

## Changing Times for the IJHBT

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Dear readers,

I welcome you to 2016 with the latest 120-page issue of our journal, up from the 70 pages previously. In this issue too, we maintain our focus on original articles and reviews for the printed journal, and increasingly hope to move towards special online editions for case reports and letters to the Editor.

The invited reviews in his issue focus on the old and the new. On one hand, they deliberate on how the advent of genomics and personalized medicine is revolutionizing the way we diagnose and manage hematological malignancies [1, 2]. On the other, they remind us that good medicine is based on astute evaluation of all evidence, be it from fashionable new techniques or from conventional ones that have stood the test of time. In that regard, the diverse monoclonal protein electrophoretic patterns reviewed by Misra et al. [3] reveal myeloma to be as intriguingly heterogeneous a disease at the paraprotein level as it is at the genomic, morphological and clinical levels.

As chemotherapeutic management and acute care of hematological malignancies improve across the country, quality-of-life issues are assuming greater importance. In this issue, Kumar et al. [4] investigate growth impairment and short stature among children treated for acute lymphoblastic leukemia, while Rohilla et al. [5] report on obstetric outcomes in women with chronic myelogenous leukemia. Another tricky management issue is the judicious management of elderly AML or high-risk MDS, and this is addressed by a Turkey study which looks at

epigenetic modifiers alone as well as in combination with low-dose cytosine arabinoside in such patients.

New technologies often bring with them new and unexpected complications. Among the benign disorders, Dubey et al. [6] investigate how life-saving intra-uterine blood transfusions to Rh-negative fetuses of Rh-positive mothers may carry the risk of inducing additional maternal antibodies against fetal antigens, thereby aggravating Rh-isoimmunization. Sen et al. [7] similarly caution that high-pressure carbon dioxide insufflation, commonly used in laparoscopic surgeries, may depress natural anticoagulant systems as well as fibrinolysis thus contributing to surgery-associated thrombophilia.

In the midst of these rapidly changing times for hematology in general and the journal in particular, the coming of the New Year offers us an opportunity to pause, reflect and take stock. The entire Editorial Board welcomes your inputs on what you think the IJHBT's goals for the future should be, and how best can they be realized. Comments, suggestions and letters from readers on published articles and ongoing events are, as always, welcome.

Wishing everyone a very happy new year ahead.

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