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Editorial

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# Hemotherapy with New Blood Products

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The content and thus use of the term 'hemotherapy'» is changing rapidly. Looking at PubMed data, the number of publications using the term 'hemotherapy' has seen a very strong rise in the last 10 years (fig. 1). Not all, but many of these publications dealt with the implementation and use of various new ways of treating hemorrhagic diatheses – most frequently in the setting of acquired bleeding disorders. However, the very recent years have seen a fast expansion of knowledge also in the setting of congenital bleeding disorders, namely hemophilia A and hemophilia B. Besides the development of new factor concentrates with extended half-life and thus extended biological effect, new substances with completely new modes of action have been developed. This includes the use of indirect and direct approaches, e.g., engineered antibodies to target various clotting proteins and thus directly or indirectly increase the procoagulant response in hemophilic patients, RNA interference to modulate the hemostatic balance in hemophilic patients, and, last but not least, correcting the hemophilic defect itself through gene therapy. These developments are very recent, with the latest results of these new approaches only reported by the end of 2017 (gene therapy).

Therefore, this volume of Transfusion Medicine and Hemotherapy covers the latest developments in hemophilia therapy, with overviews on new factor concentrates for factor VIII and factor IX with extended half-life [1] as well as on the above mentioned new therapies [2]. Advances using cellular therapies in patients with bleeding diatheses are much less pronounced, but the review on platelet additive solutions gives evidence that progress is also made in this area, even though at a much lower pace [3]. We hope thas this volume of Transfusion Medicine and Hemotherapy will be as interesting to you as it was for us during the preparation.

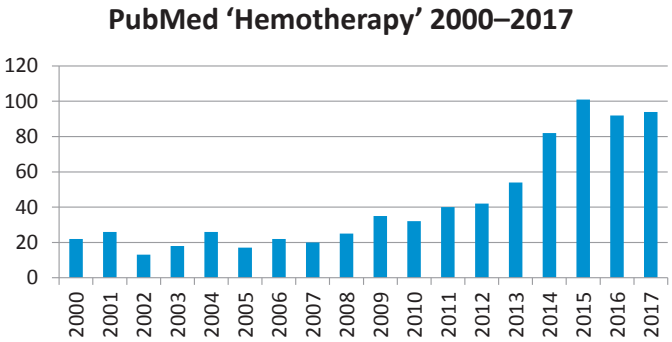


**Fig. 1.** Use of the term 'hemotherapy' in PubMed over the last 10 years.

## Disclosure Statement

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