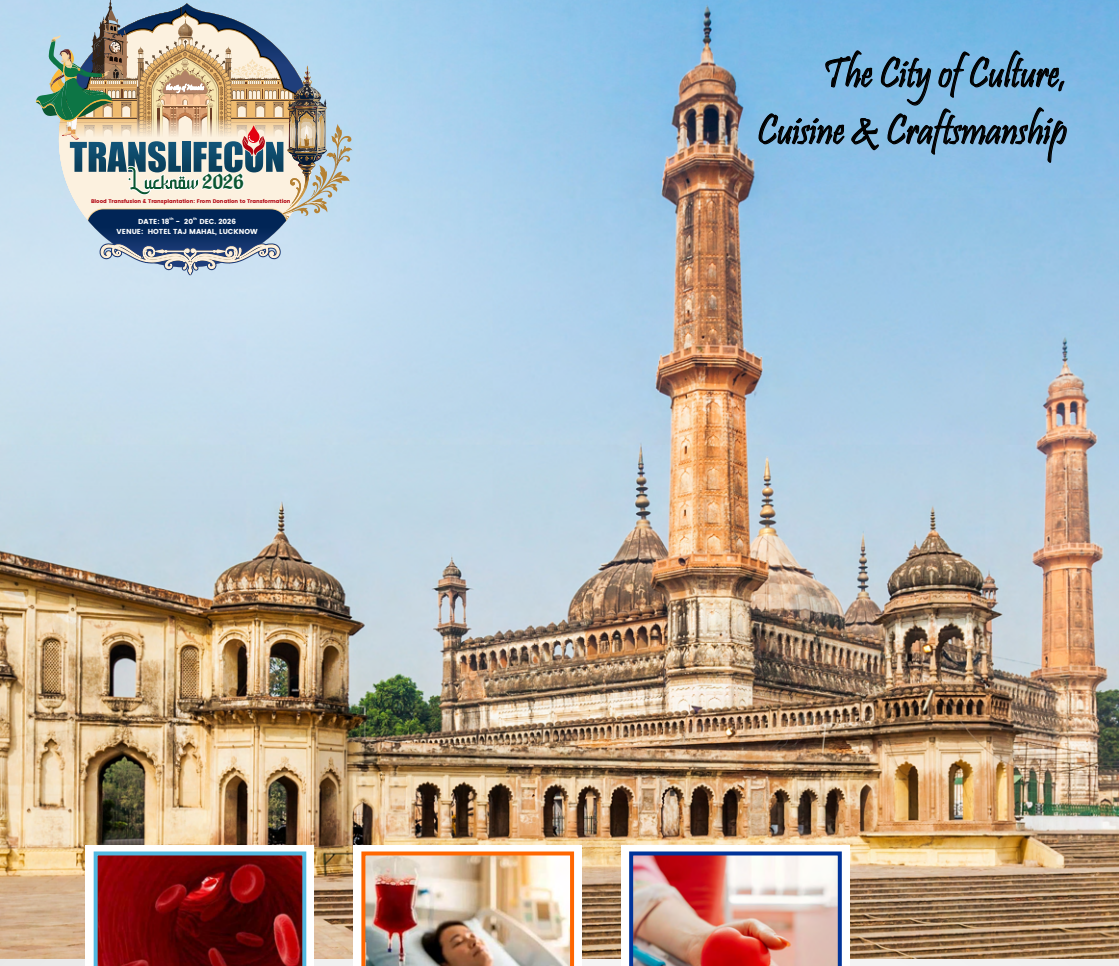
TRANSLIFECON
Lucknow 2026
Blood Transfusion & Transplantation: From Donation to Transformation
DATE: 18TH - 20TH DEC. 2026
VENUE: HOTEL TAJ MAHAL, LUCKNOW

The City of Culture, Cuisine & Craftsmanship



TRANSLIFECON 2026
Lucknow

BLOOD TRANSFUSION & TRANSPLANTATION: FROM DONATION TO TRANSFORMATION

18 19 20 DECEMBER 2026

1ST ANNOUNCEMENT

Brochure

VENUE : HOTEL TAJ MAHAL, LUCKNOW

ORGANIZED BY:

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Scientific Highlights

Hall B – Hematology

Topic

Infections and management

1. Occult Hepatitis B Infection (OBI): Bridging the Gap Between Clinicians and Blood Bankers
2. Walking with modern times for saving patients from emerging pathogens
3. Clinical significance of Hepatitis E virus
4. Dilemmas in diagnosis of hepatitis and emerging pathogens

Platelet Transfusion: Current Controversies

1. Prophylactic vs. therapeutic transfusion
2. Platelet refractoriness – significance of single donor platelets
3. ABO-compatible vs ABO-identical platelets
4. Platelet transfusion in Rh negative patients

Plasma Transfusion

1. Future: goal-directed transfusion using TEG/ROTEM and individualized therapy
2. TPE: established vs controversial indications
3. Treatment of hypofibrinogenemia in critically ill pts

Transfusion / TPE in Sepsis and Septic Shock

1. Role of TPE in sepsis
2. Transfusion threshold in sepsis
3. DIC and sepsis – Early recognition
4. Newer CBC markers for infections

GVHD and Blood Components

1. Graft-versus-Host Disease: Prevention, Diagnosis and the Role of the Transfusion Service
2. Role of irradiation and leukoreduction in TA GVHD
3. TA-GVHD vs transplant-associated GVHD
4. Significance of granulocyte transfusions in GVHD

Managing Transfusion Reactions: Recognition and Response

1. Recognition: What should trigger suspicion and immediate response Acute hemolytic reaction
2. Differentiating major reaction types
3. Dyspnea after transfusion: TRALI, TACO, or something else
4. Hemovigilance

Precision Transfusion Medicine

1. AI and predictive transfusion support
2. Cost, equity and implementation in precision transfusion medicines
3. Digital transfusion records and the "transfusion passport"s
4. Precision transfusion in hemoglobinopathies

Debate

- Universal leukoreduction and universal NAT negative blood should be made mandatory in India

Hall B – Hematology

Topic

Patient Blood Management in clinical practices

1. Optimizing blood utilization in resource-limited settings
2. Individualizing transfusion thresholds in hematologic malignancies
3. Restrictive vs liberal transfusion strategies
4. RFID – boon or economic burden in patient blood management

Iron Overload in Hematology Patients

1. Is Ferritin an inadequate marker for diagnosing iron overload
2. Iron chelation is underused because clinicians overestimate toxicity
3. Does Iron chelation improves outcomes or merely laboratory parameters
4. Emerging therapies fpor managing iron overload

Transfusion Support in Sickle Cell Disease and Thalassemia

1. Red Cell Alloimmunization in Patients with Hemoglobinopathies
2. Simple transfusion vs automated red-cell exchange in SCD
3. Thallessemia with demographic variables
4. Can exchange transfusion eliminate iron overload in SCD?

Massive Transfusion and Hemostatic Resuscitation in Hematology

1. Fixed-ratio vs goal-directed massive transfusion
2. Is the trauma-derived 1:1:1 concept appropriate for hematology patients?
3. TEG/ROTEM vs conventional coagulation tests
4. Can hemostatic resuscitation reduce mortality without increasing thrombosis?

Clinical Case-Based Panel - Present 5–6 real cases:

1. GI bleed
2. Dengue with thrombocytopenia
3. Neonatal exchange transfusion
4. Massive trauma

Transfusion Support in Hemoglobinopathies: Where Molecular Medicine Meets Clinical Care

1. The changing landscape of transfusion support in hemoglobinopathies
2. Exchange transfusion: where technology meets precision medicine
3. Thalassemia: optimizing lifelong transfusion support
4. Genomics, artificial intelligence and transfusion medicine

Clinical Case-Based Panel: "When Serology Isn't Enough"

1. Sickle cell disease with multiple alloantibodies
2. Warm autoimmune hemolytic anemia
3. Rare Rh variants
4. Complex antibody identification

Debate

- Artificial Intelligence will outperform hematopathologist in the next decade

Hall C – Transplant

Topic

Transfusion Support in Hematopoietic Stem Cell Transplantation

1. Blood component support before, during, and after HSCT
2. Challenges in peripheral blood Stem Cell Transplantation: bridging gap between clinicians and blood bankers
3. Platelet refractoriness in transplant recipients – management
4. ABO-incompatible transplantation: challenges and solutions

Managing Alloimmunization in Chronically Transfused Patients/ Transplant patients

1. Is extended antigen matching justified for every patient with transfusion-dependent anemia?
2. Should RBC genotyping replace serologic phenotyping in transplant patients?
3. When is it acceptable to transfuse “least incompatible” blood?
4. Should patients with sickle cell disease receive extended matching from their first transfusion

Managing Transfusion Reactions in Immunocompromised Patients/ Transplant patients

1. Blood transfusion in immunocompromised oncology patients
2. Should immunocompromised patients routinely receive more extensively matched blood?”
3. Should every transfusion reaction in an immunocompromised patient be treated as sepsis until proven otherwise?”
4. Should all immunocompromised patients receive CMV-seronegative components?

Cellular Therapy Beyond HSCT

1. Blood transfusion in liver transplants
2. CAR-T: from breakthrough to standard of care
3. Should cellular therapy products be regulated more like drugs or like biological transplants?
4. Infections in transplants

CAR-T Cell Therapy and Transfusion Medicine

1. Apheresis and Transfusion support before CAR-T
2. Blood support during CAR-T therapy
3. Cytopenias and Platelet transfusion after CAR-T
4. ABO considerations - CAR-T product and recipient blood group ABO incompatible transplant

Molecular Diagnostics in Fetomaternal Medicine

1. Should non-invasive fetal blood-group genotyping become routine in pregnancies at risk for HDFN?
2. Can molecular testing reduce unnecessary anti-D prophylaxis without compromising safety?
3. When should we order targeted molecular testing, and when should we go directly to exome/ genome sequencing?
4. Intrauterine transfusions

Molecular Testing in Platelet and Granulocyte Immunology

1. Why molecular testing matters in platelet and granulocyte immunologyHLA typing
2. HPA genotyping: from identification to clinical application
3. Platelet alloimmunization and platelet refractoriness
4. Fetal and neonatal alloimmune thrombocytopenia (FNAIT)

Debate

- Should non-invasive biomarkers replace protocol biopsies for rejection surveillance

REGISTRATION TARIFF

CATEGORY	SPECIAL OFFER VALID TILL 15th SEPTEMBER 2026	STANDARD OFFER VALID TILL 30th NOVEMBER 2026	ON SPOT
CONSULTANT GROUP A ☐	☐ 14,500 (12,288 + GST: 2,212)	☐ 18,000 (15,254 + GST: 2,746)	☐ 21,000 (17,797 + GST: 3,203)
CONSULTANT GROUP B ☐	☐ 29,500 (25,000 + GST: 4,500)	☐ 35,500 (30,085 + GST: 5,415)	☐ 41,500 (35,169 + GST: 6,331)
PG STUDENT (JR/SR) ☐	☐ 9,500 (8,051 + GST: 1,449)	☐ 12,000 (10,169 + GST: 1,831)	☐ 14,500 (12,288 + GST: 2,212)
ACCOMPANYING PERSON ☐	☐ 13,000 (11,017 + GST: 1,983)	☐ 16,000 (13,559 + GST: 2,441)	☐ 19,000 (16,102 + GST: 2,898)
INDUSTRY / TRADE PARTNER ☐	☐ 18,000 (15,254 + GST: 2,746)	☐ 21,000 (17,797 + GST: 3,203)	☐ 23,500 (19915 + GST: 3585)

*Note: *Registration fees are inclusive of 18% GST.*

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