SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

soho Saudi Arabia

society of hematologic oncology

SOHO USA

19-21 October 2023 | IBN BATOUTA 2 - Crowne Plaza Riyadh RDC Hotel & Convention Center

EVENT'S HIGHLIGHTS

"Beyond Conventional Therapy in Hematology"

DAY 1	19 October 2023, Thursday
DAY 2	20 October 2023, Friday
DAY 3	21 October 2023, Saturday

REGISTRATION:

Email: sohoksa@kfshrc.edu.sa

Website: www.sohoksa.com

INTERNATIONAL & NATIONAL SPEAKERS

- *Abdulwahab Albabtain* KSA
- *Ayman Alhejazi* KSA
- *Claire Roddie* UK
- *Emanuele Zucca* Switzerland
- *Gail Roboz* USA
- *Ghulam Mufti* UK
- *Giovanni Di Minno* Italy
- *Hadeel Samarkandi* KSA
- *Hagop Kantarjian* USA
- *Jasmine Zain* USA
- *Jason Gotlib* USA
- *John Apostolidis* KSA
- *Josu de la Fuente* UK
- *Maria Dimou* Greece
- *Marwan Shaheen* KSA
- *Mathias Rummel* Germany
- *Mazen Badawy* KSA
- *Naeem Chaudhri* KSA
- *Nitin Jain* USA
- *Paul Richardson* USA
- *Rami Komrokji* USA
- *Riad El Fakih* KSA
- *Rupert Handgretinger* Germany
- *Syed Osman Ahmed* KSA

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

WELCOME NOTE

Dear Participants,

It gives us a great pleasure to welcome all our guests and speakers for the “SOHO Saudi Arabia 2023 Annual Meeting”.

We have made our best attempt to provide a quick review of key updates in hematology that happened over the last year.

Our focus this year, in addition to the new drug approvals, is the advanced therapeutics in the field of hematology. Twenty Twenty-Two was a good year for patients and their treating physicians. Decades of basic science and translational research have borne fruit once again with the approval of multiple new medications for different hematologic malignancies and the good results from the non-conventional therapeutics in hematology.

We have dedicated a significant time for CART cell and gene therapy in addition to the revision of new results from important trials addressing different types of hematologic diseases.

We are also pleased to have world-renowned experts, both international and national, who will be talking to us about the challenges, priorities and strategies to stay up to date in this rapidly changing field.

We thank everyone for making this meeting possible, and hope that attendees find this year’s meeting to be fruitful.

Sincerely,

Organizing and Scientific Committee
SOHO Saudi Arabia 2023

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

CONFERENCE CHAIRMEN

Hazzaa Alzahrani, MD (KSA)
A/Chairman & Consultant
Department of Hematology, SCT & Cellular Therapy
Deputy Director, Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Naeem A. Chaudhri, MD (KSA)
Consultant, Chronic Leukemia / MPN
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

ORGANIZING & SCIENTIFIC COMMITTEE

CHAIR

Riad Elfakih, MD (KSA)
Consultant, Lymphoma / Myeloma
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

CO-CHAIRS

Ahmad Alotaibi, MD (KSA)
Consultant, Acute Leukemia
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Marwan Shaheen, MD (KSA)
Section Head & Consultant, Chronic Leukemia / MPN
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

MEMBERS

Fahad Almohareb, MD (KSA)
Section Head & Senior Consultant, General Hematology
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Fahad Alsharif, MD (KSA)
Consultant, General Hematology
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Mahmoud Aljurf, MD (KSA)
Consultant, Lymphoma / Myeloma
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Walid Rasheed, MD (KSA)
Section Head & Consultant, Lymphoma / Myeloma
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

ORGANIZING & SCIENTIFIC COMMITTEE

MEMBERS

Amr Hanbali, MD (KSA)
Consultant, Acute Leukemia
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Feras Alfraih, MD (KSA)
Consultant, Chronic Leukemia / MPN
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Ali D. Alahmari, MD (KSA)
Consultant, Acute Leukemia
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Abdulwahab Albabtain, MD (KSA)
Consultant, Lymphoma / Myeloma
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Ayman Saad, MD (KSA)
Section Head & Consultant, Acute Leukemia
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Hanan Alkhaldi, MD (KSA)
Associate Consultant, Acute Leukemia
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Chokri Ben Lamine, MD (KSA)
Assistant Consultant
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Syed Osman Ahmed, MD (KSA)
Consultant, Acute Leukemia
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Saud Alhayli, MD (KSA)
Consultant, Lymphoma / Myeloma
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Alfadel Alshaibani, MD (KSA)
Consultant, Lymphoma / Myeloma
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Mansour Alfayez, MD (KSA)
Consultant, Acute Leukemia
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Abdullah Alamer, MD (KSA)
Consultant, Lymphoma / Myeloma
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Shahrukh Hashmi, MD (USA)
Chair, Hematology & Oncology Division
Sheikh Shakbout Medical City-Mayo Clinic
Abu Dhabi, UAE

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

SESSION MODERATORS

DAY 1:	SESSION I	Mahasen Saleh, MD (KSA) Consultant, Pediatric Hematology / Oncology Non-Malignant Blood Disorders Department of Pediatric Hematology / Oncology King Faisal Specialist Hospital & Research Centre-Riyadh
DAY 2:	SESSION I	Mohsen Alzahrani, MD (KSA) Consultant and Head Division of Stem Cell Transplant and Cellular Therapy Department of Oncology King Abdulaziz Medical City, Ministry of National Guard Health Affairs-Riyadh
	SESSION II	Ayman Saad, MD (KSA) Section Head & Consultant, Acute Leukemia Department of Hematology, SCT & Cellular Therapy Cancer Centre of Excellence King Faisal Specialist Hospital & Research Centre-Riyadh
	SESSION III	Ahmad Alotaibi, MD (KSA) Consultant, Acute Leukemia Department of Hematology, SCT & Cellular Therapy Cancer Centre of Excellence King Faisal Specialist Hospital & Research Centre-Riyadh
	SESSION IV	Mansour Alfayez, MD (KSA) Consultant, Acute Leukemia Department of Hematology, SCT & Cellular Therapy Cancer Centre of Excellence King Faisal Specialist Hospital & Research Centre-Riyadh
	SESSION V	Saud Alhayli, MD (KSA) Consultant, Lymphoma / Myeloma Department of Hematology, SCT & Cellular Therapy Cancer Centre of Excellence King Faisal Specialist Hospital & Research Centre-Riyadh

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

SESSION MODERATORS

DAY 3:

SESSION I

Ghazi Alotaibi, MD (KSA)
Consultant, Hematology and Assistant Professor of Medicine
Oncology Center
King Saud University

SESSION II

Abdullah Alamer, MD (KSA)
Consultant, Lymphoma / Myeloma
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

Hanan Alkhaldi, MD (KSA)
Associate Consultant, Acute Leukemia
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

SESSION III

Amal Albeihany, MD (KSA)
Consultant, Hematology / Bone Marrow Transplantation
Chairman, Department of Medicine
King Faisal Specialist Hospital & Research Centre-Madinah

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

SATELLITE TALK CHAIRS

DAY 2: SESSION I — VERTEX

Ali D. Alahmari, MD (KSA)
Consultant, Acute Leukemia
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

SESSION III — AstraZeneca

Ibraheem Motabi, MD (KSA)
Chairman and Consultant
Adult Hematology and BMT Department
Comprehensive Cancer Center
King Fahad Medical City-Riyadh

Takeda

Riad El Fakih, MD (KSA)
Consultant, Lymphoma / Myeloma
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

SESSION IV — *Takeda*

Abdulwahab Albabtain, MD (KSA)
Consultant, Lymphoma / Myeloma
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

DAY 3: SESSION I — GILEAD | Kite

Alfadel Alshaibani, MD (KSA)
Consultant, Lymphoma / Myeloma
Department of Hematology, SCT & Cellular Therapy
Cancer Centre of Excellence
King Faisal Specialist Hospital & Research Centre-Riyadh

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

Scientific Program

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

DAY 1 19 October 2023

MANAGER OF THE DAY Dr Amr Hanbali

KSA TIME	MINS	SESSION TITLE	PRESENTER
19:00-19:05	5	Opening Remarks	Naeem Chaudhri KSA
Session I		**Moderator:** Mahasen Saleh KSA	
19:05-19:30	25	Emerging Platforms for Genetic Targeting in Hematologic Diseases	Rupert Handgretinger Germany
19:30-19:55	25	Novel Approaches and Therapeutics for Hemophilia Management	*Giovanni Di Minno Italy
19:55-20:20	25	Cancer Associated Thrombosis and New Anticoagulants	*Giovanni Di Minno Italy
20:20-20:35	15	*End of Session Discussion / Q&A*	*All Session I Speakers*
20:35-21:00	25	**NOVARTIS** Satellite Talk: STAMP the CML Unmet Needs	Naeem Chaudhri KSA
21:00		Closing Remarks / Dinner - Mosaique Restaurant	Naeem Chaudhri KSA
		☙ End of Day 1 ❧	

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

DAY 2 20 October 2023

MANAGER OF THE DAY Dr Ali D. Alahmari AM / Dr Alfadel Alshaibani PM

KSA TIME	MINS	SESSION TITLE	PRESENTER
7:35-7:40	5	Opening Remarks	Hazzaa Alzahrani KSA
Session I		**Moderator:** Mohsen Alzahrani KSA	
7:40-8:05	25	AML Risk Profile and Outcomes in Saudi Patients: The KFSH&RC Experience	Syed Osman Ahmed KSA
8:05-8:30	25	Will Gene Therapy Replace Transplant in Hemoglobinopathies?	Rupert Handgretinger Germany
8:30-8:55	25	Point of Care CART and the Ideal Platform to Manufacture CARs	*Claire Roddie UK
8:55-9:20	25	The Future of Cellular Therapies, Are NK and Allo CART the Answer?	*Claire Roddie UK
9:20-9:35	15	*End of Session Discussion / Q&A*	*All Session I Speakers*
9:35-10:00	25	**VERTEX** Satellite Talk: Gene therapies: An Era of Innovation in Hemoglobinopathies	Josu de la Fuente UK **Chair:** Ali D. Alahmari KSA
10:00-10:15	15	Coffee Break - Ibn Batouta 1	
Session II		**Moderator:** Ayman Saad KSA	
10:15-10:40	25	Developing an Institutional Research Structure (Ecosystem for Hematology and Cell and Gene Therapy)	Ghulam Mufti UK
10:40-11:05	25	MDS Classification and Risk Stratification in 2023	Rami Komrokji USA
11:05-11:15	10	*End of Session Discussion / Q&A*	*All Session II Speakers*
11:15-13:00	105	Recognition of SOHO Saudi Arabia Sponsors Prayer / Lunch Break - Mosaique Restaurant	F. Almohareb / N. Chaudhri / H. Alzahrani / R. El Fakih
Session III		**Moderator:** Ahmad Alotaibi KSA	
13:00-13:25	25	**ASTRAZENECA** Satellite Talk: Think IVH: The Role of C5i in PNH Management	Ayman Alhejazi KSA **Chair:** Ibraheem Motabi KSA
13:25-13:50	25	Promising New Targets and Drugs in MDS	Rami Komrokji USA
13:50-14:15	25	Research Priorities in Hematology and Cell and Gene therapy	Ghulam Mufti UK
14:15-14:30	15	*End of Session Discussion / Q&A*	*All Session III Speakers*
14:30-14:55	25	**TAKEDA** Satellite Talk: SID Burden, Challenges and Management	*Maria Dimou Greece **Chair:** Riad El Fakih KSA
14:55-15:10	15	Prayer / Coffee Break - Ibn Batouta 1	
Session IV		**Moderator:** Mansour Alfayez KSA	
15:10-15:35	25	Advanced Therapeutics in AML - Are We Moving Forward?	*Gail Roboz USA
15:35-16:00	25	The Emerging Role of Real World Data in AML	*Gail Roboz USA
16:00-16:05	5	*End of Session Discussion / Q&A*	*Session Speaker*
16:05-16:30	25	**TAKEDA** Satellite Talk: ECHELON-1 6yrs OS Data Updates	John Apostolidis KSA **Chair:** Abdulwahab Albabtain KSA
Session V		**Moderator:** Saud Alhayli KSA	
16:30-16:55	25	**SANDOZ** Satellite Talk: Biosimilar Potential in Hematology	Hadeel Samarkandi KSA
16:55-17:20	25	CML Management What's Next?	*Hagop Kantarjian USA
17:20-17:45	25	ALL Research and Therapy in 2023	*Hagop Kantarjian USA
17:45-17:50	5	*End of Session Discussion / Q&A*	*Session Speaker*
17:50-17:55	5	Closing Remarks	Hazzaa Alzahrani KSA

End of Day 2

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

DAY 3 21 October 2023 **MANAGER OF THE DAY** Dr Marwan Shaheen AM / Dr Abdulwahab Albabtain PM

KSA TIME	MINS	SESSION TITLE	PRESENTER
8:00-8:05	5	Opening Remarks	Riad El Fakih KSA
Session I		**Moderator:** Ghazi Alotaibi KSA	
8:05-8:30	25	Current Treatment Options for Marginal Zone Lymphoma	Emanuele Zucca Switzerland
8:30-8:55	25	Progress and Future Directions in T Cell Lymphoma Management	Jasmine Zain USA
8:55-9:20	25	The Evolving Therapeutic Landscape for the Upfront Treatment of Multiple Myeloma - From Doublets to Triplets to Quadruplets and Beyond	*Paul Richardson USA
9:20-9:35	15	*End of Session Discussion / Q&A*	*All Session I Speakers*
9:35-10:00	25	**GILEAD/KITE** Satellite Talk: Role of CART in R/R DLBCL	Abdulwahab Albabtain KSA **Chair:** Alfadel Alshaibani KSA
10:00-10:15	15	Coffee Break - Ibn Batouta 1	
Session II		**Moderator:** Abdullah Alamer KSA & Hanan Alkhaldi KSA	
10:15-10:40	25	Promising New Insights and Targets in T Cell Lymphoma	Jasmine Zain USA
10:40-11:05	25	What's Next for Advanced Multiple Myeloma? An Overview of the Current Management of Relapsed/ Refractory Multiple Myeloma including Immune Therapies	*Paul Richardson USA
11:05-11:30	25	New Therapeutics in Large B Cell Lymphomas and Future Landscape of DLBCL Management	Emanuele Zucca Switzerland
11:30-11:55	25	Combining BTKi and BCLi in the First Line Setting - Pros and Cons	*Nitin Jain USA
11:55-12:20	25	CLL in 2023 and The Future Ahead	*Nitin Jain USA
12:20-12:35	15	*End of Session Discussion / Q&A*	*All Session II Speakers*
12:35-13:00	25	**SANDOZ** Satellite Talk: Three Decades in Treating B Cell Lymphoma	*Mathias Rummel Germany
13:00-14:00	60	Prayer / Lunch - Mosaique Restaurant	
Session III		**Moderator:** Amal Albeihany KSA	
14:00-14:20	20	Next Questions in Myelofibrosis	Marwan Shaheen KSA
14:20-14:40	20	Next Questions in Hodgkin Lymphoma	Riad El Fakih KSA
14:40-15:05	25	**GSK** Satellite Talk: Herpes Zoster Risk and Prevention in Immunocompromised Adults	Mazen Badawi KSA
15:05-15:30	25	2023 Updates in Eosinophilia	*Jason Gotlib USA
15:30-15:55	25	2023 Updates in Mastocytosis	*Jason Gotlib USA
15:55-16:05	10	*End of Session Discussion / Q&A*	*All Session III Speakers*
16:05-16:10	5	Closing Remarks	Riad El Fakih KSA

End of Day 3

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

Speakers Biography

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

ABDULWAHAB ALBABTAIN

Dr Abdulwahab Albabtain is a Consultant in Lymphoma / Myeloma Section, Department of Hematology, Stem Cell Transplantation and Cellular Therapy at King Faisal Specialist Hospital & Research Centre-Riyadh.

PRESENTATION:

GILEAD Kite Satellite Talk: "Role of CART in R/R DLBCL"

ABSTRACT:

In the past few years CAR-T therapy transformed treatment paradigms for DLBCL in the relapsed refractory setting. Previously, based on the SCHOLAR 1 data the median OS for R/R LBCL was less than 6 months. Now, we are seeing long term survival in significant fraction of patients treated in the third line setting with CAR-T reaching 30-35%. There are several CAR-T products available in the market, Axi-cel and Liso-cel were able to become standard of care in the second line setting for those who relapse less than 12 months or were primary refractory to first line treatment outperforming autologous stem cell transplant. With Axi-cel, on a recent follow up, showed an overall survival benefit in the second line setting. On the other hand, delivering CAR-T therapy bears significant logistic burden and has unique toxicity profile that has to be considered and mitigated to improve access to such potent therapeutic option

AYMAN ALHEJAZI

Dr Ayman Alhejazi is consultant and currently the Section Head of Adult Hematology, Dept of Oncology at King AbdulAziz Medical City – Ministry of National Guard Health Affair, Riyadh, Saudi Arabia. He is also an Assistance Professor of Hematology at King Saud bin Abdulaziz University of Health Sciences in Riyadh. Dr. Alhejazi obtained his internal Medicine Board in 2002, and subsequently attained Fellowships in oncology, hematology, and blood and marrow transplantation from the university of Ottawa, Ontario, Canada. Dr. Alhejazi has published numerous publications in peer-reviewed journals and abstracts at international meetings.

PRESENTATION:

AstraZeneca Satellite Talk: "Think IVH: The Role of C5i in PNH Management"

ABSTRACT:

To highlight the risk of terminal complement activation in the PNH disease and the role of C5i and Ravulizumab in PNH management.

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

CLAIRE RODDIE

Dr Claire Roddie is a Consultant Hematologist at University College London Hospitals NHS Foundation Trust, London, UK and Associate Professor in Hematology at University College London with a particular interest in adoptive cell therapies. She completed an Immunotherapy PhD at University College London with Karl Peggs and subsequently undertook a clinician scientist role with Martin Pule to develop the UCL CAR-T program. Claire's current role involves pre-clinical development of novel cell therapy projects, GMP manufacture and clinical trial design. She is also responsible for the advanced therapies clinical service at UCLH.

PRESENTATION 1:
"Point of Care CART and the Ideal Platform to Manufacture CARs:

PRESENTATION 2:
"The Future of Cellular Therapies, Are NK and Allo CART the Answer?"

GAIL ROBOZ

Gail J. Roboz, M.D. is a professor of medicine and Director of the Clinical and Translational Leukemia Programs at the Weill Medical College of Cornell University and the New York Presbyterian Hospital in New York City. Dr. Roboz graduated summa cum laude from Yale University and received her medical degree from The Mount Sinai School of Medicine in New York, where she was elected to the Alpha Omega Alpha Honor Medical Society and achieved the highest academic standing in the graduating class. Her research interests are in developmental therapeutics for acute leukemia, myelodysplastic syndrome, and myeloproliferative disorders. Dr. Roboz is the principal investigator on investigator-initiated and industry-sponsored clinical trials in these areas and has authored or coauthored many manuscripts and abstracts.

PRESENTATION 1:
"Advanced Therapeutics in AML - Are We Moving Forward?"

PRESENTATION 2:
"The Emerging Role of Real World Data in AML"

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

EMANUELLE ZUCCA

Prof. Emanuele ZUCCA, MD, was born in Turin (Italy) in 1957. He trained in internal medicine and medical oncology in Italy, the United States, and England. Since 1989, he has been working at the Division of Medical Oncology of the Oncology Institute of Southern Switzerland (IOSI), where he is presently a consultant and the head of the Lymphoma Unit. Dr. Zucca is a co-founder of the IELSG (International Extranodal Lymphoma Study Group), which runs several cooperative clinical and pathological studies. He is presently the scientific and medical director. He is the author or co-author of more than 200 scientific papers published in peer-reviewed journals and of more than 100 communications at major international scientific meetings. Dr. Zucca was awarded with the university teaching title of "Titularprofessor" (Adjunct Professor) by the Faculty of Medicine of the University of Bern, Switzerland in 2017 and by the Faculty of Biomedical Sciences, Universita` della Svizzera Italiana, Lugano, Switzerland in 2019.

PRESENTATION 1:

"Current Treatment Options for Marginal Zone Lymphoma"

The current lymphoma classifications recognize three main types of marginal zone lymphoma (MZL): extranodal MZL, splenic MZL, and nodal MZL. MZLs typically have an indolent course, with a median survival exceeding 10 years, although the disease does impact life expectancy. In cases of localized, H. pylori-positive gastric MZLs, eradicating H. pylori induces lymphoma regression and long-term disease control in approximately 75% of patients. Evidence on antibiotic effectiveness for non-gastric MZL is limited. Involved-site radiotherapy (24 Gy) achieves long-term local control in about 90% of H. pylori-negative or antibiotic-refractory gastric MZL and localized non-gastric MZL.

The management of advanced-stage MZL primarily focuses on symptom relief and enhancing patient quality of life. For symptomatic patients with disseminated disease, rituximab-based approaches are preferred, though the necessity of rituximab maintenance after immunochemotherapy remains a matter of debate.
Second-line and subsequent treatments may include rituximab, lenalidomide plus rituximab, BTK, or PI3K inhibitors.

PRESENTATION 2:

"New Therapeutics in Large B Cell Lymphomas and Future Landscape of DLBCL Management"

Diffuse large B-cell lymphoma (DLBCL) is the most common non-Hodgkin's lymphoma. The primary treatment, rituximab with CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone), cures only 60% of patients. Various clinical trials aimed at improving first-line treatment by shortening the interval between treatment cycles, intensifying therapy, or adding new drugs to R-CHOP, have had limited success. Recent research has shown promising results by incorporating the anti-CD79b antibody-drug conjugate polatuzumab vedotin or the anti-BCL2 agent venetoclax in front-line regimens. Preliminary data from strategies focusing on personalized therapies based on the molecular features of DLBCL are encouraging, but the optimal integration of genetic subtyping into treatment decisions remains unclear. In the past decade, clinical trials have expanded treatment options for patients with relapsed/refractory DLBCL. Anti-CD19 chimeric T cells (CAR-Ts) are now a standard treatment. Emerging therapies include bispecific antibodies, as well as combinations like polatuzumab plus rituximab and bendamustine, and tafasitamab plus lenalidomide.

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

GHULAM MUFTI

Professor Ghulam Mufti is the Director of BMS/Celgene and King's Health Partners Joint Research Programme and Professor of Hamato-oncology, King's College London School of Medicine at Guy's, King's & St. Thomas' Hospitals. Professor Mufti's specialist work in myelodysplastic syndrome, acute myeloid leukemia and stem cell transplantation has helped to transform the detection and treatment of many cancer cells resulting in improvements in the diagnosis, treatment and life expectancy of people with leukemia. He was awarded an OBE (the Order of the British Empire) in 2017 for services to hematological medicine and his significant research achievements include focusing on molecular aberrations in MDS/AML, the identification of novel therapies that include gene and cell-based therapies, and publishing over 450 papers and chapters in scientific journals and textbooks.

PRESENTATION 1:
"Developing an Institutional Research Structure (Ecosystem for Hematology and Cell and Gene Therapy)"

PRESENTATION 2:
"Research Priorities in Hematology and Cell and Gene therapy"

GIOVANNI DI MINNO

Giovanni Di Minno is a Professor of Clinical Medicine and Chairman of the Department of Clinical Medicine and Surgery at Federico II University Hospital, Naples, Italy. He is Director of the Hemophilia and Thrombosis Centre, and the local Clinical and associated Research Reference Centre for the diagnosis and treatment of hemorrhagic and thrombotic disorders ,at Federico II University Hospital. Professor Di Minno is also the current President (2014-2017) of the Italian Association of Haemophilia Centres (AICE). Professor Di Minno received an honorary position as Associate Professor of Medicine from the Thomas Jefferson University in Philadelphia, USA, in 1986 and an honorary degree in Pharmacy from the University of Milan, Italy, in 2007. His primary research interests are in haemostasis and thrombosis, including treatments and complications in haemophilia. Professor Di Minno and his team are also involved in immunotolerance induction studies in people with haemophilia, and on the prevention of rheumatologic and psychological complications in haemophilia. He is also involved in the characterisation of bleeding phenotypes in Glanzmann thrombasthenia and the most effective treatments in this setting.

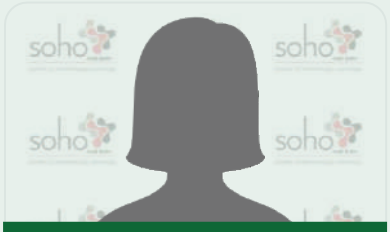
PRESENTATION 1:
"Novel Approaches and Therapeutics for Hemophilia Management"

PRESENTATION 2:
"Cancer Associated Thrombosis and New Anticoagulants"

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting



HADEEL SAMARKANDI

Hadeel H. Samarkandi is a distinguished clinical pharmacist specializing in Hematology/Oncology. Presently, she holds the position of Program Director for the Hematology Oncology Pharmacy Residency Program at King Faisal Specialist Hospital and Research Center in Riyadh, Saudi Arabia. Armed with a Pharm.D. degree from King Saud University College of Pharmacy and the prestigious Board-Certified Oncology Pharmacist (BCOP) certification, Hadeel boasts a robust background in pharmaceutical care. Her professional journey encompasses diverse roles within the hospital, including Manager of KACO&LD Pharmacy and Hematology/Oncology Clinical Pharmacist Consultant. She actively contributes to advancing the field by participating in conferences and committees focusing on oncology pharmacy, formulary management, and antibiotic utilization. In addition to her professional commitments, Hadeel is dedicated to community service, engaging in volunteer work for various campaigns and awareness initiatives. She has made significant contributions to publications and research studies in the realm of cancer management and clinical pharmacy practice.

PRESENTATION:

SANDOZ Satellite Talk: "Biosimilar Potential in Hematology"

ABSTRACT:

Biosimilars have gained attention in the field of hematology due to their potential to offer cost-effective treatment options for patients. Hematological disorders, such as anemia, thrombocytopenia, and cancer, require frequent and long-term treatment, making the accessibility and affordability of these treatments crucial for patients. Biosimilars have the potential to provide equivalent clinical efficacy and safety to their reference products while offering lower costs. Additionally, increasing demand for biologic drugs and the expiration of patent protection for many biologic drugs have led to an opportunity for biosimilar development. The regulatory framework for biosimilars is well established, with guidelines from regulatory agencies such as the FDA and EMA providing a clear pathway for approval. Several biosimilars have already been approved for hematology indications, including filgrastim, epoetin alfa, and rituximab, with more in development. However, challenges such as patient and physician education, market competition, and the need for long-term clinical data remain.

HAGOP KANTARJIAN

Hagop Kantarjian, M.D. is professor and chair of the Department of Leukemia at The University of Texas MDACC where he is also the Samsung Distinguished Leukemia Chair in Cancer Medicine. He is a non-resident fellow in health policy at the Rice University Baker Institute. Doctor Kantarjian has received several prestigious honors and awards including the 37th Jeffrey A Gottlieb Memorial Award (2012), the John Mendelsohn Lifetime Scientific Achievement Award (2008) among others. He was also selected the top Castle Connolly National Physician of the Year Award for Lifetime Achievement (2014). In the past three decades, he has made several contributions that improved prognosis and survival in patients with CML and ALL. He lead the discovery of decitabine for the treatment of MDS, and of clofarabine for the treatment of leukemias. His research were the basis for the FDA approvals of over 20 drugs in leukemia. He authored > 1,800 peer-reviewed publications.

PRESENTATION 1:

"CML Management What's Next?"

PRESENTATION 2:

"ALL Research and Therapy in 2023"

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

JASMINE ZAIN

Jasmine Zain, M.D., is a Professor in the Department of Hematology & Hematopoietic Cell Transplantation. Additionally, she is Director of the T-cell Lymphoma Program at the Toni Stephenson Lymphoma Center at City of Hope National Medical Center. Dr. Zain obtained her medical degree from Fatima Jinnah Medical College for Women in Lahore, Pakistan. She went on to complete her internship and residency at North Shore Hospital of Forest Hills in Forest Hills, NY, followed by a hematology/oncology fellowship at New York University Medical Center. During her career, her focus has been on the developing novel treatments for patients with T cell lymphomas. She has published more than 78 peer-reviewed publications, abstracts, and book chapters. She has been invited to speak both nationally and internationally. Dr. Zain is a superb clinician, a productive and creative clinical researcher, and an outstanding and experience teacher.

PRESENTATION 1:

"Progress and Future Directions in T Cell Lymphoma Management"

Peripheral T cell lymphomas are a group of heterogenous, rare, and challenging diagnoses. The most recent WHO2022 classification now identifies over 50 subtypes based on clinical presentation, immunohistochemical features and molecular data. However, treatment options remain limited and overall prognosis is poor for most subtypes. Patients will experience a relapse after initial therapy pointing to a need for improved treatments in the upfront and relapsed setting. The improved understanding of the molecular basis of these lymphomas is paving the way for better treatment options as will be discussed in this presentation.

PRESENTATION 2:

"Promising New Insights and Targets in T Cell Lymphoma"

Given the poor outcomes with current therapeutic strategies for Peripheral T cell lymphomas, it is imperative to develop newer approaches that target the genetic vulnerabilities that lead to T cell lymphoma genesis. Fortunately, we now have the genetic tools to better delineate these dysregulated pathways that have helped in reshaping of our understanding of these diseases and are leading to targeted approaches to treat these malignancies. These therapeutic approaches can be broadly categorized as epigenetic, small molecules, immune and cellular therapies. This talk will highlight some of the pivotal data that is emerging in this field that may lead to practice changing paradigms for treating PTCLs.

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

JASON GOTLIB

Dr Jason Gotlib is an Associate Professor of Medicine in the Division of Hematology at the Stanford University School of Medicine/Stanford Cancer Institute in California. Dr. Gotlib's medical school, internal medicine, and hematology/oncology fellowship training were undertaken at Stanford, where he also earned a master's degree in clinical epidemiology. He is the director of the Stanford Hematology Fellowship Training Program and Stanford's MPN Center. Dr. Gotlib's research focus is Phase I to III clinical trial evaluation of novel therapies for MPNs. Dr. Gotlib is a recipient of the National Institutes of Health K23 Career Development Award, and his research has been published in numerous journals, including the New England Journal of Medicine, Proceedings of the National Academy of Sciences, Journal of Clinical Oncology, and Blood. He is currently a member of the National Comprehensive Cancer Network Guidelines Committee for Chronic Myelogenous Leukemia and the International Working Group for Myeloproliferative Neoplasms Research and Treatment (IWG-MRT).

PRESENTATION 1:
"2023 Updates in Eosinophilia"

PRESENTATION 2:
"2023 Updates in Mastocytosis"

JOHN APOSTOLIDIS

John Apostolidis, MD MSc (Oxford) M.D. (res) (London) Consultant Hematologist graduated from Medical School, University of Ioannina Greece 1986. Internship and Fellowship in Hematology at Evangelismos Hospital, Athens, Greece, obtained title of Specialist Hematologist in 1995. Imperial Council Research Fund (ICRF) research fellow at Queen Mary's College, University of London, and Department of Medical Oncology, St Bartholomew's Hospital London, UK, from 1995-1999. Obtained Masters in Experimental Therapeutics (Oxford University) and Doctor of Medicine degree (University of London). Consultant Hematologist at the Department of Hematology, Bone Marrow Transplant Unit, Evangelismos Hospital, Athens, Greece from 1999-2016. Since June 2016, Consultant Hematologist, Department of Adult Hematology and Stem Cell Transplantation, King Fahad Specialist Hospital, Dammam. Clinical areas of interest: Malignant Hematology, in particular lymphoid neoplasms, and bone marrow transplantation, many abstracts at International Meetings. Invited speaker at many National and International Meetings.

PRESENTATION:
Takeda Satellite Talk: "ECHELON-1 6yrs OS Data Updates"

BACKGROUND: Five-year follow-up in a trial involving patients with previously untreated stage III or IV cHL showed long-term PFS with first-line therapy with (A+AVD) Vs (ABVD). A planned interim analysis indicated a potential benefit regarding OS data from a median of 6 years of follow-up are now available. We randomly assigned patients in a 1:1 ratio to receive up to 6 cycles of A+AVD or ABVD. The primary end point, mPFS, has been reported previously. The key secondary end point was OS in the ITTP. Safety was also assessed. A total of 664 patients were assigned to receive A+AVD and 670 to receive ABVD. At a median follow-up of 73.0 months, the 6-year OS estimates were 93.9% in the A+AVD group and 89.4% in the ABVD group. Patients who received A+AVD for the treatment of stage III or IV HL had a survival advantage over those who received ABVD.

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

JOSU DE LA FUENTE

Josu de la Fuente is a consultant haematologist and director of the Paediatric BMT Programme at Imperial College London Healthcare NHS Trust and Professor of practice (gene and cellular therapy). He is also Secretary of the Haemoglobinopathy Working Party for EBMT.
Professor de la Fuente completed his general training in paediatrics in London. Following induction as member of the Royal College of Paediatrics and Child Health, he trained in haematology at Imperial College and Great Ormond Street Hospital, achieving membership of the Royal College of Pathologists. During this time, he developed an interest in red cell disorders, bone marrow failure and transplantation, and following his PhD, was appointed as paediatric bone marrow transplantation programme lead at Imperial College, specialising in transplantation for haemoglobinopathies and bone marrow failure. Professor de la Fuente has been an innovator in the use of alternative donors, particularly haploidentical transplantation, and gene therapy and editing.

PRESENTATION:
VERTEX Satellite Talk: "Gene therapies: An Era of Innovation in Hemoglobinopathies"

Professor de la Fuente will discuss the rationale behind the mechanisms of action of key gene therapy approaches currently in development for sickle cell disease treatment management, including gene addition and editing strategies. He will also overview efficacy and safety data from the ongoing gene therapy Phase II/III trials to demonstrate the curative potential of these approaches.

MARIA DIMOU

Dr Maria Dimou is a Consultant Hematologist at Laikon General Hospital, Athens and a teaching assistant at National and Kapodistrian University of Athens. She also teaches at two postgraduate programs of the Medical School of Athens, "Molecular Medicine and Microbiology" and "Precision Medicine". Dr Dimou attained her MD in 1997, completed her specialist training in Hematology in 2006, and graduated with a PhD in Hematology in 2010, all from National and Kapodistrian University of Athens. Her current clinical research focuses on a number of hemato-oncological disorders including CLL, chronic myelogenous leukemia, myelodysplastic syndromes, acute myeloid and lymphoblastic leukemia and B-cell non-Hodgkin lymphomas. Dr Dimou's clinical involvement includes also the diagnosis and management of secondary immunodeficiency syndromes of hematological patients. She has participated in numerous phase I-IV clinical trials concerning a wide spectrum of hematological disorders.

PRESENTATION:
Takeda Satellite Talk: "SID Burden, Challenges and Management"

One of the major challenges for SID patients is severe, recurrent, or persistent infections, four in five people with a hematological malignancy, including CLL or MM, can suffer from an infection, a major cause of hospitalizations and death. Immunoglobulin (IG) replacement therapy (IGRT) is an important therapeutic option for preventing severe, recurrent, or persistent infections in SID patients. HyQvia is the first and only fSCIG which demonstrated low rates of serious infections and there were no deaths from infection-related complications in SID patients. HyQvia offers flexible administration and dosing which gives patients greater independence and lessens the burden on HCPs and hospitals.

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

MARWAN SHAHEEN

Dr Marwan Shaheen is the Head of Chronic Leukemia and Myeloproliferative Neoplasms Section in the Department of Hematology, SCT and Cellular Therapy at King Faisal Specialist Hospital and Research Centre-Riyadh. He is also the Director of Long Term Follow-up program in Cancer Centre of Excellence. Dr Shaheen is certified Saudi Board of Internal Medicine and Adult Hematology then completed a fellowship in Adult Hematology and Bone Marrow Transplant at Princess Margaret Cancer Centre in Toronto, Canada. He was also the first certified Stem Cell Transplant Fellow from KFSH&RC.

PRESENTATION:

"Next Questions in Myelofibrosis"

ABSTRACT:

Next questions in MPN covering the Ruxolotinib failure, transplant for myelofibrosis and updates of new JAK inhibitors.

MATHIAS RUMMEL

Dr. Mathias J. Rummel, MD, PhD, is a distinguished medical professional based in Gießen, Germany, renowned for his expertise in the field of Hematology and Medical Oncology. With a rich educational background, including a doctoral degree and board certification in Internal Medicine, Dr. Rummel has dedicated his career to advancing the understanding and treatment of hematological disorders. Over the years, he has held significant positions, including the role of Medical Director at the Clinic for Hematology and Medical Oncology at the Hospital of the Justus-Liebig-University. Dr. Rummel's clinical research experience is extensive, encompassing a wide range of studies in various hematological conditions, further establishing his reputation as a leading figure in the field. Prof. Mattias is a member in ASCO, ESMO, and EHA Dr. and his work extends beyond the clinic, as he actively contributes to the scientific community through his review activities for prominent medical journals.

PRESENTATION:

SANDOZ Satellite Talk: "Three Decades in Treating B Cell Lymphoma"

ABSTRACT:

Over the past three decades, advancements have been made in the treatment of B cell lymphoma, resulting in improved outcomes for patients. The introduction of monoclonal antibodies, such as rituximab, has revolutionized the treatment of B cell lymphoma, leading to improvement in response rates and overall survival. In addition, the use of immunochemotherapy combinations has further improved outcomes in patients with aggressive B cell lymphomas, such as diffuse large B cell lymphoma. The development of targeted therapies, such as ibrutinib and venetoclax, has also led to significant advancements in the treatment of B cell lymphoma. These targeted therapies offer a more personalized approach to treatment, as they target specific pathways and mutations involved in the development and progression of B cell lymphoma. Furthermore, advances in supportive care and the development of hematopoietic stem cell transplantation improved the management of B cell lymphoma, particularly in cases of relapsed/refractory disease.

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

MAZEN BADAWI

Dr Mazen Badawi is a Consultant in Infectious Diseases, Department of Medicine and Deputy Chairman of Antimicrobial Stewardship Team at King Faisal Specialist Hospital & Research Centre in Jeddah. He is certified FRCPC Infectious Diseases, University of British Columbia (UBC), Vancouver BC, Canada, American Board of Internal Medicine and FRCPC Internal Medicine, University of British Columbia (UBC), Vancouver BC, Canada.

PRESENTATION:

GSK Satellite Talk: "Herpes Zoster Risk and Prevention in Immunocompromised Adults"

ABSTRACT:

The presentation will provide an overview of Herpes Zoster burden including prevalence, prognosis and complications with more focus on the Immunocompromised patients including solid tumor and hematologic patients. It will also discuss the disease prevention through vaccination and shed the light on the vaccine design, safety and efficacy profiles for IC patients and the dosing and administration. It will also discuss the current global and national guidelines for Herpes Zoster vaccination.

NAEEM CHAUDHRI

Dr Naeem Chaudhri is a Consultant in the Department of Hematology, Stem Cell Transplantation and Cellular Therapy, Cancer Centre of Excellence at KFSH&RC since 1996. He is a Professor of Medicine in Alfaisal University, Riyadh since 2008 and Adjunct Professor of Medicine at Taylor's University Malaysia since 2022. He is currently the Chairman/President of the Eastern Mediterranean Blood and Marrow Transplant Group (EMBMT). He is American Board of Internal Medicine board certified in Internal Medicine, Medical Oncology and Hematology. He completed his fellowship in Hematology and Medical Oncology at Lombardi Cancer Center, Georgetown University Hospital, Washington D.C. His main interest is malignant hematology, specifically Leukemia, Lymphoma and Hematopoietic Stem Cell Transplant & Cellular Therapy. He is the principal investigator of the South West Oncology Group (SWOG) for KFSH&RC and principal investigator of numerous ongoing clinical trials. He has around 200 publications and abstracts in peer-reviewed journals. He is member of the Working Committees in CIBMTR Acute Leukemia, Chronic Leukemia and Graft Versus Host Disease.

PRESENTATION:

NOVARTIS Satellite Talk: "STAMP the CML Unmet Needs"

ABSTRACT:

The current and new TKIs has enhanced the overall survival beyond 90% at 10 years, making CML like a chronic disease. The goals are revisited to ensure an optimal use of TKIs. Recent development of an STAMP inhibitor Asciminib has demonstrated superior EFS, safety profile, higher and deeper molecular responses in a phase 3 trial against Bosutinib (ASCEMBL Study) in patients who failed/intolerant to > 2 lines of TKIs. Improved EFS and deeper and higher MR were maintained on a long term 96 week follow-up. The ongoing trials are investigating tolerability, safety and efficacy of new agents like Asciminib alone or in combination with other 1GTKI or 2GTKIs in front line setting. The future holds promise.

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

NITIN JAIN

Nitin Jain, MD is an Associate Professor in the Department of Leukemia at MDACC. He earned his medical degree from the All India Institute of Medical Sciences (AIIMS), New Delhi, India in 2002. He completed Internal Medicine residency at the Medical College of Wisconsin, Milwaukee. He then completed clinical fellowship in Leukemia at MDACC followed by a Leukemia research fellowship at Memorial Sloan-Kettering Cancer Center. He then pursued fellowship in Hematology/Oncology at The University of Chicago. He joined as a faculty in the Department of Leukemia at MDACC in July 2012. Dr. Jain treats patients with acute and chronic leukemias with focus of patients with chronic lymphocytic leukemia (CLL) and acute lymphoblastic leukemia (ALL). He has published papers in prominent journals including NEJM, JAMA Oncology, Journal of Clinical Oncology, Blood, Clinical Cancer Research, Cancer, Leukemia & Lymphoma, and others. He has won many prestigious awards during his career.

PRESENTATION 1:
"Combining BTKi and BCLi in the First Line Setting - Pros and Cons"

PRESENTATION 2:
"CLL in 2023 and The Future Ahead"

PAUL RICHARDSON

Dr Paul Richardson is a Professor of Medicine and Director of Clinical Research at Dana Farber Cancer Institute. After certification in Internal Medicine, Hematology and Medical Oncology, as well as working in Cancer Pharmacology from 1994 onwards at Dana-Farber Cancer Institute (DFCI), he joined the Jerome Lipper Myeloma Center in 1999, was appointed Clinical Director in 2001, and led the development of several first-generation novel drugs including bortezomib, lenalidomide and pomalidomide for the treatment of multiple myeloma. Subsequent studies focused on next generation novel drugs including panobinostat and second-generation proteasome inhibitors including ixazomib. More recently, his clinical innovations have been in the development of the breakthrough monoclonal antibodies elotuzumab and daratumumab for the treatment of both untreated and relapsed myeloma, as well as isatuximab and more broadly, antibody drug conjugates including belantamab mafodotin, as well as other immunotherapeutic strategies. In addition to these agents, he has contributed to the development of melflufen, a novel peptide drug conjugate and the first-in-class small molecule inhibitor selinexor, which targets XPO-1, a key nuclear export protein, as well as first-in-human studies of potent cereblon E3 ligase modulators (so called CELMoDs) for the treatment of relapsed and refractory myeloma, including mezigdomide.

PRESENTATION 1:
"The Evolving Therapeutic Landscape for the Upfront Treatment of Multiple Myeloma - From Doublets to Triplets to Quadruplets and Beyond"

PRESENTATION 2:
"What's Next for Advanced Multiple Myeloma? An Overview of the Current Management of Relapsed/ Refractory Multiple Myeloma including Immune Therapies"

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

RAMI KOMROKJI

Dr Rami Komrokji is the Vice chair of the Malignant Hematology Department and the head of the Leukemia and MDS Section at the Moffitt Cancer Center, Tampa, Florida. He is a senior Member of the Malignant Hematology and Experimental Therapeutics Program at the Moffitt Cancer Center, and Professor in Medicine & Oncologic Sciences at the College of Medicine, at the University of South Florida in Tampa, Florida. After earning a medical degree in 1996 from the Jordan University School of Medicine, Dr. Komrokji completed an internship and residency at Case Western University, St. Vincent Program. He then completed a fellowship at Strong Memorial Hospital, University of Rochester, in Hematology/ Oncology and Hematopoietic Stem Cell Transplantation.

PRESENTATION 1:
"MDS Classification and Risk Stratification in 2023"

PRESENTATION 2:
"Promising New Targets and Drugs in MDS"

RIAD EL FAKIH

Riad El Fakih, MD, is a consultant in the Department of Hematology, Stem Cell Transplant & Cellular Therapy at the Oncology Center of King Faisal Specialist Hospital and Research Center, Riyadh. He is also the head of Clinical Research Department at KFSH&RC. Dr. El Fakih is American Board certified in Internal Medicine, Hematology and Oncology. He has special interest in cellular therapies and lymphoid neoplasms. Dr. El Fakih has authored more than 100 peer-reviewed publications, a handbook of Bone Marrow Transplantation, and 5 Hematology book chapters. He contributes to vital hospital committees and NCCN guidelines, all while serving as an Associate Editor and reviewer for prestigious journals, cementing his commitment to advancing medical excellence and patient care.

PRESENTATION:
"Next Questions in Hodgkin Lymphoma"

ABSTRACT:
Hodgkin Lymphoma is a highly curable disease. Through the years the focus was to decrease the toxicities while preserving the efficacy of different therapeutic regimens. A remarkable success was achieved by modifying the chemotherapeutic regimens as well as the radiotherapeutic methods. Response adapted approaches further improved the management of these patients and helped limiting the toxicities. The advent of immunotherapy was a major breakthrough in the history of this disease however a number of questions remain unanswered to better help these patients. My talk will address some of these questions and the work being done to answer them.

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

RUPERT HANDGRETINGER

Rupert Handgretinger, MD is a Professor of Pediatrics and the chairman of the Department of General Pediatrics and Hematology/Oncology at the Children's University Hospital in Tübingen, Germany. He was the director of the Division of Stem Cell Transplantation at St. Jude Children's Research Hospital in Memphis, USA, where he served as a full faculty member and Professor of Pediatrics at the University of Tennessee, Memphis. Prof. Handgretinger was one of the first to introduce CD34+ positive selection in haploidentical transplantation. In addition, Prof. Handgretinger's other research interests have been the development of novel approaches of humoral and cellular immunotherapies for various forms of cancer. Pror. Handgretinger has authored and co-authored > 530 papers in peer-reviewed journals and contributed to various textbooks. He is on the editorial board of various journals. In 2021, he was awarded with the Life Time Achievement Award of the Pediatric Transplant & Cellular Therapy consortium (PTCTC).

PRESENTATION 1:

"Emerging Platforms for Genetic Targeting in Hematologic Diseases"

PRESENTATION 2:

"Will Gene Therapy Replace Transplant in Hemoglobino-pathies?"

SYED OSMAN AHMED

Dr Syed Osman Ahmed acquired his medical qualifications from Imperial College, London and subsequently trained in Medicine and Hematology. Since 2012, he has been a Consultant in the Department of Hematology, SCT & Cellular Therapy, Cancer Centre of Excellence at the King Faisal Specialist Hospital and Research Centre in Riyadh. He is the Director of the Adult CAR T-cell program at the institution. His main interests are AML and transplantation.

PRESENTATION:

"AML Risk Profile and Outcomes in Saudi Patients: The KFSH&RC Experience"

ABSTRACT:

Acute myeloid leukemia is usually a disease of the elderly with the median age a diagnosis of 67.Given the relatively younger age of patience in Saudi Arabia, the typical age of AML patient treated in hospitals is typically younger. These patients are usually more likely to be amenable to intensive chemotherapy as opposed to their counterparts in the west where the larger majority of patients will be candidates for less intensive therapy. It is important , therefore , to tailor our therapies and protocols to adolescent and younger patients. We will be presenting a clinical outcome data on the molecular profiling of patients in KFSHRC as well as transplant outcomes, and discuss how these can be further improved.

SOHO Saudi Arabia 2023

Annual Meeting

KFSH&RC Riyadh / SOHO USA Combined Meeting

PLATINUM SPONSORS

SANDOZ

Takeda

GOLD SPONSORS

AstraZeneca

GILEAD | Kite

GSK

NOVARTIS

VERTEX
THE SCIENCE of POSSIBILITY

SILVER SPONSORS

astellas

sobi

BRONZE SPONSORS

AMGEN

abbvie

BIOMARIN

CSL Behring

hikma.

MENARINI group

novo nordisk

SPC سدير للأدوية

THE POWER OF CHOICE

for patients requiring G-CSF treatment

Your trusted support in G-CSF therapy

The long-acting

ZIEXTENZO®

pegfilgrastim

… now Sandoz offers incredible flexibility tailored to your patients' needs

Potential usage

- **Fortnightly chemotherapy regimens** (e.g. BRAJACTG, R-CHOP-14, FOLFIRINOX)[1]
- **Split-dose chemotherapy** (e.g. cisplatin-gemcitabine, ddMVAC)[2,3]
- **Children**[4,5]
- **Elderly patients**[6]

References:

1. Zeynalova S, et al. German High-Grade Non-Hodgkin Lymphoma Study G. Comparison and modelling of pegylated or unpegylated G-CSF schedules in CHOP-14 regimen of elderly patients with aggressive B-cell lymphoma. Ann Hematol 2013; 92(12): 1641–1652. **2.** Mattioli R, et al. Use of pegfilgrastim support on day 9 to maintain relative dose intensity of chemotherapy in breast cancer patients receiving a day 1 and 8 CMF regimen. Clin Transl Oncol 2009; 11(12): 842–848. **3.** Riedel R, et al. A phase II trial of carboplatin/vinorelbine with pegfilgrastim support for the treatment of patients with advanced non-small cell lung cancer. J Thorac Oncol 2007; 2(6): 520–525. **4.** Fox E, et al. Randomized trial and pharmacokinetic study of pegfilgrastim vs. filgrastim after dose-intensive chemotherapy in young adults and children with sarcomas. Clin Cancer Res. 2009; 15(23): 7361-7367. **5.** Milano-Bausset E et al. Clin Ther. 2009; 31 Pt 2: 2388-95. **6.** Lyman G, et al. vidence-Based Use of Colony-Stimulating Factors in Elderly Cancer Patients. Cancer Control. 2003; 10(6): 487-99. **7.** Ziextenzo® Saudi SPC.

PRESENTATION: Solution for injection in a pre-filled syringe, Ziextenzo 6mg, pegfilgrastim. **INDICATIONS:** Reduction in the duration of neutropenia and the incidence of febrile neutropenia in adult patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and myelodysplastic syndromes). **DOSAGE:** One 6 mg dose (a single pre-filled syringe) of Ziextenzo is recommended for each chemotherapy cycle, given at least 24 hours after cytotoxic chemotherapy. **OVERDOSE:** Single doses of 300 mcg/kg have been administered subcutaneously to a limited number of healthy volunteers and patients with non-small cell lung cancer without serious adverse reactions. The adverse events were similar to those in subjects receiving lower doses of pegfilgrastim. **CONTRAINDICATIONS:** Hypersensitivity to the active substance or to any of the excipients. **PRECAUTIONS/WARNING:** Pulmonary adverse reactions, in particular interstitial pneumonia, have been reported after G-CSF administration. Glomerulonephritis has been reported in patients receiving filgrastim and pegfilgrastim. Capillary leak syndrome has been reported after granulocyte-colony stimulating factor administration. Splenomegaly and splenic rupture. Thrombocytopenia and anaemia. Pegfilgrastim in conjunction with chemotherapy and/or radiotherapy has been associated with development of myelodysplastic syndrome (MDS) and acute myeloid leukaemia (AML) in breast and lung cancer patients. Sickle cell anaemia. Hypersensitivity. Aortitis. **INTERACTIONS:** Due to the potential sensitivity of rapidly dividing myeloid cells to cytotoxic chemotherapy, pegfilgrastim should be administered at least 24 hours after administration of cytotoxic chemotherapy. Concomitant use of pegfilgrastim with any chemotherapy agent has not been evaluated in patients. In animal models concomitant administration of pegfilgrastim and 5-fluorouracil (5-FU) or other antimetabolites has been shown to potentiate myelosuppression. **SIDE EFFECTS: VERY COMMON:** The most frequently reported adverse reactions were bone pain (very common [≥ 1/10]) and musculoskeletal pain (common [≥ 1/100 to < 1/10]). Bone pain was generally of mild to moderate severity, transient and could be controlled in most patients with standard analgesics. Hypersensitivity-type reactions, including skin rash, urticaria, angioedema, dyspnoea, erythaema, flushing, and hypotension occurred on initial or subsequent treatment with pegfilgrastim (uncommon [≥ 1/1,000 to < 1/100]). Serious allergic reactions, including anaphylaxis can occur in patients receiving pegfilgrastim (uncommon). Capillary Leak Syndrome, which can be life-threatening if treatment is delayed, has been reported as uncommon (≥ 1/1,000 to < 1/100) in cancer patients undergoing chemotherapy following administration of granulocyte colony-stimulating factors. Splenomegaly, generally asymptomatic, is uncommon. Splenic rupture including some fatal cases is uncommonly reported following administration of pegfilgrastim. Uncommon pulmonary adverse reactions including interstitial pneumonia, pulmonary oedema, pulmonary infiltrates and pulmonary fibrosis have been reported. Isolated cases of sickle cell crises have been reported in patients with sickle cell trait or sickle cell disease (uncommon in sickle cell patients). **PHARMACEUTICAL PRECAUTIONS:** Store in a refrigerator (2 °C–8 °C). Ziextenzo may be exposed to room temperature (not above 35 °C) for a maximum single period of up to 120 hours. Ziextenzo left at room temperature for more than 120 hours should be discarded. Do not freeze. Accidental exposure to freezing temperatures for a single period of less than 24 hours does not adversely affect the stability of Ziextenzo. Keep the container in the outer carton in order to protect from light. **NOTE:** Before prescribing, please read full prescribing information. **REFERENCE:** Approved PIL revision date in **September 2021**. BSS Date: **July 2023**.

You can report any problem or adverse events or request additional copies of the materials through:

Patient Safety Department Sandoz - Saudi Arabia -.

Toll Free Number: 8001240078

Phone: +966112658100

Fax: +966112658107

Email: adverse.event.sau@sandoz.com

Or by online: HTTPS://PVI1J.SOLUTIONS.IQVIA.COM

Saudi Food and Drug Authority National Pharmacovigilance Center

Unified Contact Center: 19999

Fax: +966112057662

Email: npc.drug@sfda.gov.sa

Or by online: https://ade.sfda.gov.sa

SANDOZ

ZIEXTENZO® pegfilgrastim

8/2023/Zar/Zie/01/O/BSS_V (ME2308230759) EXP: 25/8/2024

RIXATHON®

Rituximab from sandoz

Contribute to a sustainable world with every treatment

Sandoz, a trusted partner
Backed by 20 years of biosimilar development experience

Biosimilars, like Rixathon®, could help support sustainable healthcare
The use of biosimilars frees resources to enable the use of innovative therapies by mitigating the spiralling costs of cancer care[1]

With confirmed clinical comparability to the reference medicine
The clinical efficacy of Rixathon® was confirmed in head-to-head clinical trials in patients with rheumatoid arthritis and follicular lymphoma[2,3]

REFLECT is the first post-approval study of Rixathon®
In real-world patients with DLBCL[4]

RIXATHON®
can be stored at temperatures up to a maximum of 30°c for a single period of up to 7 days[4]

BIOSIMILARS, LIKE RIXATHON®, COULD HELP SUPPORT SUSTAINABLE HEALTHCARE SYSTEMS

The use of biosimilars frees resources to enable the use of innovative therapies by mitigating the spiralling costs of cancer care.[1]

References:
1.Cornes P. The economic pressures for biosimilar drug use in cancer medicine. Target Oncol 72012Suppl 1(Suppl 1):**2**_57-567**.** Jurczak W et al. Rituximab biosimilar and reference rituximab in patients with previously untreated advanced follicular lymphoma (ASSIST-FL): primary results from a confirmatory phase 3, double-blind, randomised, controlled study. The Lancet Haematology 2017. Aug;(8)4:e350-e361. doi: 10.1016/S**3**. 0-30106(17)30026 -2352-5molen J et al. A randomised, double-blind trial to demonstrate bioequivalence of GP2013 and reference rituximab combined with methotrexate in patients with active rheumatoid arthritis. Ann Rheum Dis 5-0:1;2017. doi:10.1136/annrheumdis-**4** 211281-2017**.**Tony HPKrüger K, Cohen SBSchulze-Koops H, Kivitz AJ, Jeka SVereckei ECen L, Kring L, Kollins D. Brief Report: Safety and Immunogenicity of Rituximab Biosimilar GP 2013 After Switch From Reference Rituximab in Patients With Active Rheumatoid ArthritisArthritis Care Res (Hoboken). 94-88:(1)71;2019

PRESENTATION: Concentrate for solution for infusion Rixathon 100 mg and Rixathon 500 mg, Rituximab. **INDICATIONS**: Non-Hodgkin's lymphoma (NHL) Rixathon is indicated for the treatment of previously untreated a with stage III-IV follicular lymphoma in combination with chemotherapy. Rixathon maintenance therapy is indicated for the treatment of follicular lymphoma patients responding to induction therapy. Rixathon Monotherapy is indicated for treatment of patients with stage III-IV follicular lymphoma who are chemo-resistant or are in their second or subsequent relapse after chemotherapy. Rixathon treatment of patients with CD20 positive diffuse large B cell non-Hodgkin's lymphoma in combination with CHOP (cyclophosphamide, doxorubicin, vincristine, prednisolone) chemotherapy. Rixathon in combination with chemotherapy is indicated for the treatment of paediatric patients (aged more than or equal 6 months to less than 18 years old) with previously untreated advanced stage CD20 positive diffuse large B-cell lymphoma (DLBCL), Burkitt lymphoma (BL)/Burkitt leukaemia (mature B-cell acute leukaemia) (BAL) or Burkitt-like lymphoma (BLL). Chronic lymphocytic leukemia (CLL) Rixathon in combination with chemotherapy is indicated for the treatment of patients with previously untreated and relapsed/refractory chronic lymphocytic leukemia. Only limited data are available on efficacy and safety for patients previously treated with monoclonal antibodies including rituximab or patient's refractory to previous rituximab plus chemotherapy.Rheumatoid arthritis: Rixathon in combination with methotrexate is indicated for the treatment of adult patients with severe active rheumatoid arthritis who have had an inadequate response or intolerance to other disease-modifying anti-rheumatic drugs (DMARD) including one or more tumour necrosis factor (TNF) inhibitor therapies. Granulomatosis with polyangiitis and microscopic polyangiitis : Rixathon, in combination with glucocorticoids, is indicated for the treatment of adult patients with severe, active granulomatosis with polyangiitis (Wegener's) (GPA) and microscopic polyangiitis (MPA). Rixathon is indicated for the treatment of patients with moderate to severe pemphigus vulgaris (PV).Rixathon, in combination with glucocorticoids, is indicated for the induction of remission in paediatric patients (aged more than or equal 2 to less 18 years old) with severe, active GPA (Wegener's) and MPA. Pemphigus vulgaris. **DOSAGE**: please refer to the full prescribing information. **CONTRAINDICATIONS**: Contraindications for use. Hypersensitivity to the active substance or to murine proteins, or to any of the other excipients. Active Severe Infection.Patients in a severely immunocompromised state. Severe heart failure (New York Heart Association Class IV) or severe, uncontrolled cardiac disease in rheumatoid arthritis & granulomatosis with polyangiitis, microscopic polyangiitis. **PRECAUTIONS/WARNING**: Progressive multifocal leukoencephalopathy; All patients treated with Rixathon for rheumatoid arthritis, granulomatosis with polyangiitis, microscopic polyangiitis must be given the patient alert card with each infusion. The alert card contains important safety information for patients regarding potential increased risk of infections, including progressive multifocal leukoencephalopathy (PML) If a patient develops PML, the dosing of Rixathon must be permanently discontinued. Infusion Non-Hodgkin's lymphoma and chronic lymphocytic leukaemia. Cardiac disorders; Angina pectoris, cardiac arrhythmias such as atrial flutter and fibrillation, heart failure and/or myocardial infarction have occurred in patients treated with rituximab. Haematological toxicities; caution should be exercised when considering treatment of patients with neutrophils < 1.5 x 109/L and/or platelet counts < 75 x 109/L. Immunisations; The safety of immunisation with live viral vaccines, following rituximab therapy has not been studied for NHL and CLL patients and vaccination with live virus vaccines is not recommended. Severe skin reactions such as Toxic Epidermal Necrolysis (Lyell's syndrome) and Stevens-Johnson syndrome, some with fatal outcome, have been reported. The use of rituximab is not recommended in MTX-naïve patients since a favourable benefit risk relationship has not been established. Rituximab is associated with infusion related reactions (IRRs). Hepatitis B virus (HBV) screening should be performed in all patients before initiation of treatment with Rixathon due to the risk of hepatitis B reactivation. Immunomodulatory medicinal products may increase the risk of malignancy. **INTERACTIONS**: Patients with human anti-mouse antibody (HAMA) or anti-drug antibody (ADA) titres may have allergic or hypersensitivity reactions when treated with other diagnostic or therapeutic monoclonal antibodies. **SIDE EFFECTS: Very common (≥ 1/10):** Bacterial infections, viral infections, bronchitis, Neutropenia, leucopenia, febrile neutropenia, thrombocytopenia, Infusion related reactions, angioedema, Nausea, Pruritis, rash, alopecia, Fever , chills, asthenia, headache, Decreased IgG levels. **Common (≥ 1/100 to < 1/10):** Sepsis, pneumonia, febrile infection, herpes zoster, respiratory tract infection, fungal infections, infections of unknown aetiology, acute bronchitis, sinusitis, hepatitis B, Anaemia, pancytopenia, granulocytopenia, Hypersensitivity, Hyperglycaemia, weight decrease, peripheral oedema, face oedema, increased LDH, hypocalcaemia, Paraesthesia, hypoaesthesia, agitation, insomnia, vasodilatation, dizziness, anxiety, Lacrimation disorder, conjunctivitis, Tinnitus, ear pain Myocardial Infarction, arrhythmia, atrial fibrillation, tachycardia, cardiac disorder, Hypertension, Orthostatic hypotension, hypotension, Bronchospasm, respiratory disease, chest pain, dyspnoea, increased cough, rhinitis, Vomiting, diarrhoea, abdominal pain, dysphagia, stomatitis, constipation, dyspepsia, anorexia, throat irritation, Urticaria, sweating, night sweats, skin disorder, Hypertonia, myalgia, arthralgia, back pain, neck pain, pain, Tumour pain, flushing, malaise, cold syndrome, fatigue, shivering, multi-organ failure. **Uncommon (≥ 1/1,000 to < 1/100):** Coagulation disorders, aplastic anaemia, haemolytic anaemia, lymphadenopathy, Depression, nervousness, Dysgeusia, Left ventricular failure, supraventricular tachycardia, ventricular tachycardia, angina, myocardial ischaemia, bradycardia, Asthma, bronchiolitis obliterans, lung disorder, hypoxia, Abdominal enlargement, Infusion site pain. **PHARMACEUTICAL PRECAUTIONS:** Unopened vial Store in a refrigerator at 2°C – 8°C. Rixathon may be stored at temperatures up to a maximum of 30°C for a single period of up to 7 days, but not exceeding the original expiry date. The new expiry date must be written on the carton. Upon removal from refrigerated storage, Rixathon must not be returned to refrigerated storage. **REFERENCE**: Approved PIL revision date in **August 2023**. BSS Date: **August 2023**

SANDOZ

Sandoz scientific office,
Umm Al Hamam Al ghrabi, Laysen valley, Novartis building number 11, first floor.
12329, Riyadh,
Saudi Arabia

You can report any problem or adverse events or request additional copies of the materials through:
Patient Safety Department Sandoz - Saudi Arabia -.
Toll Free Number: 8001240078
Phone: +966112658100
Fax: +966112658107
Email: adverse.event.sau@sandoz.com
Or by online: HTTPS://PVI1J.SOLUTIONS.IQVIA.COM

Saudi Food and Drug Authority National Pharmacovigilance Center
Unified Contact Center: 19999
Fax: +966112057662
Email: npc.drug@sfda.gov.sa
Or by online: https://ade.sfda.gov.sa

RIXATHON® rituximab
Power in your hands

8/2023/RIX/01/O/BSS_V (ME2308230759) EXP: 25/8/2024

ADCETRIS
brentuximab vedotin

BRINGING
Hope TO *Life*

In adult patients with previously untreated, CD30+ stage IV HL, ADCETRIS + AVD offers increased likelihood of cure vs. ABVD[2,3†‡§¶]

Febrile neutropenia and peripheral neuropathy were more common with ADCETRIS + AVD than with ABVD, but can be **generally managed or mitigated**[1,3,4‖††]

For a full list of adverse events please read the ADCETRIS SmPC[1]

In ECHELON-1, at 6 years, ADCETRIS® + AVD delivered
superior OS vs. ABVD in adult patients with previously untreated, CD30+ stage IV HL[3*,**,†]

In adult patients with previously untreated, CD30+ stage IV HL, ADCETRIS + AVD offers increased likelihood of cure vs. ABVD[2,3‖]

ADCETRIS + AVD
reduced the risk of death by
52%
vs. ABVD[3]

OS was **94.9%** with ADCETRIS + AVD vs. **88.8%** with ABVD
(HR: 0.48 [95% CI: 0.29, 0.80])[3]

ADCETRIS + AVD
reduced the risk of progression or death by
28%
vs. ABVD[3]

PFS was **80.6%** with ADCETRIS + AVD vs. **73.8%** with ABVD
(HR: 0.72 [95% CI: 0.53, 0.96])[3‡]

Febrile neutropenia and PN were more common with ADCETRIS + AVD than with ABVD, but can be **generally managed or mitigated**[3–4§¶]

PN continued to **resolve and improve** at 6 years[4§¶]

Prescribing information, adverse event reporting and the full Summary of Product Characteristics (SmPC) for ADCETRIS can be found on the booth.

The product is dispensed only by prescription. Before prescribing this product, read the full text of Summary of Product Characteristics.

ADCETRIS is indicated for adult patients with: previously untreated CD30+ stage IV HL in combination with AVD; CD30+ HL at increased risk of relapse or progression following ASCT; r/r CD30+ HL following ASCT or following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option; previously untreated sALCL in combination with CHP; r/r sALCL; CD30+ CTCL after at least one prior systemic therapy.[2]

*ECHELON-1 was a phase 3, international, open-label trial that compared ADCETRIS + AVD with ABVD for patients with previously untreated stage III/IV HL. It enrolled 1334 patients across 21 countries, with n=664 in the ADCETRIS + AVD arm and n=670 in the ABVD arm.[3]

**The primary endpoint of ECHELON-1 was met at 2 years. The primary endpoint of ECHELON-1 was modified PFS in the ITT population. Modified PFS was defined as time to disease progression, death, or modified progression (with the latter defined as evidence of non-complete response after completion of frontline therapy according to review by an independent committee, followed by subsequent anticancer therapy).[3]

†This subgroup was not powered to detect statistical significance. June 1, 2021 data-cut off.[3]

‡PFS per investigator. PFS as an endpoint was not powered to detect statistical significance; 95% CI is unadjusted/descriptive.[3]

§Safety reported in the safety population (stage III/IV HL; n=1321).[3]

¶PN resolution or improvement at 6 years was 86% in the ADCETRIS + AVD group (n=379/443), with 72% showing complete resolution (n=318/443), and 87% in the ABVD group (n=249/286), with 79% showing complete resolution (n=227/286).[3]

‖Patients who survive relapse-free beyond 5 years may be cured; however, while late relapse is rare, PFS status after 5 years does not guarantee cure. Patients should be monitored and encouraged to report any return of symptoms as appropriate.[4]

Abbreviations:

ABVD: doxorubicin, bleomycin, vinblastine, dacarbazine; **ASCT:** autologous stem cell transplant; **AVD:** doxorubicin, vinblastine and dacarbazine; **CHP:** cyclophosphamide, doxorubicin, prednisone; **CI:** confidence interval; **CTCL:** cutaneous T-cell lymphoma; **EU:** European Union; **HL:** hodgkin lymphoma; **HR:** hazard ratio; **ITT:** intention-to-treat; **OS:** overall survival; **PFS:** progression free survival; **PN:** peripheral neuropathy; **r/r:** relapsed or refractory; **sALCL:** systemic anaplastic large cell lymphoma.

References:

1. ADCETRIS® Summary of Product Characteristics. **2.** Bröckelmann PJ, et al. Late relapse of classical Hodgkin Lymphoma: an analysis of the German Hodgkin Study Group HD7 to HD12 trials. *J Clin Oncol.* 2017;35(13):1444–1450. **3.** Ansell SM, et al. Overall survival with brentuximab vedotin in Stage III or IV Hodgkin's lymphoma. *N Engl J Med.* 2022;387:310–320. **4.** Connors JM, et al. Brentuximab vedotin with chemotherapy for stage III or IV Hodgkin's lymphoma. *N Engl J Med.* 2018;378(4):331–344.

To report any side effect(s) please contact Takeda Drug Safety Officer:
E-mail: AE.SaudiArabia@takeda.com
And/or The National Pharmacovigilance and Drug Safety Center (NPC):
Call center: 19999 · E-mail: npc.drug@sfda.gov.sa

C-APROM/SA/ADCE/0040
Expiry: 19 May 2025

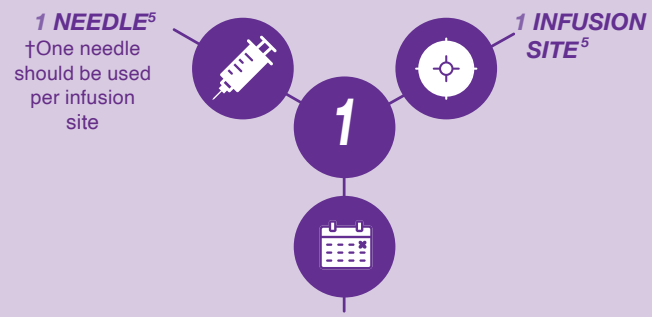
Takeda Pharmaceuticals
Takeda Export Services GmbH-Technical and Scientific Office
Riyadh 12334, P.O.Box: 7795, Saudi Arabia

Up to four in five people with hematological malignancies, including CLL or MM, can suffer from infection as a result of their condition [1]

HyQvia demonstrated low rates of serious infections and there were no deaths from infection-related complications in SID patients[1–4]

†Usually given every 3-4 weeks based on patients[1] clinical response.

HYQVIA IS THE ONLY fSCIG THAT GIVES THE FLEXIBILITY TO INFUSE WITH AS FEW AS:[5]



Reference

1. Reiser M, et al. Eur J Haematol 2017;99:169–177; 2. Nosari A. Mediterr J Hematol Infect Dis 2012;4:e2012070; 3. Parry HM, et al. Br J Haematol 2015;171:887–890; 4. Benbrahim O, et al. Eur J Haematol 2018;101:48–56; 5. HyQvia Saudi Arabia Summary of Product Characteristics Date of first authorization: 24-June-2020, DATE OF REVISION OF THE TEXT: 28-October-2021.

Indications1

Replacement therapy in adults, children and adolescents (0-18 years) in:

- Primary immunodeficiency syndromes with impaired antibody production.
- Secondary immunodeficiencies (SID) in patients who suffer from severe or recurrent infections, ineffective antimicrobial treatment and either proven specific antibody failure (PSAF)* or serum IgG level of <4 g/l.

*PSAF = failure to mount at least a 2-fold rise in IgG antibody titre to pneumococcal polysaccharide and polypeptide antigen vaccines

†After appropriate training, Home administration in children and adolescents should be supervised by a guardian or caregiver who has received suitable training, Please see HyQvia Summary of Product Characteristics for more information on the product's safety profile.

For full SmPC please scan QR Code

To report any side effect(s) please contact Takeda Drug Safety Officer:
E-mail: AE.saudiarabia@takeda.com
And/or The National Pharmacovigilance and Drug Safety Center (NPC):
Reporting hot-line: 19999, **E-mail:** npc.drug@sfda.gov.sa, **Website:** www.sfda.gov.sa/npc

Takeda

Takeda Export Services GmbH:
Saudi Arabia, Riyadh, Al urubah road,
Laysen Valley Center, Building # 8, 2nd Floor
Postal Code: Riyadh 12329

C-APROM/SA/HYQ/0029
Expiry date: 1/11/2023

ULTOMIRIS®
(ravulizumab)
injection for intravenous use

IMMEDIATE, COMPLETE and SUSTAINED C5 inhibition for the entire 8-WEEK dosing[1-3]

WIDEN THEIR WORLD

EXPAND YOUR PNH PATIENTS' HORIZON

AstraZeneca

ALEXION
AstraZeneca Rare Disease

SmPC

References:
1. Ultomiris® Summary of Product Characteristics. Saudi Arabia. July 2022.
2. Lee, J. W., Sicre de Fontbrune, F., Wong Lee Lee, L., Pessoa, V., Gualandro, S., Füreder, W., Ptushkin, V., Rottinghaus, S. T., Volles, L., Shafner, L., Aguzzi, R., Pradhan, R., Schrezenmeier, H., & Hill, A. (2019). Ravulizumab (ALXN1210) vs eculizumab in adult patients with PNH naive to complement inhibitors: the 301 study. *Blood*, 133(6), 530–539.
3. Kulasekararaj, A. G., Hill, A., Langemeijer, S., Wells, R., González Fernández, F. A., Gaya, A., Ojeda Gutierrez, E., Piatek, C. I., Mitchell, L., Usuki, K., Bosi, A., Brodsky, R. A., Ogawa, M., Yu, J., Ortiz, S., Röth, A., Lee, J. W., & Peffault de Latour, R. (2021). One-year outcomes from a phase 3 randomized trial of ravulizumab in adults with paroxysmal nocturnal hemoglobinuria who received prior eculizumab. *European Journal of Haematology*, 106(3), 389–397.

Al-Nakhla Tower - Floor 13th Ath Thumamah, Road - Al Sahafa District. 7198 Unit No. 20 Riyadh 13315 – 3642. Tel: +966 (011) 22 492 00; Fax: +966 (011) 22 492 91
For Reporting Adverse Events and/or Product Quality Complaints: Phone: +966 112249235 E-mail: eventsksa.adverse@astrazeneca.com
For Medical Information Enquiries: E-mail: medinfo-ksa@astrazeneca.com

SA-6817

YESCARTA®
(axicabtagene ciloleucel) Suspension for IV infusion

YESCARTA® IS NOW APPROVED IN SAUDI ARABIA[1]

YESCARTA® IS INDICATED FOR:[2*]

- Adult patients with large B-cell lymphoma that is refractory to first-line chemoimmunotherapy or that relapses within 12 months of first-line chemoimmunotherapy.
- Adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, primary mediastinal large B-cell lymphoma, high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma.
- Yescarta is indicated for the treatment of adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy.

Limitations of Use: Yescarta is not indicated for the treatment of patients with primary central nervous system lymphoma.

References:

1. Health Sciences Authority. Register of class 2 cell, tissue or gene therapy products. Available at: https:// www.hsa.gov.sg/ctgtp/ctgtp-register. Accessed July 2023.
2. YESCARTA® Saudi Package Insert, approved July 2023. 3. YESCARTA® 0.4-2x108 suspension. Summary of Product Characteristics. Saudi Arabia. Revision date July 2023.

Prescribing Information

Reporting suspected adverse reactions of medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals and patients are asked to report any suspected adverse reactions via the National Pharmacovigilance Centre (NPC) unified number: 19999 or email: npc.drug@sfda.gov.sa

Adverse reactions may also be reported directly to Gilead. Adverse reactions related to Gilead products may be reported directly to Gilead via Safety_FC@gilead.com

To request medical information please contact: askgileadME@gilead.com

YESCARTA® Saudi Arabia Package Insert is available here or scan the QR code:

SA-YES-0090 - Prepared Sep 2023

Gilead Sciences Saudi Arabia

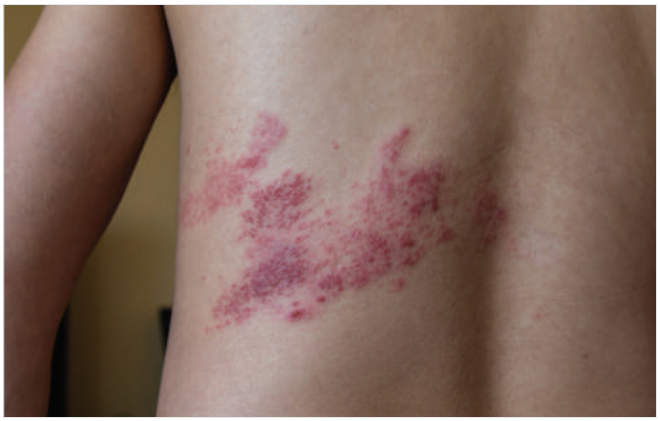
For Healthcare Professionals only.

GILEAD | Kite

99.5% OF PEOPLE ≥50 YEARS OLD ARE INFECTED WITH THE VIRUS THAT CAUSES SHINGLES[1]*

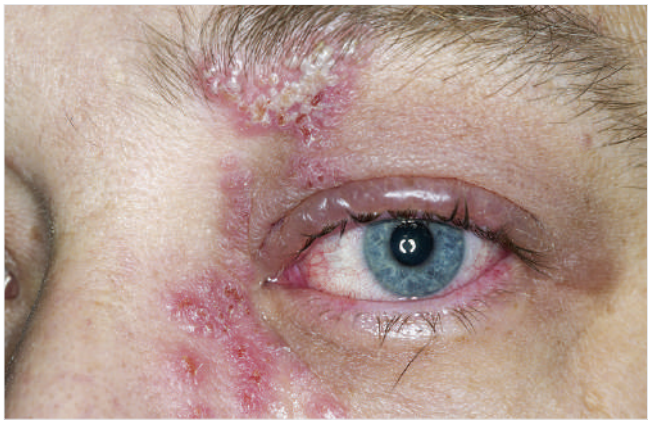
In 1 out of 3 people, the dormant virus reactivates and causes shingles- a blistering rash that can be excruciatingly painful.[1,2]

Shingles is a painful disease that can have a serious and long-lasting complications.



Postherpetic neuralgia (PHN)

- Affects up to 30% of patients with shingles[2]*
- Characterized by long-lasting nerve pain that can persist for years[1]



Herpes zoster ophthalmicus

- Affects up to 25% of patients with shingles[1]*
- Can lead to ophthalmic complications and in rare cases, blindness[1,3]

Scan here for Shingrix Safety Information

Scan here for Shingrix Prescribing Information

*US data. May not be representative of global population

For more information, please refer to the prescribing information or contact GlaxoSmithKline via gcc.medinfo@gsk.com
To report Adverse Event/s associated with the use of GSK product/s, please contact us via saudi.safety@gsk.com
To report the Quality related product complaint/s associated with the use of GSK product/s, please contact us via Gulf-KSA.Product-Complaints@gsk.com

References: 1. Centers for Disease Control and Prevention. Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR. 2008 May;57(RR-5):1-30. **2.** Kawai K, Gebremeskel BG, Acosta CJ. Systematic review of incidence and complications of herpes zoster: towards a global perspective. BMJ Open. 2014 Jun;4(6):e004833. **3.** Volpi A. Severe complications of herpes zoster. Herpes. 2007 Sep;14 Suppl 2:35-9.

SHINGRIX
(ZOSTER VACCINE RECOMBINANT, ADJUVANTED)

PM-SA-SGX-BNNR-220001 | Date of Preparation: May 2022

SCEMBLIX®

(asciminib) 20 mg, 40 mg tablets

1st APPROVED STAMP INHIBITOR
specifically targeting ABL1 Myristoyl Pocket

Scan for SCEMBLIX NSS

NOVARTIS | Reimagining Medicine
Novartis Saudi Limited نوفارتس السعودية ليميتد
Building no. 7892, Secondary no. 2274
B-11 Laysen Valley
West Umm Al Hamam District
Postal Code 12329, Riyadh, SAUDI ARABIA

08/2023/SCE/003/SES/SA_V1.0_NSS SA2308178520 Aug-2024

VERTEX

THE SCIENCE *of* POSSIBILITY

Company overview

Vertex is a global biotechnology company that invests in scientific innovation to create transformative medicines for people with serious diseases. The company has multiple approved medicines that treat the underlying cause of cystic fibrosis (CF) — a rare, life-threatening genetic disease — and has several ongoing clinical and research programs in CF. Beyond CF, we have a robust clinical pipeline of investigational small molecule, mRNA, cell and genetic therapies (including gene editing) in other serious diseases where we have deep insight into causal human biology, including sickle cell disease (SCD), beta thalassemia, acute and neuropathic pain, APOL-1mediated kidney disease (AMKD), type 1 diabetes and alpha-1 antitrypsin deficiency (AATD).

Founded in 1989 in Cambridge, Mass., Vertex's global headquarters is now located in Boston's Innovation District and its international headquarters is in London. Additionally, the company has research and development sites and commercial offices in North America, Europe, Australia and Latin America. Vertex is consistently recognized as one of the industry's top places to work, including 13 consecutive years on Science magazine's Top Employers list and one of Fortune's 100 Best Companies to Work For. For company updates and to learn more about Vertex's history of innovation, visit www.vrtx.com or follow us on Twitter and LinkedIn.

V1.0 INT-70-2300124 | October 2023

ANNOUNCEMENT

“SOHO Saudi Arabia 2024 Annual Meeting”

Preliminary Date 17-19 October 2024

Venue Riyadh, Saudi Arabia

Email sohoksa@kfshrc.edu.sa

ACCREDITATION

الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

“SOHO Saudi Arabia 2023 Annual Meeting”

14 CME hours
SCFHS Accreditation Number:
ACA-20230003775
Date: 10/10/2023