Challenge TDT

Transfusion-Dependent β-Thalassaemia (TDT) is

a Severe Genetic Disease

That Impacts Patients for Life[1,2]

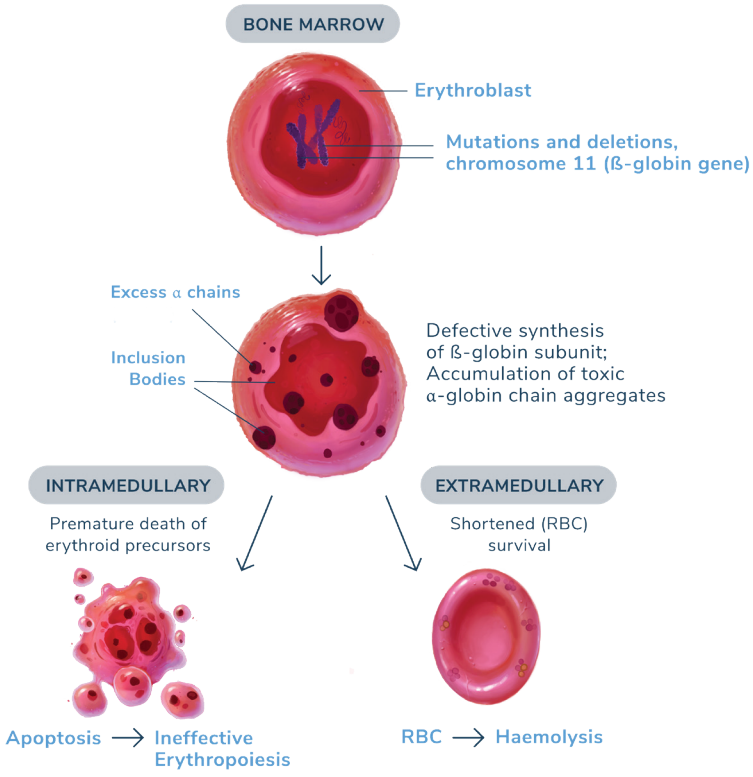
KEY POINTS

Transfusion-Dependent β-Thalassaemia (TDT) is the most severe form of β-thalassaemia, characterised by severe anaemia resulting from ineffective erythropoiesis and haemolysis.[1]

Red blood cell transfusions correct the anaemia and enable survival, but lead to iron overload and associated complications.[1]

Available treatment options for TDT are lifelong chronic transfusions with iron chelation or allogeneic haematopoietic stem cell transplant (HSCT).[1]

HOW IT HAPPENS: Ineffective Erythropoiesis and Haemolysis in β-Thalassaemia[3]



Adapted from Rachmilewitz E, Giardina P. How I treat thalassemia. *Blood*. 2011;118(13):3479-88.

REFERENCES:

1. Guidelines for the Management of Transfusion Dependent Thalassaemia (TDT). 3rd ed. *Thalassaemia International Federation*. 2014. ISBN-13:978-9963-717-06-4.
2. Baronciani D, Angelucci E, Potschger U, et al. Hematopoietic stem cell transplantation in thalassemia: a report from the European Society for Blood and Bone Marrow Transplantation Hemoglobinopathy Registry 2000–2010. *Bone Marrow Transplant*. 2016;51(4):536-541. **3.** Rachmilewitz E, Giardina P. How I treat thalassemia. *Blood*. 2011;118(13):3479-3488.

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