ISBT Working Party on Platelet Immunobiology
Subcommittee on Clinical Guidance
June 1st, 2018, 2:15 pm – 3:30 pm, Metro Toronto Convention Center, Room 711

Attendees:
Australia: Gail Pahn (Stafford); Canada: Lucie Richard (Saint-Laurent), Lynnette Beaudin (Winnipeg); France: Gérald Bertrand (Rennes); Germany: Ulrich J. Sachs (Giessen), Tamam Bakchoul (Tübingen); Israel: Lilach Bonstein (Haifa); Japan: Nelson H. Tsuno (Tokyo); Oman: Shadhiya Al Khan (NN); Spain: Eduardo Muñiz Diaz (Barcelona); Sweden: Agneta Wikman (Stockholm).

Minutes:

<table>
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<th>Summary</th>
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<td>1. The Subcommittee decided to develop recommendations for FNAIT. It decided to postpone recommendations for ITP, PTR and other platelet-antibody associated disorders.</td>
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<td>2. The Subcommittee decided to share national recommendations, if available, to give a first orientation.</td>
<td>Gail, Lilach, Agneta to provide guidelines; Ulrich to email all WP members.</td>
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| 3. The Subcommittee decided to develop a structured guideline for FNAIT in three parts:  
  **Part I**, Diagnosis of FNAIT in a thrombocytopenic newborn  
  **Part II**, Monitoring pregnancy in women with a history of FNAIT  
  **Part III**, Diagnostic recommendations in other clinical cases  
  (pregnant woman with fetal ICH/cyst; pregnant woman with a family history of FNAIT; pregnant women with platelet abs, etc.) | - |
| 4. For part I of the guideline, the following major aspects were identified to require structured review:  
  1. Triggers for initiating a diagnostic procedure  
     1.1 clinical triggers  
     1.2 laboratory triggers  
  2. Collecting the clinical information  
     (including, ethnicity, consanguinity; option to provide a simple form).  
  3. Collecting samples  
     (including, father and newborn)  
  4. Testing procedures  
     (including, type/depth of testing, minimum testing requirements, genetic testing of the newborn, cross-match)  
  5. Reporting the results  
     (including “confirmed FNAIT” and “probable FNAIT”).  
  6. Recommendations on follow-up testing in probable FNAIT | Tamam to compose an empty draft as a start-off |
| 5. During the discussion of point 4.6 (follow-up testing), the Subcommittee identified a lack of evidence for follow-up testing in probable FNAIT. Most members could recall a few cases in their laboratory where an antibody was detected weeks or months later, but not in the initial work-up. The Subcommittee decided to collect these cases within the WP for publication. An excel sheet/word table is required to describe the minimum criteria that need to be collected. | Agneta and Gérald to distribute this table to all members. |
| 6. Tamam was elected as the speaker of the Subcommittee on Clinical Guidance. | - |

Minute taker: Ulrich J. Sachs