Results of the survey on ISBT Young Professionals and their needs

In order to identify the needs of the young members to improve the value of the ISBT membership, the Young Professionals (YP) Council designed an online survey that was circulated to all members over a 3-month period between December 5th, 2018 and Feb 28th, 2019.

Who have responded?
A total of 79 ISBT YP (40 years) participated in the survey. They represent 22% of the total ISBT members. They come from all over the world (see Figure 1).

![Geographical distribution of the YP who have participated in the survey](image)

Figure 1. Geographical distribution of the YP who have participated in the survey.

They were in different fields but mainly in clinical transfusion (25%) or in the field of immunohematology (16%), as physicians, students, or researchers.

Over half of the participants (57%) were in their first year of membership.

Why have they chosen to become a member of ISBT?
The YP become ISBT members for numerous reasons, few of the most important seemed to be: the continued education through workshops, webinars, journal clubs, and the ISBT Education App (24%), networking opportunities (21%) and career development (9%).

A number of the responding YP were also members of an ISBT working party (18%).

A large proportion of the YP ‘have heard of the ISBT programs / activities’ (i.e., the Young Investigator Breakfast (62%), the Harvesting Frost (62%), the YP workshops (64%)) during Congresses, the ISBT Education App (51%), the webinars and live journal clubs (80%) and the Academy Success (76%). About 38% have downloaded the ISBT Education App and 48% have already attended an ISBT webinar or journal club.

Are they satisfied with their ISBT membership?
Most of the participants (83%) were satisfied with their ISBT membership.

What are their needs?
The survey results identified several needs (see Figure 1), including: • Membership program for YP • More workshops tailored for YP during Congresses • They also highlighted a need for greater social networking opportunities, with: • Creation of a forum dedicated for YP on the ISBT website • Enhanced engagement through social media

Several participants also underscored the need to expand the opportunities of membership and Congress attendance for members from low-income countries.

![Benefits that the YP would like to receive from their ISBT membership](image)

Figure 2. Benefits that the YP would like to receive from their ISBT membership.

The YP council is trying to address some of these needs (improving YP experience, organizing workshops and social activities) with the Board for the Basel and Bangkok Congresses taking place in Basel (June) and Bangkok (November) this year. A proposal for a membership program has also been submitted to the Board.

As a reminder, a special hashtag (#ISBTYoung) has already been created for YP on the ISBT Twitter, Facebook and LinkedIn social media accounts.

If you are a YP, ISBT member and have other ideas or initiatives that could be taken up by the council, please feel free to contact Cecile.Tely-Nobour@aphp.fr or www.althyam@gmail.com (Shahid).

Important work on the definitions for transfusion-associated circulatory overload (TACO) and transfusion-associated acute lung injury (TRALI)

Readers of Transfusion Today were reminded in the last issue about the importance of transfusion reactions including those with respiratory complications - Transfusion-associated circulatory overload (TACO) and Transfusion-related acute lung injury (TRALI). These two complications are among the leading causes of transfusion-related mortality and morbidity worldwide. Two separate groups have been working on improved definitions for these complications of blood transfusion.

Firstly, the TACO definition was revised according to the ISBT haemovigilance working party’s format definitions process and is now publicly available on the working party’s web page. The revised definition, developed jointly by representatives of ISBT, the International Haemovigilance Network (IHN) and AABB (formed as the American Association of Blood Banks), was tested in a two-phase validity study for use in haemovigilance. Cases were gathered from 16 haemovigilance systems and participation included 47 experts from 20 countries. Whereas cases classified as TACO by individual national haemovigilance systems often did not meet the criteria for TACO using the (2011) IHN-IHN TACO definition, application of the newly revised definition resulted in better agreement. Overall there are more combinations of signs and symptoms which can add up to meet the criteria and it is easier for a case to qualify if at least one criterion has been fulfilled. Also the new definition allows for cases to be classified as TACO if features arise up to 12 hours after the end of transfusion, as opposed to 6 hours using the former definition.

Secondly, a group of international experts on TRALI, including members with haemovigilance experience, were recommended by AABB and one by the ISBT based on their TRALI expertise. This group convened to develop a redefinition of TRALI by modifying and updating the 2004 definition. In the past research in the area of TRALI has resulted in better understanding of the pathophysiology and in the successful implementation of TRALI mitigation strategies. The main modifications and updating of the TRALI definition are 1) in the redefinition, the term ‘possible TRALI’ has been dropped and 2) the terminology of TRALI type I (without an ARDS risk factor) and TRALI type II (with an ARDS risk factor) or with mild pre-existing ARDS is proposed. Hence the presence of mild ARDS does not exclude the development of TRALI. Cases with an ARDS risk factor which meet ARDS diagnostic criteria and where respiratory deterioration over the 12 hours prior to transfusion can be attributed to the transfusion event should be classified as ARDS. These seminal updates were reviewed at the 2012 updated ARDS consensus definition (referred to as the ‘brasiliense’ definition) was evaluated for its relevance to TRALI and essential updates (including guidance in diagnosing ‘hemodynamic pulmonary edema’) were incorporated into the new TRALI definition.

The Delphi panel recommended that all pulmonary complications after blood transfusion should be reported to the transfusion service and then categorized into one of several categories: TRALI Type I or Type III, ARDS, TACO, TRALI/TACO (if they cannot be distinguished or occur simultaneously), or an alternate diagnosis. Importantly, the panel reaffirmed that TRALI remains a clinical diagnosis and does not require detection of cognate leukocyte antibodies.

The publishing of the two sets of updated definitions paves the way for haemovigilance systems and researchers to test and critically evaluate them in their practices by assessing all types of reported respiratory transfusion complications. This will lead to new evidence – possibly requiring further revisions of the definitions in the future – and contribute to better prevention and treatment of patients receiving blood transfusions.