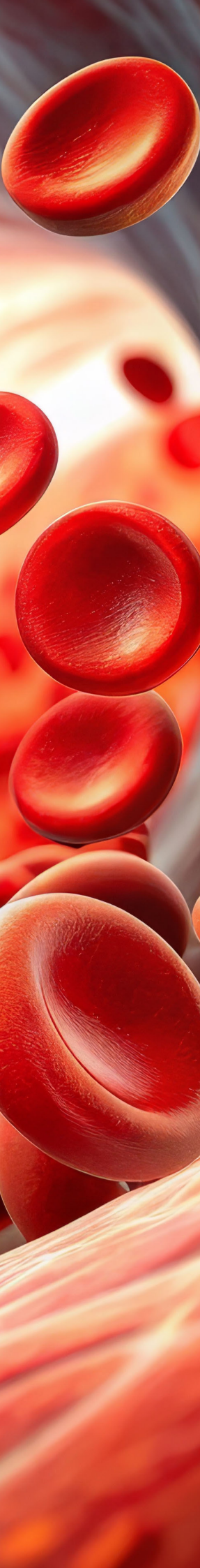


**2025
Online & Digital
Printed Special Edition
Rates & Data**

110

www.haematologica.org



Haematologica Fact Sheet

Haematologica Journal each month publishes research articles, case histories and reviews in the field of hematology and all blood-related pathologies.

Editor-in-Chief: Jacob Rowe

Frequency: 12 digital issues

Editorial: HAEMATOLOGICA publishes articles in the broad field of hematology, reporting on novel findings in basic, clinical and translational research. The scope of the Journal is to report the results of research studies that:

- have an important impact on our understanding of hematology;
- provide new insights into the development of hematologic diseases;
- contribute significantly to improved diagnosis or treatment of hematologic diseases.

HAEMATOLOGICA uses a rigorous international peer review system, and less than 20% of the submitted full papers are accepted for publication.

HAEMATOLOGICA serves the scientific community as an Open Access Journal, following the recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals of the International Committee of Medical Journal Editors (www.icmje.org). Full access to all articles is available through our website (www.haematologica.org) and through PubMed Central (PMC).

HAEMATOLOGICA is included in the National Library of Medicine catalog with the following data: Haematologica, ISSN:0039-6078 (Print), 1592-8721 (Electronic).

Manuscript Acceptance Rate: 20%

2024 Bibliometrics Indicators

CiteScore (Scopus): 11.3

11th of 236 journals - 4th of open access journals

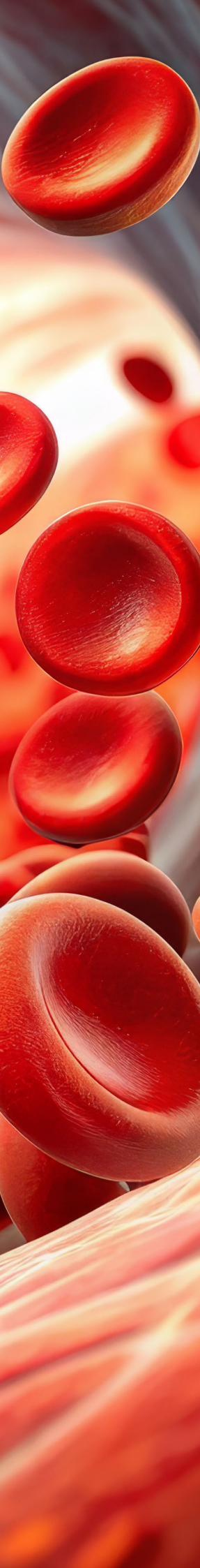
Impact Factor (Clarivate): 7.9

10th of 99 journals - 5th of open access journals

Highly Cited 2024 Papers (Web of Science): 8

4th of 99 journals - 3rd of open access journals

Website: www.haematologica.org



About haematologica Journal

HAEMATOLOGICA JOURNAL OF THE FERRATA STORTI FOUNDATION

Publisher

FERRATA STORTI FOUNDATION
VIA G. BELLI, 4
27100- PAVIA ITALY
Phone: +39 (0)38227129
E-mail: marketing@haematologica.org

Frequency

12 digital issues + 1 Special Edition

Established: 1920

Editorial staff

Editor-in-Chief: Jacob Rowe
Director of Publishing: Simona Giri
Reprint Coordinator: Simona Giri

Issue date (digital version)

First week of month

Issue date (on line)

First 3 days of month

The Publisher reserves the right to reject any advertising it considers to be inappropriate.

Requirements for ad clearance

All ADs must be approved by the Editor-in-Chief and the Publisher

Editorial advertising ratio

90% Editorial – 10% ADs

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Pop Up banner linked to specific topic
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E-Toc Alerts

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Advertising Rates and Production Specifications

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Around 36,000 readers receive the digital edition by email with an open rate of 32,24%

2024 ADVERTISING RATES Digital edition							
	1x	2x	4x	6x	8x	10x	12x
One Page	3,100€	3,000€	2,900€	2,800€	2,700€	2,600€	2,500€
Half Page	1,800€	1,700€	1,600€	1,500€	1,400€	1,300€	1,250€

Geo-targeted print ADs: full rate + 20% over standard rate

Cover and preferred positions

Inside Front Cover +25% over standard rate

Inside Back Cover +25% over standard rate

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Page Facing First Text and TOC +20% over standard rate

INSERT SPECS

Technical data digital version

One Page Size: 3201 x 4264 pixels (271 x 361 mm)

Half Page Size: 3201 x 2132 pixels (271 x 180,5 mm)

Advertising materials must be PDF files only. PDF files must be 300 dpi high-resolution, all-fonts-embedded, RGB colors.

A color match/proof is required even if files are sent by email.

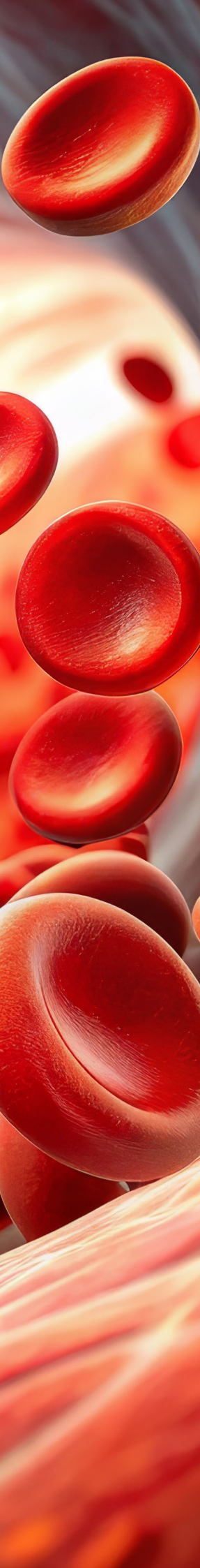
Dispositions

Material not called back will be held for one year from last date of issue used and then destroyed unless other instructions are given to the Publisher.

Send contracts and insertion orders to:

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Publications and Closing Dates

PUBLICATION DATES	RESERVATION DEADLINES	MATERIAL DEADLINES
1st January 2025	6th November 2024	2nd December 2024
1st February 2025	16th December 2024	23rd December 2024
1st March 2025	15th January 2025	27th January 2025
1st April 2025	12th February 2025	22nd February 2025
1st May 2025	20th March 2025	25th March 2025
1st June 2025	18th April 2025	24th April 2025
1st July 2025	15th May 2025	27th May 2025
1st August 2025	17th June 2025	27th June 2025
1st September 2025	15th July 2025	25th July 2025
1st October 2025	31st July 2025	28th August 2025
1st November 2025	16th September 2025	26th September 2025
1st December 2025	14th October 2025	27th October 2025
1st January 2026	11th November 2025	25th November 2025



Online AD Production Specifications

2025 ADVERTISING OPPORTUNITIES - RATA AND DATA

Around 36,000 hematologists receive online alerts for our 'Ahead of print' messages. Latest figures for visitors to www.haematologica.org and impressions per month continue to rise (60,000 impressions per month).

This means your products and services gain high visibility and reach a huge readership. Haematologica is one of the most important Scientific Journals in the world specializing in hematology.

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Geo-targeted service for monthly display +20% over standard rate

POSITION	AD SIZE	1 month display	2 months display	3 months display	Open AD Rates	Each months over 3 months display
TOP Leaderboard	728x90 px	3,800€	5,950€	7,650€	250€ net CPM	2,400€
BOTTOM Leaderboard	728x90 px	3,000€	5,350€	7,000€	240€ net CPM	2,200€
Skyscraper on Homepage	240x400	3,600€	5,750€	7,300€	240€ net CPM	2,300€
Square (MPU)	300x250	3,000€	5,350€	7,000€	240€ net CPM	2,200€
POP UP	728x90	4,500€	7,200€	8,640€	-	2,600€

Ask for discount on more multiple months

[Online production specifications](#)

File format: GIF – JPG

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More than 36,000 subscribers receive alerts

Leaderboard size 728x90

1,900€ per e-TOC sent

Geo-targeted e-TOC service +20% over standard rate

Requirements

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- Animation: maximum 3 loops in GIF format
- All creatives are required for testing 5 business days in advance

For additional information contact:

Simona Giri

Phone: +39 (0)38227129

Mobile: +39 3349401748

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How online ADs will be displayed in Home Page

Leaderboard 728x90



Open access journal of the Ferrata-Storti Foundation, a non-profit organization

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No. 109 (10)

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2023 CiteScore: 14.1
2023 Impact Factor: 8.2

Vertical
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240x400

EDITOR'S PICKS

LETTER

Long-term efficacy and safety of tucidinostat in patients with relapsed or refractory peripheral T-cell lymphoma: final analysis of phase IIb results

Shinya Rai et al.

REVIEW ARTICLE

Novel horizons in anticoagulation: the emerging role of factor XI inhibitors across different settings

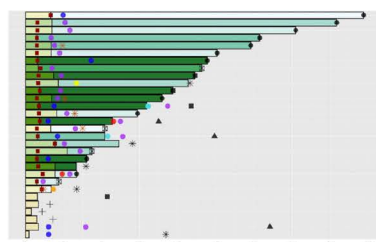
Omri Cohen et al.

REVIEW ARTICLE

Epigenetic regulation of megakaryopoiesis and platelet formation

Baichuan Xu et al.

ARTICLES IN THREE SENTENCES

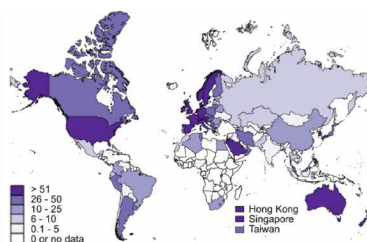


ARTICLE

Inotuzumab ozogamicin combined with chemotherapy in pediatric B-cell precursor CD22⁺ acute lymphoblastic leukemia: results of the phase IB ITCC-059 trial

Phase IB of the ITCC-059 trial tested inotuzumab ozogamicin (InO) combined with chemotherapy in pediatric CD22⁺ relapsed/refractory B-cell precursor acute lymphoblastic leukemia. Preliminary efficacy and safety data reported by Pennesi and colleagues show that the combination of InO with vincristine, dexamethasone and intrathecal therapy is safe. However, the efficacy of the combination regimen was not superior to that of single-agent InO in the same trial, thus suggesting the use of less chemo-intensive treatments.

Edoardo Pennesi et al.



ARTICLE

Continuous and differential improvement in worldwide access to hematopoietic cell transplantation: activity has doubled in a decade with a notable increase in unrelated and non-identical related donors

The Worldwide Network for Blood and Marrow Transplantation (WBMT) aims at narrowing the gaps between countries in hematopoietic cell transplantation (HCT) programs by conducting workshops to promote and support existing programs and develop innovative ones. Thanks to a survey of the WBMT, Atsuta and colleagues report the worldwide developments of HCT programs up to the year 2018. The use of HCT doubled in about a decade at different speeds and with significant changes regarding donor match, and, although narrowing, significant gaps remain between developing and non-developing countries.

Yoshiko Atsuta et al.

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Leaderboard 728x90

How online ADs will be displayed in Website pages

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Vol. 109 No. 10 (2024): October, 2024 > Sequencing of cellular therapy and bispecific antibodies...

SPOTLIGHT REVIEW

Sequencing of cellular therapy and bispecific antibodies for the management of diffuse large B-cell lymphoma

Megan Melody, Leo I. Gordon

Vol. 109 No. 10 (2024): October, 2024 <https://doi.org/10.3324/haematol.2024.269255>

ARTICLE

FIGURES AND DATA

INFO AND METRICS

Abstract

Historically, the management of relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL) following first-line chemoimmunotherapy has been second-line chemotherapy, followed by high-dose chemotherapy and consolidative autologous hematopoietic stem cell transplantation (HSCT), resulting in durable remissions in approximately 40% of patients. In 2017, chimeric antigen receptor (CAR) T-cell therapy changed the landscape of treatment for patients with R/R DLBCL, with complete response rates ranging from 40-58% and long-term disease-free survival of >40% in the highest risk subgroups, including patients who relapsed after autologous HSCT. Since that time further studies have demonstrated improved overall response rates and survival outcomes in patients with primary refractory or early-relapsed (relapse within 1 year) DLBCL treated with CAR T-cell therapy compared with autologous HSCT, advancing CAR T-cell therapy into the second-line setting. However, >50% of patients will relapse in the post-CAR T-cell setting. In the past 2 years, two CD20 x CD3 bispecific antibodies were approved by the Food and Drug Administration for the treatment of R/R DLBCL after two or more lines of systemic therapy. These bispecific antibodies have demonstrated overall response rates exceeding 50% and durable remissions at >2 years of follow-up. Additionally, a notable treatment advantage of bispecific antibodies is their ability to be administered in the community setting, making treatment more accessible for patients. The development and advancement of these novel therapies raise questions regarding the ongoing role of HSCT in the management of R/R DLBCL and the best sequence of cellular and bispecific therapies to optimize patients' outcomes.

Introduction

Non-Hodgkin lymphoma is a heterogeneous group of lymphoid neoplasms that originate from B cells, T cells, or natural killer cells.¹ Mature B-cell lymphomas rank as the 11th most common cancer worldwide, with more than 80,000 new cases diagnosed in the United States each year, and accounting for >60% of all hematopoietic neoplasms.^{2,3} Diffuse large B-cell lymphoma (DLBCL) is the most common and prototypical aggressive B-cell lymphoma accounting for approximately 30% of cases.¹ In the rituximab era, administration of anti-CD20-containing chemoimmunotherapy regimens, such as R-CHOP, DA-R-EPOCH, and POLA-R-CHP, has become the standard-of-care, front-line treatment for DLBCL with complete response rates ranging from 75-80%.⁴⁻⁶ However, 30-40% of these patients will be refractory to front-line treatment or experience relapse within 5 years.⁷

Increasing use of immunotherapies involving immune effector cells, which are also being tested in clinical trials in combination with dasatinib and other TKI.^{4,2}

Footnotes

- Received December 27, 2023
- Accepted May 24, 2024

Correspondence

M. Firczuk, mfirczuk@imdik.pan.pl

Disclosures

EP has received consulting fees from KCR and honoraria from Astellas Pharma, Servier, Amgen, and Novartis for lectures and consulting - all unrelated to the submitted work. The other authors have no competing financial interests to declare.

Funding

This work was supported by the National Science Center (Poland) grant 2019/35/B/NZ5/01428 (to MF). MF was also supported by the National Center for Research and Development within the POLNOR program NOR/POLNOR/AL-TERCAR/0056/2019. ZU, AP and WM were supported by the Team-Net program (POIR.04.00-00-16ED/18-00) of the Foundation for Polish Science co-financed by the European Union under the European Regional Development Fund.

Acknowledgments

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Medium
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320x250



Abstract

Introduction

Autologous stem cell transplantation
Chimeric antigen receptor T-cell therapy

Autologous hematopoietic stem cell transplantation compared with chimeric antigen receptor T-cell therapy

Is there still a role for autologous stem cell transplantation in B-cell lymphoma?

Bispecific antibodies

How to sequence these therapies

When to consider allogeneic stem cell transplantation for B-cell lymphoma

Conclusion

Footnotes

References

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Every time a reader opens a paper indexed in a chosen category, the POP Up with your advertising will open.

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- Iron Metabolism & its Disorders
- Blood Transfusion
- Hemostasis
- Coagulation & its Disorders
- Platelet Biology & its Disorders
- Bone Marrow Failure
- Myelodysplastic Syndromes
- Myeloproliferative Disorders
- Chronic Myeloid Leukemia
- Acute Myeloid Leukemia
- Acute Lymphoblastic Leukemia
- Chronic Lymphocytic Leukemia
- Hodgkin Lymphoma
- Non-Hodgkin Lymphoma
- Plasma Cell Disorders
- Cell Therapy & Immunotherapy

- Complication in Haematology
- Quality of Life
- Other

Available section:

- Case Report
- Comment
- Con Article
- Decision Making & Problem Solving
- Editorial
- Guideline Article
- Original Paper
- Perspective Article
- Pro Article
- Response to a Comment
- Review Article
- Review Series
- Scientific Letter
- Spotlight Review

How it will be displayed

In December 2021, during the peak of the Omicron surge, the US Food and Drug Administration (FDA) granted emergency use authorization (EUA) to AZD7442, a combination of two human monoclonal antibodies for pre-exposure prophylaxis against COVID-19 in high-risk patients.¹⁰ The use of AZD7442 to prevent SARS-CoV-2 infection was the standard of care throughout 2022 for high-risk patients when regional variants retained susceptibility to this agent. AZD7442 was one of just a few medical innovations to be included in Times Magazine's "The Best Inventions of 2022".¹¹ However, a vital gap in the trials leading to AZD7442's EUA was the minimal representation of high-risk cancer patients.¹² Shortly after its initial authorization, neutralization assays revealed decreased activity of AZD7442 against emerging Omicron subvariants.^{13,14} Subsequently, the FDA authorized revisions to the AZD7442 dosing regimen given concerns of reduced potency to certain Omicron subvariants. However, the EUA was rescinded on January 26, 2023, when the prevalence of susceptible variants in the US was less than 10%.¹⁵ The present study describes the incidence, predictors, and clinical outcomes among AZD7442-treated hematologic malignancy patients for the first 8 months after this drug received EUA for primary prevention of SARS-CoV-2 infection in



Method

Study population

From January 1, 2020, to July 31, 2022, all appropriate

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