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Novartis Pharma, MoH hold 1st hematology forum to celebrate 10 years of co-operation with Egypt's Health Insurance Organization

The first scientific hematology forum will be held next Thursday, December 26, 2019, to celebrate the tenth anniversary of the cooperation protocols in the area of hematology treatment established between the Egyptian Ministry of Health (MoH), represented by the Health Insurance Organization (HIO), and Novartis Pharma.

This joint collaboration marks a new era of vision and goal harmonization to provide health services and treatments that can improve the lives of thousands of patients. The forum brings together representatives from the HIO and the MoH, along with top hematologists to discuss the causes and genetic factors at the root of blood diseases, and the latest treatments available for patients affected.

Dr. Emad Kazem, Chairman of the HIO and the Specialized Medical Councils will showcase the MoH's accomplishments in this domain and its future plans. The forum will also highlight inspiring treatment success stories of patients and the importance of psychological and social support.The forum is part of successful and ongoing cooperation between Novartis and the MoH, said Sherif Amin, the head of Novartis Oncology Unit (Egypt -Tunisia -Morocco).

"The company's vision and commitment to patients and healthcare providers are reflected in its unremitting efforts in the fields of scientific research, drug development, and the improvement of treatment options for patients in general and cancer patients in particular," Amin said. The forum will highlight the importance of cooperation between Chronic Myeloid Leukemia (CML) patients and their doctors in order to set appropriate treatment goals and plans.

Mohamed Abdel-Moety, Professor of Oncology and Hematology, explains that CML is a type of cancer that begins in certain blood-forming cells of the bone marrow. CML causes an increased number of leukocytes (white blood cells) in the blood. The disease develops relatively slowly, and the majority of patients are only diagnosed in the chronic stage of the disease, with many remaining in this chronic stage for years without the disease progressing further.

Ashraf Elghandour, Alexandria University Professor of Hematology at the Faculty of Medicine, will discuss advances in CML treatments, which have demonstrated sustained responses in patients, largely improving overall survival indicators and increasing patients' life expectancy to normal rates.

The forum will also focus on thalassemia, with Dr. Amal Al-Beshlawy, Professor of Pediatrics and Hematology at Abu Al-Reish University Hospital and the head of the Egyptian Thalassemia Association, explaining that iron overload is one of the major issues faced by thalassemia patients due to regular blood transfusions over an extended time period.

Most children with moderate to severe thalassemia show signs and symptoms within their first two years of their lives. Mild forms of thalassemia do not need treatment. More severe forms of thalassemia - where symptoms appear in first six months or first year of a child's life and worsen over time - often require frequent blood transfusions. Over time, blood transfusions cause a buildup of iron in a patient's blood, which can damage the heart, the liver, the pituitary gland and the pancreas as well as other organs. This overload can lead to organ failure in patients affected, which can only be prevented with the help of iron chelation therapy.

Thalassemia is the most common autoimmune hemolytic anemia in Egypt and the countries in the Mediterranean region, with about 80% of Egypt's thalassemia patients – both adults and children - receiving free treatment from the HIO, according to Dr. Naglaa Shaheen, a hematology consultant at the organization.

The HIO seeks to provide the best and most comprehensive service for thalassemia patients such as securing safe blood for their transfusions, as well as the most advanced iron chelation treatments which have demonstrated their effectiveness and ease of use for all ages. Numerous specialized centers and clinics have been established to treat thalassemia patients nationwide. The HIO has also developed training and educational programs for doctors and nurses as well as patients and their families to secure the best treatment outcomes possible.

The discussion of myelofibrosis will see experts focus on the symptoms of primary myelofibrosis, bone marrow fibrosis in post-polycythemia vera, and post-essential thrombocythemia myelofibrosis which are almost identical, with the same treatments usually used for all three conditions. Many myelofibrosis patients do not experience symptoms and discover the disease during regular check-ups.

Fatigue is the most common symptom of myelofibrosis, with general and structural symptoms appearing in 20% to 50% of patients. Splenomegaly is detected in 89% to 99% of cases by physical examination, and about 70% of patients suffer from hepatomegaly, according to Dr. Mervat Matar, Head of the hematology unit at Al Kasr Al Ainy hospital.

The majority of patients treated with oral tyrosine inhibitors, JAK1 and JAK2, show a rapid and persistent decrease in the size of the spleen within 4 weeks based on spleen size palpation, and within 12 weeks with an MRI scan. According to studies, the tyrosine kinase inhibitors (JAK1 and JAK2) help reduce mortality rates by 30%.