field of hematology are mainly focused on hemostasis disorders. His studies on platelet adhesion and aggregation have been referred to in numerous foreign researches. He has conducted studies on some hereditary or acquired coagulation disorders, leukemias, some anemias, and plasma cell dyscrasias. He is one of the four Turkish hematologists that Wintrobe included in the book "Hematology, The Flowering of a Science: A Story of Inspiration and Effort". He has shown the recognition and diagnostic methods of many hemostasis disorders in our country with his Turkish publications. Prof. Dr. Inceman's followers became Prof. Dr. Y. Tangun, Prof. Dr. Y. Pekcelen, Prof. Dr. T. Atamer and Prof. Dr D. Sargin. He retired in 1986. He succumbed to colon cancer in 1994. He was a good listener, a serious and kind gentleman. He paid attention to details, closely followed contemporary information.

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07

SICKLE CELL DISEASE UPDATE: NEW TREATMENTS

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Sickle-cell disease is the most common genetic blood disorder, causing blockage of the circulation and resulting painful vaso-occlusive episodes, acute chest syndrome, stroke, chronic anemia, and multiorgan failure, with increased mortality. Three novel medications have been approved in the past five years: L-glutamine in 2017, and voxelotor and crizanlizumab in 2019. L-glutamine treatment was linked to a reduction in the rate of RBC transfusions as well as a decrease in hospitalizations, pain crises, and the period between the first and second crises. By raising adenosine triphosphate and lowering 2,3-diphosphoglycerate, a glycolytic red blood cell intermediate, mitapivat, an oral pyruvate kinase activator, also has therapeutic potential. Crizanlizumab, a P-selectin inhibitor, reduces the grade of inflammation by lowering the adhesion between the endothelium and leukocytes, sickled red blood cells, platelets, and endothelial cells. Crizanlizumab is associated with a decrease in the requirement for opiate use as well as a decrease in the number of pain crises and the time until the first crisis. Adverse effects include infusion reactions, headache, nausea, and insurance difficulty. Voxelotor increases hemoglobin levels and affinity for oxygen, preventing HbS polymerization, and lowering hemolysis indicators in the process and was associated with lower hemolysis indicators and higher hemoglobin. Insurance denial and adverse effects like headache, rash, and diarrhea were obstacles to using Voxelotor. None of these therapies, however, are curative. There are efficient cell-based treatments including red blood cell exchange, and hematopoietic stem cell transplantation is the only treatment that can cure the disease. Gene editing has shown promise in the treatment of β-thalassemias and sickle cell disease.

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08

PNH TREATMENT: TREATMENTS OF TODAY AND TOMORROW

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Paroxysmal nocturnal hemoglobinuria (PNH) is a rare, acquired blood disorder characterized by chronic destruction of red blood cells (hemolytic anemia) and blood clots (thrombosis).[1] PNH can occur at any age, although it is most often diagnosed in young adulthood. the only cure for paroxysmal nocturnal hemoglobinuria (PNH) is an allogeneic hematopoietic stem cell transplantation.[2] Stem cell transplantation is associated with high mortality and it is reserved for severe cases of PNH with aplastic anemia or transformation to leukemia, both of which are life-threatening complications. Other treatment strategies include complement mediators that inhibit components of the complement system. Several monoclonal antibodies (ie, eculizumab, ravulizumab, crovalimab) that target the C5 complement component have been approved for treatment of PNH by the US Food and Drug Administration (FDA).[3,4] A monoclonal antibody that inhibits C3, pegcetacoplan, has also been approved for treatment of PNH. Pegcetacoplan is a C3 inhibitor that is administered subcutaneously, twice weekly, and is capable of blocking both intravascular and extravascular hemolysis.[5] Iptacopan, an oral inhibitor of factor B (a component of the alternative complement pathway) was approved by the FDA in 2023. It is indicated as monotherapy for PNH.[6] Danicopan, a selective inhibitor of complement factor D, was approved by the FDA in 2024 for patients who experience clinically significant extravascular hemolysis, as an add-on to C5 inhibitor therapy (eg, eculizumab, ravulizumab).[7] Additional treatment strategies are focused on managing the symptoms and complications of PNH. Depending on the anemia symptoms they experience, patients with PNH may receive supportive treatments, such as blood transfusion, iron replacement therapy, growth factors, and erythropoeitin. Steroids may also be used only for short-term use in symptomatic extravascular hemolysis. [8,9] Treatment with anticoagulants, including heparin and coumarin derivatives, may reduce the risk of thrombosis.[1] Supplementation with folate, iron, and vitamin B12 can be used to support increased erythropoiesis in the bone marrow.

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09

NOVEL TARGETS AND THERAPIES IN MULTIPLE MYELOMA

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Multiple Myeloma (MM) is the second most frequent cancer and constitutes 10 % of hematological malignancies. Median age at onset is older than 65 years old.Despite significant improvement has been gained for management of the