

Optimizing future excellence in hematology diagnosis and transplantation

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Abstract

Hematological malignancies are complex, not only towards diagnostic end but towards defining prognostic groups and available treatment options. In the recent past with a huge influx of newer options, the things are improving at the management end of the hematological cancers. The diseases which were labeled as “Death warrants” have now become “chronic ailments”. Though there still exists a wide gap between a “Good productive life” and “Increased survival ship” after the diagnosis of a hematological cancer, the distances are definitely bridged. With an individualized approach now, after defining genetic lesions, newer immune, targeted and vaccine therapies are now in the market to hit the cancer from different angles. At the same time affordability, after the technical provision of a treatment modality remains the highest concern for the fatally affected patients. Peripheral blood stem cell (PBSC) transplants, remain one curative option for the developing world like Pakistan, where CART-T and Immune therapies are simply not financially realistic. Author has performed 183 autologous and allogenic PBSC transplants in our tertiary care hospital for various hematological malignancies including acute leukaemias, Multiple myeloma and lymphoma. While autologous showing better overall three and five-year survival as compared to allogenic transplants, this modality is a ray of hope for the longer survival in AML like otherwise fatal disorders. They started transplant services in year 2013, with the ideal inclusion criteria of “disease in first remission” after the diagnosis of a blood malignancy, but over a course of five years had to include many young patients with multiple relapses and without initial prognostic genetic profiling. Two methods for cryopreservation of the harvests at -80°C were used. One with DMSO and Saline only and the other with addition of 6% albumin. A review of survival ship and engraftment shows better results with the first method.

Biography

Ayesha Junaid qualified as a Medical Doctor at the age of 23 years from King Edward Medical University, Lahore. She passed her membership and fellowship examinations in year 2002 and 2003 from CPSP Pakistan after completing four years of rigorous training. She got training in cytogenetics and FISH techniques from UCLA, USA in year 2008 for the diagnosis and prognosis in hematological malignancies. She became Professor of pathology in year 2011 after 12 years of undergraduate teaching. She cleared her qualifying examination from council of Canada in year 2012. She is presently working in a JCI accredited tertiary care hospital as Consultant Hematologist since 2008. With over 25 publications in national and indexed journals, she is a supervisor and program director in the subject of Haematology, College of Physicians & Surgeons Pakistan, since 2013, and has the credit of training six young hematologists, while supervising six more doctors for fellowship training.

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