Transfusion-Dependent β-Thalassaemia (TDT) is the most severe form of β-thalassaemia, characterised by severe anaemia resulting from ineffective erythropoiesis and haemolysis.¹

Red blood cell transfusions correct the anaemia and enable survival, but lead to iron overload and associated complications.¹

Available treatment options for TDT are lifelong chronic transfusions with iron chelation or allogeneic haematopoietic stem cell transplant (HSCT).¹

REFERENCES: