

2015 in hematology and thromboembolism

Dr. Mark Crowther in an interview with Dr. Roman Jaeschke: part 1

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Dr. Crowther, for the last several years you have participated in the creation of practice guidelines in hematology and mostly in thromboembolism. I wonder if you could reflect on the year 2015 at the developments and issues which caught peoples' attention in hematology and thromboembolism during the last 12 months.

The year 2015 has been quite a momentous year in many aspects of both thromboembolism and hematology. In thromboembolism, we have continued evidence that the new oral anticoagulants—rivaroxaban, apixaban, dabigatran, edoxaban, and others—are really quite revolutionary in terms of their ability to care for patients with or at risk of thromboembolism. In fact, I think the evidence that has become available does confirm that these drugs are much more easy to use than the traditional agents, such as warfarin, and are safer in terms of their risk of major bleeding and death. Certainly, we are looking for evidence that they can be used in selective populations, such as patients with cancer, patients with heparin-induced thrombocytopenia, or in patients with the antiphospholipid antibody syndrome. We do not have that evidence yet but lots of studies are going on, looking at these issues.

In hematology perspective, there has been a whole series of revolutionary new treatments explored in the last year. Probably the most important, which was announced quite recently at the annual meeting of the American Society of Hematology, is evidence that eltrombopag, which is a drug used to treat immune thrombocytopenic

purpura, actually is almost curative in a rare disease called aplastic anemia, which affects young people; probably within 5 minutes of the presentation at the meeting it became the standard of practice.

The other area where there is a ton of interest right now is in highly-focused, specific therapies for diseases such as multiple myeloma and chronic lymphocytic leukemia. A whole series of drugs are becoming available that may actually be curative in these diseases—diseases which were traditionally regarded as incurable.

I think that in 2016 and beyond, we will start to see these practices actually moving into day-to-day clinical practice. The problem, of course, is going to be how we pay for them. The new hematology therapies are going to be very expensive and are probably only going to be able to be delivered at individual centers. I suppose the advantage, however, is if you can cure myeloma in one take, you are going to avoid long-term need for therapy, which currently spans many years and may involve multiple different types of chemotherapy.

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