THE HEMATOLOGY INDICA

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INDEPENDENCE DAY ISSUE

NEWSLETTER

Haematocon 2025 Lights Up Lucknow

66th Annual Conference of the Indian Society of Hematology & Blood Transfusion
Lucknow 6th–9th November 2025

Dr. S P Verma

Haematocon 2025, the **66th Annual Conference of the Indian Society of Hematology & Blood Transfusion (ISHBT)**, was held from **6th to 9th November 2025 at the Holiday Inn Lucknow Airport, Lucknow**, under the theme *"Innovations in Hematology: Shaping the Future of Diagnosis and Treatment."* Hosted in the city of Nawabs by the Uttar Pradesh Hematology Group (UPHG), the four-day congress brought together country's

Ceremonial lamp-lighting at the inauguration of Haematocon 2025, in the presence of Hon'ble Sri Brajesh Pathak, Deputy Chief Minister Uttar Pradesh. Minister Health & Family Welfare, Medical Education and Maternal & Child Welfare

Hematology fraternity for an intensive exchange of science, skills and fellowship.

True to its standing as the premier hematology meeting in India, the conference assembled an exceptional faculty — **more than 30 international and over 150 national experts** — across clinical hematology, hemato-oncology, transfusion medicine, stem-cell transplantation, molecular diagnostics and laboratory hematology. The scientific architecture spanned keynote addresses, named orations, state-of-the-art lectures, panel discussions, free papers and poster presentations.

The conference opened on **6th November** with a vibrant pre-conference day comprising dedicated **CME programmes for hematology, nursing and transfusion medicine** alongside hands-on workshops in flow cytometry and molecular techniques. A "Walk for Hematology Awareness" carried the academic message into the community. At the same time, the grand inaugural ceremony was marked by the traditional lighting of the lamp by the Chief Guest together with the leadership of ISHBT and the host organising committee.

Across three scientific days, delegates moved

Faculty, delegates and the organising team of Haematocon 2025

through parallel halls covering the full breadth of the discipline. Benign hematology sessions examined the evolving management of anemias, bleeding and clotting disorders, bone marrow failure, while hemato-oncology updates traced the rapid translation of molecular insights into the clinic. Orations and award lectures formed the intellectual spine of the meeting, and interactive workshops on flow cytometry, NGS, PCR, and FISH offered practical, case-based learning that was very useful for the postgraduates. The meeting closed on **9th November** with the felicitation of award winners across oral and poster categories.

ICH Guidelines on Thalassemia 2025 Released

A defining moment of Haematocon 2025 was the formal release of the **"ICH Guidelines on Thalassemia 2025,"** published by the **Indian College of Hematology (ICH)**, the academic wing of ISHBT. Unveiled on the conference dais by a distinguished panel, the document presents contemporary evidence into **practical, India-specific recommendations** for the prevention, diagnosis and lifelong management of thalassemia —spanning antenatal and population screening, accurate molecular and hematological diagnosis,

Dignitaries release the ICH Guidelines on Thalassemia 2025 at Haematocon 2025 — an India-specific reference from the Indian College of Haematology, the academic wing of ISHBT.

safe and adequate transfusion, iron-overload monitoring and chelation, and the expanding landscape of curative options including stem-cell transplantation and gene therapy. For a nation carrying one of the world's largest burdens of hemoglobinopathies, the release is a significant step toward uniform, equitable, high-quality care.

Prof. T K Datta was honoured with the lifetime achievement award

"Alone we can do so little; together we can do so much." — Helen Keller

INSIDE

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Pale At 79 — Why Anemia Still Bleeds India Dry

Special Feature · Public Health & Hematology

■ **DR GURMEET SINGH**
Associate Editor, ISHBT Newsletter

On 15 August 1947, India drew its first free breath. Seventy-nine years later, millions still struggle to draw that breath — not because of political subjugation, but because of a condition so mundane it rarely makes front-page news: anaemia. In a republic that has split atoms, reached the Moon and become the world's pharmacy hub, it remains a disheartening paradox that more than half its women and two-thirds of its young children are anaemic. For a society of hematologists, this is not a statistic — it is a clarion call.

Anemia — defined by the WHO as haemoglobin **less than 13 g/dl in men, below 12 g/dl in non-pregnant women and below 11 g/dl in pregnant women and children below five— impairs oxygen delivery, stunts cognitive and physical development, erodes productivity, and sharply increases maternal and perinatal mortality.** It is a condition that drains the nation's human capital, one pale face at a time.

The Numbers That Should Shame a Nation

The National Family Health Survey-5 (2019–21) should disturb every clinician and policymaker. Anaemia among women of reproductive age has not declined — it has **worsened, from 53% in NFHS-4 to 57%**. Among children aged 6–59 months, **the figure is an alarming 67.1%, up from 58.6%. Adolescent girls fare no better at 59.1%.**

"Over half of Indian women and two-thirds of young children are anaemic — numbers that have worsened between the last two national surveys."

The disparities are stark: Ladakh reports the highest childhood prevalence at 90%, followed by Gujarat at 80%, with Madhya Pradesh and Jammu & Kashmir at 73% each. In the Aspirational Districts — the very regions targeted for accelerated development — anaemia among women of reproductive age has risen from **58.7% to 61.1%. Even among men, prevalence is 25%, rising in 17 states.**

The Roots of a Persistent Deficiency

Anaemia in India is not a single disease but a syndrome born of nutritional, infectious, social and systemic failures. Iron deficiency predominates, driven by inadequate bioavailable iron intake — particularly in vegetarian diets rich in phytates. Vitamin B12 and folate insufficiency and hemolytic conditions, including sickle cell disease and the thalassemias, add complexity. Poverty and food insecurity remain the bedrock, the poorest quintiles, scheduled tribe communities and rural women carry a disproportionate burden, compounded by high parity, closely spaced pregnancies and adolescent marriage. An anemic mother is more likely to deliver a low-birth-weight infant who begins life iron-depleted—perpetuating the cycle across generations.

Policies Written in Iron, Outcomes Measured in Rust

India's response is neither recent nor half-hearted on paper — from the National Nutritional Anemia Prophylaxis Programme (1970) to the National Iron Plus Initiative (2011), weekly Iron and Folic Acid Supplementation (2013) and the **Anemia Mukt Bharat** 6×6×6 strategy (2018). Yet NFHS-5 delivered a blunt verdict: across all six target groups, prevalence has stagnated or worsened — undone by poor last-mile delivery, inadequate adherence, gastrointestinal side effects, and an overly narrow focus on iron in isolation.

India has had anemia-control programmes since 1970. Yet over half a century later, the needle has not moved — and in many groups it has moved backwards."

The Hematologist's Role — Beyond the Laboratory

The ISHBT is uniquely positioned to bridge bench science and public-health policy on three fronts. **Diagnostic precision:** population haemoglobin measurements cannot distinguish iron deficiency from haemolysis, inflammation, or haemoglobinopathy — we must champion point-of-care tools that enable etiological classification and targeted therapy. **Hemoglobinopathy surveillance:** sickle cell disease and beta-thalassemia major drive an underestimated share of the burden, and the national Sickle Cell Disease Mission offers a natural interface for screening, counselling and referral. **Advocacy and education:** A public that understands the inhibitors (tea, coffee, phytates) and enhancers (vitamin C, animal protein) of iron absorption will better manage its own iron status than any top-down programme.

India's independence was a promise of dignity — freedom from hunger, disease and want. Anemia represents a debt on that promise. As hematologists, we are not bystanders: the ISHBT is willing to engage so that the next survey tells a different story — one where the numbers trend downward. The iron investment becomes the iron will of a healthier nation.

Key sources: NFHS-5 (2019–21), IIPS Mumbai · Anemia Mukt Bharat, MoHFW · Singh A & Chakrabarty M et al., BMC Public Health 2024 · Preethi V et al., BMC Public Health 2024 · Indian J Community Medicine 2023.

■■

HLH — Recognize The Storm Before It Strikes

■ **DR DEEPA RANI**
Dept. of Pathology, IMS, Banaras Hindu University, Varanasi

■ **DR ATREYEE CHAKRABARTY**
Dept. of Pathology, IMS, Banaras Hindu University, Varanasi

Hemophagocytic Lymphohistiocytosis (HLH) is a catastrophic, hyperinflammatory syndrome fuelled by an uncontrolled cytokine storm, unchecked macrophage activation and multi-organ devastation. Once considered an isolated pediatric rarity, it is now expanding rapidly across adult populations — particularly exacerbated in the post-COVID-19 landscape of immune dysregulation. To salvage lives, clinical paradigms must evolve beyond the classical bone marrow biopsy to actively integrate advanced coagulation dynamics and molecular sequencing—and clinicians must initiate targeted anti-infective therapy at the earliest suspicion of a trigger, without waiting for full criteria.

Pathogenesis: Multi-Axis Cytokine Storms

The destruction of HLH is driven by a self-amplifying, feed-forward immune cascade rather than the trigger itself. **Defective perforin–granzyme cytolysis** disrupts the cytotoxic checkpoint of CD8+ T and NK cells; **unchecked antigenic exposure** then drives relentless clonal expansion of cytotoxic T lymphocytes. These hyper-activated cells over-secrete interferon-gamma and soluble CD25, recruiting tissue macrophages that phagocytose blood cells and release a secondary wave of TNF-α, IL-1β, IL-6, IL-10 and IL-18.

A low or downward-trending fibrinogen (≤150 mg/dl) in a septic, febrile patient is a red flag for evolving hyperinflammation — not reassurance.

Core biomarkers, explained. *Hyperferritinaemia* arises as activated histiocytes synthesize and secrete vast quantities of ferritin. *Hypertriglyceridaemia* follows TNF-α/IFN-γ inhibition of lipoprotein lipase. *Consumptive hypofibrinogenaemia* reflects macrophage over-secretion of plasminogen activator, with active plasmin cleaving fibrinogen, precipitating disseminated intravascular coagulation.

Post-COVID Dynamics & Critical Expansion

A major US retrospective cohort tracking over 16,000 cases (2006–2019) documented a steady baseline of secondary HLH that has since expanded with post-viral immune cross-activation and immune-checkpoint therapies. In recent tertiary-care screens, up to **43.4%** of adults with unexplained fever and bicytopenia met criteria for secondary HLH. Incorporating routine D-dimer, PT/INR and automated fibrinogen into basic bicytopenia protocols provides an essential, resource-limited signal of hyperinflammation. At the same time, next-generation sequencing enables simultaneous interrogation of familial genes (PRF1, UNC13D, STX11, STXBP2), albinism-associated variants (RAB27A, LYST, AP3B1) and EBV-clearance defects (SH2D1A, XIAP, ITK, CD27, MAGT1).

"Somewhere, something incredible is waiting to be known." — Carl Sagan

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Treat the infection aggressively from hour one — do not let the search for full criteria delay treatment while the cytokine storm causes irreversible organ failure.

The "Do Not Wait" mandate.

Targeted anti-infective therapy must not be delayed for diagnostic confirmation; clinicians should concurrently order an HLH panel — coagulation kinetics, automated fibrinogen, and serum ferritin — at the earliest suspicion of HLH. By recognising early coagulation trends, using NGS for definitive mapping, and treating triggers promptly, clinicians can interrupt the hyperinflammatory cascade and significantly reduce mortality.

Selected references: Madkaikar M et al., Indian J Pediatr 2016 · Fazal F et al., Indian J Crit Care Med 2022. Jordan MB et al., Blood 2011 · Rani D et al., Int J Life Sci Biotechnol Pharma Res 2024.

(For the complete article, kindly visit the ISHBT website after 30.8.26)

IIIrd Annual Conference of The Uttar Pradesh Hematology Group

IIIrd UPHGCon 2026 Kashi, Institute of Medical Sciences, BHU, 20–22 February 2026

Dr. Deepa Rani

The IIIrd Annual Conference of the Uttar Pradesh Haematology Group, IIIrd UPHGCon 2026, Kashi, was organised by the Kashi Hematology Society under the aegis of UPHG, ISHBT, NAMS cell of IMS and ICH from **20th–22nd February 2026** at the Institute of Medical Sciences, Banaras Hindu University, in the sacred city of Kashi. The opening day offered hands-on workshops in **Next-Generation Sequencing, Karyotyping and FISH**.

Prof.Soniya Nityanand is being felicitated for her oration.

Faculty and the organising team of UPHGCon 2026 at IMS-BHU, Kashi.

An array of distinguished dignitaries graced the grand inauguration on 21st February and saw the official release of Volume 3 Issue 1 of '**The Hematology Indica**' newsletter. Prof. Vijai Tilak, Organising Chairman & President, UPHG, emphasised the need for the immediate establishment of the Department of Clinical Hematology at IMS, BHU, Varanasi, so that patients with hematological disorders can avail the best possible care and treatment and the underutilised state-of-the-art bone marrow transplantation centre can be put to optimal use. Prof. Ajit Kumar Chaturvedi, Hon'ble Vice Chancellor, said that he was happy that a State Hematology Conference is being organised in Varanasi by the Kashi Hematology Society (KHS). He further said that if there is good enthusiasm and a reasonable consensus at the Faculty level, BHU will facilitate the establishment of the Department of Clinical Hematology in IMS. He further remarked that he was glad that a Kashi Hematology Society (KHS) exists at the city level and this city chapter will be able to organise good academic programmes and update stakeholders at the city level on the latest advancements in Hematology, which will translate into better patient care and outcomes. A major highlight was the **Prof. A. K. Tripathi Oration**, delivered by **Prof. Sonia Nityanand** on 'The Changing Landscape of Aplastic Anemia' and **Prof. Ashutosh Kumar Oration** by **Prof. Debdatta Basu** on 'Walking the Hematopath-Blood, marrow and beyond…'. On the concluding day, Prof. A. K. Tripathi delivered a special lecture on MGUS, after which prizes for oral and poster presentations were distributed, and the vote of thanks was proposed by the Organising Secretary, Dr. Deepa Rani.

From The Field — Activities

Hemophilia Inhibitor Detection Camps — Saharanpur & Lucknow

Hemophilia Inhibitors Detection Camp

Organized by

Hemophilia Society (Lucknow)

in association with

Department of Pathology and Clinical Hematology

King George's Medical University, Lucknow

Date :

6th December 2025

Venue :

Shir Gurunanak Girls Inter College, Lucknow

UPHG, under the aegis of ISHBT, organised **Haemophilia Inhibitor Detection Camps** at Saharanpur (**6th December 2025**) and Lucknow (**14th December 2025**), with samples analysed at the Department of Pathology, King George's Medical University, Lucknow. At **Saharanpur**, 48 samples were collected (42 Hemophilia A, 6 Hemophilia B) with **4 inhibitor-positive**; at **Lucknow**, 58 samples (54 Hemophilia A, 4 Hemophilia B) with inhibitors in **8 patients**. Beyond diagnosis, the camps stressed treatment adherence, early recognition of breakthrough bleeds and periodic inhibitor surveillance — bringing specialised testing closer to patients families.

First Hands-on Workshop on Laboratory Diagnosis of Coagulation Disorders — UCMS & GTBH, Delhi

Dignitaries release the booklet at the 1st Hands-on Workshop on Laboratory Diagnosis of Coagulation Disorders, UCMS & GTBH, Delhi.

Held on **10th April 2025** at UCMS & GTBH, Delhi, this workshop was organised by Dr. Sonal Sharma (Chairperson), along with Dr. Mrinalini Kotru, Dr Richa Gupta, and Dr. Preeti Diwaker. Eminent faculty addressed screening coagulation parameters, pre-analytical variables, the diagnostic approach to bleeding disorders, factor and lupus-anticoagulant testing and quality control, complemented by hands-on stations on mixing studies, factor assays, the Bethesda assay and lupus anticoagulant. Inaugurated by Chief Guest Dr. H P Pati, with Guest of Honour Dr. Renu Saxena, it drew 60 participants and received a warm reception for the workshop booklet.

Dr Rumma Manchanda, Former President ISHBT, was the Organing Chairperson of 'Coagulation-Way Forward' CME at KEM Hospital, Pune. It was attended by more than 200 delegates.

"In the fields of observation, chance favors only the prepared mind." — Louis Pasteur

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Kaleidoscope of Activities — Indian College of Hematology

A glimpse of recent ICH academic programmes delivering haematology education across the country — from molecular risk stratification in childhood leukaemia to the distinctive challenges of the adolescent and young-adult age group to the evolving coagulation laboratory.

Molecular genetic risk in paediatric leukaemia — ESIC MCH, Faridabad.

Leukaemias in the AYA group — PGICH, Noida (Dr. Neeta Radhakrishnan & Brig. Dr. Tathagata Chatterjee).

Quizzaria — All-India UG Medical Quiz

Winners of Quizzaria, the All-India UG Medical Quiz, were felicitated at ESIC MCH, Faridabad.

A collaboration of **ESIC MCH Faridabad and ISHBT**, with the IMA MSN Haryana branch, culminated in a spirited three-hour **All-India undergraduate quiz**. More than **50 medical colleges and 350 participants** competed in the online preliminary round on 31st May, with the best 30 advancing to the on-site finals at ESIC MCH Faridabad. All finalists received certificates. The top five were **Sriyansh Jha (MAMC, overall topper)**, Muskan Singh and Aayushi Sihag (ESIC MCH Faridabad), Sahil Arya, and Gurpreet Singh (SHKM, Mewat).

Upcoming — Hematocon 2026, Ahmedabad

Haematocon 2026, the **67th National Conference of ISHBT**, will be held from **12th–15th November 2026 in Ahmedabad, under the theme "Advancing Hematology*: From Evidence to Clinical Excellence.*"** The programme will showcase benign and malignant hematology, transfusion medicine, stem-cell transplantation, molecular diagnostics and laboratory hematology, with distinguished national and international faculty, hands-on workshops in flow cytometry and molecular techniques, and a rich slate of interactive sessions. **Online registrations are open** at **www.haematocon2026.in** — delegates are encouraged to register early and submit abstracts.

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With best compliments
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With warm regards from the Editorial Team — wishing all members a Happy Independence Day. Jai Hind.

Call for Contributions. Members are warmly invited to submit case reports, concise reviews, laboratory tips and reports of branch/chapter activities — with photographs — for forthcoming issues of The Haematology Indica. Kindly write to the Editorial Team through the ISHBT Central Office (ishbtmail@gmail.com).

"Coming together is a beginning; keeping together is progress; working together is success." — Henry Ford