Annual Sickle Cell and Thalassaemia (ASCAT) Conference
7 – 9 October 2015

Conference details

Dates
7 – 9 October 2015

Venue
The Hilton Tower Bridge, Tooley Street, London, SE1 2BY, United Kingdom

Introduction
This annual conference is now in its 9th year and is well established as one of the leading events in the world, providing an international forum for dialogue and interaction between the leading world experts in Sickle Cell Disease (SCD) and Thalassaemia and health care professionals at the frontline of care. The conference is hosted by Evelina London Children’s Hospital, Guy’s and St Thomas’ NHS Foundation Trust.

Who should attend?
This three day conference is aimed at all those with a common interest in sickle cell and thalassaemia, including:
- Consultant haematologists
- Paediatricians
- Clinical nurse specialists
- Doctors in training
- Allied Professionals - psychologists, education, social workers

Overall aims and objectives

Aims: This conference aims to provide inter-phase between academic, researchers and frontline professionals involved in the management of sickle cell disease (SCD) and thalassaemias

Objectives:
- To provide opportunity for world class scientist to interact with frontline staff and young aspiring researchers.
- Encourage aspiring faculty to show case their work
- To appraise front line professionals with land mark messages from research in sickle cell and thalassaemia

The 2015 SCD conference will focus on:
- Health Related Quality of life for patients with SCD and thalassaemia
- Update on New Therapies: New Drugs, Gene therapy and Bone Marrow transplantation
- Chronic complications including stroke, renal, bone and avascular necrosis
- Beta thalassaemia major and intermedia- Non-Transfusion Dependent Iron overload in Thalassaemia
- Public health interventions to reduce the burden of SCD including improved awareness, disease prevention and early detection
- Best practice in managing the transition from paediatric to adulthood
- Global health issues in Sickle Cell and Thalassaemia – how do we close the gap between the management of SCD in developing and developed countries?
- Update on Iron Chelation therapy: what options to use and when to initiate chelation

Format
The conference will include seminars, debates and consensus sessions on key management issues affecting Sickle Cell and Thalassaemia. There will also be poster sessions, abstracts and an exhibition. CPD points have been applied for from The Royal College of Paediatrics and Child Health and Royal College of Pathology.
Outline Programme

This year’s conference theme is Research and the Care of Sickle Cell and Thalassaemia: Bridging the Gap

Day One: Wednesday 7 October 2015

- Overview of Sickle Cell Disease and treatment options
- Pathology of Sickle Cell Disease
- Assessment and management of iron overload in β-thalassaemia major patients during the 21st century: a real-life experience from the Italian WEBTHAL project.

Parallel A: Determinants of Sickle Cell Disease Severity

- Environmental determinants of severity
- Genetic determinants of severity
- Biomarkers of severity
- Oral abstract to be chosen

Parallel B: Laboratory Diagnosis

- Morphology cases (Quiz)
- Laboratory Diagnosis of haemoglobinopathy with HPLC examples
- Molecular diagnostics in haemoglobinopathy
- Haemoglobin switching

Meet the Expert

- The management of Thalassaemia in Europe
- Vitamin D in Sickle Cell Disease – when to treat
- Meet bone marrow transplant co-ordinator

USA NIH Clinical Excellence Research Centers

- The Cardiomyopathy of Sickle Cell Disease
- Molecular Mechanisms of Pain in Sickle Cell Disease
- Novel Insights into the Pathogenesis of Acute Chest Syndrome
- Oral abstract to be chosen

Highlights from other international meetings

- Highlights from the 2014 FSCDR Sickle Cell Meeting and Overview of the 2015 10th Anniversary Meeting
- Highlights of the 2015 World Sickle Cell Day Conference in Abuja, Nigeria

Poster walk and Refreshments

Welcome reception
A welcome reception will be held on Wednesday 7 October at The Hilton Tower Bridge for all those attending the conference.
Day Two: Thursday 8 October 2015

Meet the Expert

Thalassaemia Plenary Session

- Endocrine and bone complications in β-thalassemia: current understanding and treatment
- Treatment of iron overload-related complications
- Electronic addr - Guidelines for diagnosis and management of Beta-thalassemia intermedia

Parallel A – Psychosocial theme led by Marsha Treadwell HRQOL

- Quality of life in children with sickle cell disease
- Quality of life and quality of care in adults with sickle cell disease
- Pain and quality of life in hospital for adults with sickle cell disease
- Oral abstract to be chosen

Parallel B – Vascular complications in sickle cell disease

- Cerebrovascular disease
- Venous thromboembolism
- Pulmonary Hypertension
- Oral abstract to be chosen

Meet the Expert

- Management of Acute Chest Syndrome in Sickle Cell Disease
- Hydroxyurea therapy in Sickle Cell Disease
- The management of Thalassaemia including Thalassaemia intermedia
- The role prevention in Thalassaemia
- Burden of Adult Sickle Cell Disease: Management and Challenges

Educational session

Parallel A

- Renal complications of Sickle Cell Disease
- Impact of a dedicated infusion clinic for acute management of adults with Sickle Cell pain crisis.
- Avascular Necrosis in Sickle Cell Disease
- Pregnancy in Haemoglobinopathies

Parallel B

- Iron chelation in paediatric patients with haemoglobinopathies
- Cardiac MRI in Thalassaemia
- Transfusion therapy for Thalassaemia – The ultimate goal
- Oral abstract to be chosen

Cure for Sickle Cell and Thalassaemia

- Overview of transplantation in hemoglobinopathies-historical perspective focused on hla matched sibling with myeloablative or reduced intensity
- Novel approaches to transplantation in sickle cell and thalassemia- newer data on unrelated donor and haploidentical transplants
- Gene therapy in sickle cell disease and thalassemia -preclinical and clinical studies to date
Day Three: Friday 9 October 2015

Meet the Expert

A – Laboratory Practice
• Laboratory systems and strategic capacity and strengthening
• Gene-Disease Databases: Opportunities for research and development in sub-Saharan Africa

B – Nursing Management
• Transition from Paediatric to Adult care
• Extended nursing role in patient care for haemoglobinopathies

Parallel A – Global Burden of SCD
• Global burden of Sickle Cell Anaemia
• Lessons from 22 years in improving health of children and pregnant women with SCD in a Sub-Saharan Africa setting
• Addressing the challenge of Sickle Cell Disease

Parallel B – CNS complications in SCD
• Prevention and Management of Stroke in Sickle Cell Disease in Nigeria; Progress of the SPIN Trial
• Neurocognition in Sickle Cell Disease
• The Significance of Silent Cerebral Infarcts in Children with Sickle Cell Anaemia

Developing Clinical and Research Capacity for Haemoglobinopathies

Parallel A – Sub-Saharan Africa
• Perspectives in Genetics and Secondary Prevention in Sickle Cell Disease
• Sickle Cell Anaemia in Central Africa: Environment, Genetics and Clinical features.

Parallel B – Europe
• Neglect of Sickle Cell disease in Germany: The example of newborn screening
• Challenges for the management of Sickle Cell disease in France
• The care of Sickle Cell patients in Italy: psychosocial issues and Hydroxyurea treatment availability

Drug therapies in Sickle Cell and Thalassaemia
• Impact of Hydroxyurea therapy on SCD in children: Brazilian experience
• New Drug Therapies in Thalassaemia
• New Drug therapies in Sickle Cell Disease
Drug therapies in Sickle Cell and Thalassaemia

Close
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Steering committee

Moji Awogbade  
Department of Haematology, King’s College Hospital, UK
Rachel Kesse-Adu  
Department of Haematology, Guy’s and St Thomas NHS Foundation Trust, UK
Banu Kaya  
Department of Haematology, Royal London Hospital, UK
Baba Inusa (Chair)  
Evelina London Children Hospital, Guy’s and St Thomas NHS Foundation Trust, UK

Speakers include

Professor Miguel Abboud  
American University of Beirut, Lebanon
Professor Adekunle Adekile  
Kuwait University, Kuwait
Dr Najibah Galadanci  
University/Aminu Kano Teaching Hospital, Nigeria
Dr Kofi Anie  
London North West Healthcare NHS Trust, Central Middlesex Hospital, UK
Dr Moji Awogbade  
King’s College London, UK
Mr Marcus Bankes  
Guy’s and St Thomas NHS Foundation Trust, UK
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Institut National de la Santé et de la Recherche Médicale, France
Dr Raffaella Colombatti  
Azienda Ospedaliera-Università di Padova, Italy
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Guy’s and St Thomas NHS Foundation Trust, UK
Professor Bernard Davis  
The Whittington Hospital, UK
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Imperial College London and Imperial Healthcare NHS Trust, UK
Professor Kalpna Gupta  
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Professor Kathryn Hassell  
University of Colorado Anschutz Medical Campus, USA
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Professor Elizabeth Klings  
Boston University School of Medicine, USA
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Professor Sebastian Lucas  
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Hôpital universitaire Necker-Enfants malades, France
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School of Medicine; University of Pittsburgh, USA
Emeritus Professor Kwaku Ohene-Frempong  
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Guy’s and St Thomas NHS Foundation Trust, UK
Dr Alessia Pepe  
Fondazione ‘G. Monasterio’ CNR, Italy
Dr Mary Petrou  
University College Hospital, UK
Dr Fred Piel  
Oxford University, UK
Professor Antonio Piga  
University of Torino, Italy
Dr Jerilym Porter  
St. Jude Children’s Research Hospital, USA
Professor John Porter  
University College London, UK
Associate Professor Charles Quinn  
Cincinnati Children’s Hospital, USA
Professor Cherif Rahimy  
Faculty of Health Sciences Cotonou, Benin Republic
Professor David Rees  
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Dr Claire Sharpe  
King’s College London, UK
Professor Ali Taher  
American University of Beirut Medical Centre, Lebanon.
Professor Alexis Thompson  
Lurie Children’s Hospital Chicago, USA
Dr Marsha Treadwell  
Benioff Children’s Hospital Oakland, USA
Dr Sara Trompeter  
University College Hospital, UK
Professor Leon Tshilolo  
Monkole/Centre de Formation et d’Appui Sanitaire (CEFA), DR Congo
Professor Winfred Wang  
St. Jude Children’s Research Hospital, USA
Professor Ambroise Wonkam  
University of Cape Town, Republic of South Africa

www.guysandstthomasevents.co.uk
Conference fees

3 DAY ATTENDANCE
Consultant £500 (early bird offer £350)
Trainee doctor £375 (early bird offer £265)
Nurse £300 (early bird offer £265)
Student £265 (early bird offer £250)

1 DAY ATTENDANCE
Consultant £235 (early bird offer £135)
Trainee doctor £150 (early bird offer £120)
Nurse £120
Student £120

*Early bird bookings must be received by Monday 31 August 2015

We recommend attending all three days but delegates can elect to attend for one day if preferred.

Abstract (oral and poster) submissions

The abstract sessions are a key part of the learning and networking opportunities of the conference.

If you would like to submit an abstract, please see our guidelines at www.guysandstthomasevents.co.uk

The closing date for abstracts is 31 August 2015

To register

To secure your place on the 2015 Sickle Cell and Thalassaemia Advanced Conference, or for further information, please visit:

www.guysandstthomasevents.co.uk

If you have any enquiries about the course, please contact the events team on:

020 7188 1622 or email events@gstt.nhs.uk
Guy’s and St Thomas’ NHS Foundation Trust

Guy’s and St Thomas’ NHS Foundation Trust is one of the largest Foundation Trusts’ in the UK. It consists of St Thomas’ Hospital, Evelina London Children’s’ Hospital and Guy’s Hospital.

The Trust provides a full range of hospital services, as well as specialist services including cancer, cardiothoracic, women and children’s services, kidney care and orthopaedics. Guy’s is a major centre for cancer and renal services with the UK’s largest kidney donor programme, and is also a leading centre for genetics, stem cell and allergy research. St Thomas’ is a leading centre for the treatment of cardiovascular disease, stroke, HIV and dermatology. The Trust has one of the largest critical care units in the UK and one of the busiest A & E departments in London. It has an annual turnover of £1.2 billion and employs 13,500 staff.

The Trust handles over 2 million patient contacts a year including:

- 1.03 million outpatients
- 83,000 inpatients
- 82,500 day case patients
- 184,000 accident and emergency attendances
- 866,000 in community services.
- And we deliver 6,800 babies

The Trust has 665 beds at St. Thomas’, 288 at Guy’s, 144 at the Evelina London Children’s Hospital and 64 in the community.

NHS statistics show that our patient survival rates are nearly 25 per cent better than the national average. This is one of the lowest standardised mortality rates in the NHS and provides an important indication of the quality of care provided by our clinical staff.

Evelina London Children’s Hospital

At Evelina London, we provide a comprehensive range of children’s healthcare services so that we are able to look after patients from antenatal diagnosis through childhood, into adolescence and on into adult life.

The Evelina coordinates complex care for children across the South Thames region, working in partnership with King’s College Hospital, the Royal Marsden Hospital and St George’s Hospital.

We are the second largest provider of children’s services in London. Children’s services provided in Evelina London and St Thomas’ Hospital treat around 55,000 children a year.

We have 130 inpatient and day case beds, 20 paediatric intensive care beds, 46 neonatal cots, six operating theatres and a kidney dialysis unit.

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