

Recent Advances In Hematology Diagnosis and Treatment of Blood Disorders

**Mubarak Jamal Alowaid¹, Rama Ahmad Alfayez², Marui Ibrahim Shafei³, Ali Abdullah Asiri⁴,
Nada Nasser Alahmari⁵, Lahiq Ahmad Aseri⁶, Mohammed Turki Alqahtani⁷,
Mohammed Hadi Ghawi⁸**

^{1,2,3,4,5,7}Laboratory Specialist, Prince Sultan Military Medical City, Riyadh KSA

⁶Central Military Laboratory & Blood Bank, Prince Sultan Military Medical City, Riyadh KSA

⁸Laboratories and Medical Technology (Specialist), Prince Sultan Military Medical City, Riyadh KSA

ABSTRACT

The last few years have been characterized by tremendous developments made in the field of hematology and the resultant dramatic changes in the diagnostic and therapeutic approach of blood disorders. Conventional approaches, including the examination of peripheral blood smears and generalized formulations of cytotoxic treatments, have been more and more replaced by the latest technologies in diagnostic methods and targeted therapies. This review attempts to focus on the current events in hematological testing and treatment planning outlining their subsequent effects on patient outcomes. Recent diagnostic tools, which include automated hematology analyzers, flow cytometry, molecular diagnostics such as polymerase chain reaction and fluorescence in situ hybridization and next-generation sequencing, have significantly improved the spectrum of early diagnosis, accurate disease typesetting and risk stratification. Digital pathology and artificial intelligence further increase the accuracy of the diagnosis and, at the same time, reduce the variability of observers.

Keywords: Hematology, Blood Disorders, Diagnostic Advances, Targeted Therapy, Immunotherapy, Molecular Diagnostics, Precision Medicine, Gene Therapy

INTRODUCTION

The medical subspecialty of hematology, which deals with pathophysiology of blood, blood-forming organs and hematologic disorders, has undergone significant progress in the last few decades [1]. Blood diseases like anemia, leukemia, lymphoma, hemophilia, thalassemia, and a number of coagulopathies are significant causes of morbidity and mortality in the world [2]. Traditional methods of diagnostics and treatment, although effective to some extent, were characterized by late diagnosis, lack of specificity, and significant complications of the treatment [3]. The new scientific and technological discoveries have therefore brought changes in the hematologic world where it is now possible to have a more accurate diagnosis and treatment plans [4]. The combination of molecular biology, genomics, and high-throughput technologies has been driving advances in diagnostic hematology [5]. Flow cytometry, cytogenetics, next-generation sequencing, and polymerase chain reaction are some of the techniques that have significantly expanded the ability to identify genetic mutations, abnormalities in chromosomes and minimal residual disease at an early stage [6]. Digital pathology systems and automated hematology analyzer have enhanced accuracy and efficiency and standardization of laboratory studies, thus, making it easier to diagnose disease at an early stage and classify diseases efficiently. Similar advancements in treatment modalities have given a significant boost to patient outcomes [7]. The targeted therapies have transformed the treatment of hematologic malignancies by decreasing toxicity and increasing survival rates, such as tyrosine kinase, monoclonal antibodies, and immune checkpoint therapies [8]. Chimeric antigen receptor T -cell therapies and the development of new hematopoietic stem cell transplantation have provided novel opportunities to the management of previously refractory or recurring blood cancers [9]. Also, treatment of both hereditary and acquired blood disorders has shown encouraging success in gene therapy and the introduction of new anticoagulant interventions [10]. All these new developments highlight a move toward personalization and precision medicine in the field of hematology, where the molecular and genetic profiling of individuals is becoming an influential factor in treatment decisions [11]. These innovations would require a holistic knowledge of clinicians and researchers who need to maximize patient care and enhance long-term outcomes in blood disorders [12].

REVIEW

The field of hematology has advanced very fast in a transformative way within the last several decades, due to the technological advancements and a better insight into the molecular and genetic basis of blood diseases. These developments

have significantly contributed to the accuracy of diagnosis, improved the classification of a disease, and increased the therapeutic choices, thus improving the patient outcome and quality of life [13].

Improvement of Diagnostic Techniques.

The contemporary hematology diagnosis has outgrown the traditional study of peripheral blood smear and simple laboratory analysis [14]. The use of automated hematology analyzers has made a quick and accurate assessment of blood cell counts, morphology, and indices easily available and accessible to aid in early detecting of abnormalities [15]. Flow Cytometry is a vital instrument in the diagnosis of hematological malignancies, especially the leukemias and lymphomas with special reference to the identification of particular immunophenotypic markers, and the differentiation of the disease subtypes [16].

The field has also been revolutionized by the use of molecular diagnostic methods. PCR and fluorescence in situ hybridization (FISH) allow detection of specific genetic mutations and chromosomes translocations, including BCR-ABL in chronic myeloid leukemia. Next-generation sequencing (NGS) has also made possible comprehensive genomic profiling, which allows the detection of new mutations, clonal evolution and minimal residual disease. The tools assist with early diagnosis, risk stratification, and individual treatment planning [17]. Digital pathology and image analysis using artificial-intelligence (AI), which finds applications in improving diagnosis accuracy and reducing variability in an observer, are promising technology. Taken together, these developments have pushed the diagnostics of hematology to precision-based solutions [18].

Table 1: Table showing modern diagnostic techniques enhancing accuracy in hematological disorders.

Diagnostic Technique	Key Features	Clinical Significance
Automated Hematology Analyzers	Rapid and accurate assessment of blood cell counts, morphology, and indices	Enables early detection of hematological abnormalities and improves laboratory efficiency
Flow Cytometry	Identification of specific immunophenotypic markers; differentiation of leukemia and lymphoma subtypes	Essential for accurate diagnosis, classification, and monitoring of hematological malignancies
Molecular Diagnostics (PCR & FISH)	Detection of specific genetic mutations and chromosomal translocations (e.g., BCR-ABL in CML)	Facilitates precise diagnosis, prognostic evaluation, and treatment selection
Next-Generation Sequencing (NGS)	Comprehensive genomic profiling; detection of novel mutations, clonal evolution, and minimal residual disease	Supports early diagnosis, risk stratification, and personalized treatment planning
Digital Pathology & AI-based Image Analysis	Automated image interpretation with reduced observer variability	Improves diagnostic accuracy and supports precision-based hematology diagnostics

Improvements in the Treatment Modalities.

The development of therapeutic approaches to blood disorders has changed away from the nonspecific methods of cytotoxic treatment to the specific and immune-based methods [19]. Tyrosine kinase, monoclonal antibodies, and small-molecule inhibitors are targeted therapies and specifically act on disease-proliferating pathways; these improve efficacy and reduce adverse effects [20]. These agents have radically enhanced survival in diseases like chronic myeloid leukemia, multiple myeloma and some lymphomas [21]. A significant breakthrough in the field of hematology is immunotherapy. Chimeric antigen receptor T-cell (CAR-T) therapy has proven to be incredibly successful against hematological malignancies that have recurred or have been resistant to treatment [22]. Treatment has been further increased with the use of immune checkpoint inhibitors and bispecific antibodies that increase the immune capabilities of the body against cancerous cells [23].

Hematopoietic stem cell transplantation (HSCT) has continued to be an imperative in the treatment of a number of malignant and non-malignant blood diseases. Improvement in donor matching, conditioning regimens and supportive care have minimized the transplant related complications and enhancing survival rates [24]. Also, there has been the introduction of gene therapy that provides treatment prospects to inherited diseases like thalassemia and hemophilia, with a long-term or curative success [25].

Table 2 : Table showing advances in treatment modalities improving outcomes in blood disorders.

Treatment Modality	Key Advances	Clinical Impact
Targeted Therapy	Tyrosine kinase inhibitors, monoclonal antibodies, and small-molecule inhibitors that act on specific disease-related pathways	Improved treatment efficacy with reduced adverse effects; significantly enhanced survival in chronic myeloid leukemia, multiple myeloma, and certain lymphomas
Immunotherapy	CAR-T cell therapy, immune checkpoint inhibitors, and bispecific antibodies	Highly effective in relapsed or treatment-resistant hematological malignancies; enhances the body's immune response against cancer cells
Hematopoietic Stem Cell Transplantation (HSCT)	Improved donor matching, optimized conditioning regimens, and advanced supportive care	Reduced transplant-related complications and improved survival in malignant and non-malignant blood disorders
Gene Therapy	Genetic correction or replacement strategies for inherited blood disorders	Offers long-term or potentially curative treatment for disorders such as thalassemia and hemophilia

The Future Horizons and Issues

In spite of these developments, there are still shortcomings, such as high cost of treatment, limited access to the treatment in resource-limited environments, and long-term safety issues in relation to the new treatment options [26]. Modern studies strive to improve treatment regimens, increase the cost-effectiveness of treatment, and introduce the concept of artificial intelligence and precision medicine into everyday clinical practice [27].

Table 3: Table showing Key challenges and future prospects in hematology practice.

Aspect	Key Issues	Future Directions
Cost of Treatment	High cost of advanced diagnostic tools and novel therapies	Development of cost-effective treatment strategies and wider insurance coverage
Accessibility	Limited availability of advanced treatments in resource-limited settings	Expansion of infrastructure, training, and global collaboration to improve access
Safety Concerns	Limited long-term safety data for newer therapies	Ongoing clinical trials and long-term patient monitoring
Treatment Optimization	Need for more effective and standardized treatment regimens	Refinement of protocols and individualized therapy approaches
Technological Integration	Limited routine use of AI and precision medicine	Incorporation of artificial intelligence and precision-based approaches into daily clinical practice

DISCUSSION

Regardless of the obtained progress, there are still residual difficulties such as the high prices of therapy, their unavailability in resource-deprived or unavailable environments, and the long-term safety issues with the emergent therapies. The modern research is aimed at the optimization of treatment plans, improved affordability, and the possibility to consider artificial intelligence and precision medicine as a standard procedure [28]. New advances in the field of hematology have significantly streamlined the diagnostics and treatment of blood diseases and indicated the move towards the sphere of precision-oriented and individual care [29]. The introduction of molecular and genetic diagnostics (flow cytometry, polymerase chain reaction, next-generation sequencing, etc.) have increased the accuracy of diagnoses, contributed to the early diagnosis, and made it possible to stratify diseases [30]. These modalities allow the detection of certain genetic deviations and trace the presence of minimal residual disease, which in turn makes more informed clinical choices and enhances patient outcomes [31]. Therapeutic approaches have changed to the normal cytotoxic chemotherapy to targeted and immune based interventions [32]. There is improved efficacy and reduced toxicity with targeted agents such as tyrosine kinase inhibitors and monoclonal antibodies [33]. Immunotherapeutic modalities, such as CAR-T cell therapy have shown promising results in the relapsed and refractory hematologic malignancies [34]. In addition, developments in hematopoietic stem cell transplantation have helped in the improved survival rates due to the fine-tuning of the donor selection and better supportive care [35]. However, such barriers like prohibitive treatment expenses, limited avenues to newer technology, and inadequate long-term safety information are challenges to success [36]. These are some of the barriers that need to be overcome to properly implement new innovations [37]. Taken together, these developments reinstate the need to integrate contemporary diagnostics to customized treatment plans to help patients with hematologic disorders achieve their maximum potential [38]. Overall, the findings used in the given review highlight the necessity of the

blending of advanced diagnostic modalities and individual approaches to treatment [39]. Future research activities should focus on improving accessibility, financial constraints reduction, as well as optimization of therapeutic regimens to ensure fair and sustainable hematological care across all the world [40].

CONCLUSION

The latest steps in the field of hematology have transformed the diagnosis and treatment of hematologic conditions by incorporating molecular diagnostics, targeted therapy, and immunotherapy. These innovations make early and accurate diagnosis, personalisation of treatment plans, as well as improved patient outcomes easier. Despite the issues related to cost, access, and long-term safety, continued studies and wider discussions on the use of sophisticated technologies are urgent to ensure the fair and effective hematologic care delivery. Comprehensively, the development of hematology is a significant milestone in terms of precision medicine and the enhancement of the quality of life of people with hematological diseases.

REFERENCES

- [1]. Open Resources for Nursing (Open RN); Ernstmeyer K, Christman E, editors. Health Alterations [Internet]. Eau Claire (WI): Chippewa Valley Technical College; 2024. Chapter 3 Hematological Alterations. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK613075/>
- [2]. Aynalem M, Shiferaw E, Gelaw Y, Enawgaw B. Coagulopathy and its associated factors among patients with a bleeding diathesis at the University of Gondar Specialized Referral Hospital, Northwest Ethiopia. *Thromb J.* 2021 Jun 1;19(1):36. doi: 10.1186/s12959-021-00287-6. PMID: 34074308; PMCID: PMC8170961.
- [3]. Committee on Diagnostic Error in Health Care; Board on Health Care Services; Institute of Medicine; The National Academies of Sciences, Engineering, and Medicine; Balogh EP, Miller BT, Ball JR, editors. *Improving Diagnosis in Health Care*. Washington (DC): National Academies Press (US); 2015 Dec 29. 2, The Diagnostic Process. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK338593/>
- [4]. Wang SX, Huang ZF, Li J, Wu Y, Du J, Li T. Optimization of diagnosis and treatment of hematological diseases via artificial intelligence. *Front Med (Lausanne)*. 2024 Nov 7;11:1487234. doi: 10.3389/fmed.2024.1487234. PMID: 39574909; PMCID: PMC11578717.
- [5]. P N, Bhat R, Bhat SS. Pharmacogenomics in Pediatric Cancer Patients Treated with Irinotecan: A Systematic Review. *Oral Sphere J. Dent. Health Sci.* 2025;1(4):244-258. doi: <https://doi.org/10.63150/osjdh.2025.26>
- [6]. Queremel Milani DA, Tadi P. Genetics, Chromosome Abnormalities. [Updated 2023 Apr 24]. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK557691/>
- [7]. Mahara G, Tian C, Xu X, Wang W. Revolutionising health care: Exploring the latest advances in medical sciences. *J Glob Health*. 2023 Aug 4;13:03042. doi: 10.7189/jogh.13.03042. PMID: 37539846; PMCID: PMC10401902.
- [8]. Min HY, Lee HY. Molecular targeted therapy for anticancer treatment. *Exp Mol Med.* 2022 Oct;54(10):1670-1694. doi: 10.1038/s12276-022-00864-3. Epub 2022 Oct 12. PMID: 36224343; PMCID: PMC9636149.
- [9]. Moskowitz C. Novel agents and strategies in transplant-eligible patients with relapsed and refractory Hodgkin lymphoma. *Hematology Am Soc Hematol Educ Program.* 2016 Dec 2;2016(1):331-338. doi: 10.1182/asheducation-2016.1.331. PMID: 27913499; PMCID: PMC6142462.
- [10]. Perrin GQ, Herzog RW, Markusic DM. Update on clinical gene therapy for hemophilia. *Blood.* 2019 Jan 31;133(5):407-414. doi: 10.1182/blood-2018-07-820720. Epub 2018 Dec 17. PMID: 30559260; PMCID: PMC6356985.
- [11]. Sicklick JK, Kato S, Okamura R, Schwaederle M, Hahn ME, Williams CB, De P, Krie A, Piccioni DE, Miller VA, Ross JS, Benson A, Webster J, Stephens PJ, Lee JJ, Fanta PT, Lippman SM, Leyland-Jones B, Kurzrock R. Molecular profiling of cancer patients enables personalized combination therapy: the I-PREDICT study. *Nat Med.* 2019 May;25(5):744-750. doi: 10.1038/s41591-019-0407-5. Epub 2019 Apr 22. PMID: 31011206; PMCID: PMC6553618.
- [12]. Jäger U, Chomienne C, Cools J, Smand C. Blood disorders stepping into the limelight. *Haematologica.* 2016 Feb;101(2):101-3. doi: 10.3324/haematol.2016.142018. Epub 2016 Jan 27. PMID: 26819059; PMCID: PMC4938325.
- [13]. Obeagu EI. Revolutionizing hematological disorder diagnosis: unraveling the role of artificial intelligence. *Ann Med Surg (Lond).* 2025 Apr 2;87(6):3445-3457. doi: 10.1097/MS9.0000000000003227. PMID: 40486570; PMCID: PMC12140674.
- [14]. Aktekin EH, Çötelî MB, Erbay A, Yazici N. A prospective study for the examination of peripheral blood smear samples in pediatric population using artificial intelligence. *Turk J Med Sci.* 2025 Mar 27;55(2):386-397. doi: 10.55730/1300-0144.5982. PMID: 40342329; PMCID: PMC12058009.

- [15]. El Brihi J, Pathak S. Normal and Abnormal Complete Blood Count With Differential. [Updated 2024 Jun 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK604207/>
- [16]. Holl E, Kapinsky M, Larbi A. An Update on Flow Cytometry Analysis of Hematological Malignancies: Focus on Standardization. *Cancers (Basel)*. 2025 Jun 19;17(12):2045. doi: 10.3390/cancers17122045. PMID: 40563694; PMCID: PMC12190783.
- [17]. Mohsin SN, Gapizov A, Ekhator C, Ain NU, Ahmad S, Khan M, Barker C, Hussain M, Malineni J, Ramadhan A, Halappa Nagaraj R. The Role of Artificial Intelligence in Prediction, Risk Stratification, and Personalized Treatment Planning for Congenital Heart Diseases. *Cureus*. 2023 Aug 30;15(8):e44374. doi: 10.7759/cureus.44374. PMID: 37664359; PMCID: PMC10469091.
- [18]. Valent P, Orfao A, Kubicek S, Staber P, Haferlach T, Deininger M, Kollmann K, Lion T, Virgolini I, Winter G, Hantschel O, Kenner L, Zuber J, Grebien F, Moriggl R, Hoermann G, Hermine O, Andreeff M, Bock C, Mughal T, Constantinescu SN, Kralovics R, Sexl V, Skoda R, Superti-Furga G, Jäger U. Precision Medicine in Hematology 2021: Definitions, Tools, Perspectives, and Open Questions. *Hemasphere*. 2021 Feb 17;5(3):e536. doi: 10.1097/HS9.0000000000000536. PMID: 33623882; PMCID: PMC7892291.
- [19]. Honore PM, Jacobs R, Joannes-Boyau O, Boer W, De Waele E, Van Gorp V, De Regt J, Spapen HD. Moving from a cytotoxic to a cytokinetic approach in the blood purification labyrinth: have we finally found Ariadne's thread? *Mol Med*. 2012 Dec 20;18(1):1363-5. doi: 10.2119/molmed.2012.00300. PMID: 23052299; PMCID: PMC3533646.
- [20]. Hojjat-Farsangi M. Small-molecule inhibitors of the receptor tyrosine kinases: promising tools for targeted cancer therapies. *Int J Mol Sci*. 2014 Aug 8;15(8):13768-801. doi: 10.3390/ijms150813768. PMID: 25110867; PMCID: PMC4159824.
- [21]. Pulte D, Jansen L, Brenner H. Changes in long term survival after diagnosis with common hematologic malignancies in the early 21st century. *Blood Cancer J*. 2020 May 13;10(5):56. doi: 10.1038/s41408-020-0323-4. PMID: 32404891; PMCID: PMC7221083.
- [22]. Hupperetz C, Lah S, Kim H, Kim CH. CAR T Cell Immunotherapy Beyond Haematological Malignancy. *Immune Netw*. 2022 Feb 11;22(1):e6. doi: 10.4110/in.2022.22.e6. PMID: 35291659; PMCID: PMC8901698.
- [23]. Chen S, Li J, Li Q, Wang Z. Bispecific antibodies in cancer immunotherapy. *Hum Vaccin Immunother*. 2016 Oct 2;12(10):2491-2500. doi: 10.1080/21645515.2016.1187802. Epub 2016 Jun 1. PMID: 27249163; PMCID: PMC5084997.
- [24]. Formánková R, Starý J. Transplantace hematopoetických kmenových buněk v léčbě nemaligních onemocnění krvetvorby [Hematopoietic stem cell transplantation for non-malignant hematological disorders]. *Vnitr Lek*. 2018 Summer;64(5):530-536. Czech. PMID: 30193523.
- [25]. Malay J, Salama RAA, Alam Qureshi GS, Ammar ARAA, Janardhan G, Safdar M, Elshamy HAH. Gene Therapy: A Revolutionary Step in Treating Thalassemia. *Hematol Rep*. 2024 Oct 21;16(4):656-668. doi: 10.3390/hematolrep16040064. PMID: 39449307; PMCID: PMC11503351.
- [26]. Świdłaski J, Wnuk K, Tatara T, Miazga W, Wiśniewska E, Banaś T, Partyka O, Karakiewicz-Krawczyk K, Jurczak J, Kaczmarski M, Dykowska G, Czerw A, Cipora E. Interventions to Increase Patient Safety in Long-Term Care Facilities-Umbrella Review. *Int J Environ Res Public Health*. 2022 Nov 21;19(22):15354. doi: 10.3390/ijerph192215354. PMID: 36430073; PMCID: PMC9691014.
- [27]. Johnson KB, Wei WQ, Weeraratne D, Frisse ME, Misulis K, Rhee K, Zhao J, Snowdon JL. Precision Medicine, AI, and the Future of Personalized Health Care. *Clin Transl Sci*. 2021 Jan;14(1):86-93. doi: 10.1111/cts.12884. Epub 2020 Oct 12. PMID: 32961010; PMCID: PMC7877825.
- [28]. El Arab RA, Al Moosa OA. Systematic review of cost effectiveness and budget impact of artificial intelligence in healthcare. *NPJ Digit Med*. 2025 Aug 26;8(1):548. doi: 10.1038/s41746-025-01722-y. PMID: 40858882; PMCID: PMC12381244.
- [29]. Dwivedi S, Purohit P, Misra R, Pareek P, Goel A, Khattri S, Pant KK, Misra S, Sharma P. Diseases and Molecular Diagnostics: A Step Closer to Precision Medicine. *Indian J Clin Biochem*. 2017 Oct;32(4):374-398. doi: 10.1007/s12291-017-0688-8. Epub 2017 Aug 22. PMID: 29062170; PMCID: PMC5634985.
- [30]. Qin D. Next-generation sequencing and its clinical application. *Cancer Biol Med*. 2019 Feb;16(1):4-10. doi: 10.20892/j.issn.2095-3941.2018.0055. PMID: 31119042; PMCID: PMC6528456.
- [31]. Shahid K, Khalife M, Dabney R, Phan AT. Immunotherapy and targeted therapy-the new roadmap in cancer treatment. *Ann Transl Med*. 2019 Oct;7(20):595. doi: 10.21037/atm.2019.05.58. PMID: 31807576; PMCID: PMC6861781.
- [32]. Bailly C, Thuru X, Quesnel B. Combined cytotoxic chemotherapy and immunotherapy of cancer: modern times. *NAR Cancer*. 2020 Feb 17;2(1):zcaa002. doi: 10.1093/narcan/zcaa002. PMID: 34316682; PMCID: PMC8209987.
- [33]. Malik B, Ghatol A. Understanding How Monoclonal Antibodies Work. [Updated 2023 Jun 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK572118/>

- [34]. Zhang X, Zhu L, Zhang H, Chen S, Xiao Y. CAR-T Cell Therapy in Hematological Malignancies: Current Opportunities and Challenges. *Front Immunol.* 2022 Jun 10;13:927153. doi: 10.3389/fimmu.2022.927153. PMID: 35757715; PMCID: PMC9226391.
- [35]. Sittig DF, Wright A, Coiera E, Magrabi F, Ratwani R, Bates DW, Singh H. Current challenges in health information technology-related patient safety. *Health Informatics J.* 2020 Mar;26(1):181-189. doi: 10.1177/1460458218814893. Epub 2018 Dec 11. PMID: 30537881; PMCID: PMC7510167.
- [36]. Lindholm M, Reiman A, Tappura S. The evolution of new and emerging occupational health and safety risks: A qualitative review. *Work.* 2024;79(2):503-521. doi: 10.3233/WOR-230005. PMID: 38701168; PMCID: PMC11491999.
- [37]. Al-Saleem AI, Aldakheel MK. Barriers to Workforce-Driven Innovation in Healthcare. *Cureus.* 2024 Oct 24;16(10):e72316. doi: 10.7759/cureus.72316. PMID: 39450215; PMCID: PMC11500996.
- [38]. Varon J. Hematologic Disorders. *Handbook of Critical and Intensive Care Medicine.* 2016 Jun 3:159–80. doi: 10.1007/978-3-319-31605-5_7. PMCID: PMC7122868.
- [39]. Afzal M, Agarwal S, Elshaikh RH, Babker AMA, Osman EAI, Choudhary RK, Jaiswal S, Zahir F, Prabhakar PK, Abbas AM, Shalabi MG, Sah AK. Innovative Diagnostic Approaches and Challenges in the Management of HIV: Bridging Basic Science and Clinical Practice. *Life (Basel).* 2025 Jan 30;15(2):209. doi: 10.3390/life15020209. PMID: 40003618; PMCID: PMC11856619.
- [40]. Lewandowska M, Nasr S, Shapiro AD. Emerging Therapies in Hemophilia: Improving Equitable Access to Care. *J Blood Med.* 2025 Feb 20;16:95-115. doi: 10.2147/JBM.S490588. PMID: 39995897; PMCID: PMC11849425.