EHA Congress in Vienna

European Hematology Association (EHA) is the largest organization representing hematology in Europe, and since 1998, EHA has organized a congress annually. This year's congress was held at the “Messe Wien” in Vienna from the 11th to the 14th of June. With usually over 9000 attendees to this annual scientific meeting, the EHA congress is always a success.

The EHA congress organizes both Educational and Scientific courses on the latest developments in hematology. The educational sessions in EHA’s annual congress are a valued part of the association’s congress program, with conferences that present state-of-the art science, workshops that promote informal interaction and discussion among scientists and clinicians working in the field, and tutorials that provide laboratory and clinical hematologists with an integrated diagnostic and clinical work-up of hematological disorders. Scientific events provide updates on several topic areas, including both basic and clinical research, and are designed to create a high quality scientific program and to share in-depth scientific knowledge with hematologists for the most part in Europe.

This year's meeting has attracted attendees from all over the world, including both hematologists and researchers in the field, and many of them have visited our MDS Diagnosis booth, which was located at the Messe Wien Exhibition Hall. The booth opened on Thursday 11th in the morning and remained opened during all day for the Satellite Symposia events, which highlight the recent progress in diagnosis and therapeutic innovation in hematological disorders. The MDS Diagnosis booth remained open Friday and Saturday all day long, and also Sunday morning. We registered approximately 200 attendees for the website. With several scientific sessions happening at the same time as well as working groups meetings, not everyone has the time to have a look at the booths in the Exhibition Hall, but most the people that did approach our booth were really interested with the MDS Diagnosis initiative.

Prof. Ulrich Germing and Laura Palomo

The website was well received amongst everyone that had the time to stop by and hear about the website. Once they heard about what the website has to offer, almost everyone was very glad to register. Visitors thought it was really helpful to have a website with lectures, learning quizzes and self-test clinical cases involving the topic of myelodysplas-

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tic syndromes diagnosis, which is not an easy process. They believed that the website was useful not only for students but also for clinicians who diagnose MDS patients and have to integrate clinical and laboratory data. Some of them were surprised that this was an open access website and really appreciated the work and the effort that the experts behind the website have put on it. Around 5-10% of the people that approached to the booth did not want to register for the website, most of them because they were rushing somewhere else, or because their daily work did not involve working with the MDS topic.

Visitors to the booth included people from many countries, since EHA is the largest hematological european congress which attracts people from all over the world. We had a high number of registers from countries such as Italy, Portugal and Austria, and also from non european countries such as Egypt, New Zeeland and Mexico. We also talked to some people that had already registered for the website in the MDS 13th International Symposium on Myelodysplastic Syndromes, held in April in Washington. They had visited the website and thought it was a useful tool and therefore had recommended it to their colleagues and fellows. They had new proposals for the website, such as including a lecture involving the topic of childhood MDS and also including a forum so people could interact with other visitors from the website. We also received the visit from Professor Ulrich Germing, who was enthusiastic with the number of people that were registering for the MDS Diagnosis website.

Overall, we received a really positive feedback both from users and from new registries that hope that the website continues to grow up and keep up with the good work.

reported by Laura Palomo

News in MDS

Brazilian Journal of Medical and Biological Research (2015) 48(3): 207-213, http://dx.doi.org/10.1590/1414-431X20144051
ISSN 1414-431X

Cytokine expression patterns and mesenchymal stem cell karyotypes from the bone marrow microenvironment of patients with myelodysplastic syndromes

H. Xiong*, X.Y. Yang*, J. Han, Q. Wang and Z.L. Zou

Abstract

The purpose of this study was to explore cytokine expression patterns and cytogenetic abnormalities of mesenchymal stem cells (MSCs) from the bone marrow microenvironment of Chinese patients with myelodysplastic syndromes (MDS). Bone marrow samples were obtained from 30 cases of MDS (MDS group) and 30 healthy donors (control group). The expression pattern of cytokines was detected by customized protein array. The karyotypes of MSCs were analyzed using fluorescence *in situ* hybridization. Compared with the control group, leukemia inhibitory factor, stem cell factor (SCF), stromal cell-derived factor (SDF-1), bone morphogenetic protein 4, hematopoietic stem cell (HSC) stimulating factor, and transforming growth factor-b in the MDS group were significantly downregulated (P,0.05), while interferon-c (IFN-c), tumor necrosis factor-a (TNF- a), and programmed death ligand (B7-H1) were significantly upregulated (P,0.05). For chromosome abnormality analysis, the detection rate of abnormal karyotypes (+8, –8, –20, 20q–, –Y, –7, 5q–) was 30% in the

MDS group and 0% in the control group. In conclusion, the up- and downregulated expression of these cytokines might play a key role in the pathogenesis of MDS. Among them, SCF and SDF-1 may play roles in the apoptosis of HSCs in MDS; and IFN-c, TNF-a, and B7-H1 may be associated with apoptosis of bone marrow cells in MDS. In addition, the abnormal karyotypes might be actively involved in the pathogenesis of MDS. Further studies are required to determine the role of abnormal karyotypes in the occurrence and development of MDS.

News in MDS

Am J Hematol. 2015 Sep;90(9):831-41. doi: 10.1002/ajh.24102.

Myelodysplastic syndromes: 2015 Update on diagnosis, risk-stratification and management.

Garcia-Manero G[1]

Abstract

DISEASE OVERVIEW:
The myelodysplastic syndromes (MDS) are a very heterogeneous group of myeloid disorders characterized by peripheral blood cytopenias and increased risk of transformation to acute myelogenous leukemia (AML). MDS occurs more frequently in older males and in individuals with prior exposure to cytotoxic therapy.
DIAGNOSIS:
Diagnosis of MDS is based on morphological evidence of dysplasia upon visual examination of a bone marrow aspirate and biopsy. Information obtained from additional studies such as karyotype, flow cytometry, or molecular genetics is complementary but not diagnostic. Risk-stratification: Prognosis of patients with MDS can be calculated using a number of scoring systems. In general, all these scoring systems include analysis of peripheral cytopenias, percentage of blasts in the bone marrow, and cytogenetic characteristics. The most commonly used system still is probably the International Prognostic Scoring System (IPSS). IPSS is being replaced by the new revised score IPSS-R.

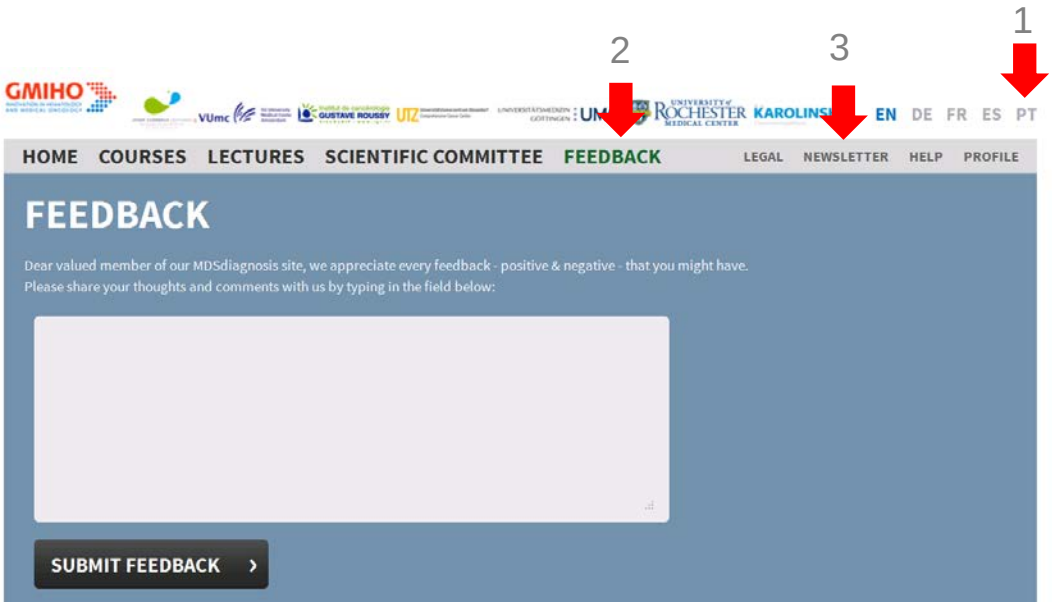
RISK-ADAPTED THERAPY:
Therapy is selected based on risk, transfusion needs, percent of bone marrow blasts, and more recently cytogenetic and mutational profiles. Goals of therapy are different in lower risk patients than in higher risk. In lower risk, the goal is to decrease transfusion needs and transformation to higher risk disease or AML, as well as to improve survival. In higher risk, the goal is to prolong survival. Current available therapies include growth factor support, lenalidomide, hypomethylating agents, intensive chemotherapy, and allogeneic stem cell transplantation. The use of lenalidomide has significant clinical activity in patients with lower risk disease, anemia, and a chromosome 5 alteration. 5-Azacitidine and decitabine have activity in higher risk MDS. 5-Azacitidine has been shown to improve survival in higher risk MDS. A number of new molecular lesions have been described in MDS that may serve as new therapeutic targets or aid in the selection of currently available agents. Additional supportive care measures may include the use of prophylactic antibiotics and iron chelation. Management of progressive or refractory disease: At the present time there are no approved interventions for patients with progressive or refractory disease particularly after hypomethylating based therapy. Options include participation in a clinical trial or cytarabine based therapy and stem cell transplantation.

Newsletter MDS Diagnosis

02.2015

New Additions on the website

1. New language module: Portuguese
2. Feedback:
3. Newsletter:



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