TRANSFUSION TODAY

Transfusion Today | **Number 89, December 2011**

Clinical Practice

Ensuring good transfusion practice for clinicians

32nd International Congress of the ISBT, Cancún, Mexico

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60th Annual Congress of the JSTMCT

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ISBT

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*Not available in the US

**CE-IVD. The duplex test for HAV and B19V has been filed with the FDA under a Master File. It is available to US laboratories that meet specific FDA requirements.

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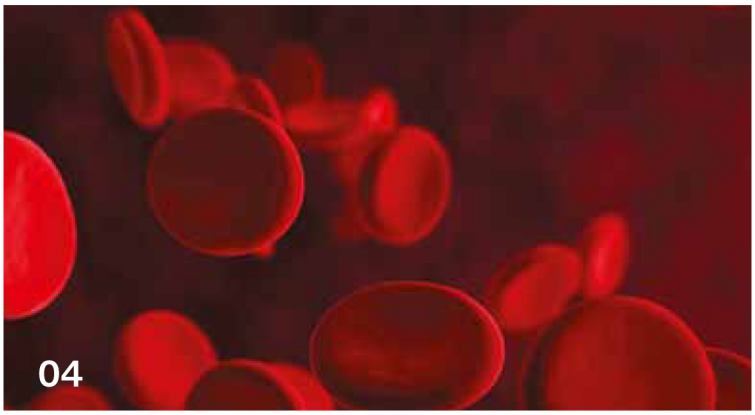

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Judith Chapman

Editorial

2011 is almost over and as I write this editorial I am preparing for the second regional congress of the year in Taipei. The good memories of Lisbon are still with us in the ISBT office and we are looking forward to our congress in Taipei. We are also busy thinking about next year and the 32nd International Congress of the ISBT in Cancun.

The ISBT Board discussed its strategy for the coming years at a special two day meeting just before the congress in Lisbon. The strategy will be signed off at the Board meeting in Taipei and shared with you in the first edition of Transfusion Today next year. One of the areas that we will focus on is clinical practice and how we can ensure that clinicians are aware of all of the aspects of good transfusion practice and how we can include them in our congresses and educational events. We asked Jonathan Wallis and Dafydd Thomas, the Chairperson of NATA, to put together some articles about Transfusion practice and these make up the focus section.

There is a two page spread on the 32nd International Congress of the ISBT in Cancun. This gives all of the important information you are likely to need to find out how to submit an abstract, register and book your hotel. We do hope that you will submit an abstract and join us in Mexico.

All of us in the office wish you seasonal greetings and a successful 2012.

What's in a name?

NATA: Network for the Advancement of Transfusion Alternatives

Dafydd Thomas
Chairperson of NATA

NATA was formed over 12 years ago as a network and intentionally not as a society. One of the main aims of its founding members was to encourage networking amongst the disparate clinicians from a wide variety of disciplines working or involved with patients who needed their anaemia treated either acutely or in an elective situation.

As a mission statement at the core of the Network was a belief that treating anaemia by a wide number of methods available may minimize the need for allogeneic transfusion. The first NATA Chair was Professor Jean-Francois Baron and other founding members, including Professor Marcela Contreras, Professor Hans Gombotz, Professor Jean-François Hardy, Professor Konrad Messmer and Professor Alice Maniatis, joined him on the board of directors. Of the founding members, only Hans Gombotz and Jean-François Hardy remain on the current board of directors, which remains enthusiastic and active.

The 13th Annual Meeting is to be held on the 12 and 13th April 2012 in Copenhagen at the Tivoli Conference Centre.

As a current Chair of NATA and also as a member of ISBT I thought I would take the opportunity of explaining why ISBT and NATA are natural partners. Firstly I need to explain what NATA is trying to achieve. Let us take the first word "network". There can be little doubt that when partners pool their efforts to join in a combined initiative then the result can often end in an effect that is greater than just he sum of the two initiatives. In fact by networking there can be an almost 'viral' spread of good ideas (please excuse the terminology).

There may be a perception amongst some ISBT members that NATA is only trying to promote alternatives to blood transfusion—which indeed it does attempt to do—however the main aim is to ensure that the safest treatment of a patient's anaemia is considered, which may involve trying to avoid blood transfusion when possible or appropriate. It may be that blood transfusion is the only option but there are situations where other treatments can be equally effective and will result in the avoidance of blood transfusion, which makes that unit of donor blood available for another patient who has no option other than transfusion.

Following on from some successful NATA sessions embedded in the ISBT meetings, Silvano Wendel and the ISBT Board of Directors have been keen to elaborate the ISBT program with increased emphasis on clinical transfusion. It is the aim for NATA to help support and develop this theme by providing input into the next international ISBT meeting and also to persuade some of the clinicians who regularly attend NATA meetings to take an interest and increase their involvement in ISBT meetings both as speakers and participants. It would be fair to say that in order to have greater attendance at ISBT meetings, by surgeons, anaesthetists, intensive care physicians and clinical transfusion practitioners the programme has to reflect and include their areas of practice. Of course once persuaded to attend clinical transfusionists would have many lectures, on a wide range of topics, to choose from. It would be an ambition that they might attend lectures and seminars outside of their special interest, thus expanding their knowledge and understanding of a wide range of transfusion issues.

In fact if you remove alternatives from NATA then we have Network for the Advancement of Transfusion. Isn't this what drives us all? Safer, more co-ordinated patient care to ensure that patients receive tailored treatment according to their clinical need. Let us hope that the collaboration between ISBT and NATA strengthens our resolve to achieve these aims.

Jonathan Wallis
Chairperson of the ISBT Working Party on Clinical Transfusion

Improving Clinical Transfusion

the role of Transfusion Practitioners

Improving clinical use of blood transfusion is not always easy. Long standing practices on the wards can be difficult to change and laboratory staff may feel uncomfortable questioning the decisions of senior clinical staff.

Even establishing what is best practice is not so simple given the relative lack of controlled trials of transfusion. One response is to introduce and apply rigid blood bank rules on when blood may be used. This may appear to work in the short term but will quickly give rise to conflicts and tension between the ward and the laboratory staff. Clinicians quickly learn to 'be economical with the truth' to get the components they think they need. Poor communication is the result and this is likely to be detrimental to good patient care even if at first it helps the blood bank budget. Good relations between the providers and the users of blood are preferable. In the UK the employment of Transfusion Practitioners (TPs) as educators, investigators and auditors has been very successful in changing blood use for the better and helping both sides understand the problems at the opposite ends of the chain. Since the late 1990's the use of TPs, who may have either a nursing or laboratory background, has been associated both in individual hospitals, and nationally with very significant changes in blood use (in the region of the UK red cell use is down 20% over the last 10 years, and a similar change has been seen across the whole country). These changes have paralleled national campaigns on "Better Blood Use" but even these campaigns have largely been implemented at a local level by TPs.

Here in the UK and elsewhere TP's have also played a vital role in managing haemovigilance. In our hospital they investigate all reports of transfusion reactions of any sort. They liaise between the blood bank and the ward making sure that both receive feedback as to the outcome of the investigation. In addition they report as necessary to SHOT and the government equivalent and report directly to the consultant haematologist in charge of blood transfusion. Their job is to ensure everyone is 'in the loop'.

Big blood users need auditing. Our TP's run intermittent audits in a number of specialities such as vascular surgery, orthopaedics and obstetrics. In cardiothoracic surgery the audit is continuous with 6 monthly feedback of blood use

for common operations. There is nothing like peer pressure to persuade surgeons to look to their laurels. In addition to measuring use they feedback discharge haemoglobins to check on the level of over-transfusion and perhaps more importantly, under-transfusion. With additional time or sophisticated computer programmes it may be possible to make all audits continuous but a human touch and physical presence on the wards has its own value that is difficult to measure and should not be underestimated.

"In the UK the employment of Transfusion Practitioners as educators, investigators and auditors has been very successful in changing blood use for the better and helping both sides understand the problems at the opposite ends of the chain."

Having audits is fine but education and training are needed to back up good practice, whether with the practical aspects of blood administration or to teach appropriate prescribing. TP's cannot be expected to work alone and the enthusiastic backing and involvement of a clinical haematologist or transfusion consultant has repeatedly been seen to makes a real difference. Classroom learning is good but more effective is learning in the workplace and to be really effective TP's need to work and to be seen on the wards. By helping solve problems and keeping good communications open with the blood bank they will be regarded as a friend rather than enemy by the ward staff. In my hospital the TP's (one whole time, one part time, 1500 beds) have paid for themselves many times over through improved use, reduced wastage and easing the workload for the laboratory.

A friendly face over your shoulder may be more effective than a raft of guidelines in improving blood use!

A4™ Apps for Transfusion Medicine

Applications for mobile devices and improved transfusion practices

Dafydd Thomas
Chairperson of NATA

In March 2011 I attended a WHO gathering in Dubai to discuss blood transfusion safety and an initiative described as Patient Blood Management (PBM). At that meeting which addressed the issues of promoting safer and more rational use of allogeneic blood it was restated that many of the initiatives to change transfusion practice failed to make a lasting impression on patient care. It was also stated at that meeting that initiatives seemed to centre on transfusion rather than focusing more on the underlying reason for transfusion which is the anaemia, which stimulates the need for transfusion of allogeneic blood.

In June 2011 while attending the ISBT Regional Congress in Lisbon, where members of the ISBT Working Party on Clinical Transfusion were holding their meeting, further discussion took place on how we could help change the safety of clinical transfusion practice. On reflection it was agreed that if clinical practice is to change there seems to be a need to offer more consistent clinical information, to support practitioners with a readily available guide to best practice. The access to the internet via personal computers was a significant advance to help us share clinical guidelines, but the rapid development of mobile devices means that here is a need to remain ambitious about how information is distributed.

It was quite obvious at the meetings both in Dubai and Lisbon that many of the attendees were keeping in touch with colleagues and secretaries back at 'base' by using smart phones. Many of us were either reading e-mails, texting or responding to emails on mobile phones. It seemed that most people in the room had one – in their pocket. A similar head count of who had a laptop showed fewer attendees had their laptop with them. Out there in the real world, of course more people are walking around with mobile phones than laptops and a large proportion of those devices are smartphones.

A lasting impression was that whatever strategies were devised to improve blood safety there is a need to ensure that those involved in blood transfusion across the world need to access information. This may be with PDF's of aide memoires or any other information via mobile phones.

In the era of tweeting via Twitter and iCloud developments, placing clinical guidelines in an accessible form using mobile phones would seem an acceptable next step. Of course in many parts of the world access to the internet is easier via a smart phone rather that a PC.

Therefore before it is decided that modern technology is the answer, it is essential to remember that the information is correct and supported. Whatever is converted into a PDF or smartphone application that is accessed via a mobile device, the original document and algorithm needs to be created. Unambiguous guidelines are needed, that are agreed by a broad number of people working in the acute transfusion environment to ensure that they are practical, user friendly and achievable. There can be little doubt that within secondary care in the developed world standardising practice using integrated care pathways based on the strongest evidence has improved patient safety and may lead to better or at least similar outcomes. A reduction in cost may result from better clinical results or as a result of more appropriate use of collected donor blood. The WHO can play an integral role in steering clinical practice along a standardised path. It is quite possible that smartphone applications may aid this process.

So much of this may seem to be blue sky gazing but make no mistake there are clouds on the horizon. Let us hope they are not just the type that bring unpleasant weather but also bring a net benefit to transfusion practices. Let us also remember that clouds are also welcome in some parts - they bring rain!

This is a personal view and not necessarily shared by either WHO or ISBT.

Jay Brooks
Clinical Professor and Medical
Director of Transfusion Services
University of Florida College of Medicine

Witnesses & Blood Transfusions

Overview

The Jehovah's Witness (JW) religion was founded by Charles Taze Russell in the 1870's. JWs are primarily known to medical professionals for their refusal to accept blood and blood products, a ban that was put in place in the 1940's. This article is a personal view from the perspective of a Transfusion Medicine Physician.

Based upon interpretations of various Old Testament verses, the blood ban, from the medical point of view, has been a defining feature of the religion and its nearly 8 million adherents. The Watchtower Society (WTS) headquartered in Brooklyn, New York is the governing body of the religion and gives guidance on the prohibition of whole blood and its primary components red blood cells, plasma, and platelets. JWs who knowingly receive blood without later repenting may not be welcomed by the church.

The WTS has altered its guidance over the years. Vaccines, once banned, are now acceptable. Certain other blood components are not specifically proscribed and their use is up to the conscience of the individual Witness. Human albumin solutions are acceptable to some Witnesses as is cryoprecipitate. The distinction is at least partially based upon whether the component is life sustaining—in which it is prohibited—or merely is deemed to be an insignificant fraction. For instance, red blood cell transfusions are prohibited by the WTS while hematopoietic progenitor cell transplants that contain accompanying red blood cells are not objected to because the red blood cells are incidental and not life-sustaining in this product. These distinctions can cause confusion in dealings between medical professionals and JWs.

When approaching JW patient, physicians should carefully inquire as to what components are and are not acceptable to the individual Witness. Just as a physician would not assume that a Roman Catholic patient would necessarily refuse all forms of artificial birth control because the Vatican forbids it, caregivers should establish with the individual JW how they interpret the guidance on blood components.

Right of Capable Adult to Refuse Blood Transfusions

The courts in most countries have established the right of a capable adult to refuse blood transfusion, even when not receiving a transfusion would likely result in the patient's death. In some countries the courts cite individual autonomy but some constitutions provide either general religious freedom clauses and some specifically address JWs. When patients are conscious, informed consent is very important and not usually difficult. When a patient arrives to the emergency department unconscious, the situation is problematic. Many JWs carry cards in their wallets indicating their intent to refuse transfusion even in emergency situations. However, some courts have called into question the validity of such directives as the patient may have changed his mind and failed to update the declaration. When the intent of the patient is unclear and life saving transfusion is indicated, physicians might wish to consider additional input from family members and may seek emergency ethics consultations.

JW Children May Be Transfused Despite Parental Objections

While the rights of adults to refuse transfusion are well established, medical professionals have the right to override the desires of JW parents when blood transfusion is necessary to a save the life of a minor child or an incompetent adult. If the timing of the situation allows it, telephonic consultations with the appropriate court of law should be obtained. Courts usually promptly issue orders for blood transfusion in such cases.

Alternatives to Blood

Most JWs will not participate in pre-operative autologous donation. The use of intraoperative cell savers may be acceptable if the equipment circulates the blood in one continuous loop. Recombinant human erythropoietin (rHuEPO) administration has demonstrated a benefit to patients who are chronically anemic, and has been used in the critical care arena, but with limited documented benefit in terms of haemoglobin. In trauma cases, activated factor VII may also help in the setting of massive hemorrhage. Some centers have focused on blood management strategies specifically targeting JWs. When time allows, appropriate referrals to such facilities may be worthwhile. JW patients have perhaps unwittingly served as research subjects in development of a variety of bloodless treatments and as such have bought benefit to many others. Case reports have demonstrated that many patients can withstand profound levels of anemia, suggesting more conservative transfusion strategies could be in all patients.

Resources

The Watchtower Society has Hospital Liaison Committees that are available to advise individual Witnesses. Physicians should be sure that patients make informed decisions without undue pressure from either their medical advisers or their religious advisers. Indeed, a clinician treating a JW patient may find consultation with a transfusion medicine physician helpful, as many patients whether JWs or not are under the erroneous belief that blood transfusion is a risky procedure, carrying very high risks of infectious diseases. Such a consultation may help a JW make a well informed decision. When a JW wishes to decline blood transfusion due to religious grounds, that decision must be respected. However, if the primary to refuse transfusion is an overestimation of the actual risk of blood transfusion, a proper informed consent process should include information about the true health risks of blood transfusion.

"Physicians should be sure that patients make informed decisions without undue pressure from either their medical advisers or their religious advisers."

Peter van den Burg
Sanquin Blood Supply

Training in Transfusion Medicine

a diverse world with challenges

Transfusion Medicine is a medical profession that is educated in different manners. In some countries Transfusion Medicine is recognized as a separate speciality, or as a part of haematology or pathology, in other countries it is integrated in existing specialities. Research and hemovigilance has made it clear that there is a need for more education in Transfusion Medicine, for medical students, nurses, analysts, residents and specialists. There are several ways to improve education in Transfusion Medicine:

- In some countries specific educational programmes for transfusion medicine specialists and others have been developed, with success. A disadvantage is that the number of physicians is rather small, compared to other specialities. Cooperation between countries could give more power and resources to develop or improve programmes and the ISBT and EBA have already taken initiatives. Common programmes for different countries with different educational structures are though quite a challenge!

- A less complicated but valuable way to educate is via the Transfusion Committee. Most hospitals have Transfusion Committee which can collect and disseminate data on indications and incidence for blood use. These data are good to give feedback and education to physicians, nurses and analysts in the hospital. Transfusion Committees have an important role and are in a prime position to educate using systems that are already in place in the hospital.

- In the process of globalizing of the world and more sophisticated means of communication, it becomes easier to benchmark within and between blood establishments and hospitals. We can learn from the differences in blood use, the indications and amounts, and frequencies of side-effects. By starting benchmarking, discussing about it, insight can change. We should be able to leave our habits and frame works to be open minded to other insights of Transfusion Medicine.

- Other ways of education are congresses and all other meeting where Transfusion Medicine is on the agenda. The first step in education is attention to the field and awareness that education is the basis of quality. Already huge steps are taken, e.g. the ISBT and its Academy and the AABB have special educational sections.

Education in Transfusion Medicine is a continuous process. It should start with elementary training for students, not only 'medical-technical' knowledge but also awareness of quality systems and the importance of Transfusion Medicine. Transfusion Medicine is a dynamic field, with many players, and we have the challenge to keep and promote education on the agenda. By writing this we hope to be another piece of the puzzle to improve initiatives and all means to improve education in Transfusion Medicine and thereby the quality of blood transfusion.

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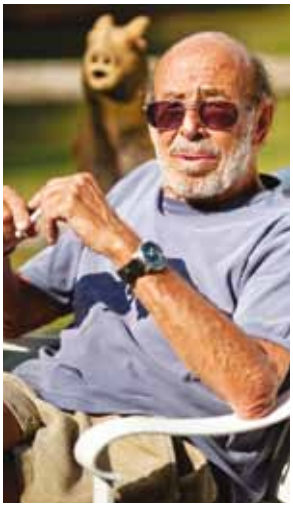
In Memoriam

Alfred Prince

A great virologist, professor Alfred. M. Prince, has passed away in October 2011 at the age of 82. Since 1965 he was working at the New York Blood Center as head of the Laboratory of Virology, Lindsley F Kimball Research institute. His major accomplishments was the discovery of antigen SH, which he found was associated with hepatitis B virus, which turned out to be identical with Australia antigen detected by Baruch Blumberg. Blumberg received the Nobel price for his finding, but in the opinion of many scientists he should have shared the price with Prince. Also Prince was the first in 1974 who reported of the existence of a virus, distinct from hepatitis A and B virus, now termed hepatitis C virus.

In the 80ies he developed the solvent / detergent procedure for sterilization of blood derivatives still widely used in the world. In that period he also developed a low cost HBV vaccine, still in use in China. He founded and was the director of a chimpanzee colony in Robbertsville Liberia, where human viruses (e.g. HBV, HCV, HIV) were studied in primates. Next to all his scientific achievements, Fred was a very amiable man who was always kind enough to share his results with others and to help others with their research. We shall miss him and we wish his family strength in the loss of such an extraordinary man.

Hendrik W. Reesink



ISBT's History Project

We are very proud to have 76 years of rich history. In all of those years we have gained a lot of experience through our congresses and other meetings.

We would like to share our past with the rest of the world. Therefore we started the History Project. The objective of this project is to make it possible for those who are interested to visit our online history database and browse through pictures and stories about the history of the ISBT.

We would like to ask for your input. If you have a story about the ISBT that would be of interest to the history project, please send it to: **office@isbtweb.org** with reference: **History Project.**

We are looking forward to reading all your stories.

Congress dinner, ISBT Congress in 1956 in Boston, USA

Silvano Wendel

"Transfusion Medicine is a multi-faceted medical speciality, where use of blood components is just one of the available tools used for supporting patients."

ISBT and partnerships: the ultimate goal is adequate patient clinical management

As you all might have realized, to build partnerships are one of my main priorities during my term as ISBT President. In this issue, Dafydd Thomas, a long time ISBT member and also the current NATA President discusses how these two societies can work together around common issues, with mutual close interaction in order to promote adequate patient clinical management.

Transfusion Medicine is a multi-faceted medical speciality, where use of blood components is just one of the available tools used for supporting patients. On a general aspect, Blood Centers are responsible for the collection, processing and distribution of the safest components that technology and good management can provide. However, quite a few professionals based on Blood Centers have the opportunity to keep a daily close contact with patients on a bedside level. I have conducted my entire personal medical career in a hospital blood bank, being responsible for the transfusional support of all patients from the Hospital Sírio Libanês in São Paulo, Brazil. For more than 30 years, I've been following all cases who require any sort of transfusion support and I know how important is to act co-operatively with the corresponding physicians (from multiple fields) while conducting the clinical or surgical cases. Thus, I have now the privilege and fortune to witness that ISBT is embarking on new issues, focusing on daily clinical activities in a closer manner with physicians responsible for the comprehensive clinical patient management.

Being a supportive medical activity, transfusion medicine has to go in alignment with several other therapeutic measures, where all of them are equally important for our patients. Therefore, working together with medical internists, surgeons, anesthesiologists, intensive care physicians, nurses, etc. is what really counts whenever we are conducting a clinical/surgical case. Nobody is better or worse in the field. Our patients' welfare and safety are the ultimate goal to be pursued by us.

Thus, with this joint activity under the diligent work conducted by Jonathan Wallis (chair of the ISBT Working Party on clinical transfusion) and Dafyyd Thomas, we are now launching a new process for ISBT, which follows one of the main points defined by the Board in Estoril (Portugal) last summer when elaborating the ISBT strategic plan for the next 5 years. Clinical patient management is one of ISBT priorities and this field will receive a considerable support for development. I am sure that this is a very complex activity and that different approaches will be developed and studied, changing the whole paradigm of how to conduct clinically our patients (old v recent blood units; transfusion triggers; anemia persistence, introduction of new anti-coagulants, recombinant drugs, monoclonals, hospital length of stay, etc.) The challenge is right in front of us, and we will eagerly follow the latest developments in this fascinating field.

The 22nd Regional Congress of the ISBT in Taiwan has just finished. More than 800 delegates attended. I am convinced that all delegates enjoyed the hospitality of our hosts and took profit from the scientific developments carefully balanced and organized by the scientific committee. This country is active and it was a pleasure to get a glimpse of a different culture and scenario. More about the congress in Taipei in the next issue of Transfusion Today.

Silvano Wendel
ISBT President

Update your profile

We informed you via the E-newsletter in September that part of the strategic development of ISBT is to optimize our communications strategy. For this reason we have renewed our membership database.

We are very pleased to see that many of you have already updated your personal profile and we thank you for your time and effort. If you have not updated your profile yet, we would like to ask you to update your profile as soon as possible. This will help us to have a clean database and it will help all members to make their search inquiry easier.

Your personal information

Edit profile

To ensure that the information in the membership area of the website is correct, you are asked to update your membership profile, if necessary, via the membership only page. Once you are logged in click on "Edit Profile".

Please check all the fields of your personal profile to make sure that the information displayed is correct. Pay special attention to your mailing address, email address, specialty and position.

Your work address is automatically configured as the main address for all correspondence. However you can change the setting by indicating that you would like to receive the correspondence at another address.

You can also add a variety of information to your profile including Twitter and LinkedIn accounts and upload your resume.

Here are a number of benefits that will enjoy once your personal profile has been updated:

- Stay in touch with fellow ISBT members and learn more about the Transfusion Medicine field via LinkedIn and Twitter.
- After your posted your resume onto your personal profile, we can approach you to speak at meetings and /or workshops as appropriate.
- Have easy access to information from Working Parties found within the membership area.
- Be the first to know about new and interesting events and congresses that organized in the field.

Altogether, updating your profile will provide you great benefits and it will only take a few minutes of your time.

Search for fellow members

Find colleagues among the members by using the membership database. Type in their first name, family name, country or specialty. We only display the member's institute address, never your private address.

The ISBT Central Office

ISBT is moving

ISBT will move into its own rented office accommodation in Amsterdam at the end of December. For the previous years the Central Office has been located in the MCI-Eurocongress offices in Amsterdam South. We are grateful to MCI-Eurocongress for renting us the space during these years. With the developments within ISBT and with staff numbers growing it is time to move and we are pleased to have found an office on the Marnixstraat on the borders of the Jordaan in the centre of Amsterdam.

The new accommodation will give space for a meeting room with an area to display the society's historical documents, office accommodation and storage.

Our new address is:
Marnixstraat 317
1016 TB Amsterdam
The Netherlands

Geoff Daniels

I am writing this article in my hotel room the end of the ISBT Regional Congress in Taipei, Taiwan. And this was another extremely successful congress, with almost 900 delegates and 472 abstracts. Congratulations to Professor Chien-Feng Sun and his team for organising a great event. An extremely high standard was set for the quality of presentations, standard of the science, and for the social programme. Nobody who was at the Congress Dinner will forget the acrobatic lions.

Very recently news broke (doi:10.1038/nature10606) of exciting new work involving an obscure blood group antigen and a hope for a new malaria vaccine. This is a reminder of the value of studying the lesser-known blood groups, even though they are often of little significance in transfusion medicine. Basically, the Oka blood group antigen (which I suspect only aficionados of blood groups will have heard of) is a receptor for a parasite ligand that is essential for blood stage growth of all strains of Plasmodium falciparum. In addition, red cells with the very rare Ok(a−) phenotype had reduced invasion efficiency of the parasite.

In October I spent 4 days in Geneva, Switzerland as the ISBT observer to the WHO Expert Committee on Biological Standardization. This committee, which has met annually since 1948 with the exception of only 1 year, comprises 10 members, plus temporary advisers. There were 2 tracks to the meeting: (1) vaccines and biological therapeutics; and (2) blood products, related substances, and diagnostic reagents. Obviously, it was the second track that was most pertinent to ISBT. One item of particular interest was a discussion about feedback on a consultation document on assessment criteria for national blood regulatory systems. The purpose of the document is to provide a framework that will assist governments in identifying areas for improving their blood regulatory systems. This will be particularly beneficial to developing countries. National authorities are encouraged to use the assessment criteria as a roadmap toward evolving best practice.

A major purpose of the 'blood track' is to ensure the sustainable development and provision of WHO international biological reference preparations for use in quality control and regulation of blood products and related in vitro devices. As part of this I acted as a temporary adviser to propose establishment of four WHO reference reagents designed as control for blood group genotyping. The call for these reagents came from a blood group molecular genotyping workshop organised by the ISBT Working Party on Red Cell Immunogenetics and Blood Group Terminology and the reagents were validated by members of this workshop. The proposal was endorsed and represents a good example of collaboration between ISBT and WHO. Numerous other standards were discussed at the meeting, either as proposals for establishment or as new projects for endorsement. They included WHO international standards for clotting factors, anti-human neutrophil antigen-1a antibody, anti-Chagas disease antibodies, and a variety of transfusion-transmitted viruses.

So now with the 2011 Regional Congresses in Europe (Lisbon) and Asia (Taiwan) over, ISBT must start gearing up for Central America: Cancún, Mexico in July 2012.

Geoff Daniels
ISBT Secretary-General

Welcome to our new members

September 2011 – November 2011

Africa
- **BOTSWANA:** Togarika Timbe

Americas
- **MEXICO:** Roberto Velasco
- **USA:** Joanne Becker, Michael Deras, Kui Gao, Clive Hohberger, Tzong-Hae Lee, Suzanne Margerum

Europe
- **BELGIUM:** Sébastien Loix
- **FRANCE:** Thoai Duong Ly
- **GERMANY:** Sentot Santoso
- **ITALY:** Angela Cucchietti
- **KAZAKHSTAN:** Yermek Ibrayev
- **NETHERLANDS:** Niubel Diaz Padilla, Daphne Thijssen-Timmer, Hans Vermeij
- **SWITZERLAND:** Gerard Lopez
- **UNITED KINGDOM:** Susan Brailsford

South East Asia
- **INDIA:** Pankaj Khanna, Nidhi Mehta
- **THAILAND:** Charuporn Promwong, Thanatphak Warindpong

Western Pacific
- **AUSTRALIA:** Melinda Dean, Frank Hong, Gail Pahn, Ruth Power
- **HONG KONG SAR OF CHINA:** Phoebe Chau, Eric Lau, Thomas Lui, Samson Tse, Hoi Kei Wong, Kit Chu Wong, Ka Kin Ricky Yang, Pui Kwan Yeung, Rebecca Yeung
- **JAPAN:** Shigeki Miyata
- **KOREA:** Ok Ju Jung, Sinyoung Kim, Ka Yeon Kim, Jaesook Lee, Young Ae Lim, Yoon ManJung
- **MALAYSIA:** Rozi Hanisa Musa, Wan Bing Phuah
- **NEW ZEALAND:** Anne Burnand, Julia van Esses
- **SINGAPORE:** Sze Sze Chua, Sim Kuan Lim, Joanna Mah, Eric Quah, Mylene Rasco
- **TAIWAN:** Chia-chun Tsou

ISBT Award for Developing Countries

At the 22nd Regional Congress of the ISBT in Taipei the President of ISBT announced a new ISBT award, the ISBT Award for Developing Countries. The vision for this award came from Professor Erhard Seifried, ISBT's past president, during his presidency of ISBT.

This award is especially designed to encourage Blood Services and/or Centers to further develop Blood Transfusion activities and to recognize and acknowledge Blood Services and/or Centers and individuals for their achievements in strengthening Blood Transfusion. Above all, it will create awareness among the global Blood Transfusion community about the challenges that the developing countries face. The winner will be presented with the award at the General Assembly held during the International Congress.

Applications for the ISBT Award for Developing Countries are only open to Blood Services and/or Centers or individuals resident in low or medium human development index countries according to the UN Development Programme. The applicant must complete all relevant documents and submit to ISBT by February 28, 2012.

For more information about the ISBT Award for Developing Countries, please visit **www.isbtweb.org**.

Photo Pascal Tournaire

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Surname:	David
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"The Mexican professional community of blood transfusion represented by the Asociación Mexicana de Medicina Transfusional AC (AMMTAC)—*Mexican Association of Transfusion Medicine*—is pleased to host the 32nd International Congress of the International Society of Blood Transfusion (ISBT) in 2012. Hosting the congress is a great honour and an excellent opportunity to show the efforts and the development of transfusion medicine in our country, as well as the great growth in tourism, cultural and technological areas."

Julio César Martínez Álvarez
President of AMMTAC

"All delegates will have the opportunity to share their knowledge with ISBT members from more than 90 countries all around the globe. We will be active players bringing to this great country the latest scientific developments in transfusion medicine. However, as a counterpart, the scientific community will also learn from Mexico what have been the recent advances in their young, vibrant and progressive Association, AMMTAC."

Silvano Wendel
ISBT President

Key Information

Congress Venue

Cancún Center, Conventions & Exhibitions
Boulevard Kukulcan KM. 9 1er Piso
Zona Hotelera C.P. 77500
Cancún, Quintana Roo, México
www.cancuncenter.com

Website

Up-to-date information regarding the congress programme is available on the Congress website: **www.isbtweb.org/mexico**. At this site participants can register and submit abstracts.

Registration Fees

To register for the 32nd International Congress of the ISBT, Cancún, please visit the Congress website: **www.isbtweb.org/mexico**

Pre-registration via the website will not be possible after **June 3, 2012**. After this date only on-site registration will be accepted.

Key Dates to Remember

Deadline for Abstract Submission	February 26, 2012
Abstract Notification Information	April, 2012
Deadline for Early Registrations	April 30, 2012
Deadline for guaranteed Hotel Accommodation*	April 30–May 18, 2012
Deadline for Cancellation of Registration	June 3, 2012
Congress Dates	July 7 – 12, 2012

* For details please check the hotel reservation section

Poster Walks will take place on Monday July 9 and Tuesday July 10

Hotels

A number of rooms have been taken in option for the 32nd International ISBT congress in Cancún ranging from €65 to €120 per night. Please visit the congress website for hotel bookings.

Scientific Programme

The deadline for abstract submission **February 26, 2012**

Details of the scientific programme can be found on the website: **www.isbtweb.org/mexico**

Highlights Include

Saturday July 7	Spanish Speaking Education Day
Sunday July 8	**ISBT Academy Programme** – including blood supply management, quality management, blood groups, clinical aspects of transfusion medicine and small pool plasma inactivation.
Tuesday July 10	ISBT Presidential Award session, Jean Julliard Prize lecture

New This Year
Young Investigator Session
ISBT Working Party Symposia

Posters
Poster Walks will take place on Monday July 9 and Tuesday July 10
Poster Prizes will be awarded for the 10 best posters

Exhibition

There will be a large exhibition at which many of the major companies working in the field of transfusion medicine will be exhibiting. The opening of the Trade exhibition will take place on Sunday July 8, 2012 at 19.00 hours.

Social Programme

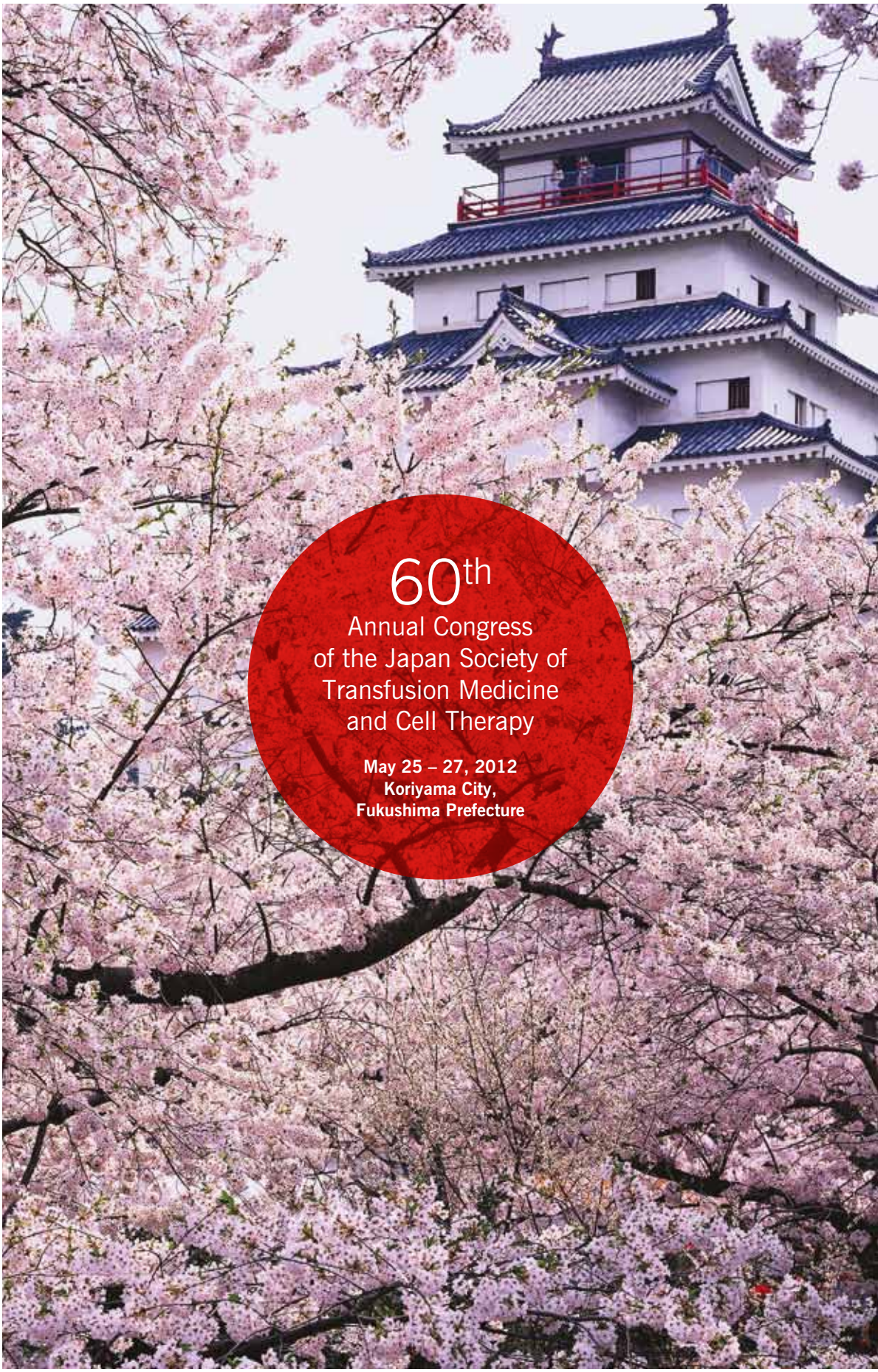
Opening Ceremony
Sunday July 8, 2012 **TIME** 18.00 – 19.00 hours
VENUE Grand Cancún Ball room, Cancún Center, Conventions & Exhibitions

Opening of the Trade Exhibition and Welcome Reception
Sunday July 8, 2012 **TIME** 19.00 – 21.00 hours
VENUE Cancún Center, Conventions & Exhibitions

Congress Party
Wednesday July 11, 2012 **TIME** 20.00 – 00.00 hours
VENUE Fiesta Americana Coral **DRESS CODE** Smart Casual
PRICE PER PERSON € 50,-

For further details please visit **www.isbtweb.org/mexico**

WESTERN PACIFIC



Hitoshi Ohto
Chairperson of the Japan Society of Transfusion Medicine and Cell Therapy

Applying Wisdom – Fostering Trust

Announcing the 60th Annual Congress of the JSTMCT

Applying Wisdom – Fostering Trust. This is the theme of the 60th Annual Congress of the Japan Society of Transfusion Medicine and Cell Therapy, which convenes May 25 – 27, 2012 in Koriyama City, Fukushima Prefecture.

Fukushima Prefecture is recently famous for challenges arising from the Great East Japan Earthquake of March 11, 2011. There were doubts about whether to meet here, but encouraging words and noble deeds from colleagues around the world inspired us to move forward. This historic assembly will combine the best of our 59th Annual Congress—cancelled in the immediate wake of March, 2011—with new programs, new speakers, and new insights.

In the past 60 years, modern medicine has triumphed over many infectious diseases, and cellular therapy has become a life-saving reality. Autologous and allogeneic cells are now processed and administered with unprecedented levels of safety and efficacy. Japan has overcome its unique vulnerability to transfusion-associated graft-versus-host disease (TA-GVHD) through universal irradiation of allogeneic cellular transfusion products. Universal leuko-reduction of allogeneic blood is also our norm. Still, challenges remain. Immunodeficiency makes patients more vulnerable. "New" infections can arise anywhere as a result of migration, climate change, and natural disasters. Disasters themselves, as Japan was recently reminded, can bring a developed country's infrastructure to below the norms of the developing world. More than ever, we all have something to learn from each other, no matter where we live or work.

Since ancient times, 60 has been an auspicious number in various Asian cultures. In modern timekeeping, it represents a full circle: 60 seconds per minute, 60 minutes per hour. Every minute and every hour of our 60th Annual Congress brings the promise of new knowledge and new or renewed friendships. Historically, our meetings have featured international speakers, and this year is no exception, with participation from Australia, Europe, and the United States. Inspired by the enthusiasm with which they have agreed to visit Fukushima during our post-disaster reconstruction, we dare to imagine that not only international speakers, but also international delegates, will choose to attend. Inquiries in Chinese, English, French, or Japanese may be directed to **yuketu60@fmu.ac.jp**.

Our website is
www.fmu.ac.jp/home/yuketsu/jstmct60/index.html

Left Cherry Blossoms surrounding Tsuruga Castle, Fukushima Prefecture, Japan

Yasmin Ayob
Transfusion Medicine
Society of Malaysia

WESTERN PACIFIC

National Transfusion Medicine Conference

7 – 9 October 2011, Kuala Lumpur Malaysia

The Transfusion Medicine Society of Malaysia has been conducting the National Transfusion Medicine Conference every 2 years since 2001. This year the 5th NTMC was organized in Kuala Lumpur with 353 registered participants from all over Malaysia including a few from Singapore, Australia and Oman. Total attendance was close to 500.

The conference took the form of plenary sessions and symposia where various topics related to blood procurement, donor management, patient blood management, transfusion transmitted infection, immunohaematology and other related topics were presented by well known international speakers as well as local speakers. Susan Cotton (UK) and Judith Chapman (Netherlands) spoke on Blood Supply Chain management, Paul Metcalfe (UK) presented on platelets, Erica Wood (Australia) spoke on Patient Blood Management and Haemovigilance while Diana Teo (Singapore) discussed donor haemovigilance and shared Singapore's experience on their red cell freezing programme. Clinical topics such as transfusion in dengue and thalassemia were also discussed. In addition we heard Diosdado Domingo from the Philippines on his experience in implementing a blood utilization review in his hospital. The role of the Hospital Transfusion Committee was also highlighted.

The commercial sector also gave their support with more than 20 exhibition booths.

Preconference workshops on transfusion transmitted infection, immunohaematology and blood donor recruitment were well attended. For the first time a post conference workshop on blood supply management was conducted, this was supported by ISBT. The response was overwhelming so much so that a further workshop on this topic is being planned.

The response to the conference has increased over the years and we look forward to the 6th NTMC to be held with the 24th Regional congress of the ISBT, Asia Pacific Region in 2013.

Joan Jones
Secretary of the British
Blood Transfusion Society

WESTERN EUROPE

The 29th Annual Conference of the British Blood Transfusion Society

The 29th Annual Conference of the British Blood Transfusion Society was held at the Scottish Education and Conference Centre, Glasgow from 7 – 10 September 2011.

The conference is aimed at anyone with a professional interest in the practice of blood transfusion and related medical therapies, from donor recruitment to the clinical and scientific care of recipients, and thus attracts a diverse representation from all healthcare professionals. It is as much about the chance to network with colleagues as attendance at the formal education sessions.

While the weather may not have been the best, the conference programme more than made up for it, attracting international speakers on platelet transfusion, carbohydrate red cell antigens, the very latest on foetal D-typing, as well as updates from a number of important studies with implications for transfusion therapy. A new and very popular addition this year was the introduction of an 'ask the panel' format session dealing with clinical case studies.

Special Interest Group sessions were very well attended on the first day of the conference, comprising a number of short but highly relevant presentations.

Our key note speaker for 2011 was Dr Harvey J. Alter from Maryland, USA who delivered his presentation entitled 'Novel Retroviruses and Blood Transfusion' to a packed auditorium.

The society makes a series of awards at each annual conference, including a number of junior bursaries, which allows junior staff grades to experience the conference at the society's expense. These have proved to be very popular, and it is pleasing to see the enthusiasm with which all the winners embraced both the academic and social aspects of the meeting!

Our more formal awards include:

- The James Blundell Award for original research resulting in a significant contribution to the body of transfusion knowledge was given to Professor Sherrill Slichter from Seattle, USA for her work on platelets.
- The Kenneth Goldsmith Award is given for original research within the field of blood transfusion, together with contributions in the scientific or medical fields associated with transfusion, and the 2011 recipient was Dr Ian Franklin from the Irish Blood Transfusion Service.
- The Race & Sanger Award is given for involvement in research and development and making an outstanding medical or scientific contribution to the field of transfusion and was this year given to Dr Stephen Thomas from the Component Development Laboratory, NHSBT.
- There were five awardees for the Margaret Kenwright Young Scientist Award. The Young Scientists bursaries are awarded to those individuals selected to present their work at the annual conference.
- The Princess of Wales Memorial Scholarship, aimed at individuals working outside the UK who wish to further their training, education or professional development in transfusion medicine by attending the BBTS conference. This year's winner was Dr Guillermo Andres Orjuela who is the Medical Co-ordinator at a blood bank in Bogota, Columbia.

The exhibition was, as usual, well attended by both trade and delegates. 70 posters were on display and then judged with a winning poster being awarded in three areas; Immunohaematology, Clinical Transfusion and Blood Centre Services.

We all left Glasgow on the Saturday reflecting yet again on what a good conference it had been, and vowing to write up our copious notes in order to share our experiences and learning with colleagues who could not come this year.

Olga Kostornaya

EASTERN EUROPE

The 50th Anniversary of the Oryol Regional Blood Transfusion Station

The Zone Meeting of the Establishments of Blood service of the 5th Russian zone took place in Oryol in the summer of 2011. This event coincided with the 50th anniversary of the Oryol Regional Blood Transfusion Station.

We welcomed guests from many regions of the Russian Federation. Representatives of the blood service from Moscow, St. Petersburg, Kursk, Lipetsk, Voronezh, Belgorod, Bryansk, Tula, Smolensk, as well as representatives of companies supplying medical equipment and representatives of practical medicine.

During the event, Professor Zhiburt Head of Transfusions of the Pirogov Centre presented a very informative report. He focused on the important issues of Transfusion, which outlined a strategy to reduce mortality rates of patients in hospitals associated with adequately pursued blood transfusion therapy. In addition, Deputy Chief Kovalev of the medical unit of the Kursk Regional Base Blood Station presented a report about the work of agencies Blood Service of the 5th zone of the Russian Federation for 2010. Also representatives of blood transfusion stations reported and shared practical experience with each other.

A sharp debate was provoked after presenting the following reports:

- The implementation of Quality Management System by the Deputy Chief of Quality Paphadze of “Bryansk regional Blood Station”
- How to optimize the volume of blood and blood components by Kupchenko of“Voronezh Regional Blood Station”
- Automation of immunological donor studies by Artemova of “Lipetsk Regional Blood Station”

The Russian Transfusionist Association awarded diplomas to the representatives of the blood services in different regions. The head physician of the Oryol Regional Blood Station Irina Mikheeva has been awarded with a diploma for “The Best CEO of Blood Transfusion Service in 2011”.

Oryol specialists were congratulated by their colleagues from all over Russia, from the representatives of Management and the Department of Health Oryol region, hospitals and many others.

The Zone Meeting of the Establishments of Blood service of the 5th zone of The Russian Federation contributed to the prestige of the national health care, as well as exchange of experience between blood transfusion stations and representatives of medical companies. As a result, good results of all participating parties in the donor movement and directions of development for the next year of the Program Development Services blood were reported.

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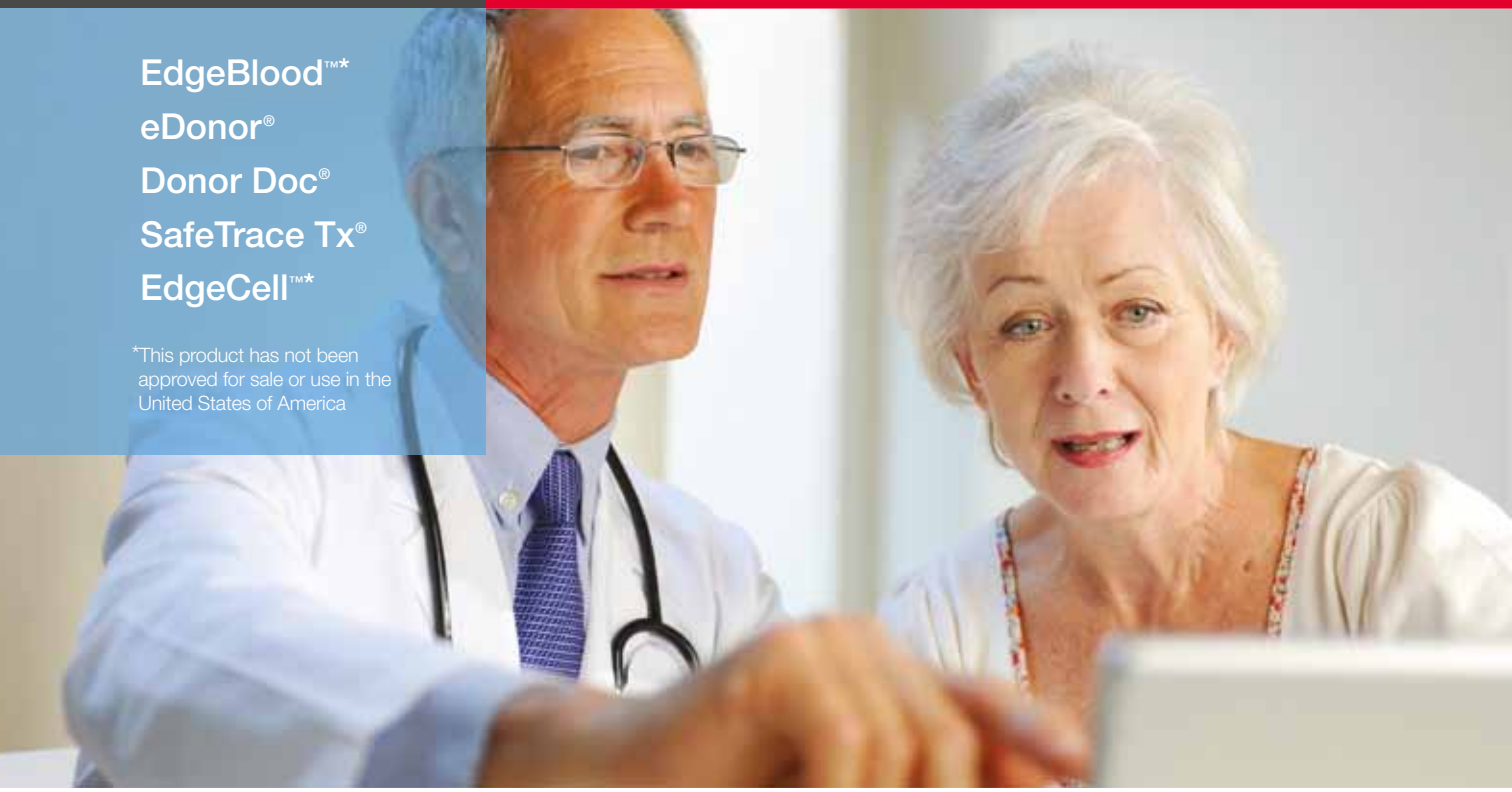

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Esther Massundah

AFRICA

National Blood Service Zimbabwe Launches the T-Rec Project

An EU Funded Research Programme

Seated from left to Right Dr Rene Van Hulst (*University of Groningen, the Netherlands)*, Dr Imelda Bates *(Liverpool School of Tropical Medicine)*, Dr McLeod Chitiyo *(Medical Director, NBSZ)*, Miss Esther Massundah *(Public Affairs Manager, NBSZ)*

The National Blood Service Zimbabwe (NBSZ) in collaboration with Africa Society for Blood Transfusion (AfSBT), Ghana Blood Transfusion Services, Groningen University (Netherlands), Copenhagen University (Denmark) and the Liverpool School of Tropical Medicine recently launched the first ever EU four year funded Research Project for blood transfusion in Africa: T-REC Project.

The project is a brainchild of a workshop held in Mombasa Kenya in 2008, where transfusion service stakeholders from Africa identified and prioritized the research needed to generate evidence that was specific for the needs of Africa's transfusion services.

T-Rec aims to build sustainable capacity for health research in Africa by coordinating and supporting training and networks for blood transfusion research. The project will coordinate links between transfusion services and academic institutions in sub-Saharan Africa and Europe to teach research skills to transfusion service professionals and to promote transfusion research as an exciting topic with high public health impact. Two countries were nominated in Africa; Ghana and Zimbabwe. The other component was given to AfSBT and NBSZ has been asked to handle AfSBT portfolio. The EU research grant is €1,698,368 (4 years).

The launch was officiated by the Permanent Secretary in the Ministry of Health & Child Welfare; Brigadier General (Dr.) Gerald Gwinji. Also present were the T-Rec Partners; Africa Society for Blood Transfusion represented by its Secretary General; Mr David Mvere (CEO-NBSZ), Ghana Blood Transfusion Services represented by Dr Shirley Owusu, Liverpool School of Tropical Medicine represented by Dr Imelda Bates (Principal Investigator; T-REC) and Groningen University (Netherlands) represented by Dr Rene Van Hulst.

In his speech, Brigadier General (Dr.) Gerald Gwinji highly commended this project and thanked the EU and Liverpool School of Tropical Medicine for the research grant.

"The area of blood transfusion is a hugely important issue for all health services as life is in the blood, meaning we have to get it right. The only way to get it right is through continuous research in order to obtain evidence for policy making and policy changes.

"There had virtually been no blood transfusion research conducted by Africans in Africa, with the exception of HIV/Aids testing where almost 98 percent of research has been targeted.

"We have relied on research done by Western countries in developing policies on blood transfusion in Africa. It is true that not all these policies are appropriate for our countries or current socio-health status of our people," he said.

The T-REC will achieve in Zimbabwe and Ghana: 4 PhD Students; 42 'in-service' professional diploma awards and 60 student bursaries. The project is also set to benefit clinicians and nurses at public health institutions who will be afforded the opportunity of enrolling for programmes such as the Diploma in Project Design and Management (DPDM).

NBSZ role in T-Rec Project & Africa Society for Blood Transfusion

For NBSZ the coming of this project is a step in the positive direction. NBSZ remains committed in activities and programmes that promote the area of blood transfusion which has seen it been given the responsibility in the T-REC Project to coordinate the work package that deals with PhD programme and also for the scholarships/bursaries for the undergraduate and post graduate students. Further NBSZ is spearheading the implementation of work package 5 on behalf of AfSBT which is to do with research use, dissemination and sustainability issues.

EBC. Julio César Martínez Álvarez
President of AMMTAC

IX Mexican Congress of the AMMTAC

Mazatlán, Mexico

It is with great pleasure that we inform you that the IX Mexican Congress of the AMMTAC took place in Mazatlán, the pearl of the Pacific from September 14 – 18, 2011. AMMTAC is celebrating her first ten years. Since its foundation, the main focus is to promote continuous training and retraining of personnel involved in transfusion medicine through: high level of educational activities, forums to exchange ideas, scientific, technological and academic development for members to improve transfusion safety in Mexico.

For this Congress, the national and local Committees worked with great interest on a programme that overviewed current developments in transfusion topics. The Congress offered different soci-cultural activities and streams about: infection diseases, immunohematology, cellular therapy, aphaeresis, quality management, haemovigilance, TRALI, hemotherapy, hemophilia, proteomics, new challenges of the safety of blood and molecular biology.

Transfusion medicine topics from donor to patient were included in the scientific programme as a main focus. We realized 7 workshops with numerous themes that offered great opportunities for all scientists, nurses, technicians, administrative personnel and all the colleagues that work in the field of transfusion medicine. In addition, there were the so called meet the expert sessions, guided posters walks and the AMMTAC prize for the best poster. We also had the honor of having the President of the ISTB, Silvano Wendel present who talked about the future and perspectives for blood banks.

Our national congress comprised experts from all over Mexico and from South America, Canada, USA, France, Belgium and Spain. There were 1,200 attendees at our congress, 9 enthusiastic satellite symposia and 96 research posters from different institutions around the country. It was the prelude to invite the scientific community from Mexico to attend the 32nd International Congress of the ISBT that will take place in Cancún July 7 – 12, 2012.

Hosting the congress is a great honor and an excellent opportunity to show the latest developments of transfusion medicine in our country, as well as the great growth in tourism, cultural and technological areas. Participants will surely experience the beauty and variety of our country, added to the scientific feast. We will be honored to receive all our International Society of Blood Transfusion colleagues, as guests in the great country of ours.

2012

February 22 – 24

5th Annual Congress EAHAD
Rome, Italy
www.eahad2012.org
info@smc-media.com

March 13 – 14

International Plasma Protein Congress (IPPC)
Madrid, Spain
www.ippc.net
alexa@pptaglobal.org

March 22 – 23

EDQM Certification Conference "Procedure for the Certification of Suitability to the Monographs of the European Pharmacopoeia"
Larnaca, Cyprus

April 12 – 13

13th Annual NATA Symposium
Copenhagen, Denmark

April 25 – 27

14th Annual IHN Symposium
Montreal, Canada
www.ihn-org.com

April 25 – 28

XXXIV World Congress International Society of Hematology
Cancún, Mexico
www.hematology2012.com
contacto@amehac.org

May 10 – 13

XII European Symposium on Platelet and Granulocyte Immunobiology
Warsaw, Poland
www.espgi2012.pl
iwent@hot.pl

May 25 – 27

60th Annual Congress of the Japan Society of Transfusion Medicine and Cell Therapy
Koriyama City, Japan
www.fmu.ac.jp/home/yuketsu/jstmct60/

July 7 -12

32nd International Congress of the ISBT
Cancún, Mexico
www.isbtweb.org/mexico

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