Thalassaemia International Federation (TIF) guidelines recommend that red blood cell transfusions be given every 2 to 5 weeks to correct anemia and suppress ineffective erythropoiesis in patients with transfusion-dependent beta-thalassemia (TDT).\(^1\,^2\)

Red blood cell transfusions are the main driver for iron overload, which can subsequently lead to multi-organ damage.\(^1\,^3\)

While effective iron chelation therapy has dramatically improved survival and quality of life in patients with beta-thalassemia, complications can still occur, including in the cardiovascular, hepatobiliary, and endocrine systems.\(^4\,^5\)

By addressing the genetic cause, there’s potential to eliminate the need for chronic transfusions and reduce the risk of long-term complications.\(^1\,^3\,^6\)

**REFERENCES:**