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Recurrent or refractory primary central nervous lymphoma: Therapeutic considerations

Saurabh Dahiya
Tufts University, USA

Primary central nervous system lymphoma (PCNSL) is an uncommon variant of extranodal non-Hodgkin lymphoma (NHL) that involves the brain, leptomeninges, eyes or spinal cord without evidence of systemic disease. Despite the high complete remission rate achieved with aggressive first-line therapy, 10-35% of PCNSL are treatment refractory and 35-60% of patients relapse. Standard therapy for recurrent or refractory disease has not yet been established, although retrospective data suggests improvement in survival with salvage therapy. The reported survival after relapse of PCNSL varies between 2 months and 24 months with most series reporting an average of 4-12 months. The outcomes depend on whether treatment is instituted or not, suggesting a need for treatment guidelines for these patients. I would like to review therapeutic approaches and their outcomes in recurrent or refractory PCNSL.

drsaurabhdahiya@gmail.com

Glucose 6 phosphate dehydrogenase: A pharmacogenetics gene

Jummanah Jarullah
King Abdulaziz University, KSA

G6PD deficiency play important role in establishing the discipline of pharmacogenetics. Personal genomic makeup is responsible for the efficacy and side effect of the drugs in different ethnic groups. G6PD has shown marked polymorphism in many populations in past and present. This makes G6PD gene a marker for the origin, migration and genetic drift. Deficiency of G6PD enzyme is a silence phenomenon. G6PD deficient individuals have sudden unwarranted hemolytic attack. Global burden for this disease is huge. Although many countries have made G6PD neonatal screening mandatory, there remain quite a few populations who are unaware of their prevalence rate. New drug may be safe for one ethnic group while unsafe for other group since G6PD deficiency variants vary from one population to the other. Fresh drugs should therefore be tested in more than one ethnic group for safety parameters, before approval. Continued Drug Monitoring after release should monitor to spot unusual drug reactions early and to allow for prompt control. Detection of G6PD variants in various populations and its effect on various drugs will be helpful in making the drug safely administered in particular ethnic group. We are beginning an era, to learn how to deal with personal preventive and prognostic health approach instead of being draconian in our approach to health.

jumanaj@gmail.com

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