Congress Interview

Flora Peyvandi discusses her journey into haematology, advancements in haemophilia treatment, and the role of gene therapy. She also shares insights on the upcoming European Association for Haemophilia and Allied Disorders (EAHAD) Annual Congress, covering topics like Al in healthcare, gene therapy, and the care of elderly patients, while stressing the importance of engaging young haematologists in the field's future.



Flora Peyvandi

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It's amazing to see how much progress has been made and how much it has improved patients' lives, allowing them to live differently and enjoy a better quality of life Citation:

Can you share what initially drew you to the field of haematology, and what continues to drive you today?

I love to do medicine, and I always wanted to do internal medicinehaematology, because I thought haematology was just facing up to blood, and blood is everywhere in every organ. That was one of the main reasons. I was very interested in the process of clotting and the complexity of clotting, and then I ended up being interested in the bleeding area, which is part of haematology.

Q2 You've earned degrees and conducted research at prestigious institutions across Italy, the Netherlands, the UK, and the USA. How have these diverse academic experiences shaped your approach to haematology research and patient care?

I had the opportunity to be in different institutions and different haematological research areas, some of which are very much focused on patients' clinical evaluation. In Milan, I started doing a lot of activity in internal medicine and haemostasis out-

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> patient clinic, and then I moved to the Royal Free Hospital at the University College London (UCL), UK, as part of my PhD. There, I was focused on the characterisation of genes that are involved in rare bleeding disorders. At that time, I was working on factor seven (FVII) deficiency, so was predominantly doing basic research in molecular characterisation.

> Then I moved to Harvard, Boston, USA, and worked on the recombinant wild-type and mutant proteins by in vitro production of FVII cDNA to mimic the disorder, and that was also very much basic research. I returned to Milan and took on the responsibility of managing the bleeding clinic. This role involved a busy schedule with clinical activities in the mornings and research in the afternoons. At that time, I was also responsible for overseeing the entire haemostasis and thrombosis research team, which allowed me to combine both clinical and research work.

I have been the head of the Internal Medicine unit and the Angelo Bianchi Bonomi Hemophilia and Thrombosis Centre at the Fondazione IRCCS



Ca' Granda Ospedale Maggiore Policlinico for more than 15 years now, with several clinicians, biologists, biotechnologists, and geneticists in the team.

Q3 What do you believe are the most promising advancements in haemophilia treatment today, and how do you see these evolving in the coming years?

I think haemophilia treatment has seen a significant evolution in the last 10 years. We've moved from substitutive therapy to nonreplacement therapies, such as mimic therapies, and now to gene therapy, with promising results. However, this is not a cure; it's a long-term response to a single infusion. Soon, gene therapies will likely be able to cure patients. It's amazing to see how much progress has been made and how much it has improved patients' lives, allowing them to live differently and enjoy a better quality of life.

Q4 The European Association for Haemophilia and Allied Disorders (EAHAD) Congress has become a landmark event for professionals in haemophilia and allied disorders. In your opinion, what sets this congress apart from other medical conferences in the field of haematology?

The size of EAHAD and the multidisciplinary participation make it special. While the meeting is large, with nearly 2,000 attendees, it's still smaller compared to events like the American Society of Hematology (ASH) Congress, which hosts 30,000 people. The size is perfect, and it allows for a focused approach to various aspects of bleeding disorders and patient needs. Being together in the same room and listening to everything happening creates a unique experience. It feels like a family.

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Q5 This year's EAHAD Congress took place in the vibrant city of Milan, Italy. Can you share why this location was chosen, and how it enhances the congress experience for attendees?

It was the right time to come to Milan, as the meeting had been held in Italy before but not in Milan. Many Italian haematologists and experts in the bleeding area regularly participate in EAHAD, and it is a great honour and pleasure for all of us to invite physicians, physiotherapists, and other multidisciplinary professionals working in the field of bleeding disorders, as well as all pharmaceutical companies who bring novel data on novel therapeutics in bleeding disorders, to come to Milan. We hope they can enjoy both the scientific aspects of the event and the cultural experiences, food, and everything else the city has to offer.

Q6 The upcoming EAHAD 2025 Congress will explore cutting-edge areas such as AI in healthcare, gene therapy, and the care of elderly patients with haemophilia. Gene therapy has been hailed as a potential game-changer for haemophilia care. What challenges remain in making gene therapy widely accessible, and how can we ensure its long-term safety?

Gene therapy is the future; there is no doubt about that. However, several points need to be clarified, and during the EAHAD meeting we will have the chance to address them. First, the shortterm safety aspects need to be better understood and managed. From an educational standpoint, people need to better understand the pros and cons of this long-term treatment, as well as the next steps and the future of gene therapy.

Additionally, the accessibility of gene therapy is an important point, and I hope experts will contribute by submitting abstracts to bring this issue into the discussion during the meeting. **Q7** The use of AI in healthcare is expanding rapidly. How do you see AI being implemented specifically in the diagnosis and management of bleeding disorders?

As you mentioned, Al in healthcare is rapidly expanding, including in the field of haemophilia. This applies to both diagnostics using ultrasounds and very accessible sound technology, which we use in our centre. This will be discussed in detail during the Pre-Congress Day. Additionally, Al plays a role in early treatment and in understanding the efficacy of treatments. As this area is improving so guickly, we will have the opportunity to explore these developments in more detail during the meeting, and explain how much needs to be done for its use during our daily activity on management of people with haemophilia.

Q8 As the population of elderly patients with haemophilia grows, what unique challenges are being faced in their care, and how is the healthcare system adapting to meet the needs of this ageing demographic?

Yes, that's another important point. Fortunately, as we mentioned, the treatment of patients is improving, and they are living longer. As a result, we are seeing more elderly patients who are beginning to live a lifestyle closer to the general population. This means they may develop other comorbidities, such as cardiovascular disorders or conditions that require treatment with anticoagulants or antiaggregant drugs. Fortunately, with the availability of newer drugs that have a longer half-life and higher protection level, we can better manage these patients with a lower risk of bleeding. This needs to be explained and discussed, and we must focus on educating healthcare professionals and collecting data on this type of patient management.

Q9 In your view, what are the most pressing and persistent challenges currently facing the field of haematology, and what strategies do you believe will be crucial in addressing them?

I think the most important challenge is involving young haematologists in the field of haemostasis and encouraging their interest in bleeding disorders. It's essential to engage them in shaping the future of patient management and treatment. I hope that during the EAHAD Congress, we will see more and more young people attending and joining our meetings. It would also be great for them to have the opportunity to connect with one another, enhance their knowledge, and take advantage of the science and culture that this city has to offer.

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