



# Great debates in Hematology

Saturday, 8th June 2024, 9.00 am - 5.00 pm **Venue:** Conference Hall, P D Hinduja Hospital, Mahim, Mumbai

**Each debate will be for 25 minutes** (10 minutes each for the speaker and 5 minutes for rebuttal and discussion)

Time	Subject	Speaker
9.00 am - 9.30 am	<b>Fellowship (Breakfast)</b>	
9.30 am - 9.50 am	<b>Quiz for UG, PG &amp; DM students</b>	<b>Quiz Master</b> Dr. M. B. Agarwal
9.50 am - 10.00 am	<b>Welcome address</b>	Dr. Shanaz Khodajji
<b>Debate 1</b>		
10.00 am - 10.30 am	<b>Chair:</b> Dr. Varsha Vadera, Dr. V. P. Antia, Dr. Girish Rajadhyaksha <b>Iron therapy should preferably be oral.</b> vs <b>Iron therapy should preferably be parenteral.</b>	Dr. Ruchira Misra vs Dr. Swati Kanakia
<b>Debate 2</b>		
10.30 am - 11.00 am	<b>Chair:</b> Dr. Shubhangi Agale, Dr. Vrinda Kulkarni, Dr. Sujata Sharma <b>Splenectomy is obsolete in the treatment of ITP.</b> vs <b>Splenectomy remains an effective modality of treatment of ITP.</b>	Dr. Asha Shah vs Dr. Farah Jijina
<b>Debate 3</b>		
11.00 am - 11.30 am	<b>Chair:</b> Dr. Samir Shah, Dr. Anjana Sainani, Dr. Prathamesh Kulkarni <b>In the treatment of DLBCL, Polatuzumab Vedotin based treatment is a dramatic shift.</b> vs <b>In the treatment of DLBCL, Polatuzumab Vedotin based treatment is just a small step forward.</b>	Dr. Subhaprakash Sanyal vs Dr. Aditi Shah Kaskar
<b>Debate 4</b>		
11.30 am - 12.00 pm	<b>Chair:</b> Dr. Ambreen Pandrowala, Dr. Bipin Kulkarni, Dr. Rucha Patil <b>Non-factor based therapy makes factor based replacement therapy obsolete in the care of hemophilia.</b> vs <b>Even in the era of non-factor based therapy, factor replacement based therapy remains the standard of care for hemophiliacs.</b>	Dr. Chandrakala S vs Dr. Ritika Khurana
<b>Debate 5</b>		
12.00 pm - 12.30 pm	<b>Chair:</b> Dr. Amar Dasgupta, Dr. Namita Padwal, Dr. Govind Kendre, Dr. Omkar Khandkar <b>DOACs replace warfarin as the oral anticoagulant of choice.</b> vs <b>Warfarin, the old horse, still remains the oral anticoagulant of choice.</b>	Dr. Rajesh Patil vs Dr. Shilpa Gupta
<b>Debate 6</b>		
12.30 pm - 1.00 pm	<b>Chair:</b> Dr. Manisha Madkaikar, Dr. Shweta Bansal, Dr. Adwaita Gore, Dr. Kriti Hegde <b>ATG + Cyclosporin + Eltrombopag is the standard of care for most acquired aplastic anemia.</b> vs <b>Stem cell therapy is the standard of care for most acquired aplastic anemia.</b>	Dr. Shrinath Kshirsagar vs Dr. Priti Mehta

Time	Subject	Speaker
1.00 pm - 1.45 pm	Lunch	
<b>Debate 7</b>		
1.45 pm - 2.15 pm	<p>Chair: Dr. Rohit Pai, Dr. Bharat Bhosale</p> <p><b>Brentuximab Vedotin (BV) based treatment is the best for Relapsed/Refractory Hodgkin Lymphoma</b></p> <p>vs</p> <p><b>Checkpoint inhibitors (Nivo / Pembro) based therapy replaces BV in the treatment of R/R HL</b></p>	<p>Dr. Subhaprakash Sanyal</p> <p>vs</p> <p>Dr. Rajesh Patil</p>
<b>Debate 8</b>		
2.15 pm - 2.45 pm	<p>Chair:</p> <p>Dr. Kunal Sehgal, Dr. Syed Hasan, Dr. Vipin Khandelwal</p> <p><b>Even a young-fit AML should receive HMA + Ven as a bridge to transplant.</b></p> <p>vs</p> <p><b>7+3 or similar chemo based protocol is necessary for young-fit AML patients needing transplant.</b></p>	<p>Dr. Punit Jain</p> <p>vs</p> <p>Dr. Sumeet Mirgh</p>
<b>Debate 9</b>		
2.45 pm - 3.15 pm	<p>Chair:</p> <p>Dr. Ganapathi Bhatt, Dr. Ashish Joshi, Dr. Chetan Dhamne, Dr Amrit Kaur Kaler</p> <p><b>For relapsed adult B-cell ALL, Inotuzumab Vedotin monotherapy is the best bridge to transplant.</b></p> <p>vs</p> <p><b>For relapsed adult B-cell ALL, Hyper-C-VAD with or without Blinatumomab is the best bridge to transplant.</b></p>	<p>Dr. Hamza Dalal</p> <p>vs</p> <p>Dr. Lingaraj Nayak</p>
<b>Debate 10</b>		
3.15 pm - 3.45 pm	<p>Chair:</p> <p>Dr. Anand Deshpande, Dr. Mukesh Sanklecha, Dr. Chintan Vyas, Dr. Amit Jain</p> <p><b>Most sickle cell disease patients deserve a cure by transplant</b></p> <p>vs</p> <p><b>Transplant should be sparingly used for patients of sickle cell disease.</b></p>	<p>Dr. Santanu Sen</p> <p>vs</p> <p>Dr. Purva Kanvinde</p>
<b>Debate 11</b>		
3.45 pm - 4.15 pm	<p>Chair:</p> <p>Dr. Reetu Jain, Dr. Darshana Rane, Dr. Rizwan Shaikh, Dr. Anbarasan Sekar</p> <p><b>Daratumumab is necessary for all newly diagnosed myeloma patients.</b></p> <p>vs</p> <p><b>VRd without Daratumumab is adequate for most newly diagnosed myeloma patients:</b></p>	<p>Dr. Arun VA</p> <p>vs</p> <p>Dr. Bhausahab Bagal</p>
<b>Debate 12</b>		
4.15 pm - 4.45 pm	<p>Chair:</p> <p>Dr. Bhavna Parikh, Dr. Pratibha Amare Kadam, Dr. Akshay Shah, Dr. Parth Ganatra</p> <p><b>With the option of CAR-T for relapsed myeloma, autologous stem cell transplant is not needed for treatment of newly diagnosed myeloma.</b></p> <p>vs</p> <p><b>Autologous stem cell transplant still remains the standard of care for newly diagnosed myeloma, even with the option of CAR-T for the relapsed situation.</b></p>	<p>Dr. Gaurav Narula</p> <p>vs</p> <p>Dr. Reetu Jain</p>
<b>Debate 13</b>		
4.45 pm - 5.15 pm	<p>Chair:</p> <p>Dr. Gaurav Narula, Dr. Syed Hasan, Dr. Darshana Rane</p> <p><b>Asciminib is a breakthrough treatment for CML-CP failing the earlier line of treatment</b></p> <p>vs</p> <p><b>Ponatinib or Transplant are the best options for CML-CP failing the earlier line of treatment.</b></p>	<p>Dr. Hamza Dalal</p> <p>vs</p> <p>Dr. Arun VA</p>
5.15 pm - 5.30 pm	Prize distribution & concluding remarks	Dr. Vidisha Mahajan