gave her a second chance at life and the opportunity to embrace a brighter future.

At PATHWEL, Mahpara's successful transplant journey reflects our commitment to providing advanced hematological care and making bone marrow transplantation accessible to those in need.



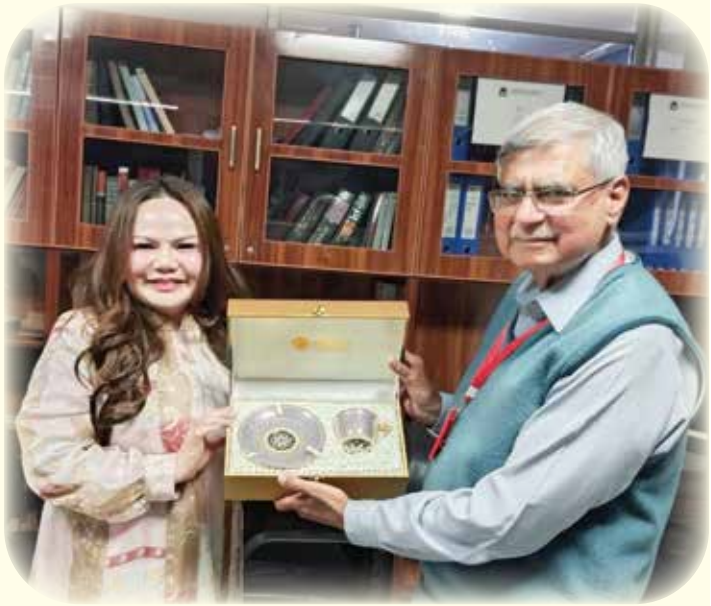
Thai Delegation from Samitivej Hospitals Visits PATHWEL



Report By **Ms Nigar Shah,** PRO PATHWEL

On October 29, 2026, a delegation from Samitivej Hospitals, Thailand, visited PATHWEL to explore opportunities for institutional collaboration in the field of hematology and bone marrow transplantation. The delegation was led by Prof. Emeritus Suthat Fucharoen, MD, Consultant in Thalassemia, Hematology and Oncology, and included Ms. Minami Namiza, Supervisor, International Affairs Division, Cell and Gene Therapy Center and Head of Global, Bone Marrow Transplantation Center; Mr. Anusorn Maprasit, Head of Bhasa Center and International Affairs Coordinator; and Dr. Suriyan Binratkaew of Bukit Travel.

Thai delegation was welcomed by the Prof Dr Parvez Ahmed, MD PATHWEL alongwith MS Dr Nasir Mahmood Khan. Dr. Syed Kamran Mahmood briefed the visitors on PATHWEL's facilities, services, and achievements. The delegation appreciated the valuable work being undertaken by PATHWEL. Gifts and souvenirs were exchanged during the visit. Both sides expressed a keen interest in developing future collaboration, particularly in the areas of thalassemia care, treatment of blood disorders, and bone marrow transplantation.







Picture Quiz: Answer

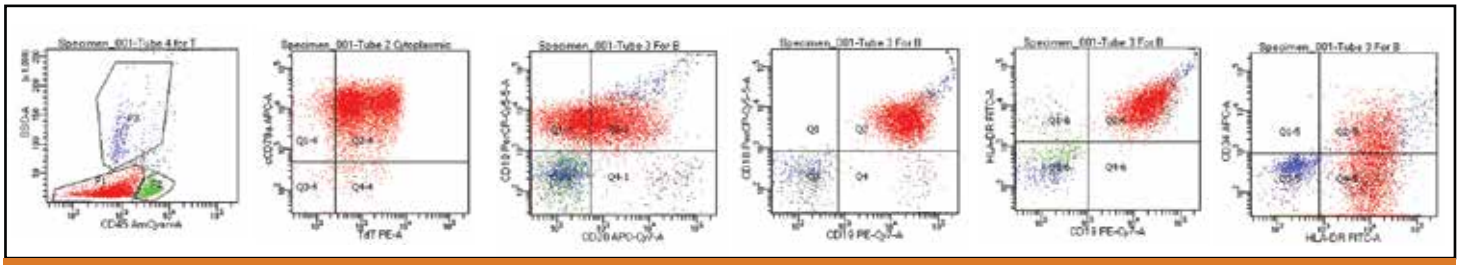


By Dr Laila Bahadur, Consultant Hematologist PATHWEL

Diagnosis:
Pre B-cell Acute Lymphoblastic Leukemia.

Peripheral blood film examination reveals approximately 80% blasts, predominantly small to medium in size, scanty cytoplasm, high N:C ratio, condensed chromatin and inconspicuous nucleoli.

Flowcytometric analysis performed on single cell suspension prepared from peripheral blood sample show an expanded population of blast (86%) positive for weak CD45 (- to weak), HLA-DR (++), TdT (++), CD34 (++), CD19 (++), CD10 (++), cCD79a (++) and CD20 (++). All other T-cell markers and myeloid markers are negative.



Immunophenotyping done on PATHWEL's new flowcytometer

PCUH 2026: Advancing the Future of Hematology Through Knowledge, Collaboration and Innovation

The Practice Changing Updates in Hematology (PCUH 2026) conference was held from 9–11 October 2026 at the Pearl Continental Hotel, Rawalpindi. Bringing together hematologists, medical oncologists, bone marrow transplant (BMT) specialists, researchers, nurses and postgraduate trainees from Pakistan and abroad, the hybrid conference provided an important platform for scientic exchange, professional development and collaboration.

Hosted by the Pakistan Blood and Marrow Transplantation Society (PBMT) and organised by the Armed Forces Bone Marrow Transplant Centre (AFBMTC), Rawalpindi, the conference focused on translating international research into clinical practice. Its theme, "Practice Changing Updates in Hematology: Treatment Sequencing Insights from ASH 2025, ASCO 2026 and EHA 2026," highlighted the importance of evidence-based treatment decisions.

An International Scientific Gathering

PCUH 2026 featured distinguished national and international faculty from institutions in the US, UK, China, Saudi Arabia, Brazil, Eygpt and other countries. Their participation enriched scientic discussions, encouraged knowledge-sharing and strengthened professional connections. The inaugural session featured addresses by prominent leaders in hematology and transplantation, followed by a keynote lecture on the evolving landscape of stem cell transplantation. Discussions explored how emerging evidence, innovative therapies and cellular treatments are reshaping the management of blood disorders & malignancies.

The scientic programme covered high-grade lymphomas, chronic myeloid leukaemia (CML), chronic lymphocytic leukaemia (CLL), chronic myelomonocytic leukaemia (CMML), acute myeloid leukaemia (AML), aplastic anaemia and paroxysmal nocturnal haemoglobinuria (PNH), alongside complications of haematopoietic stem cell transplantation (HSCT).

Particular attention was given to CAR-T-cell therapy, haploidentical transplantation for aplastic anaemia, graft-versus-host disease (GVHD), and evolving treatment strategies for acute leukaemia and lymphoma. Discussions on treatment sequencing & transplant indications were especially relevant to Pakistan, where access to advanced therapies and resource limitations remain important considerations.



Prof Mohammad Khurshid, Chief Guest



Prof Raheel Iftikhar, President PBMT



From L to R: Prof Xiao Jun Huang, Prof Bushra Moiz, Prof Parvez Ahmed, Prof Tariq Ghafoor, Prof Khurram Bilal Tariq



The research abstract session showcased clinical experiences and emerging evidence, including transplantation outcomes, treatment approaches for AML and lymphoma, and therapeutic strategies for transfusion-dependent thalassaemia. These presentations highlighted the importance of locally generated research in improving clinical decisions and patient care.

Learning Beyond the Lecture Hall

Interactive learning and multidisciplinary collaboration were central to the conference. Panel discussions enabled delegates to examine challenging clinical questions, compare institutional practices and explore how international recommendations could be adapted to local healthcare settings.

Dedicated nursing and data management sessions emphasised the contributions of physicians, nurses, laboratory professionals and data managers in delivering coordinated, safe and effective haematology and transplant services.

A major highlight was the HIMMEL fellowship-trainee quiz, which tested participants' clinical knowledge and reasoning while adding friendly competition to the academic programme.

PATHWEL was represented by Dr Aliah & Dr Mehroze, whose commendable performance secured a prize for their team. Their achievement brought pride to PATHWEL and demonstrated the value of academic preparation,





teamwork and active participation in professional learning opportunities.

Pharmaceutical Exhibition

The conference featured pharmaceutical exhibitions introducing delegates to therapeutic developments and emerging treatment options relevant to haematology and transplantation. A separate poster exhibition showcased research findings & clinical experiences, encouraging scientific discussion and collaboration among professionals.

PATHWEL established a dedicated stall to introduce its institution, highlight its work in haematology & bone marrow transplantation, & interact with colleagues from other healthcare organisations. The stall strengthened PATHWEL's professional visibility and provided an opportunity to share its experience in delivering specialised blood disease services in Pakistan.

Networking and Lasting Connections

Two dinner evenings brought national and international delegates together outside the formal scientific programme. These gatherings provided opportunities to exchange experiences, establish professional relationships and strengthen connections across institutions and countries. Such interactions can encourage future research partnerships and collaborative initiatives.

A Step Forward for Pakistan

PCUH 2026 combined scientific learn-





From L to R: Prof Qamar Un Nisa, Prof Tariq M Satti, Prof Haris Ali, Dr Kiran Naqvi, Prof Hanan Hamed, Dr Meng Lv

ing, research presentations, institutional representation and professional networking. By connecting international advances with the realities of Pakistani clinical practice, the conference highlighted the importance of translating medical progress into meaningful improvements in patient care.

For PATHWEL, participation offered an opportunity to remain informed about emerging developments, strengthen institutional connections and support the academic growth of its team. The success of Dr Aliah and Dr Mehroze in the fellowship quiz was a particularly encouraging achievement.

The conference concluded with renewed emphasis on collaboration, evidence-based practice and continuous professional development. Its central message was clear: advancing hematology requires scientific innovation, locally relevant research, multidisciplinary teamwork and sustained efforts to make effective treatments accessible to patients who need them most.

"PCUH 2026: Advancing Together, Transforming Lives"







Team PATHWEL at PCUH 2026



PATHWEL's stall at PCUH 2026



Dr Aliah and Dr Mehroz with their prize

Morphology Updates

Concurrent Howell–Jolly body-like inclusions, Barr bodies and Döhle bodies in an immunosuppressed patient with sepsis

A 31-year-old woman with a history of DiGeorge syndrome, extra-nodal marginal zone lymphoma of mucosa-associated lymphoid tissue of the lung, allogeneic haematopoietic stem cell transplantation for T-cell immunodeficiency and subsequent post-transplant lymphoproliferative disorder (diffuse large B-cell lymphoma) in remission, presented with gastrointestinal and upper respiratory symptoms. She had Streptococcus pneumoniae sepsis, acute multifocal pneumonia and viral gastroenteritis. Full blood count (FBC) showed anaemia (haemoglobin: 92 g/L, normal: 116–146 g/L), thrombocytopenia (platelet count: 102×10^9 /L, normal $150–450\times10^9$/L) and normal white bloocd cell count of 8.8×10^9 /L (normal: $3.8–10.6\times10^9$ /L).

The peripheral blood film (all images, Wright's stain, objective x100) demonstrated mildly left-shifted granulocytes with morphological atypia, including atypical lobation and uneven cytoplasmic granulation. There were multiple variably sized basophilic, globular cytoplasmic inclusions in neutrophils and monocytes, consistent with Howell–Jolly body-like inclusions (black arrow) and numerous pale grey-blue, oval-to-elongated cytoplasmic Döhle bodies (green arrow). Additionally, some neutrophils displayed small drumstick-shaped nuclear appendages attached to the nuclear lobes, consistent with Barr bodies (red arrow).

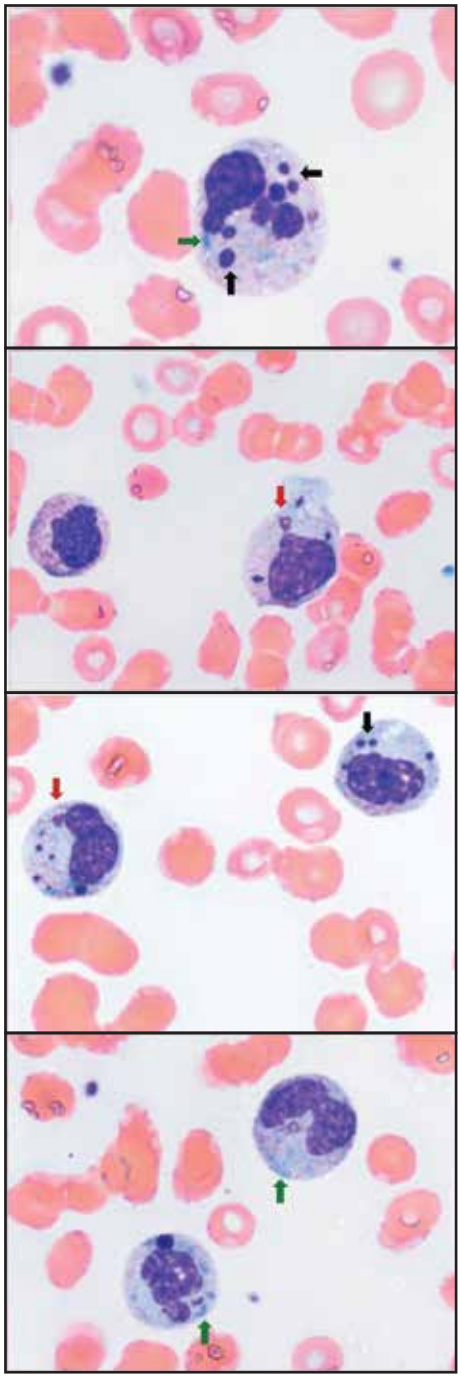
Howell–Jolly body-like inclusions are deoxyribonucleic acid (DNA)-based cytoplasmic inclusions formed from fragmented nuclear material. They are typically seen in clinical scenarios such as immunosuppressive therapy, chemotherapy, myelodysplastic syndromes, human immunodeficiency virus (HIV), coronavirus disease 2019 (COVID-19) and antiviral medication use. Morphologically, they resemble the basophilic inclusions of true Howell–Jolly bodies in erythrocytes.1,2 In contrast, a Barr body is an inactivated X-chromosome that appears as a small, hyperchromatic, drumstick-shaped appendage attached to the neutrophil nucleus. This direct nuclear attachment helps distinguish Barr bodies from the fully cytoplasmic, detached Howell–Jolly-body-like inclusions.1,3

Döhle bodies are pale blue-grey cytoplasmic inclusions (1–2µm) that represent strands of rough endoplasmic reticulum within neutrophils. They most commonly appear in the setting of accelerated granulopoiesis, including infections, inflammatory conditions and myeloid neoplasms. Giant Döhle bodies are one of the characteristic morphological features of May–Hegglin Anomaly. They may also be observed in monocytes and lymphocytes.1

Accurate identification of these structures is essential to prevent misinterpretation, as Howell–Jolly body-like inclusions and Döhle bodies can mimic infectious morulae of Anaplasma or Ehrlichia species or myelodysplastic cytological abnormalities. Recognising these structures helps avoid unnecessary infectious evaluations and, when correlated with appropriate clinical contexts such as infection or physiological stress, reduces the risk of attributing reactive changes to dysplasia.

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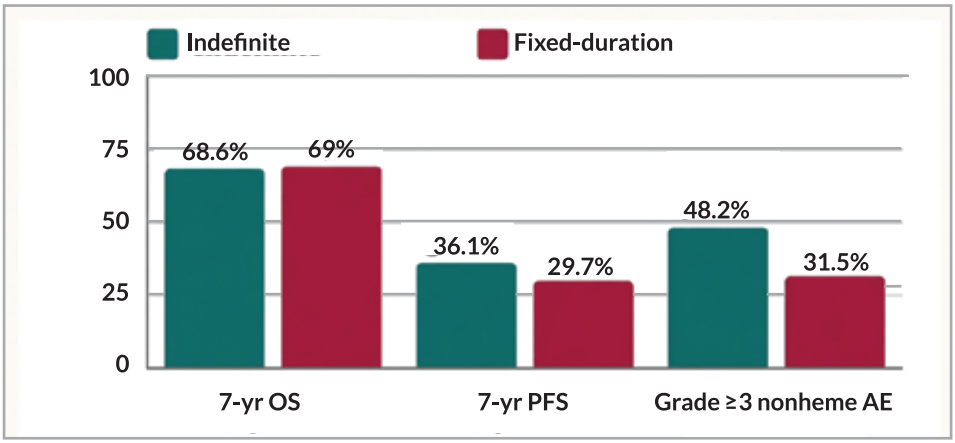
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Tidbits Tidbits Tidbits Tidbits Tidbits Tidbits

Indefinite vs. Fixed 2-Year Lenalidomide Maintenance in Myeloma (ENDURANCE Trial)

Kumar S, Jacobus S, Cohen A, et al. N Engl J Med. 2026;395(3):221–232. DOI: 10.1056/NEJMoa2600157

After initial treatment for multiple myeloma, most patients take the drug lenalidomide indefinitely as "maintenance therapy" to keep the disease controlled - meaning years of pills, side effects, and cost - but whether stopping after a fixed period is just as safe has been unclear. This large ECOG-ACRIN ENDURANCE trial randomly assigned 516 standard-risk myeloma patients who had not undergone stem-cell transplant to either indefinite-duration lenalidomide or a fixed 2-year course.



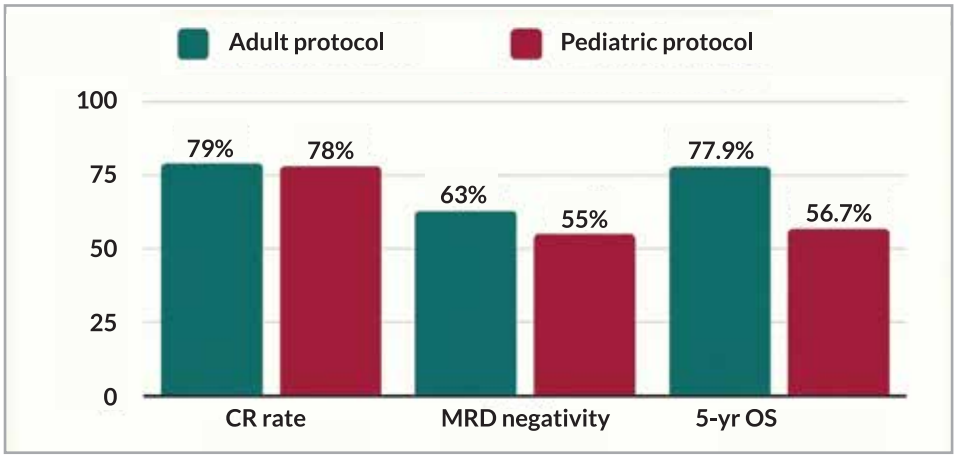
After a median follow-up of 86 months, overall survival was essentially identical between groups (68.6% vs 69.0% at 7 years; difference -0.4 percentage points), and progression-free survival was numerically similar (36.1% vs 29.7%). Indefinite treatment caused more toxicity, including a higher 5-year rate of second cancers (11.2% vs 8.3%) and more grade 3 or higher non-blood-related side effects (48.2% vs 31.5%).

For standard-risk myeloma patients, a fixed 2-year course of lenalidomide maintenance appears to offer survival comparable to lifelong therapy, with meaningfully less cumulative toxicity.

Pediatric vs. Adult Chemotherapy Protocols in AYA Acute Myeloid Leukaemia

Krayem B, Biswas J, Derkach A, et al. Blood Adv. 2026;10(17):5899–5912. DOI: 10.1182/bloodadvances.2026020372

Adolescents and young adults (AYA, aged 14–29 years) with acute myeloid leukaemia (AML) often fall between paediatric and adult oncology services, making the optimal chemotherapy approach uncertain. This single-centre US study evaluated 81 AYA patients treated with either paediatric or adult chemotherapy protocols between 2010 and 2025.



The findings showed comparable remission rates between the paediatric and adult groups (79% vs. 78%). Measurable residual disease (MRD) negativity, assessed through sensitive flow cytometry, was achieved in 63% and 55%, respectively. Surprisingly, patients receiving adult protocols demonstrated significantly better five-year overall survival than those treated with paediatric protocols (77.9% vs. 56.7%). A similar difference was observed among patients with higher-risk genetic profiles (62.7% vs. 47.9%). However, relapse-free survival was nearly identical between the two groups.

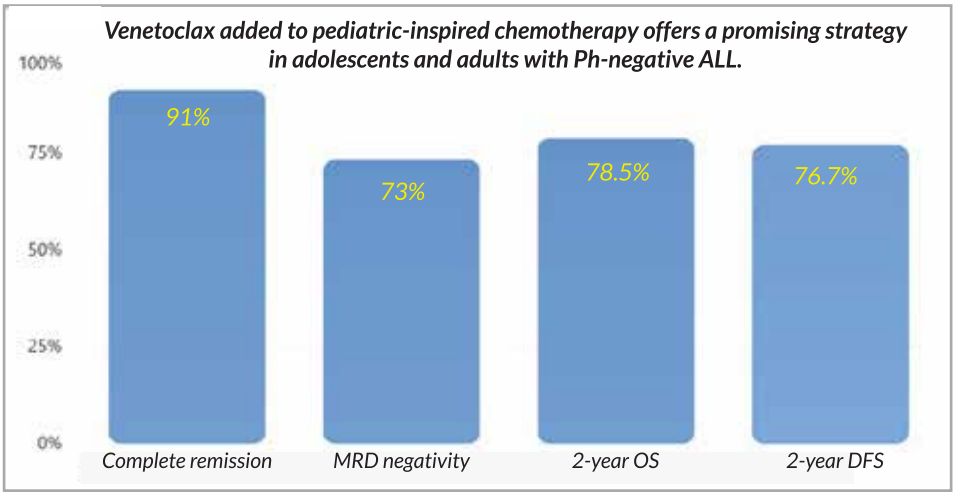
Importantly, statistical modelling identified leukaemia risk category, rather than chemotherapy protocol, as an independent predictor of survival. These findings challenge the assumption that more intensive paediatric-style chemotherapy automatically improves outcomes in AYA AML. The study highlights the importance of individualised, risk-adapted treatment strategies guided by disease biology rather than age-based protocol selection.

Tidbits Tidbits Tidbits Tidbits Tidbits Tidbits

Venetoclax plus pediatric regimen in adolescents and adults with Ph-negative acute lymphoblastic leukemia

Gong X, Liu Y, Fang Q, et al. Blood (2026) 148 (13): 1670–1682. doi.org/10.1182/blood.2026033577

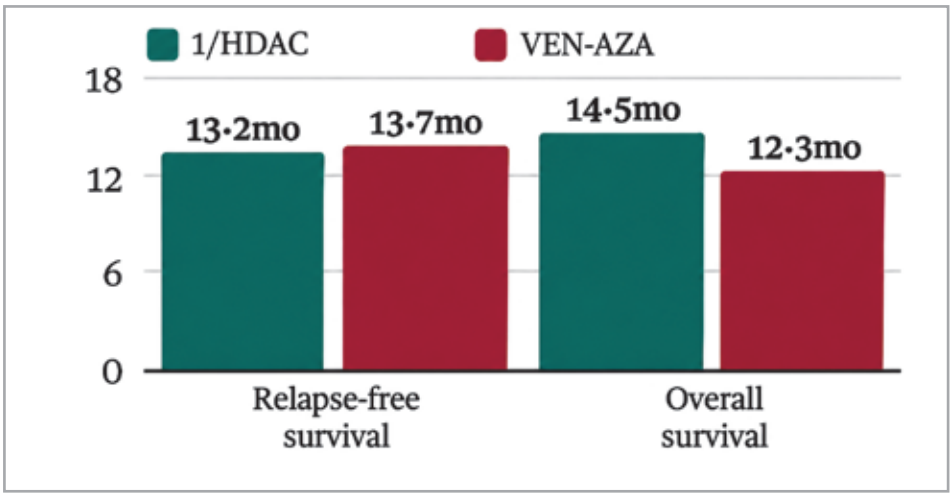
The B-cell lymphoma 2 inhibitor venetoclax has shown promise in acute lymphoblastic leukemia (ALL), but its role in first-line therapy for newly diagnosed (ND) Philadelphia chromosome–negative (Ph–) ALL is undefined. In this prospective phase 2 study, 167 adolescents and adults (aged 14-60 years) with ND Ph– ALL received venetoclax combined with pediatric-inspired chemotherapy. The primary end point was the rate of measurable residual disease (MRD) negativity by multiparameter flow cytometry (MFC) after induction. The complete remission rate was 91.0%, and 73.0% of responders achieved MFC-MRD negativity, meeting the primary end point. After a median follow-up of 19.3 months, median overall and disease-free survival were not reached; estimated 2-year survival rates were 78.5% and 76.7%, respectively. Propensity score–matched analysis confirmed superior survival compared with historical chemotherapy-only controls. Grade ≥3 adverse events were primarily hematologic toxicities and infections, with an incidence comparable with that of the historical cohort. These results demonstrate that adding venetoclax to pediatric-inspired chemotherapy significantly improves MRD response and survival outcomes in newly diagnosed (ND) Ph– ALL, with a manageable safety profile.



Venetoclax-Azacitidine vs. Intensive Chemotherapy for AML in First Relapse

Dumas PY, Bertoli S, Bérard E, et al., for the DATAML-IPC-AURAML Consortium Br J Haematol. 2026. DOI: 10.1111/bjh.70815

When acute myeloid leukaemia (AML) relapses after initial chemotherapy, doctors must choose a "salvage" treatment to achieve a second remission, ideally before a bone marrow transplant. This French multicentre study compared two real-world approaches in 317 adults with AML in first relapse: intensive cytarabine-based chemotherapy (I/HDAC, n=203) versus the gentler venetoclax-azacitidine combination (VEN-AZA, n=114). Both approaches achieved similar second-remission rates (66.0% vs 66.7%) and broadly similar survival overall (relapse-free survival about 13 months; overall survival 14.5 vs 12.3 months). The best choice, however, depended on the patient: venetoclax-azacitidine gave significantly better survival in patients aged 60 or older with favourable or intermediate-risk leukaemia genetics, while intensive chemotherapy remained superior for younger patients and those with high-risk genetics. Venetoclax-azacitidine therefore appears a reasonable, less toxic alternative to intensive salvage chemotherapy for older, lower-risk relapsed AML patients, though a randomised trial is still needed to confirm which patients benefit most from each strategy.

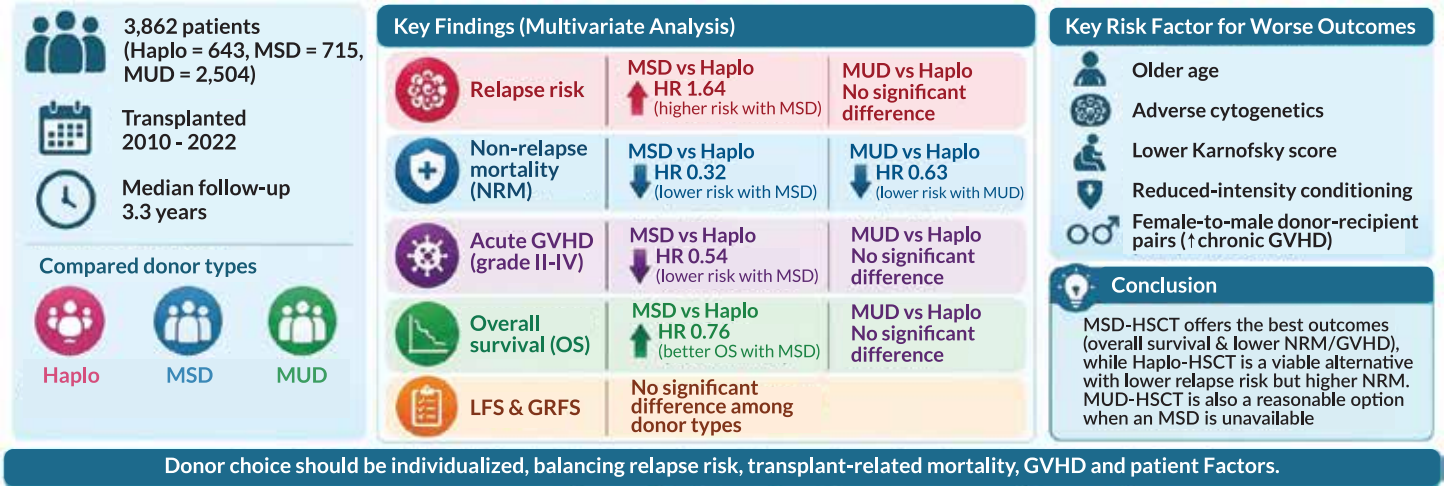


TransplantTidings TransplantTidings TransplantTidings

Non-T-Depleted Haploidentical Transplantation Compared to Allogeneic Transplantation From Matched Siblings or Unrelated Donors in Patients With Secondary AML in First Complete Remission

A. Nagler, S. Kayser, A. T. Ferhat, et al., A Study From the ALWP/EBMT, https://doi.org/10.1002/ajh.70164.

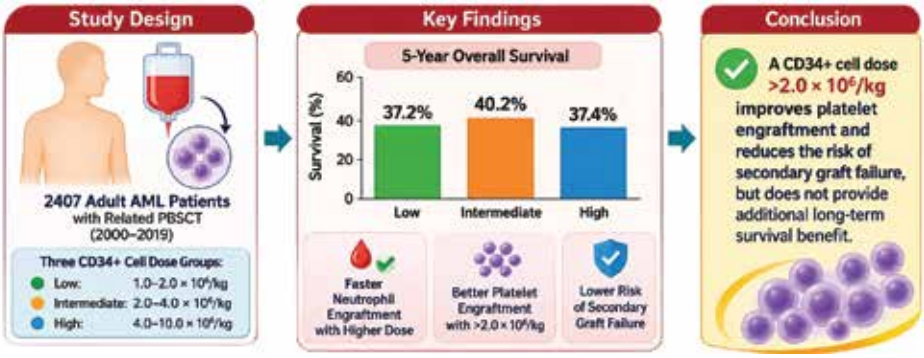
Allogeneic hematopoietic stem cell transplantation (HSCT) offers a curative option for secondary acute myeloid leukemia (sAML). This retrospective ALWP/EBMT study compared outcomes following haploidentical (Haplo), matched sibling donor (MSD), and matched unrelated donor (MUD) HSCT in 3,862 patients transplanted in first complete remission between 2010 and 2022. Median follow-up was 3.3 years. Multivariable analysis showed that MSD transplantation was associated with lower non-relapse mortality (NRM), less acute graft-versus-host disease (GVHD), and better overall survival (OS) than Haplo-HSCT, despite a higher relapse risk. MUD transplantation had lower NRM than Haplo-HSCT, without significant differences in OS or GVHD. Donor type did not significantly influence leukemia-free survival or GVHD-free and relapse-free survival. Older age, adverse cytogenetics, and poorer performance status predicted inferior outcomes. Although MSD remains preferred, Haplo-HSCT is a viable alternative when matched siblings are unavailable, alongside MUD transplantation.



Impact of CD34+ cell dose on outcomes of related allogeneic PBSCT in adult AML patients

Toda Y, Jo T, Arai Y, Harada K, Yanada M, Fukuda T, et al. Br J Haematol. 2026;209(1):210–221. https://doi.org/10.1111/bjh.70506

This retrospective large nationwide registry study evaluated the association between infused CD34+ cell dose and outcomes after first related allogeneic peripheral blood stem cell transplantation (PBSCT) in 2,407 adults with acute myeloid leukaemia (AML) in Japan (2000–2019). Patients were grouped by CD34+ dose: low (1.0–<2.0), intermediate (2.0–4.0) and high (>4.0–<10.0 × 10^6/kg). The primary endpoint was overall survival (OS). Five-year OS was 37.2%, 40.2% and 37.4%, respectively, with no significant difference (p=0.176); relapse and non-relapse mortality were also comparable. Higher doses were associated with faster neutrophil and platelet engraftment. Day-100 platelet engraftment was 78.3%, 85.4% and 86.6% across the groups (p<0.001). Secondary graft failure was more frequent with low-dose grafts (6.6% vs 2.1% and 3.1%; p=0.006). Infection rates and primary graft failure were similar. A target dose ≥2.0 × 10^6/kg supports platelet recovery and reduces secondary graft failure, while doses above this threshold confer no demonstrated long-term survival advantage overall.



Successful Surgery for a Woman with Hemophilia A

WFH Humanitarian Aid Supports Care at HTC Rawalpindi. Report by Ms Hina Fatima



Mrs. Komal Masud, a 32-year-old patient registered at Hemophilia Treatment Centre (HTC) Rawalpindi, Pakistan, has mild Hemophilia A. Her factor VIII (FVIII) activity was 22%, and her FVIII inhibitor screen was negative. She required laparoscopic excision of a left ovarian dermoid cyst, making careful planning essential to manage the risk of bleeding.

Coordinated Surgical Care

The hematology and gynecology teams worked together to develop an individualized perioperative hemo static plan. Treatment included FVIII replacement therapy and tranexamic acid, supported by serial FVIII activity monitoring to ensure appropriate coverage before, during & after surgery. This multidisciplinary approach brought specialist expertise together around the patient's needs, with a focus on maintaining adequate hemostatic support throughout the perioperative period.

Humanitarian Aid in Action

The World Federation of Hemophilia (WFH) Humanitarian Aid Program facilitated access to the required FVIII concentrates, with support from Hemophilia Patients Welfare Society,



Rawalpindi, Pakistan. The donated concentrates enabled HTC Rawalpindi to arrange clotting factor replacement for the planned procedure. Reliable access to these essential products helped bridge a treatment gap and supported timely access to specialized surgical care.

A Successful Outcome

On 8 September 2026, Mrs. Masud underwent laparoscopic excision of the cyst under general anesthesia. FVIII activity was monitored and maintained according to the planned therapeutic targets. No bleeding complications were reported.
The outcome highlights the value of individualized planning, collaboration between specialties and access to essential clotting factor concentrates.

Partnerships That Make a Difference

This case illustrates how international humanitarian support and local clinical expertise can work together to improve access to essential treatment for people with bleeding disorders. It also highlights the importance of supporting women who need specialized medical and surgical care. Together, these partnerships connect donated treatment with coordinated local care, helping patients overcome barriers to essential services.

HEMOPHILIA PATIENTS WELFARE SOCIETY RAWALPINDI PAKISTAN

HTC Rawalpindi sincerely thanks the WFH Humanitarian Aid Program and Hemophilia Foundation Pakistan for their continued support in expanding access to life-changing treatment.
From treatment access to successful surgery: advancing equitable, safe, patient-centered care for women with bleeding disorders.

HTC Brings Pakistan's Voice to Asian Hemophilia Forum

Dr Tahira Zafar, Director of HTC Rawalpindi, represented Pakistan at the sixth AHAD-AP Annual Scientific Meeting in Bangkok, Thailand, on 11 September 2026. The gathering encouraged knowledge exchange and collaboration across Asia. Her presentation explored psychosocial challenges in newly diagnosed families and the transition from paediatric to adult care, emphasizing family-centred support and reliable information.



Discussions highlighted barriers faced by women and girls with bleeding disorders, including delayed diagnosis, reproductive health challenges and limited specialist care. Dr Zafar also shared Pakistan's challenges, including financial constraints, treatment shortages and gaps in awareness.

The meeting strengthened regional connections and amplified Pakistani patients' perspectives. HTC Rawalpindi remains committed to advocacy, partnerships and equitable, comprehensive care for people with bleeding disorders and support for patients and their families nationwide.



"Art from Room to Recovery: our young thalassaemia patient Ayat fills her BMT days with crayons, kindness and colour."

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