

# A helping hand

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On 24 February 2022, Russia invaded Ukraine, sparking the biggest refugee catastrophe to hit Europe since World War II. Poland, which borders Ukraine, was the primary destination for refugees. Approximately 10,056,000 refugees from Ukraine – mostly women and children – crossed the Polish-Ukrainian border in the 12 months commencing 24 February 2022. Up to two million Ukrainian immigrants, mainly women and children, are living in Poland [1]. In the wake of the ongoing conflict, the humanitarian crisis in Ukraine has demanded immediate and sustained international endeavors.

Ukrainian doctors spearheaded several initiatives with help from the global community. In several European Union nations, access to treatment for Ukrainian refugees was virtually unlimited. Of all the European nations, Poland had the biggest refugee inflow as a result of Russia's invasion of Ukraine. In Poland, refugees from Ukraine are entitled to the same medical care as Polish nationals. To diagnose and treat cancer, hematological patients are guaranteed access to the 'fast-track oncology pathway' model, which includes 'special drug programs', hematopoietic stem cell transplantation (HSCT) procedures, and cell therapies. There is no precise data regarding the help available so far. However, recently published real-life data from almost half of the Polish transplant centers (10/24) shows that 65 HSCT and cell therapy procedures were performed on refugee patients from Ukraine during the first year of the war [2]. So far, that is the only summary of performing such procedures on Ukrainian refugees. However, this number will increase due to the ongoing conflict.

The recent European Hematology Association meeting in Madrid underscored the potential of T-cell-directed therapies for treating hematological malignancies. An increasing number of new strategies utilizing this approach

will probably increase the possibility of curing or improving disease control in most hematological malignancies. Nevertheless, small molecules and immunochemotherapy still pose a viable treatment option. In this issue, an expert opinion on using acalabrutinib in treating chronic lymphocytic leukemia is published [3].

## Article information and declarations

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### Conflicts of interest

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## References

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