**KEY POINTS**

This material is for informational purposes only. No treatment decisions should be based on such information. Intended for US and EU health care professionals only.

**Thalassaemia International Federation (TIF) Guidelines recommend transfusions every two to five weeks to maintain a pre-transfusion haemoglobin level of 9-10.5 g/dL.**

Currently, chronic transfusions enable survival and are central to the treatment of TDT but lead to iron overload, treatment-related complications and reduced quality of life.

Patients receiving chronic RBC transfusions and chelation therapy continue to be at increased risk of early mortality compared with the general population.

Allogeneic haematopoietic stem cell transplant (HSCT) is another treatment option, one that can potentially correct the genetic deficiency in TDT.

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**REFERENCES:**