
CURRENT SITUATION OF HEMATOPOIETIC STEM CELL TRANSPLANTATION IN BANGLADESH

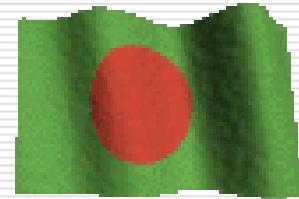
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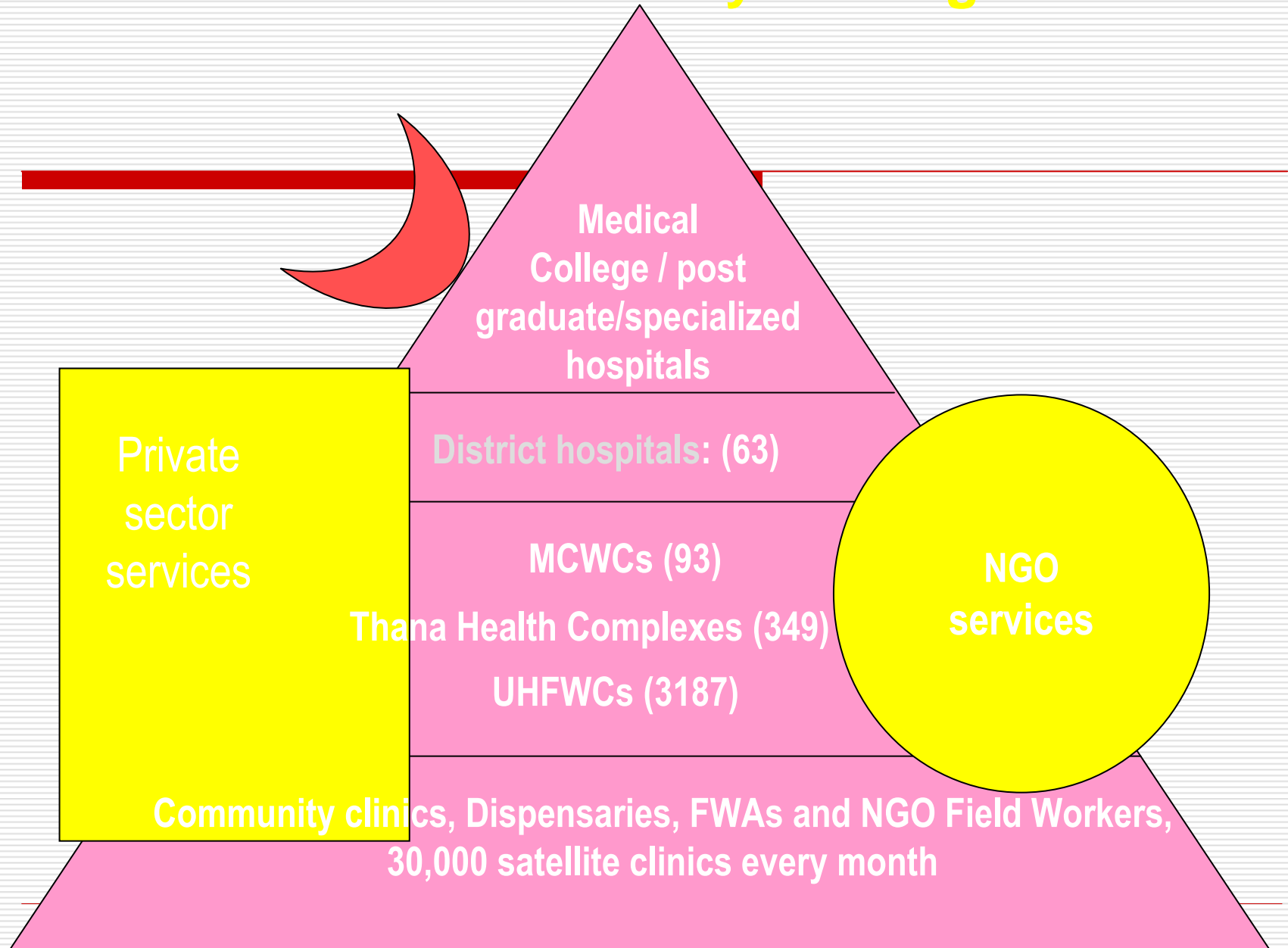
Population Statistics:



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- Area: **1,47,570 sq.km.** or 57,295 sq.miles.
 - Population: **about 140 million**
 - Densely populated country
 - Population increasing at **1.3%** annually.
 - Per capita income is around **\$ 850**



Health Care Delivery in Bangladesh







Dept. Of Hematology-10

Logical Approach to Management

ZOMETAR
zoledronic acid

Date: January 10, 2010
Time: 11:30 am
Venue: Director's Conference Room
DMCH

Prof. M.A.Khan, Professor of Hematology
Brig. Gen. M. Iqbal, Director
Abul Kalam Azad
Naz Tarique



CONF ROOM

Hematology Ward (44), DMCH



6 years Statistical profile

Year	Out-Patients	In-Patients	Day-Care	Laboratory	Comment
2005	454	305	204	CBC & PBF: 4,015 B.Marrow: 318	starting year
2006	2058	204	498	CBC & PBF: 3,292 B. Marrow: 465	In-pts. Stay for 2-4 weeks.
2007	2562	358	723	CBC & BF: 4,585 B.Marrow: 635	Limited beds for in-Pts.
2008	4,526	462	1,790	CBC & PBF: 7,986 B. Marrow: 842 Trepine biopsy: 08	Limited beds for in-Patients.
2009	5,405	559	2,462	CBC & PBF: 10,09 B. Marrow: 758	40-45 pts/day remain admitted
2010	5825	502	3174	CBC & PBF: 7,725 B. Marrow : 1,266 Trepine biopsy: 52	Updating needed

Thalassaemia in Bangladesh

Carrier status

WHO reports that there are 3% carriers of β thalassaemia trait and 4% carriers of Hb E trait in Bangladesh.

Accordingly about 4.2 million β -thalassaemia carrier and 5.6 millions are E-carrier.

But we are suspecting that now the figures are more higher.





21 10:12AM

Does a developing country need a transplant unit ?

YES

- There are rich people in developing countries
 - They will go abroad for BMT
 - If transplant is done in the country , resources will remain locally
 - Expertise developed, that will impact other services
-

DEVELOPING A BONE MARROW TRANSPLANT PROGRAM IN BANGLADESH

Initiative already taken

- Govt has the willingness to set up BMT in public sector.
 - Nobel laureate Prof. Yunus signed a memorandum to set up a BMT center for children.
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Resource Available

- ❑ Hematology department in five medical college
 - ❑ Experience in chemotherapy including high dose chemotherapy
 - ❑ Availability of advanced laboratory services in out reached centre/private sector.
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Resource needed

- To develop Molecular laboratory
 - To up-grade transfusion services
 - Skilled transplantation team
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Plan

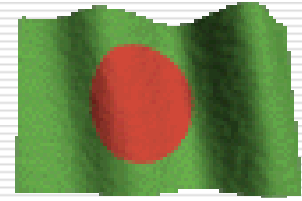
Initial Phase (1-2 years):
Autologous transplant

Final phase:
Allogeneic transplant



Co-operation

Man power training: Govt has limited budget
Tehcnical assistance
Twining program
Research initiative



Thank You





Workshop of the WBMT in cooperation with the WHO

●Country Name : **People's Republic of Bangladesh**

●Is there a transplant team in your institution? **No**

●If yes, total number of transplants performed in your institution by 31.12. 2010

- | | |
|-----------------------|--------------------|
| • Related BM: | Related PB: |
| • Unrelated BM: | Unrelated PB:..... |
| • Cord Blood:..... | Auto BM: |
| • Others: | Auto PB:..... |

●Are there any other HSC transplant institutions in your country? **No**

●If yes, how many institutions are there?:.....

●How many transplants have been performed in your country by 31.12. 2010

- | | |
|----------------------|--------------------|
| • Related-BM: | Related PB:..... |
| • Unrelated BM:..... | Unrelated PB:..... |
| • Cord:..... | Auto BM.: |
| • Others:..... | Auto PB:..... |



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● Is there a National Society for HSCT in your country? **No**

● Are you a member of any of the following international societies?

CIBMTR
APBMT
ABMTRR
WMDA

EBMT
EMBMTR
RABMTR
Others : **ACTO**

● Are there any systems for unrelated HSCT in your country?

- Cord blood bank: No
- Donor registry (Blood and Marrow Bank): **No**

● Is there a recipient registry system in your country? **No**

● Is there a donor outcome registry system? **No**



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- Is there any national authority reporting requirement? **Yes { DGHS}**
- What are the major disease indications of HSCT?

 1. **Acute Leukaemia,**
 2. **CML**
 3. **Thalassaemia major,**
 4. **Relapsed Lymphoma, Myeloma.**
 - (Please list the main 4)
- How are these recipients supported?
 - Mostly covered by insurance; **not widely available**
 - By private fund; **rich people**
 - Others; **partly govt**
- Do you know the outcome of the patients after HSCT in your institute or country (survival or mortality rate)? **No**
- If yes, what is the overall survival rate at 1 year(%)?
- What is the biggest barrier to initiate or expand transplantation in your institute and/or country? **i.Skilled manpower for BMT.,ii.Molecular Lab, iii.Upgrade B.Bank**