# **EDUCATION PROGRAM**

# **Education Spotlight Sessions**

This year ASH will offer Education Spotlight Sessions on five exciting topics. Each 90-minute session will be presented once on either Sunday or Monday, in a small-venue format for approximately 150 ticketed attendees. Speakers will discuss the topic with ample time reserved for audience questions and participation. The talks will facilitate discussions of evidence-based practice, decision making, and controversies in diagnosis and management. The lectures will address the current state of knowledge, translational and clinical applications, and future directions.

### **Ticket Prices (per session)**

Member:	\$25
Associate Member:	\$25
Medical Student,	
Graduate Student,	
or Resident Member:	\$25
Non-Member in Training:	\$25
Allied Health Professional:	\$35
Non-Member:	\$40

The Education Spotlight Sessions are restricted to medical professionals only; no businesspersons or media will be admitted. Individuals are limited to one ticket per session. Tickets may be purchased during the online registration process.

### **Attention Trainees!**

A number of tickets for the Education Spotlight Sessions will be reserved especially for trainees. Proof of status as an Associate member; Medical Student, Graduate Student, or Resident member; or non-member in training will be required to purchase a ticket. Please show your name badge to the staff at the Ticketed Sessions counter at the registration area in the Great Hall of the Ernest N. Morial Convention Center.

# SESSION

Pro/Con Debate: Is There Still a Pivotal Role for Fresh Frozen Plasma in the Management of Perioperative Bleeding?

## SUNDAY, DECEMBER 8 4:30 P.M. - 6:00 P.M.

### **CO-CHAIRS:**

Beverley J. Hunt, MD, King's College London, Guy's and St. Thomas' NHS Foundation Trust, London, United Kingdom Yes, Fresh Frozen Plasma Is Still Needed

Sibylle Kozek, MD, Evangelical Hospital Vienna,

Vienna, Austria No, Coagulation Factor Concentrates Should Be Preferred

Because there were no trials to assess the utility of fresh frozen plasma (FFP) after its introduction post World War II, it was assumed to be of benefit, leading to a casual approach to its use in the decades that followed. However, the new millennium has been characterized by concerns about the unintended consequences of FFP, especially of transfusion-transmitted disease and potential immunologic complications.

In recent years, clinicians have begun to move toward the use of recombinant proteins or virus-inactivated plasma-derived blood products, now widely available in Europe, as an alternative treatment in several scenarios; however, this has led to controversy and a growing clinical divide in current management.

Nowhere is the divide greater than in the field of acute traumatic coagulopathy, particularly across the Atlantic. In many European centers, acute traumatic coagulopathy is managed by coagulation factor concentrates and tranexamic acid alone; however, in North America FFP is used. Moreover, current evidence of the riskbenefit analysis of FFP and coagulation factor replacement in preventing and treating many bleeding disorders remains inadequate.

Dr. Beverley Hunt will discuss why FFP is still needed and where continuing use of FFP is required. Dr. Sibylle Kozek will discuss the alternative use of coagulation factor concentrates.

# Challenging Cases from the OB Ward: Consultative Hematology

## SUNDAY, DECEMBER 8 4:30 P.M. - 6:00 P.M.

### **CO-CHAIRS:**

Andra James, MD, University of Virginia, Charlottesville, VA Management of Peri-Partum Complications

Peter A. Kouides, MD, Rochester General Hospital, Rochester, NY *Thrombosis and Pregnancy* 

Dr. Andra James will speak about peri-partum complications of pregnancy, specifically preeclampsia. The underlying cause is unknown; however, clinical manifestations derive from maternal endothelial cell damage, presumably as a result of circulating factors from an ischemic placenta. Concomitant with endothelial damage are changes in clotting factor levels and sometimes a decrease in platelet number. Preeclampsia and related conditions, such as hemolysis, elevated liver enzymes, and low platelet count (HELLP) syndrome and acute fatty liver of pregnancy, can result in coagulopathy. The hematologist may become involved in care when a patient with preeclampsia risk factors is considered for anticoagulant therapy during pregnancy, when a patient with a form of preeclampsia requires treatment for severe thrombocytopenia, or when a patient develops coagulopathy or thrombosis as a consequence of preeclampsia.

Dr. Peter Kouides will discuss thrombosis and pregnancy. Approximately 80 percent of thrombotic events in pregnancy are a result of venous thromboembolism (VTE). The risk of VTE during pregnancy increases four- to five-fold during pregnancy and another 20-fold after delivery. Not only are women treated with anticoagulants during pregnancy for current VTE, but anticoagulants are also used for prophylaxis. Most women with a history of VTE are candidates for prophylaxis; however, some women are limited to anticoagulants during the postpartum period. There are no large trials of anticoagulants in pregnancy, and recommendations for their use are based on case series and the opinions of experts. At the time of delivery, anticoagulation can be manipulated to reduce the risk of bleeding complications while minimizing the risk of thrombosis.

# Stem Cells and the Future of Regenerative Medicine

# SUNDAY, DECEMBER 8 5:00 P.M. - 6:30 P.M.

### **CO-CHAIRS:**

Mahendra S. Rao, MBBS, PhD, National Institutes of Health Center for Regenerative Medicine, Bethesda, MD *Embryonic and Induced Pluripotent Stem Cells: Derivation and Propagation* 

Tim M. Townes, PhD, University of Alabama at Birmingham, Birmingham, AL *iPS Cells: Current State of the Art* 

This session will describe additional uses of cord blood and hematopoietic stem cells (HSCs). HSCs represent a unique, relatively inexpensive source of clinical-grade material for which an infrastructure for donation, storage, and distribution already exists. Provided appropriate consents are written, it is possible to consider non-traditional uses of cord blood and HSCs. In the field of HSC transplantation, groups are exploring expansion of HSC and double cord transfusions as well as cell engineering and gene correction strategies. Other investigators are exploring the presence of other stem cell populations that may be present in blood samples such as mesenchymal stem cells, endothelial cell progenitors, and hemangioblasts. More recently investigators have shown that cord blood and marrow is an excellent source of cells to generate pluripotent cells, which may be used in a variety of different treatments. Yet other investigators are exploring transdifferentiation strategies to treat patients with CD34 immunoreactive cells, while others are exploring the use of differentiated cell populations for the treatment of a variety of disorders. The speakers in this session will summarize their efforts in this new and exciting field.

# Transition Point in Hematologic Malignancies: What to Do When Cure is No Longer Possible

## MONDAY, DECEMBER 9 10:30 A.M. - 12:00 NOON

#### **CO-CHAIRS:**

Christopher Daugherty, MD, The University of Chicago, Chicago, IL Defining the Transition Point and the Challenges of Prognosis Disclosure

Christina Ullrich, MD, Dana-Farber Cancer Institute, Boston, MA Partnering with Palliative Care: How Together We Can Hope for the Best and Prepare for the Rest

For patients with high-risk or advanced malignancies and their families, opportunities to discuss prognosis and goals of care and to address advance care planning are associated with a variety of benefits, including reduced emotional distress and better patient ratings of physician communication and quality of care, among others. In the setting of acute and refractory hematologic malignancies, where death often acutely looms and disease-directed treatment is associated with significant and acute morbidity and mortality, the ethical imperative for effective doctor-patient communication about prognosis (both with and without further therapy) becomes uncommonly complex and challenging.

Using a case-based approach with significant opportunities for audience commentary, this session will provide a framework for addressing these issues in the setting of acute and refractory hematologic malignancies while also highlighting current understanding of patient and physician perspectives. For physicians caring for these patients, there is a great need to dispel misconceptions about the definition of palliative care and to highlight ways in which the disciplines of palliative care and oncology/ transplantation can complement one another. Strategies and benefits of integrating palliative care into patient care will be discussed. Specific discussion will focus on a program involving an automatic triggering of palliative care consultation in the particularly emotionally charged setting of hematopoietic stem cell transplantation in children.

# Allogeneic Transplant in Asia: New Approaches

# MONDAY, DECEMBER 9 10:30 A.M. – 12:00 NOON

## **CO-CHAIRS:**

Dai-Hong Liu, MD, PhD, Peking University/ Institute of Hematology, Beijing, China Haplo-Transplantation Has the Edge: Strategies from the "One-Child" Policy of China

Vikram Mathews, MD, Christian Medical College, Vellore, India Allogeneic Transplantation in India: Indications and Approach

Allogeneic hematopoietic stem cell transplantation (allo-HSCT) has proven to be one of the best therapeutic options for certain hematologic malignancies. However, in most Asian countries a combination of factors, including but not limited to limited resources, inadequate facilities to cope with demand, and a shortage of trained personnel, restrict its widespread application in appropriate clinical settings. In addition, China's "one-child" policy has been in effect for more than 30 years. For those patients lacking human leukocyte antigen (HLA)-compatible siblings, a haplo-identical family donor is one of the acceptable alternatives. Based on the immune regulatory effects of granulocyte colony-stimulating factor on healthy donors and a series of laboratory studies, over the last decade researchers at Peking University have developed a novel approach for HLA-mismatched/haploidentical myeloablative hematopoietic stem cell transplantation (haplo-HSCT) without in vitro T-cell depletion. To date, haplo-HSCT accounts for approximately 30 percent of the total allo-HSCT cases each year in China.

Dr. Dai-Hong Liu will present the current status of haplo-HSCT in China with a focus on the strategies to improve its clinical outcomes.

Dr. Vikram Mathews will present the evolution, growth, and challenges faced by the allogeneic stem cell program in India. He will present data on allogeneic stem cell transplants in thalassemia major, a major health problem in Southeast Asia. Patients with thalassemia major often present late for allo-HSCT, and many of the algorithms used for risk stratification and treatment in a developed country fail to accurately prognosticate clinical outcomes in these high-risk patients. Dr. Mathews will present the valuable clinical experience gained from utilizing novel approaches to overcome the challenges presented by allo-HSCT in such high-risk groups.