

BLOOD CANCERS

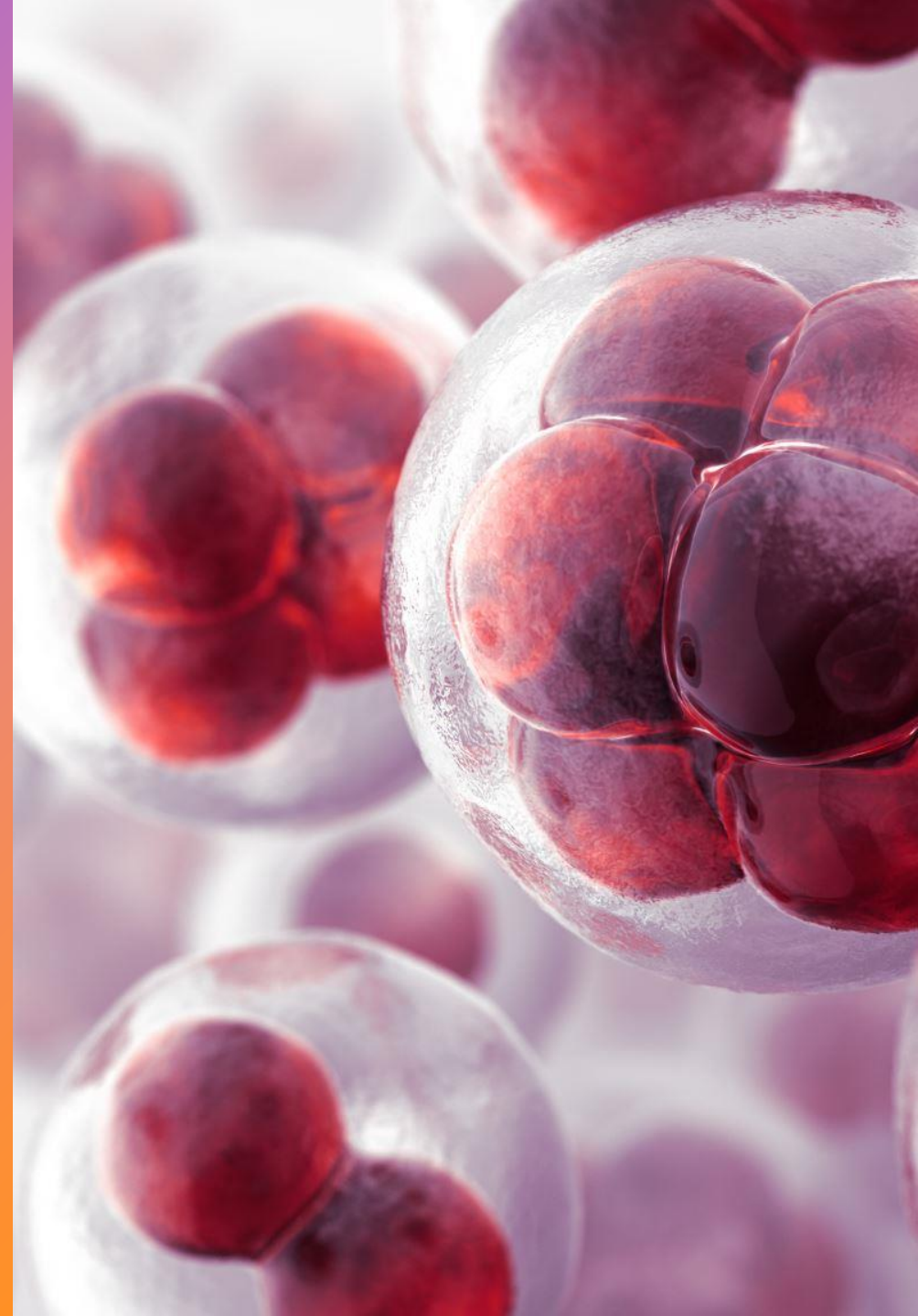
Debunk Truths and Myths of Blood Cancers

Dr Ng Chin Hin

Senior Consultant, Haematologist

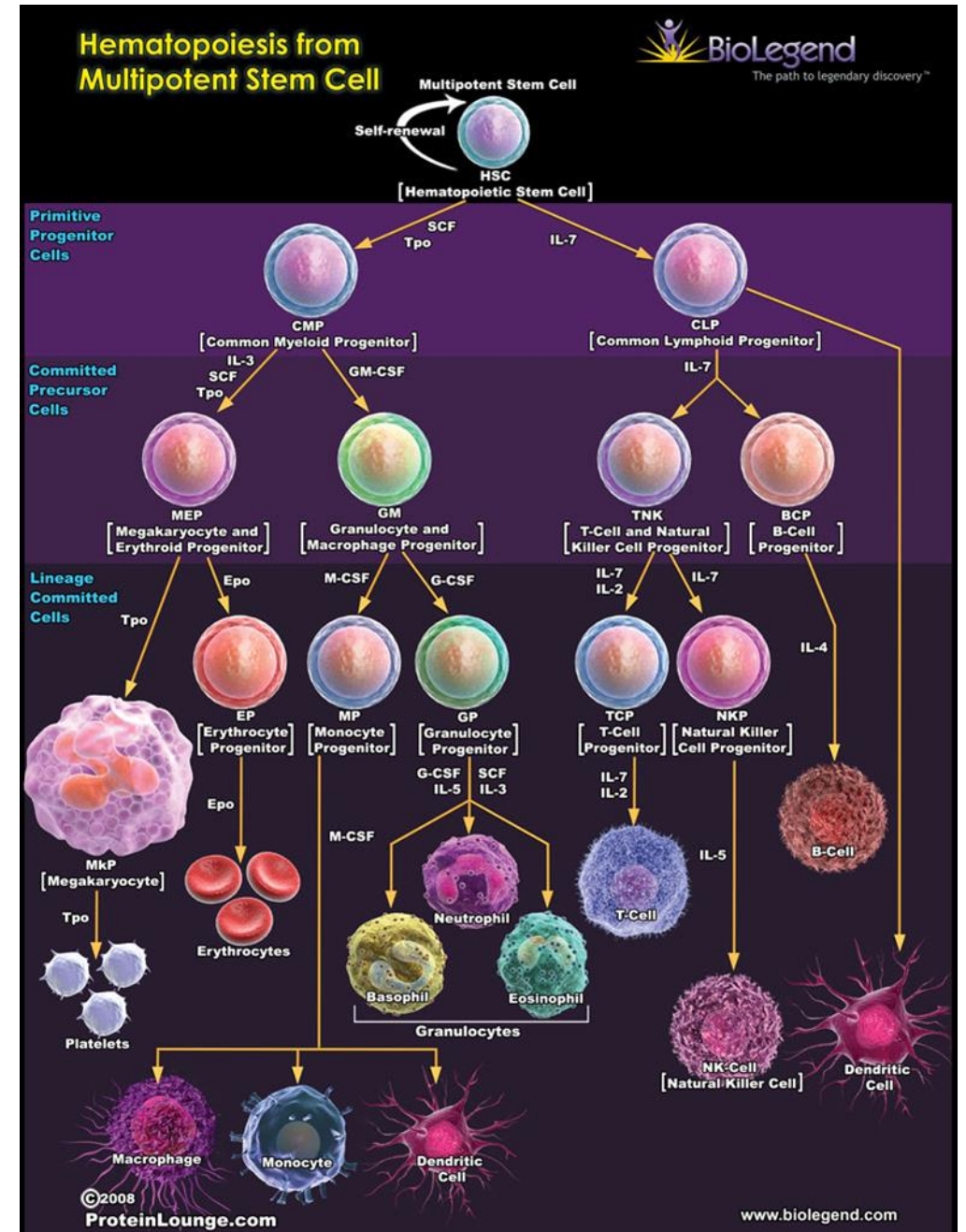
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Gleneagles Hospital

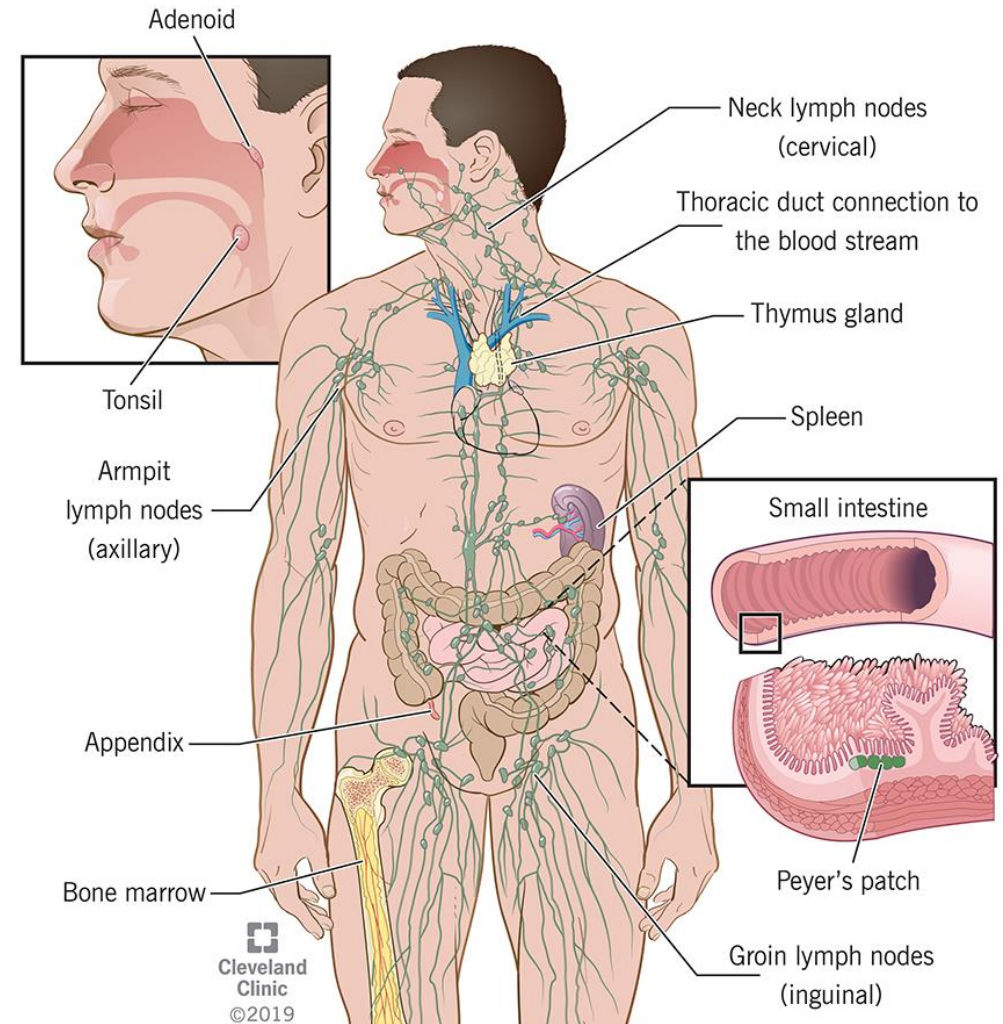
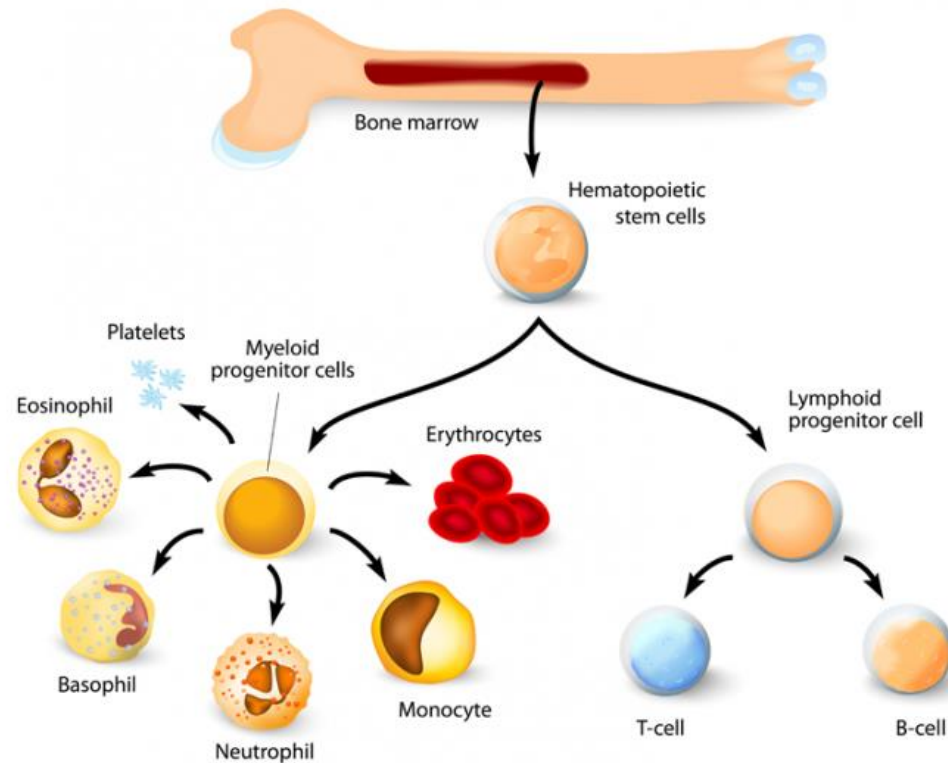


What is blood cancer?

- A cancer that developed from blood cells
 - White cells
 - Red cells
 - Platelets
- It happens when a blood cell fail to mature properly and produced in excess
- Normal function of blood cells is greatly affected



Blood cancer can occur in.....



Broad classification of blood cancers



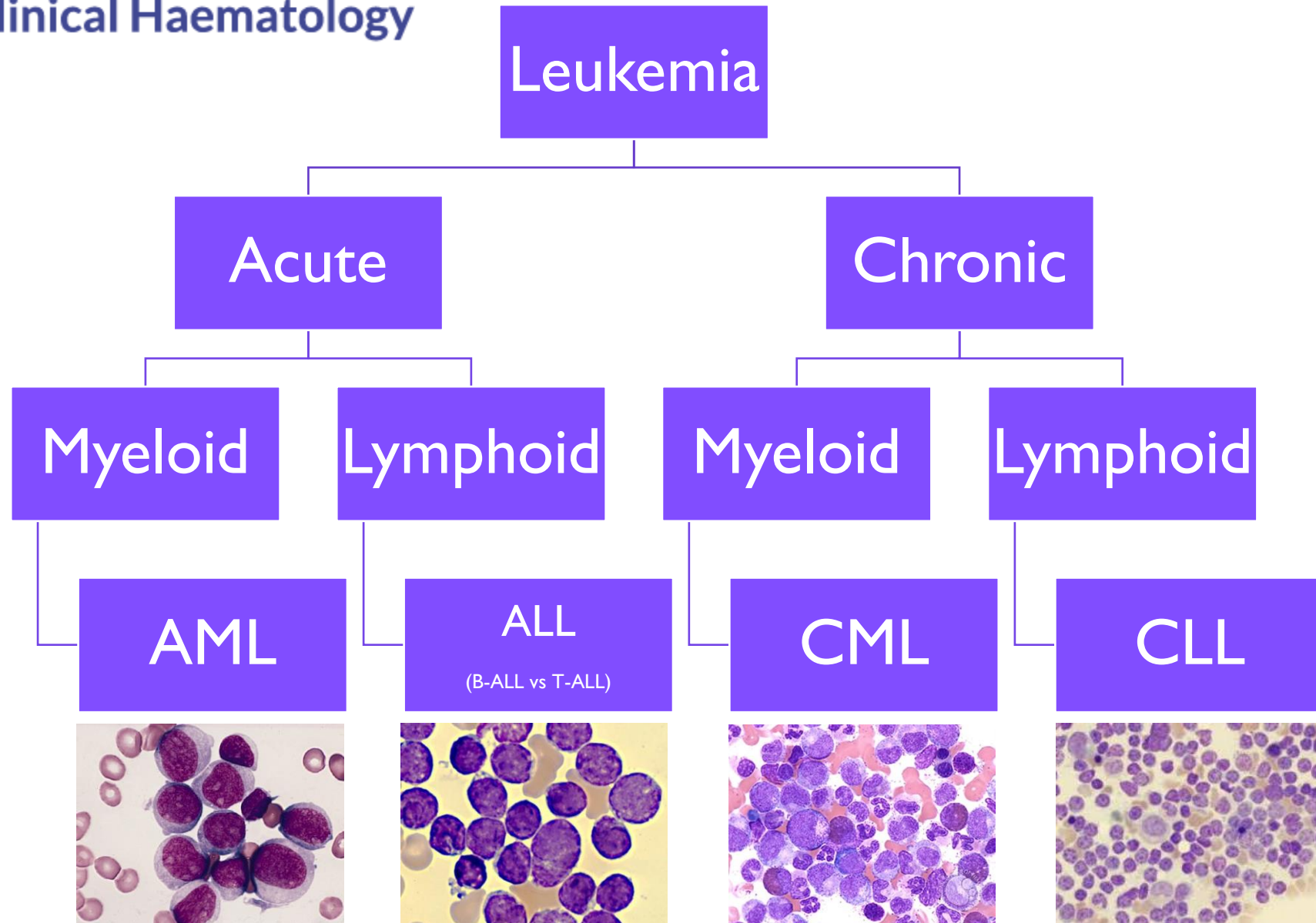
LEUKEMIA

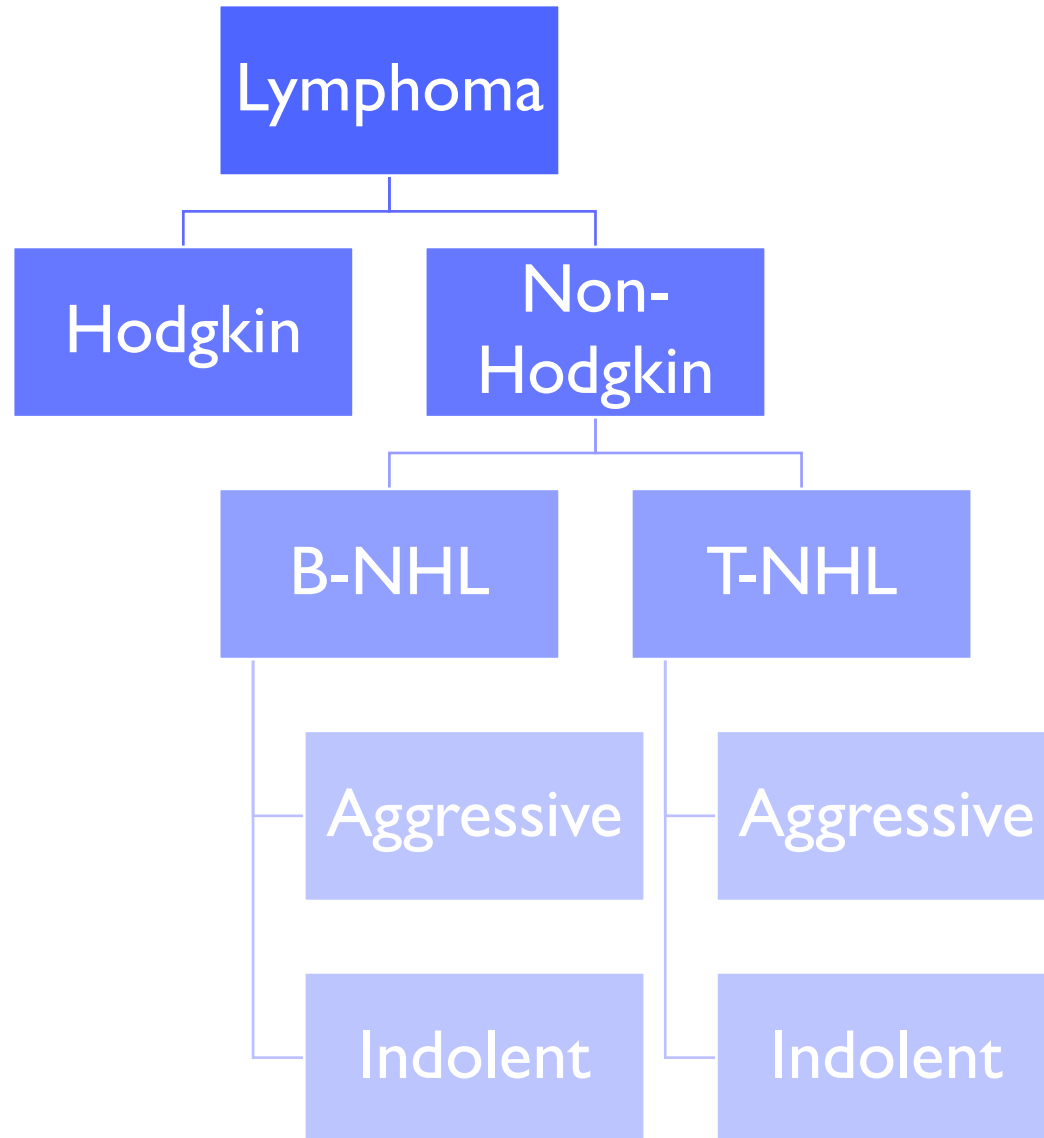


LYMPHOMA



MYELOMA



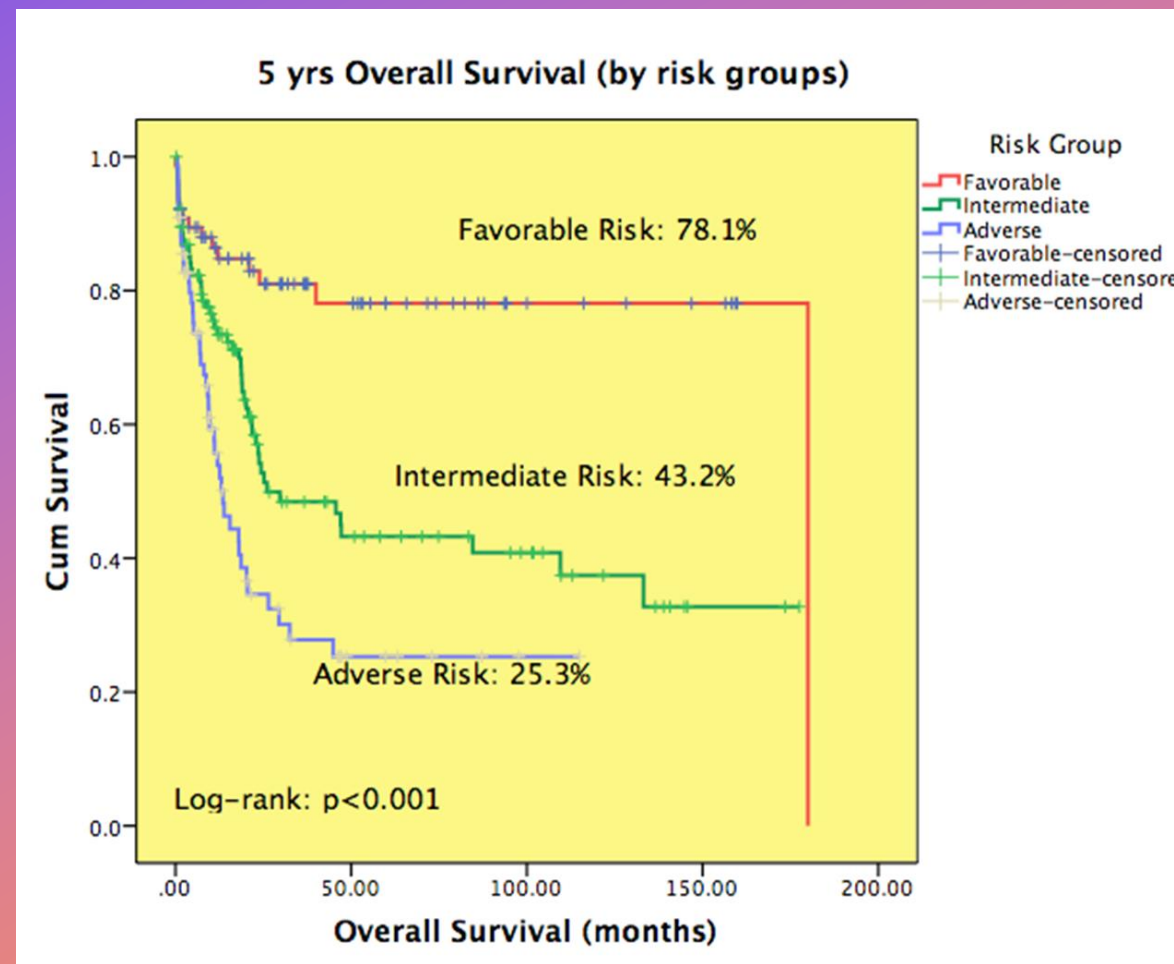


Type of lymphoma	Example
Aggressive B-NHL	DLBCL Mantle cell lymphoma Burkitt lymphoma
Indolent B-NHL	Follicular lymphoma Marginal zone lymphoma Small lymphocytic lymphoma / Chronic lymphocytic leukemia
Aggressive T-NHL	Peripheral T-cell lymphoma Angioimmunoblastic T-cell lymphoma Adult T-cell lymphoma/leukemia NK/T-cell lymphoma
Indolent T-NHL	T-Prolymphocytic leukemia Sezary Syndrome T-LGL

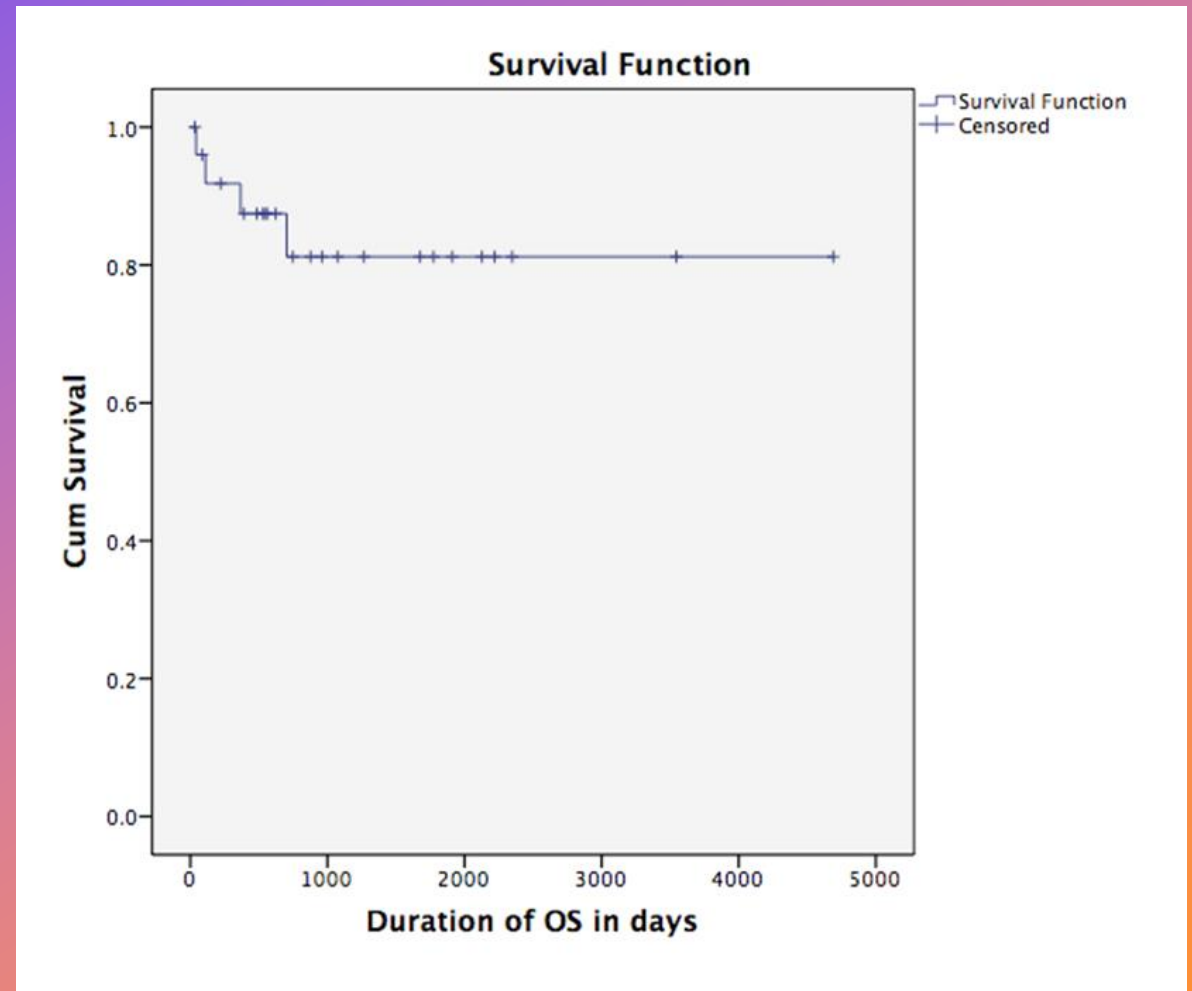
How do we treat blood cancers?

1. Chemotherapy
2. Immunotherapy
3. Small molecules targeted therapy
4. Stem cell transplantation (autologous vs allogeneic)

OVERALL SURVIVAL FOR AML (NUH DATA)

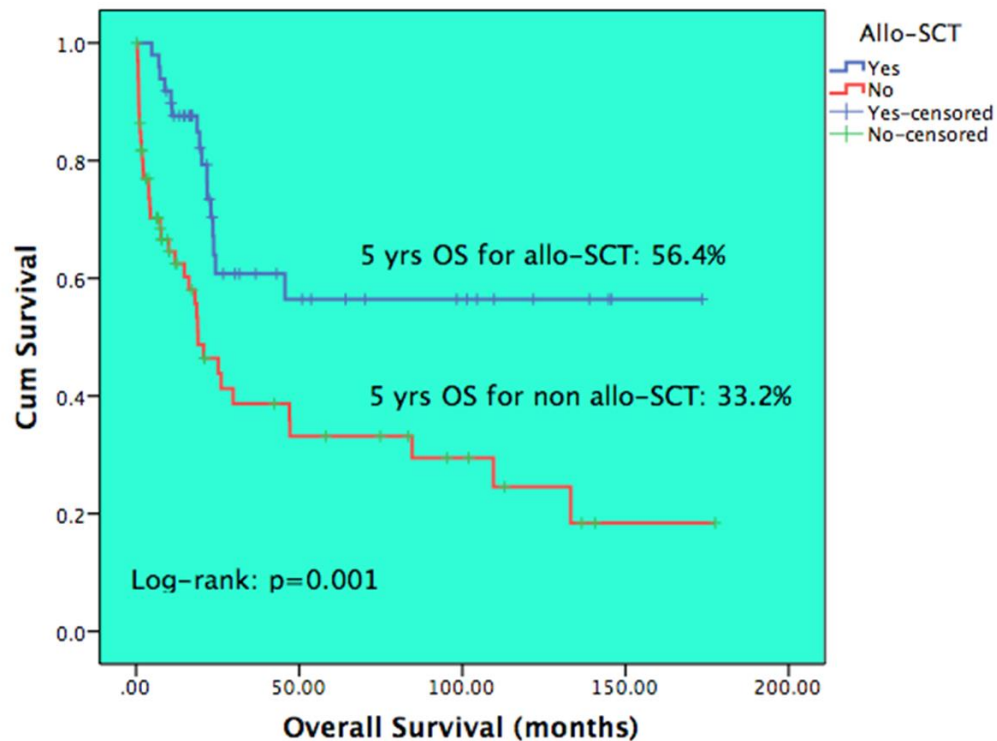


OVERALL SURVIVAL FOR ALL (AGE<30 YRS) NUH DATA

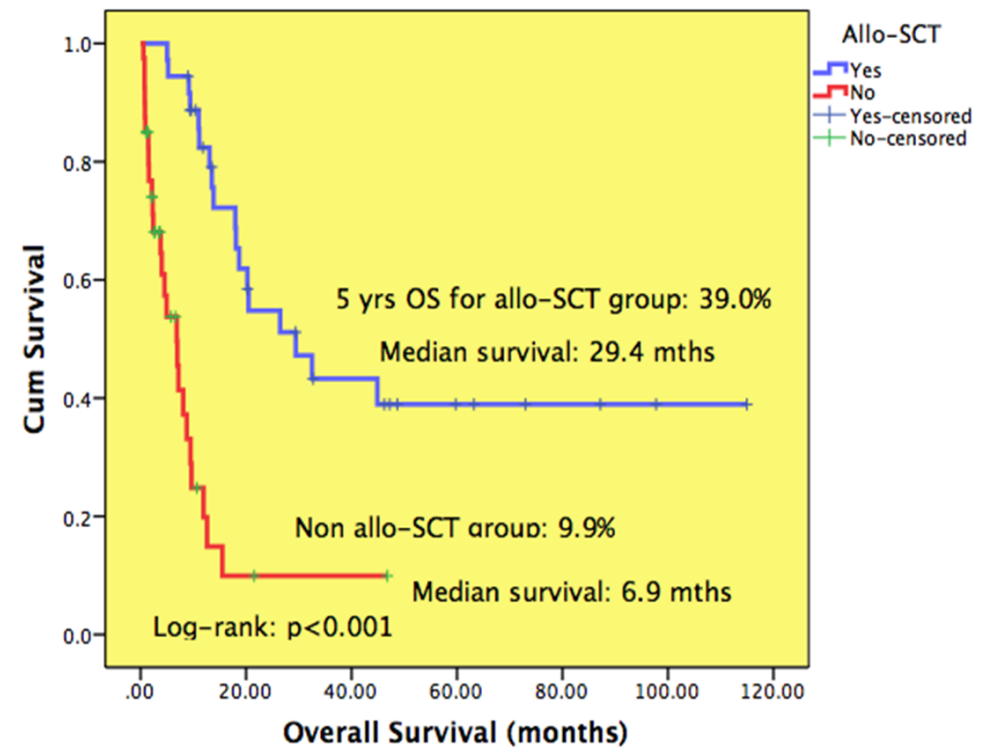


Allogeneic stem cell transplant in AML (NUH Data)

Overall Survival - Intermediate Risk with/without allo-SCT

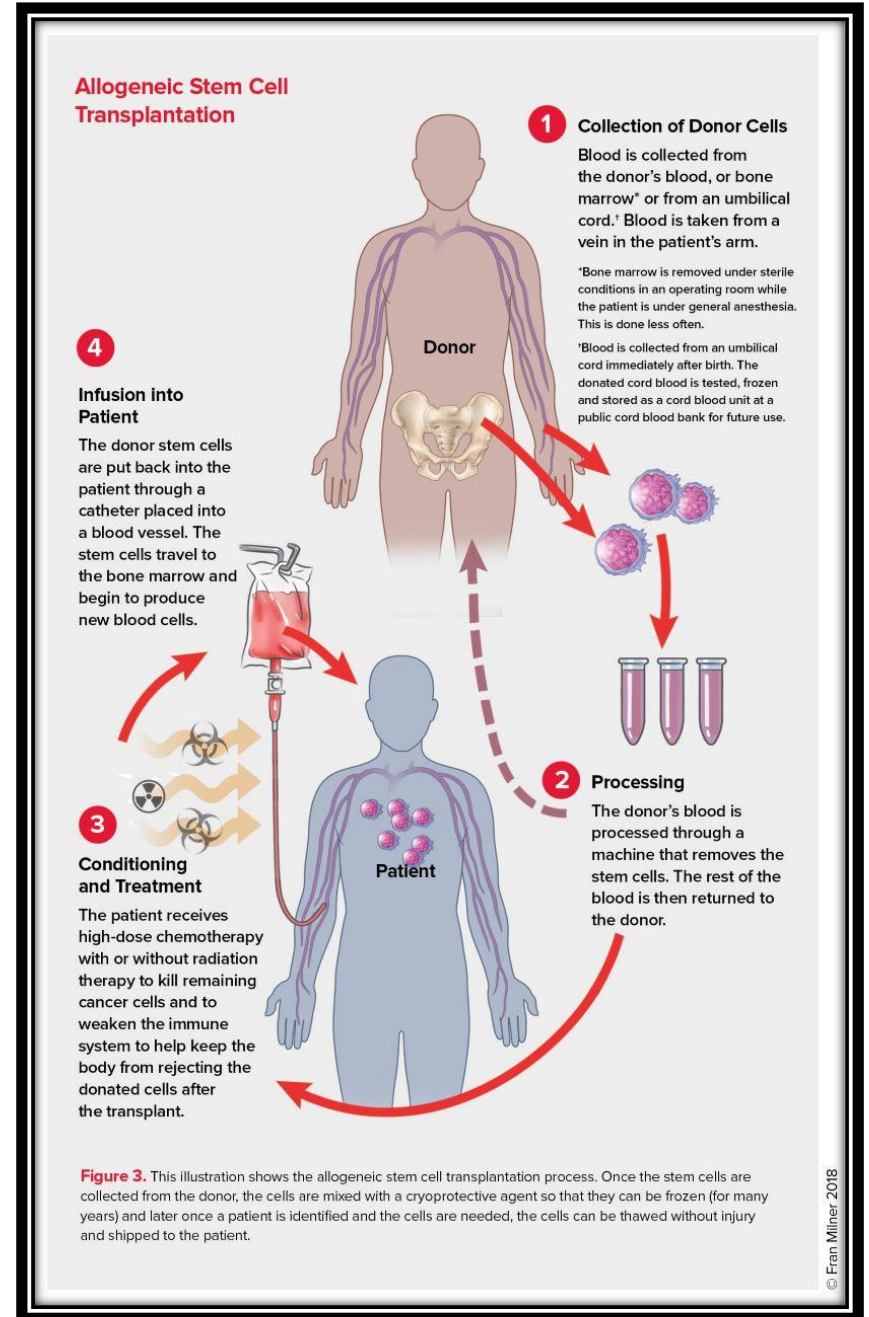


Overall Survival - Adverse Risk Group with/without allo-SCT



Stem cell transplantation

- Autologous stem cell transplant – self
- Allogeneic stem cell transplant – others
 - Matched sibling donor
 - Matched unrelated donor
 - Cord blood
 - Haploidentical donor (immediate family – half-matched)



Can I become a bone marrow donor?

- No serious medical condition and age between 18-49 years old
- Excluding: HIV, HBV, HCV, HTLV infection

https://bmdp.org/join_the_register



THE BOARD

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Dr Lim Zi Yi

BMDP President &
Senior Consultant Haematologist,
Centre for Clinical Haematology

PRESIDENT'S MESSAGE

My journey with BMDP started in 2014 when I joined the executive committee, providing professional advice and assistance. I was then elected as Vice-President in 2016 and President during the AGM in May 2018.

Being a specialist in haemato-oncology and haematopoietic stem cell transplantation, much of my professional life has revolved around treating patients with advanced forms of blood cancers. Over the years I have been able to see the significant advances in the field of stem cell transplantation, and how recipients of a transplant benefit from the amazing gift of stem cells (be it from a family member or from a complete stranger) to save their lives.

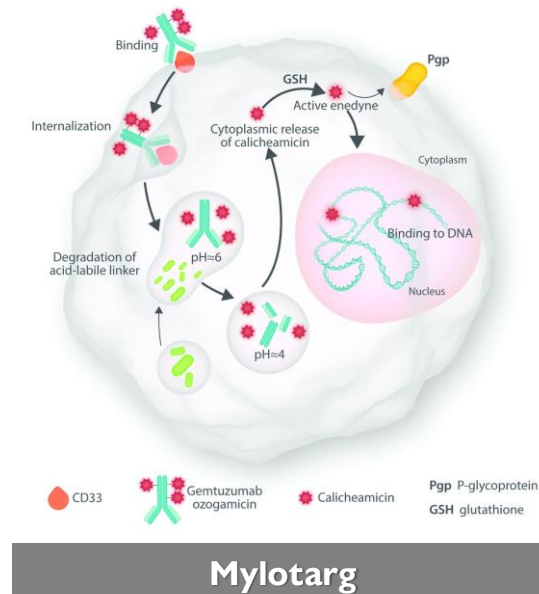
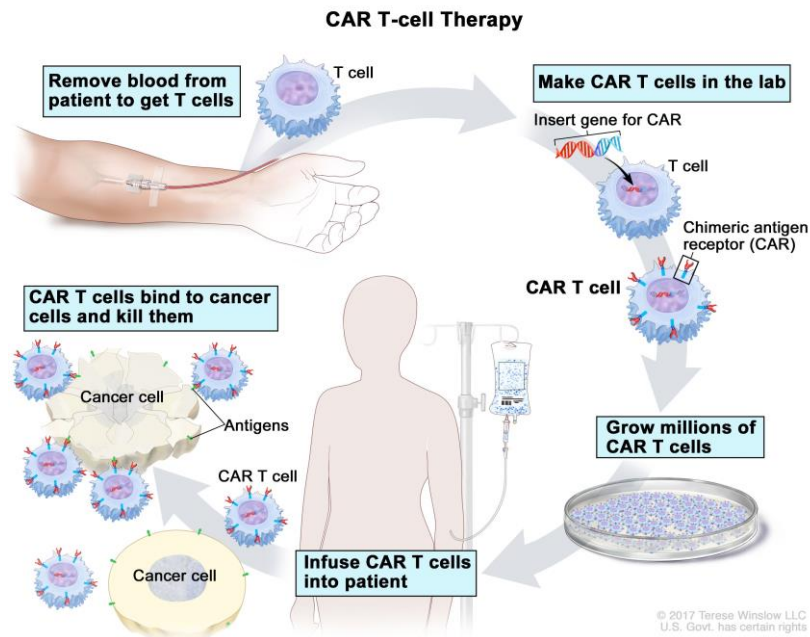
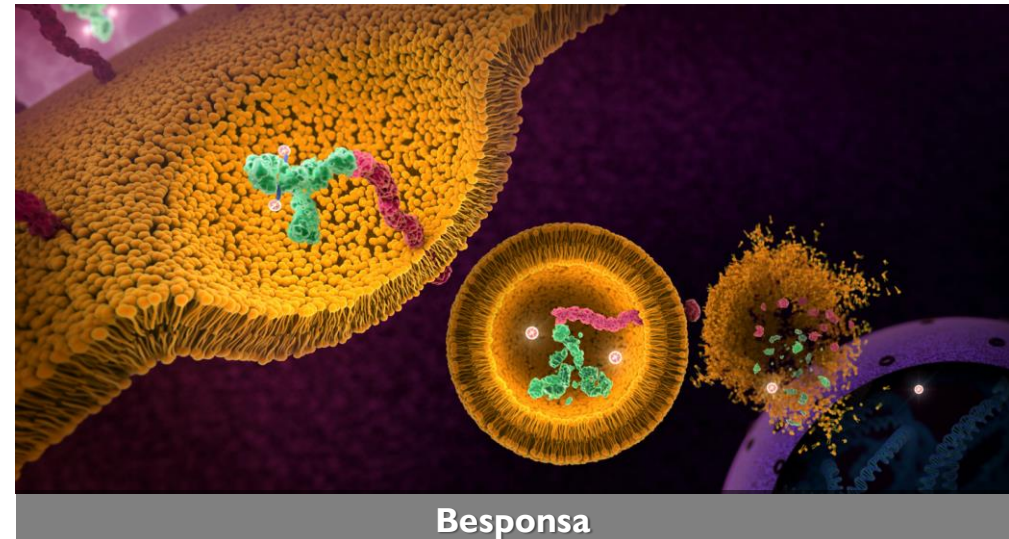
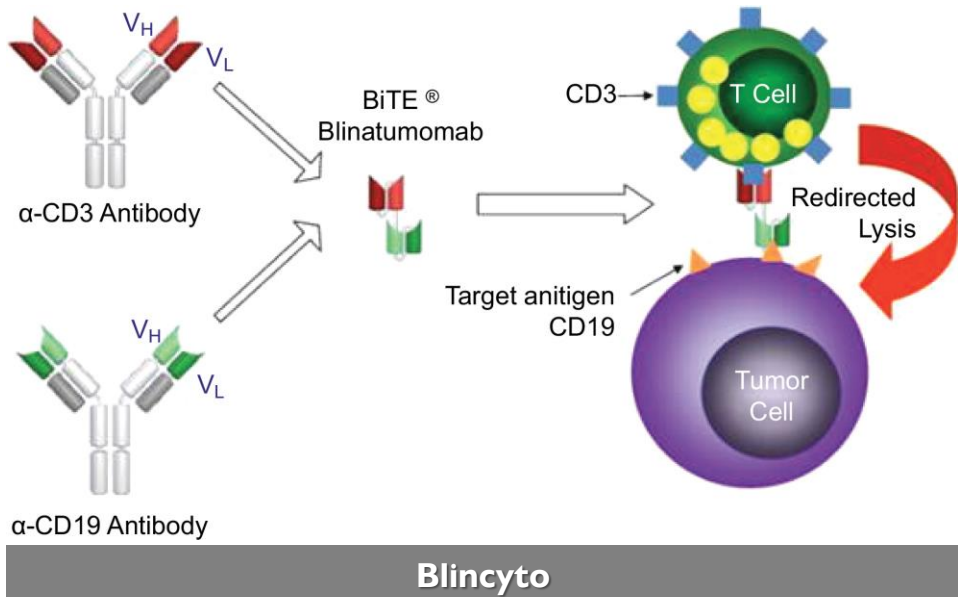
The cause of BMDP resonates deeply with me. It is so important that we have a strong and diverse national registry of bone marrow donors so that we can ensure that all who need a bone marrow transplant will have a suitable donor. I strongly encourage all of you to help us at the BMDP, by signing up as a donor if you can, and also encourage your friends and family to do so too.

Our focus and foremost mission is to deliver our promise to save lives – by finding a matching donor for every patient. With your help, I'm sure we will be able to achieve this.



Immunotherapy

- Monoclonal antibody – Rituximab, Ofatumumab, Alemtuzumab
- Drug-conjugated monoclonal antibody – Mylotarg, Besponsa, Brentuximab Vedotin
- Bispecific monoclonal antibody – Blincyto
- CAR-T cell therapy – Kymriah, Yescarta



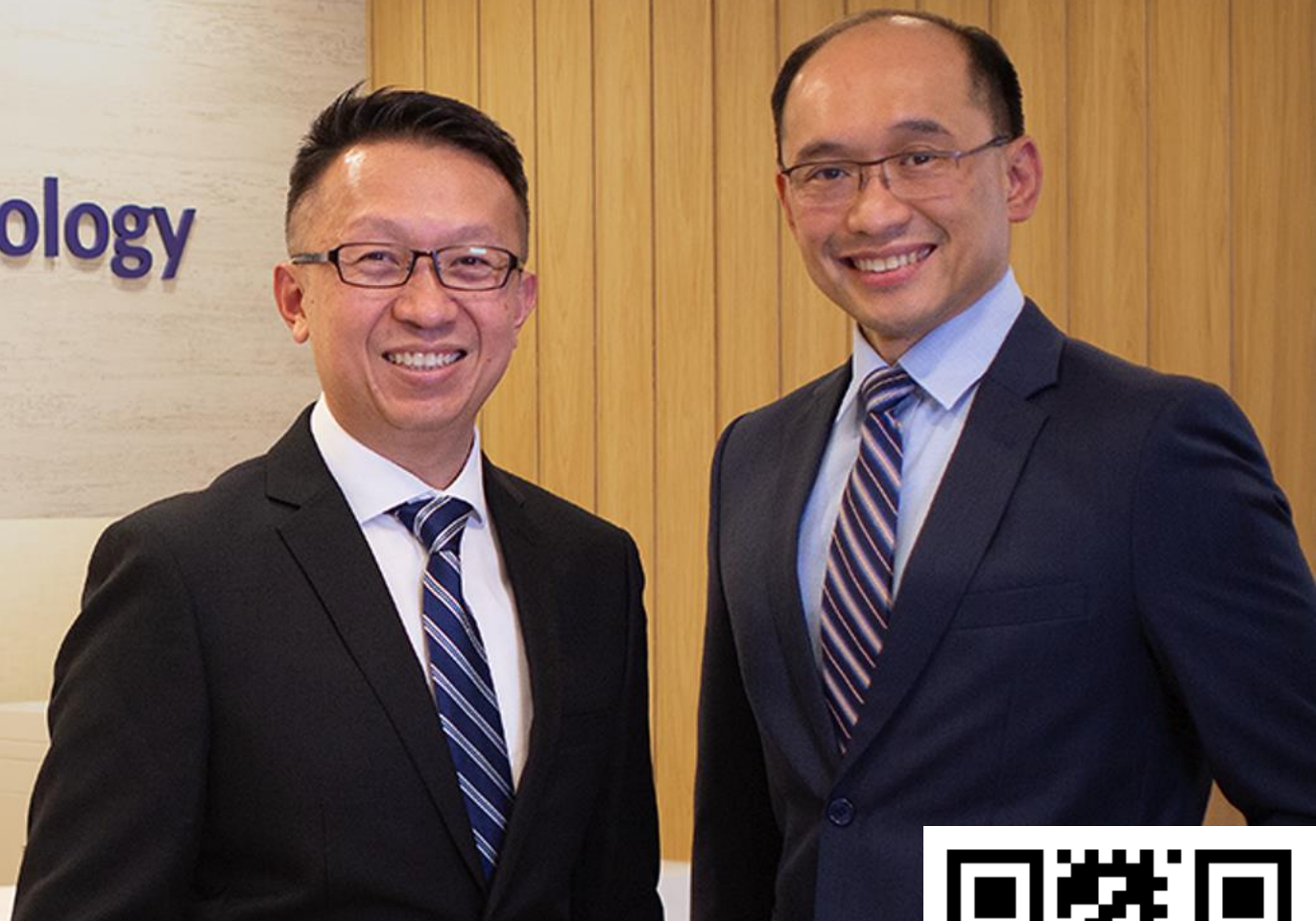


Targeted Therapy

- FLT3 inhibitors – Midostaurin, Gilteritinib
- IDH1 inhibitor – Ivosidenib
- IDH2 inhibitor – Enasidenib
- BCL2 inhibitor – Venetoclax
- BTK inhibitor – Ibrutinib, Acalabrutinib
- Proteasome inhibitors – Velcade, Kyprolis
- Tyrosine kinase inhibitor – Imatinib, Dasatinib, Nilotinib





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