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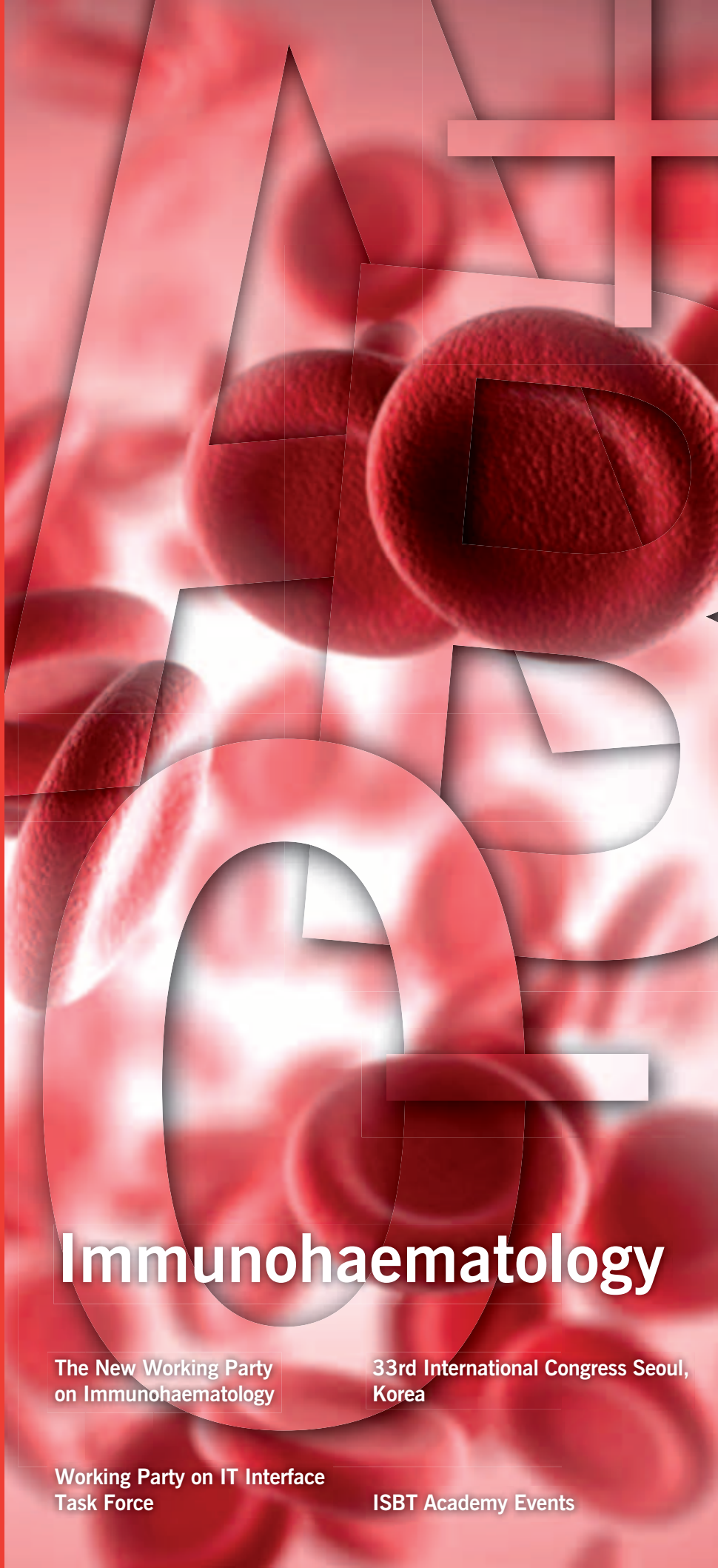

Immunohaematology

The New Working Party on Immunohaematology

33rd International Congress Seoul, Korea

Working Party on IT Interface Task Force

ISBT Academy Events

ISBT

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Judith Chapman

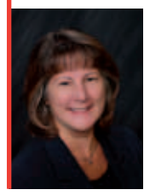
Editorial Transfusion Today

The new ISBT Working Party on Immunohaematology will be introduced during the 33rd International congress of the ISBT in Seoul. One of the reasons that I chose to work within the blood transfusion field was because I found immunohaematology a captivating subject. My passion for it grew as it developed from performing blood groups on tiles to tubes to column technology and now mass genotyping. It is fundamental to transfusion. The highest number of abstracts submitted at all of ISBT's congresses are in the topic of red cell immunology, there is much work going on within immunohaematology from high end research to comparing test methods or technology or determining blood group frequencies. It is therefore fitting that ISBT is introducing an Immunohaematology working party. Sandy Nance has written about the new Working Party in the focus section and there is more information available on the ISBT website. We hope that many members will find this Working Party is valuable and will want to join.

Preparations are well in hand for the international congress in Seoul. The scientific programme will be finalised in March during the meeting to review all of the abstract scores and select abstracts for oral and poster presentation. The full scientific programme should be available online by mid-April. Don't forget that the early registration deadline is April 17. I hope to see you many of you in Seoul.

Finally have you taken a look at the library of guidelines, standards and regulatory documents that is available on the ISBT Academy e-portal? If not please do. It is free to members and can be accessed through a link after you have logged in to the members area. This is a valuable resource containing over 290 documents. We do hope that you will use it.

The New Working Party on Immunohaematology



Sandra Nance, Sr Director, IRL
Biomedical Services
American Red Cross

There is a new Working Party that was approved for the ISBT Members by the ISBT Board of Directors June 3, 2013. It is called the ISBT Working Party on Immunohaematology.

The primary objective of the new Working Party is to ensure the position of ISBT in the key area of Immunohaematology. The key drivers are that the Immunohaematology topic area is the primary focus of many members of ISBT, evidenced by the high number of abstracts submitted and accepted for presentation at the ISBT Congresses. The Working Party on Immunohaematology will focus on this area of Transfusion Medicine. This also establishes collaboration opportunities with ISBT as a focal point.

The benefits of this working party are to give the members an area they identify with as their primary career focus and an understanding of international practices in the areas of pretransfusion testing for antibody detection and identification. It is also of interest to construct comparative studies of testing methods and evaluate instruments. Some countries may be interested in having an international guidance documents or Working Party recommendations. The Working Party members should also be able to give input to the needs for improvements in methodology for global use.

The establishment of a new Working Party is an endeavor to be carefully planned. The ISBT approved the Working Party on Immunohaematology and the following schedule of informative announcement activities.

1. Announce the new Working Party to other Working Party Chairs at the International Scientific Advisory Committee which was completed the third of June, 2013 in Amsterdam, The Netherlands.
2. Announce the new Working Party to the members. This was completed with the September Transfusion Today in Geoff Daniels' column informing members of the ISBT Board of Directors meeting activities.
3. Write a short article for Transfusion Today announcing the intent to have an inaugural meeting of the Working Party. This was completed in the December Transfusion Today.
4. Have a special check box for the ISBT member registrations for the ISBT Congress in Seoul, Korea. This was accomplished in November.
5. Submit suggestions for Academy Day programming morning session and hold the Working Party Inaugural meeting at the ISBT Meeting in Seoul, Korea. This was completed in December to the meeting planners.
6. Write a series of focused articles for Transfusion Today to provide some additional background for the formation of the Working Party. This is completed in this issue of Transfusion Today. The articles focus on the reason the Working Party was formed (this article), the schedule of events at the ISBT Congress in Seoul, A survey of Immunohematologic methods used internationally, and a specific survey by Coral Olson which may be one of the powers of the Working Party, to obtain input on a specific method from an international perspective.
7. Plan and hold the inaugural meeting to introduce the Working Party. This will be held in June in the ISBT Congress in Seoul, Korea. Please see accompanying article in this issue of Transfusion Today for further details.
8. Determine the Working Party Executive Committee. This is to be done in the future
9. Determine the Terms of Reference for the Working Party. This is to be done in the future. Drafts will be discussed at the inaugural meeting to introduce the Working Party on Immunohaematology in Seoul, Korea.

In summary, this article is intended to give the background for the formation of the Working Party on Immunohaematology, inform the ISBT member of the activities that are planned and attract future members of the Working Party.

Working Party Meeting Schedule at the ISBT Congress in Seoul, Korea

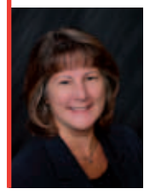
Draft Agenda
The new Working Party on Immunohaematology inaugral meeting will follow the immunohaematology session during the morning of the Academy day. The topics in this session should be of general interest to ISBT members whose career focuses on Transfusion Medicine. Please plan to attend.

The draft topics for the morning presentations of Academy Day are:
- Red Cell Antibody Detection by Serology
- Advances in Automated Systems for Red Cell Testing
- Handling a Haemolytic Transfusion Reaction
- Serological Tools for Investigating Immunohaematologic Problems
- Molecular Tools for Investigating Immunohaematologic Problems
- Determining the Clinical Significance of Antibodies.

The Working Party Meeting will be in the afternoon, starting at 1300, please consult the ISBT Congress programme for room number. It will be first come, first in the room for attendance at the Working Party Meeting. All interested ISBT members are welcome and encouraged to attend, especially those who are interesting in joining the Working Party as members. The language of record for the Working Party meeting is English. Sandra Nance (Sandra.Nance@redcross.org) is the Interim Chair to organise the new Working Party.

Working Party Meeting Draft Agenda
- Welcome
- Introduce Attendees
- Discuss membership requirement for the Working Party
- Present Results of International Survey on Methods for Immunohaematology
- Develop Draft Terms of Reference (in smaller groups)
- Summarize group discussions
- Form workgroups for London ISBT Regional Congress
- Academy Day programme
- Working Party programme
- Working Party Meeting

International Immunohaematology Practices: A Survey



Sandra Nance, Sr Director, IRL
Biomedical Services
American Red Cross

As a beginning to collecting information on techniques for the Working Party on Immunohaematology, a survey was sent to the members of the Working Party on Rare Donors because they have a very wide global representation and because the author had immediate access to them. Eighteen of 26 members responded. The responses to the questions (see Table 1) are the foundation for this short report that highlights the variability of methods for red cell antibody detection and identification. In addition, as an indication of some possible topics for an educational programme by the Working Party, the survey respondents reported those areas most difficult in staff training (see Table 2).

The list of the questions asked are in Table 1 and the answers are below.

To the question: What methods are used for routine pretransfusion testing in antibody detection in your laboratory? Check all that apply for antibody screening (not identification), the answers for manual testing were Gel test - 12, LISS – 6, Saline – 5, PEG – 2, Albumin – 1, Papain – 1, Polybrene – 1, Glass Column agglutination method – 1, three facilities do not do antibody detection. The answers for automated testing were Gel test – 13, Solid Phase – 2 and single facilities for Bead Technology, Polybrene, Papain and PK7300.Clearly, the Gel test is the most frequently used in both manual and automated testing.

To the question: If antibody screening is negative, what crossmatch method is used in your facility, the answers for manual testing were Gel test – 7, LISS – 5, and Saline, Polybrene and Papain each had one response. And, for the automated method responses, Gel – 5, and Polybrene -1. Four responders use a computer crossmatch and five responders do not crossmatch in their facility. Because this survey was primarily sent to blood centres and not hospitals, this is a topic area worthy of further study to determine the methods used in hospitals across the world.

To the question: What testing is performed in your facility to provide transfusion for patients with warm-reactive autoantibodies, the responses were interesting? Adsorption (autologous or allogeneic – selected based on transfusion history) was selected by 14. Of interest was that 1 responder said new patients only and one said rarely. Twelve responded that antigen matching based on phenotype was used and 11 genotype matching, although 3 indicated genotype matching was not routine. The answers are indicative of the need to be sure that antibodies concomitantly present with an autoantibody are important to either identify or give antigen negative blood to protect the recipient from a possible incompatible crossmatch and potential transfusion reaction.

To the question: What antibody identification techniques are used in your facility, for serologic manual testing, Gel test was used by all respondents – 18, Saline – 15, LISS – 12, PEG – 7, Albumin – 6, Enzymes – 3. Other methods were also mentioned, MEIEA, Solid Phase, DTT, prewarmed testing , cold incubation, neutralisation, elution were also written in and likely used by many of the institutions in the survey. As far as responses to using automation, Gel – 5, solid phase – 2, other bead technology 1. Manual molecular testing was used by 12 and automated molecular was used by 6. Clearly a variety of techniques are used to resolve red cell antibodies.

To the question: For routine antibody identification, what anti-globulin serum is used, the majority of survey participants said polyspecific antiglobulin sera 15, anti-IgG only – 7, and anti-IgG and anti-C3 in separate panels – 3. One respondent reported using anti-IgA in rare cases.

The techniques listed as most challenging to train staff on are shown in Table 2. Staff training in technical methods is extremely important to ensure that the complex methods are performed accurately. Clearly, the techniques and interpretation for allogeneic adsorptions are one that 6 facilities reported as being challenging. This would be an excellent topic to review and discuss in the future.

In Focus Immunohaematology

Table 1

#	Survey Question
1	What methods are used for routine pretransfusion antibody screening testing in antibody detection in your laboratory?
2	If antibody screening is negative, what crossmatch method is used in your facility
3	What testing is performed in your facility to provide transfusion for patients with warm-reactive autoantibodies?
4	What antibody identification techniques are used in your facility?
5	For routine antibody identification, what anti-globulin serum is used?
6	What is the most challenging technique to train your staff on?

Table 2

More than one participant reported:
Differential Allogeneic Adsorption technique (6 times)
Manual PEG Interpretation of results by PEG tube test (3 times)

Reported by one participant:
Adsorption techniques
Correct dilution of RBCs for Gel Testing
Differential warm adsorption ZZAP treated allogeneic RBCs
Donath Landsteiner test
Drug treated RBCs for drug evaluation test
Elutions
IAT/tube test
MAIEA Assay
Manual Molecular
Monocyte Monolayer Assay
QC for anti-IgG and anti-C3
Separation of transfused from autologous RBCs by centrifugation in multi-transfused patients (Thalassemia)
Solid phase test
Staff having equal standards for manual methods
Sub-group confirmation

Discovering new blood group systems - luck, serendipity and hard work!

Jill R. Storry
KIT / Clinical Immunology and Transfusion Medicine
Labmedicin Skåne / University and Regional Laboratories
Lund, Sweden

In the past two years, five different blood group antigens have found homes in new blood group systems. The first of these, FORS, was originally described in 1911, although not on human RBCs but on those of sheep and dogs. It was the investigation of an anomalous ABO subgroup, Apae, in two English families that led to the discovery of an unusual glycolipid on the red blood cells of the Apae family members. This was shown to be the Forssman glycolipid (Svensson, Hult et al. Blood. 2013;121:1459). The FORS1 antigen is similar to A antigen but is built by a different enzyme encoded by a different gene, and thus, is independent of ABO.

The identity of FORS was revealed by sophisticated biochemical techniques and these remain useful today. Much of progress is technique-based. It wasn't until Coombs, Mourant and Race described the indirect antiglobulin test in 1945 that the field of blood groups really opened up and we discovered a world of polymorphism on the red blood cells of all human beings. Increased sensitivity in serological tests and techniques has revealed more blood group antigens and further diversity. This coupled with an increasing biochemical and genetic picture of erythrocyte membranes has led to the discovery of an array of functional proteins, glycoproteins and glycolipids and a broader understanding of RBC physiology.

These days, it is the genomics revolution that is changing the face of blood group discovery. Resources such as the 1000 Genomes project (www.1000genomes.org) are proving invaluable for studying human variation across the globe; on different continents, in different populations. By using tools such as SNP arrays or exome sequencing and then comparing the results with such a database has enabled the elucidation of both Jra (Zelinski et al. Nat Genet 2012 44:131-2) and the Vel (Storry, Jöud et al. Nat Genet. 2013;45:537-41; Cvejic et al. Nat Genet. 2013;45:542-5) blood group antigens, and permitted the identification of their carrier molecules. These techniques are particularly valuable when few samples of the rare phenotype exist but can be a little of a "needle-in-a-haystack" approach if too little if the test samples are unrelated to each other.

Sophistication in existing techniques can also lead to discovery. Mass spectrometric analysis of proteins has been around for a long time but the continuous improvement in sensitivity can lead to new discovery. This is exemplified by the work of Arnaud and colleagues who have used standard biochemical techniques combined with sensitive mass spectrometry to identify the proteins bearing Lan, Jra, and Vel (Saison et al. Nat Genet 2012;44:174-7;Helias et al. Nat Genet 2012;44:170-3; Ballif et al.EMBO Mol Med. 2013;5:751-61). Thus, Jra and Lan were elevated to blood group systems in 2012 and Vel is awaiting approval at the Seoul meeting.

The fifth piece in this story is the discovery of a new antigen on a well-known protein, CD59. A child with a rare CD59 deficiency was shown to have produced an antibody to the protein. The investigators have identified the molecular basis and therefore it stands in good stead to attain blood group system status this June, although the system name has yet to be decided.

Global Evaluation of centrifugation for manual haemagglutination methods

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Immunohaematology
Specialised Laboratory Services
South African National Blood Service

A need was identified in South Africa to determine the optimal speed and time for centrifugation of manual haemagglutination tests. Following the review of literature there was still no clarity on the expected speeds and times for centrifugation of laboratory tests. The AABB technical manual states that "Each centrifuge should be calibrated upon receipt, after adjustments or repairs, and periodically. Calibration evaluates the behaviour of red cells in solutions of different viscosities, not the reactivity of different antibodies." Therefore the calibration will allow for the adjustment of time to address changes in speed to obtain the optimal results.

A global request to provide feedback on centrifugation methods used in different parts of the world was made in an attempt to determine a consensus to benchmark to.

Results

Table: Evaluation of centrifugation speeds and time

Evaluation of centrifugation speeds and time

Country	Immediate spin		IAT	
	Speed (rpm)	Time (seconds)	Speed (rpm)	Time (seconds)
Brazil	3400	15 incl	3400	15 excl
Canada	3075 – 3375	15 – 20 incl	3075 – 3375	15 incl
China	3200 – 3400	15 excl	3200 – 3400	15 excl
Finland	500g / 1700rpm	10 excl	500g / 1700 rpm	10 excl
France	2400	20 excl	2400	20 excl
Germany	1500	45 excl	1500	20 excl
Italy	1500	60 excl	1500	60 excl
New Zealand	2600 – 2900	15 excl	2600 – 2900	15 excl
Singapore	3000	15 excl	3000	15 excl
South Africa: SANBS	3000	30 / 60 incl	2000 / 3000	30 / 60 incl
South Africa: WPBTS	1000 or 3000	2 mins or 5 sec (incl)	1000 / 3000	2 mins or 15 sec (incl)
Spain	3000	30 incl	3000	30 incl
Switzerland	2600 – 2900	20 incl	2600 – 2900 / 2200 - 2500	20 / 180 incl
Switzerland – Zurich	2700	30 incl	1100	60 incl
UK	1000	15 excl	3000	15 excl
USA	3100 – 3500	10 – 20 incl	3100 -3500	10 – 20 incl

The above feedback shows that the majority of countries use the same speed and times for both immediate spin and IAT tests. The general speeds used are between 2500 and 3500rpm at a spin time of 15-30 second including acceleration or 15-20 excluding acceleration of the centrifuge. We can see that half of the respondents included acceleration while the other half excluded it. Further evaluation is being performed using various speeds and times at the South African National Blood Service and from the results obtained thus far it is clear that there are very slight differences in the results obtained. The differences include the concluding a group as a weak expression or not and basically a one tube difference in a titration test. Although it is important for each laboratory to determine/evaluate a method that is optimal for the tests performed it is also most useful to use this feedback from global counterparts as a starting point for the evaluation.

Acknowledgements

I would like to thank the following for their participation in this survey:

Lilian Castilho (Brazil)
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Dhana Gounder (New Zealand)
Ai Leen Ang (Singapore)
Ruwayda Soekor (South Africa)
Eduardo Muniz-Diaz (Spain)
Beat Frey (Switzerland)
Hein Hustinx (Switzerland)
Nicole Thornton (UK)
Sandra Nance (USA)
Christine Lomas Francis (USA)

References

AABB Technical Manual 17th Ed
J Judd Methods in Immunohaematology 3rd Ed

Peter Flanagan

At the General Assembly in Amsterdam last year I signalled my intention to initiate a review of the Code of Ethics. This is an important document and evokes significant passion for many members of the society. Given this it will be important that the review is undertaken in an open and transparent way. Proposals for this were presented and approved by the Board when it met in in Kuala Lumpur in December 2103.

The first step in the process will be the re-establishment of the Standing Committee on Ethics (SCE). Currently this has only two members; Smaranda Ghibu, the current chair, and myself. Terms of reference have now been approved by the Board and are available on the society website. The SCE will have 'no more than 10 members with representation from a number of WHO regions who have experience or an interest in ethics'. At least 3 members will be current members of the Board. Members will be appointed by the Board, or the Executive. Recommendations on membership will be presented to the Executive when it meets in March.

The SCE terms of reference allow, subject to Board approval, individuals from external organisations to be co-opted onto the SCE for consideration of specific issues. The Board agreed that this will be important for the review of the Code of Ethics and agreed in December that an invitation should be extended to those organisations that have endorsed the current version of the Code to participate in the review. This will include the WHO, IFRCRC, Council of Europe and FIODS. A patient perspective will also be important and arrangements are now being progressed to achieve this.

The initial version of the Code was published in 1980. It has been reviewed on two occasions since then but this has resulted in only minor changes. I believe that there a number of areas where the current version of the Code is unclear and unambiguous. In particular the desire to keep it short on a single page means that it is not always clear which statements are general in nature and which are directed specifically at practitioners in the field and members of the society. This is a concern since the Board Code of Conduct requires the Directors to abide by its requirements. I am keen to ensure that this is addressed as part of the planned review.

The principle of voluntary non-remunerated donation is central to the Code and very important to many members of the society. It is also a central component of the policy advocated by WHO, IFRCRC and the Council of Europe. Most, but not all, high HDI countries are able to meet clinical needs for blood components based on VNRD. Self-sufficiency in plasma derivatives is however a very different story. How then do we reconcile the requirement for VNRD within the current version of the Code with the reality of our current dependence on plasma derivatives sourced from individuals who receive payment for their plasma? In essence this might be seen as a tension between the ethical drivers for ensuring patients have access to treatment and those underpinning the concept of the voluntary non-remunerated donor.

Following careful consideration the Board decided that the terms of reference for the review should provide direction to the SCE on what is expected from the process and in particular identify non-negotiable areas. We believe that this will increase the likelihood of a successful outcome. Key areas of direction include a requirement that the Code is clear and unambiguous and that the commitment to VNRD as the preferred and most appropriate source of blood and plasma should be retained. Most importantly we need to acknowledge that Blood Services exist to provide blood and blood products to patients and this must be the starting point for the revised Code.

Any changes to the Code will need to be approved by the General Assembly. The revision will likely take two or more years to complete and it will be important to ensure that members have an opportunity to influence the process and its outcome. I am keen to begin this process as soon as possible and accordingly the terms of reference for the review will be included in the agenda for the General Assembly in Seoul in June.

Peter Flanagan
ISBT President

Welcome to our new members

(Nov 2013 - Jan 2014)

Africa
- **NIGERIA:** OLUWASEUN AKINPELU

Americas
- **ARGENTINA:** IGNACIO GRU
- **UNITED STATES:** LISA DANZIG, EDUARDO DE LA FLOR WEISS, LORI LAI

Europe
- **AUSTRIA:** KATHARINA SCHALLMOSER
- **GERMANY:** RAINER FRANK
- **GREECE:** SOFIA KONTAXI
- **UNITED KINGDOM:** GORDON NICHOLSON

South East Asia
- **SRI LANKA:** ILLANGAGE GAMINI JAYATISSA PERERA, UDARA SANDHAKELUM THALAWALAGE

Western Pacific
- **AUSTRALIA:** BARBARA MASSER
- **CHINA:** WEICHEN KONG, RICHARD WANG, BRUCE YE
- **HONG KONG SAR OF CHINA:** IAN WAHYU ANANTO
- **MALAYSIA:** JAMEELA SATHAR
- **NEW ZEALAND:** ROBYN ISBISTER
- **VIETNAM:** TUAN DUONG PHAM

Invitation to renew ISBT membership 2014/2015

The new membership year starts on 1 April 2014, therefore we invite all members to renew their membership before this date. All current members should have received an email inviting them to renew their membership.

Renew
To renew your membership please go to our website www.isbtweb.org and choose Login (top right).
Use the email address and password that is currently in our membership database.

Payment methods
You can pay online by use of credit card or PayPal.
If you are not able to pay by credit card or by PayPal, you can also pay by bank transfer. Our bank details can be found on the invoice. Please login on our website and go to Payments to find your invoice in PDF-format.

PayPal
From this year on you can pay by PayPal. More information on PayPal can be found on Wikipedia (http://en.wikipedia.org/wiki/PayPal). Setting up a PayPal account is easy. If you login on our website and proceed to Payments, you will be allowed to setup your own PayPal account in an simple step-by-step manner.

Bank Cheques
ISBT is not able to accept bank cheques.

Member, but not received an email?
If you are currently a member, but have not received the renewal email, please first check if your details are up-to-date. If they are, please send an email to membership@isbtweb.org.

Not a member yet?
If you are not a member, but you would like to join, please go to our website and choose Membership info. For any help, please contact membership@isbtweb.org.

Fees
ISBT Membership fees are based on your age and your country. Read more about fees on our website.

Invoice
An invoice is available on the Payments page (after Login).

Address and email up-to-date?
In order to receive your membership card, Vox Sanguinis, Transfusion Today and the e-news make sure your address is up-do-date.
You can edit your details by logging in on our website and by going to Edit Profile.

Benefits
Being an ISBT member gives you these benefits:
- Access to the elearning Portal (containing congress webcasts, the library of guidelines and other educational material)
- Discount to ISBT congresses (in 2014: Seoul)
- Subscription to Vox Sanguinis
- Subscription to Transfusion Today
- Monthly E-news
- Access to Working Party material
- Access to member data

Questions
If you have any questions on your membership, please read our Frequently Asked Questions on the Membership Tab on our website.

If you have any other questions please contact the Membership Department (membership@isbweb.org) who will be happy to assist you.

We are looking forward to seeing you in the new membership year!

Geoff Daniels

A survey commissioned by the ISBT in 2012 revealed, among other things, that a significant number of ISBT members and non-members working in the transfusion field thought that the primary, or even only, activity of the ISBT was to organise congresses. This led the Board to adopt a new strategy directed at improving communications, to inform people working in the field about the raft of ISBT activities aimed at "Facilitating knowledge about transfusion medicine to serve the interests of donors and patients". This activity is ongoing. Yet congresses are very important to the ISBT and this article is about the last and the next ISBT congresses.

The 24th Regional Congress of the ISBT took place last December in Kuala Lumpur, Malaysia in conjunction with the 6th National Transfusion Medicine Conference of the Malaysian Blood Transfusion Society. I would like to thank Yasmin Ayob and the local organising and scientific committees, and Martin Olsson the ISBT Scientific Secretary, for putting on a great show. The congress took place in the Suria Conference Centre in the heart of KL under the shadow of the spectacular Petronas Twin Towers. Malaysian people are known for their smiles, and this was very apparent in the hotel, conference centre, and around the city. Malaysians are also renowned for their love of food, and there was always an abundance of delicious Asian and International food at the social events, lunchtimes and all other congress breaks.

The congress was attended by 1410 registrants including accompanying persons and exhibition crew from 64 countries. It began with an Academy Day covering the topics of transfusion transmitted infectious diseases, donors, quality, immunohaematology, haemovigilance, and platelet immunology. In addition, an Academy session on steps towards getting a paper published and an abstract accepted was transmitted live on-line to ISBT members around the world. Although the viewing figures were quite small, this was a first for ISBT and I am sure that in the future live streaming of congress presentations will become popular with members who are unable to attend the congress. The main body of the congress comprised 25 simultaneous, plenary and lunchtime sessions, plus over 250 posters, covering the whole of transfusion medicine and science, plus a number of related topics. The major social event was the congress dinner, with plenty more wonderful Malaysian food. Every attendee at the dinner was given a batik sarong and there were prizes for the most inventive way of wearing it.

I would like to take this opportunity to remind ISBT members that many of the presentations from the KL congress are now available on the ISBT website. At the time I am writing this article there are 21 video podcasts from the KL congress in the ISBT ePortal, but I am sure there are a few more by now. Why not take a look? Peer-reviewed papers written by the invited speakers will be published in the ISBT Science Series soon. The next ISBT conference, a full international congress, will also be in Asia. The 33rd International Congress of the ISBT will be held at the COEX Convention Centre in Seoul, South Korea from May 31 to June 5, 2014. You can find out more about this on the ISBT website. Seoul, a city over 2,000 years old situated on the Han river has almost 12 million inhabitants and is home to half of the population of South Korea. It has so much to offer and is a great place for an international conference. In June it should be pleasantly warm with plenty of sunshine, though we can also expect some rain. The scientific programme is almost complete now and I can guarantee the usual high standard. I look forward to seeing you in Seoul.

Finally, another reminder. This year there are elections for a number of places on the ISBT Board of Directors. If you are an ISBT member and you have not already voted, please don't forget to make your vote count.

Geoff Daniels
Secretary General

Cynthia So-Osman
Consultant in Haematology and Transfusion Medicine
Sanquin Blood Supply Foundation, Gouda, the Netherlands

Shubha Allard
Consultant in Haematology and Transfusion Medicine
Barts Health NHS Trust & NHS Blood and Transplant, London, United Kingdom

ISBT Working Party on Clinical Transfusion

In 2010, the Working Party on Clinical Transfusion was established with the primary aim to promote good clinical transfusion practice in all nations through education, audit and scientifically conducted studies in collaboration with other ISBT working parties and with non ISBT bodies and societies wherever needed.

Clinical Transfusion encompasses a wide range of subjects. One of the Working Party's first objectives was to develop tools to compare blood use between regions, countries, continents etc by defining universal transfusion indication codes for better understanding on blood use.

In 2012 at the ISBT congress in Cancun, the Working Party organized a parallel session on Transfusion Guidelines on blood use, which resulted in a lively discussion with much audience participation. There is a striking global trend in decreasing red blood use which is still an ongoing trend, despite the ageing population.

In January 2014, at the latest business meeting at the ISBT Office in Amsterdam, the Working Party agreed to add a key objective of promoting Patient Blood Management (PBM).

PBM is a patient-centered and evidence-based approach to encourage good clinical transfusion practice. In elective surgery, PBM is based on three approaches (the so called '3 pillars'): 1. optimising the patient's own blood; 2. minimising surgical blood loss and bleeding; and 3. harnessing and optimising the patient-specific physiological reserve of anaemia (including restrictive transfusion thresholds). *

The principles of PBM have been extended and are applicable to all patient groups such as medical, obstetrics and paediatrics with a wider focus on implementation of multidisciplinary evidence based clinical transfusion practice promoting safe and optimal blood use.

There are now very active PBM initiatives in place in some countries and being developed in others. The Working Party aims to pull together resources via the ISBT website with sharing of information and further development of key resources around the essential activities for PBM implementation including guidelines for appropriate use of blood components & alternatives and safe transfusion practice, education (including e-learning) and effective clinical audit.

At the 2014 ISBT congress in Seoul, an educational session on Clinical Transfusion will be organized with Patient Blood Management as the main topic.

The Working Party will also be continuing in its efforts in developing agreed transfusion indication codes to compare blood use between regions and countries to better understand trends in blood usage.

Currently, the Clinical Transfusion Working Party has 31 members from 18 countries. However, we are still in need of new members who would like to actively contribute to our efforts. We particularly need clinical transfusion specialists form non-European countries and also pediatricians to join the Working Party. Being a member of our Working Party will be a great opportunity to meet professionals working in the field of Clinical Transfusion Medicine on a global level.

*http://www.health.wa.gov.au/bloodmanagement/professionals/index.cfm

Working Party on IT Interface Task Force

Linda Lodge
Chair of the WPIT Interface Taskforce

Instrument to BECS to System
Interface Taskforce Call to Vendor Members

The Interface Taskforce is set to begin the definition of the Standard Interface requirements for two instrument types:

- Blood collection mixer/shakers - used during the donation collection process
- Viral Testing Analysers - used by blood establishment testing facilities

The Interface Taskforce I2B (Instrument to Blood Establishment Computer Systems) working group members plan to carry out this work over the course of the next six months. The group are encouraging input from all vendor members active in the areas of blood collection mixer/shaker and viral testing instrumentation and specifically request access to Communication Specification documentation and sample output files currently produced.

This input will be used by the Taskforce to understand the extent of current variation in protocols and data content of the messages produced. From this analysis the group will determine common features that should be retained and inform the minimum data set to be defined in the standard interface.

The Interface Taskforce invites all relevant vendor members to fully engage with the Interface Taskforce throughout the process of preparing the Standard Interface Definition of these two instrument types for publication.

This invitation is also extended to Transfusion Service ISBT members who have a specific interest in either of these instruments and wish to participate.

To register your interests in participation or for further information on this activity please contact Linda Lodge, WPIT Interface Taskforce Chair, in the first instance.

Linda Lodge
Chair of the WPIT Interface Taskforce
Linda.Lodge@nhs.net

On behalf of the Interface Taskforce Steering Group

ISBT Presidential Award

The Nomination Committee for the ISBT Presidential Award has decided to designate Professor Dennis Lo, Hong Kong, People's Republic of China as ISBT Presidential Award winner for 2014.

Professor Dennis Lo

Professor Dennis Lo is Professor of Medicine and Clinical Pathology at the University of Hong Kong. He has made the breakthrough discovery of detecting fetal DNA in maternal plasma and has developed diagnostic tools for fetal disease markers including blood groups that are now being used in nation-wide screening programmes for RhD detection in RhD negative pregnant women, as well as to optimise treatment of blood-group-immunised women. In addition, he was the first to sequence the whole fetal genome from maternal plasma. His work now focuses on tumor-derived free DNA in plasma for early diagnosis and improved follow-up of various diseases.

His seminal discoveries have pushed the barriers for medicine in general and specifically for transfusion medicine, one of the early adopter fields of cell-free fetal DNA tests into routine practice. In addition to being a first-class scientist, professor Lo is also an excellent speaker who is well-known for his inspiring and pedagogic lectures.

Professor Lo has published over 300 peer-reviewed research articles, reviews and books, several of which in top level scientific journals like Lancet, New England J Med, Nature Medicine, PNAS and Science Translational Medicine). He has received a number of prestigious awards.

24th Regional Congress Kuala Lumpur, Malaysia

Yasmin Ayob
Congress President

The 24th Regional Congress of the ISBT was held in conjunction with the 6th National Transfusion Medicine Conference in Kuala Lumpur, December 1 - 4 2013. The venue was the Kuala Lumpur Convention Centre at the heart in the vicinity of twin tower which provided a backdrop to the congress.

The ISBT Academy Day kicked off with 2 tracks on Transfusion Transmitted Infectious Disease and Blood Donors. These were followed by a lively session on Steps in Getting a Paper/Abstract Accepted, which benefited participants who wished to submit abstract for future congresses or get their work published. The afternoon sessions looked at quality, haemovigilance, immunohaematology and platelet immunology.

The day ended with the opening ceremony, which was attended by his Excellency the Deputy Minister of Health of Malaysia, Dr Hilmi Yahaya. Cecilia Tan and CK Lin were awarded with the ISBT Awards for their contribution to blood transfusion. With the handing over of the talking stick from the ISBT president to the Congress President the congress officially began. The guests were then given a taste of Malaysian culture with traditional dances that graced the stage in their colourful costumes.

The next day, the parallel sessions discussed among other things, improving patient outcome, genomics and transfusion transmitted infections. The first plenary was all about red cells. Geoff Daniels gave an interesting view on the myths of blood group which was matched equally by Jill Storry's presentation on five new blood groups which demonstrated the tremendous amount of work that goes behind the discovery of these blood groups.

The days that followed were filled with interesting and informative talks on various aspect of clinical transfusion, organisation and management of national blood programmes, arbovirus, haemovigilance, blood component, new approaches towards manufacture of plasma derivatives, stems cells, biobanking which includes a discussion on accreditation of these facilities. Donor health and safety, donor vigilance and understanding donors through surveys and profiling seroconvert donors were discussed in the donor sessions.

The granulocytes sessions covered topics on laboratory methodologies, population studies and clinical significance of granulocyte immunology. Young scientists had the opportunity of attending a wet workshop on granulocyte prior to the congress. The final plenary consisted of presentations on approaches to estimate infectious risks estimation and surveillance, transfusion safety in hospitals and looking what is new in TRALI.

There were 352 abstracts from 41 countries, of which 266 (76%) were accepted for poster presentations, 55 (16%) were selected for oral presentations. The poster session was well attended with food and drinks served which makes lively discussions.

Marvin the MC entertained us throughout the congress banquet. The delegates wore batiks in their own style. There were dancing and performances but the bangarra dance by Peter Flanagan, the ISBT president topped it all. It was really good fun.

A total of 986 delegates from 64 countries were registered. Together with accompanying persons and Exhibition crew brought a total of 1410 registrants. The scientific programme was a huge success and most sessions were well attended with standing room only. Feedback was positive. The 48 invited speakers from 18 countries, together with the venue and the food contributed to the success of the Congress.

Reflections from the Harold Gunson Fellowship Recipients

Aakanksha Bhatia

Department of Transfusion Medicine
Indraprastha Apollo Hospitals
New Delhi
India

I had the privilege of attending and presenting my paper at the regional ISBT congress at Kuala Lumpur in December 2013. Getting to present my work at a platform like ISBT was a breath taking experience for me. The grandeur and professionalism I observed at the congress was overwhelming.

It was a great learning opportunity in more ways than one. It allowed interaction, networking and socialising with the global transfusion fraternity as well as with the exhibitors, who introduced the utmost level of sophistication in transfusion technology to us.

The congress was brilliantly organised, and maintained the authenticity of a scientific assembly while imbibing the Malaysian vibrancy. The faculty was extremely competent and worthy, which, I am convinced, contributed to the palpable quality content of the congress.

The scientific sessions were well planned and displayed a fine blend of conventional and advanced transfusion science. The contents of almost all sessions were highly informative. Particularly the session on "Steps in getting a paper published/ abstract accepted" was a welcome change from the regular topics. It was pretty helpful and inspiring, especially for young researchers.

My time spent with other fellowship winners from different countries gave me several moments that I would cherish for years to come, making my visit all the more memorable. Kuala Lumpur was a vivacious city, full of life and the KL city centre was the place to be.

I cannot thank the ISBT organising committee, particularly Marlies & Monique, enough for this fabulous experience.

Divjot Singh Lamba

Demonstrator, Department of Transfusion Medicine
Government Medical College and Hospital, Chandigarh, India

It was my privilege and a wonderful experience to attend the 24th Regional Congress of the International Society of Blood Transfusion (ISBT) held at Kuala Lumpur, Malaysia from December 1-4, 2013. At the same time, it was a great honour to receive prestigious Harold Gunson Fellowship for my study "Evaluation of frequencies of clinically significant minor blood group antigens in the North Indian Donor population".

The congress was a great experience. During the scientific programme I had the opportunity to learn a lot from the speakers and the discussions afterwards. I liked the session on platelet immunology the most. The exhibition was well organised. I had the chance to meet the industry and to learn more about the latest developments in transfusion medicine technology. I met many colleagues

from all over the world and could exchange my thoughts and ideas with them. The overall experience broadened my vision of Transfusion Medicine and I feel proud to be associated with this field of medicine.

The poster presentation was a good experience and everybody was encouraging.

The congress was perfectly organised, and the opening ceremony was lovely especially the cultural dances by local nationals of Kuala Lumpur. It was a great effort to organise such a large congress in such a smooth manner.
Kuala Lumpur is a beautiful city with the Twin Petronas towers being the landmark.

I would like to express my sincere thanks to ISBT for awarding me with this golden opportunity to attend my first international conference and present poster in the same. I also thank my thesis guide Dr Ravneet Kaur who helped me to achieve this prestigious award.

Jigisha Chaudhary

Subharti Institute of Medical Sciences
Meerut, India

I am grateful to the board of ISBT to have selected me for the Harold Gunson Fellowship for the 24th Regional Congress of ISBT at Kuala Lumpur, Malaysia. I came back with memories, which I will cherish all my life.

I am a final year medical student from India. I was one of the privileged few who received the Harold Gunson Fellowship. My presentation was based on a preventive and social medicine project on communication strategies to increase voluntary donation. Increasing voluntary donation is the need of the hour, particularly in developing countries where myths and misconceptions hinder blood donation. We chose interactive face-to-face outreach, as a method of communication for spreading awareness about blood donation among students. This study was done under the guidance of Professor Rahul Bansal of the Department of Preventive and Social Medicine.

I got the opportunity to hear and learn from world renowned researchers in the field of Transfusion Medicine which would have been impossible without support from ISBT. It was the first time that I saw a unique congregation of researchers, teachers, students, blood bankers, technologists, and the industry all under one roof.

I was especially interested in the session on Donor recruitment and Donor management. It was great to hear of experiences from the developed countries, and though there are cultural and contextual differences, some strategies for increasing the voluntary donor pool can be adapted to other situations also.
This exposure was a great experience for me, and I wish to continue research in transfusion medicine in the future too. I once again thank the board of ISBT, for the encouragement provided by way of fellowship to the young researchers of the world.

Rajesh Sonani

Surat Raktadan Kendra and Research Centre
India

The 24th regional congress of ISBT was held in Kuala Lumpur, Malaysia from December 1-4, 2013. This was my second ISBT congress. It was the first time that working party on TTID has announced travel awards for the young scientists to attend the working party meeting as well as the conference. I consider myself extremely honoured upon receipt of such an esteemed award. The meeting of the working party on TTID was an enriching experience in terms of cognition and learning from experts of this field. I am also thankful to the working party to grant my membership as an observer.

The conference was very well organised. The selection of topics and all the speakers were well versed in the area of their talks. All the plenary session, in particular, were extremely good. The exhibition provided the opportunity to observe the newer products and developments in the field of transfusion medicine. With total more than 1400 delegates, the conference was an excellent opportunity to discuss and share thoughts and work with the colleagues from all over the world. Kuala Lumpur was an extremely tourist friendly city with awesome climate in Malaysia- truly Asia!

I would like to express my heartfelt thanks to ISBT and in particular, the working party on Transfusion Transmitted Infectious Diseases (TTID) for this very prestigious award and also for providing me the opportunity to attend the congress.

Rakhi N Malvankar

Supervisor
P D Hinduja National hospital and medical research centre, Mumbai, India.

My name is Rakhi N Malvankar and I am working as a supervisor in P D Hinduja National hospital and medical research centre, Mumbai, India.

It was a privilege to attend the 24th Regional congress of International Society of Blood Transfusion held in Kuala Lumpur, Malaysia in December 2013. I was thrilled when I heard that I had received a Harold Gunson fellowship and my study was selected for oral presentation. It was a golden opportunity to present and share the study on “An audit of transfusion process: An important tool for transfusion safety under careful guidance” of Dr Anand Deshpande and Dr Rajesh Sawant.

It was a great experience to learn and meet international experts. The different sessions held on different topics were quite a learning experience. The new advance techniques learned were encouraging so as to introduce back home. The poster session and exhibition were really informative and covered a wide area of transfusion medicine.

Kuala Lumpur was a nice experience with lots of shopping at the different malls. The city is an ideal place for business tourism with the Petronas twin towers as the main attraction. My sincere thanks to the Board of directors of the ISBT for giving me the opportunity to present my work in such a well organised congress meeting

Siddhi Shah

Research Student
P.D. Hinduja National Hospital & MRC, Mumbai, India

I am a Masters Research student from P.D. Hinduja National Hospital & MRC, India working under the able guidance of Dr Anand Deshpande, Consultant, Transfusion Medicine.

I was always attracted to the field of Immunohematology. It helps tackle transfusion related issues and helps the clinicians in managing the patients from this aspect. Just two years into this field and I was given an opportunity to represent my institute at an international level. This dream of mine was further supported and encouraged by ISBT by awarding me Harold Gunson Fellowship, Kuala Lumpur, Malaysia. I was overwhelmed as I was one of those fourteen who got this fellowship. This was the first time ever that I was attending an international conference. I was just so excited.

This congress was a learning experience just as expected since it included all the relevant topics in the vast branch of Transfusion Medicine. As much as it included the basics that are necessary for beginners like me, it also gave me an insight into the emerging trends and technologies. Getting an opportunity to listen to the pearls of wisdom like Geoff Daniels, Judith Chapman, Jill Storry, whom I have always admired was beyond my wildest imagination and also helped me improve my work.

Through this congress, I, got an opportunity to present my posters on “RBC alloantibodies in patients: Our experience of detecting and providing compatible antigen negative red cell units in a tertiary care centre in India”, “Anti-M antibodies detected at 37°C:A Case Series” and “DAT Negative Severe DHTR in a patient with Multiple Alloantibodies:No Reason to Panic!”

With this congress experience, I take back home the lovely life-time memories of Kuala Lumpur. Lastly, I would like to express my sincere gratitude to my institute, my guide and specially, the ISBT Congress for making it an unforgettable experience.

Suchita Jogale

HLA Lab
P D Hinduja Hospital, Mumbai, India

First of all, I would like to thank Dr Anand Deshpande, Dr Rajesh Sawant and Hinduja Hospital for giving me the opportunity to attend the 24th Regional Congress of the ISBT, Kuala Lumpur, Malaysia.

I was one of the fourteen people who received a Harold Gunson Fellowship. This grant created an opportunity for me to attend this congress. The congress was very well organised and very successful. I fully enjoyed the four day event with so many interesting sessions on various topics. Sessions were informative and insightful on the particular topic. The knowledge I gained was immense.

It was an absolute honour to present our posters at this prestigious meet. I presented two posters namely, “Correlation of CDC Results and DSA Performed on the Luminex Platform: Deriving Cut-off MFI for Prediction of Positive Donor Specific Crossmatch – A Pilot Study” and “HLA Typing of Donors in Renal Transplant Setting: A Trend Analysis”.

Last but not the least I am very grateful to the Board of ISBT for this wonderful opportunity.

“Last but not the least I am very grateful to the Board of ISBT for this wonderful opportunity”

33rd International Congress of the ISBT

In conjunction with the 33rd Congress of the KSBT and the 2014 Congress of the Korean Hematology Societies

Seoul, Korea **May 31 - June 5, 2014**

Join us in Seoul for an exciting scientific programme with state of the art presentations on current topics in the field of Transfusion Medicine. The exhibition running alongside the scientific programme will feature technology that is available from the major transfusion medicine suppliers. The social programme will not disappoint with an opening ceremony featuring Korean cultural activities, a welcome reception giving you the opportunity to network and meet up again with colleagues from around the world. The congress party will include Korean dishes, cultural activities and gangnam style dancing.

Scientific programme outline

Time	Monday				
07.00 - 08.00	Young Investigator's Breakfast Sesssion				
08.30 - 10.00	**Working Party** Molecular Genotyping Workshop	**Parallel Session** Transfusion Transmitted Infectious Diseases	**Working Party** Clinical Transfusion	**Parallel Session** Donors and Iron	**Parallel Session** Regulatory Issues
10.00 - 10.30	**Coffee Break**				
10.30 12.00	**Plenary Session** Malaria Update				
12.00 - 14.00	**Lunch and Satellite Symposia**				
14.00 - 15.30	**Parallel Session** Red Cell Membrane Proteins	**Parallel Session** Bacterial Detection Hot Topic	**Parallel Session** Patient Blood Management	**Working Party** Granulocytes & Apheresis	**Parallel Session** Progress in Ex-vivo Expansion of Cord Blood
15.30 - 16.30	**Coffee Break & Visiting of the Exhibition**				
16.30 - 18.00	**Working Party** Platelet Immunology	**Parallel Session** Babesia Emerging Pathogens	**Parallel Session** When, How and Why to Transfuse	**Parallel Session** Donor Recruitment Challenge	**Parallel Session** Regenerative Medicine & Ethics

Time	Tuesday				
08.30 - 09.30	Plenary Session Jean Julliard Award Plenary Session				
09.30 - 10.00	**Coffee Break**				
10.00 11.30	**Plenary Session** Presidential Award Session				
11.45 - 12.45	**ISBT General Assembly**				
12.00 - 14.00	**Lunch and Satellite Symposia**				
14.00 - 15.30	**Parallel Session** Platelets	**Parallel Session** Adverse Effects of Red Cell Transfusion	**Parallel Session** Massive Transfusion	**Working Party** Blood Supply Management	**Parallel Session** Modified T-Cells
15.30 - 16.30	**Coffee Break**				
16.00 - 17.30	**Parallel Session** Human Neutrophil Antigens (HNA)	**Parallel Session** Transfusion-Transmitted Pathogens in Endemic Areas	**Parallel Session** Pediatric Practice	**Parallel Session** Donor Research	**Parallel Session** Gene Therapy
17.30 - 18.30	Poster Session				

Young Investigators Breakfast Session (YI)

Also included in the programme is the Young Investigators Breakfast Session (YI). This breakfast session is for the scientific/medical researcher who is under 35 years of age. During this session you will not only enjoy a delicious breakfast with a stunning overview of Seoul on the top floor of the COEX Convention Centre, but this will give you a unique opportunity to share your experiences and discuss your work with peers and an expert mentor. Download the form from our congress website www.isbtweb.org/seoul to apply for this session and send it to **seoul@isbtweb.org before Friday, May 9, 2014.**

Time	Wednesday				
08.30 - 10.00	**Parallel Session** Erythropoiesis & Genotyping	**Parallel Session** Hepatitis	**Working Party** Haemovigilance	**Parallel Session** Donor Controversies	**Parallel Session** New ways to induce Pluripotency in Stem Cells
10.00 - 10.30	**Coffee Break**				
10.30 12.00	**Plenary Session** Why and How we Donate and Transfuse				
12.00 - 14.00	**Lunch and Satellite Symposia**				
14.00 - 15.30	**Parallel Session** Making Platelets	**Working Party** Quality Management	**Parallel Session** Hemoglobinopathies	**Parallel Session** Component Quality	**Working Party** Cellular Therapy
15.30 - 16.00	**Coffee Break**				
16.00 - 17.30	**Parallel Session** Blood Group Studies	**Parallel Session** HIV	**Parallel Session** Stop the Bleeding	**Working Party** Rare Donors	**Working Party** IT
19.30 - 22.30	Congress Party				

Time	Thursday			
08.30 - 10.00	**Working Party** Immunohematology	**Parallel Session** ABO-Incompatible Organ Transplantation	**Parallel Session** Organising a National Blood Service with Limited Resources	**Parallel Session** Clinical
10.00 - 10.30	**Coffee Break**			
10.30 12.00	**Plenary Session** Cell Therapy			
12.00 - 12.30	**Closing Ceremony**			
12.30 - 13.30	**Farewell Lunch**			

www.isbtweb.org/seoul

Masahiro Satake
ISBT Regional Director Western Pacific

Japanese Red Cross Transfusion Meeting

Transfusion meetings in autumn, Japan
There are many meetings, symposiums or workshops held every year throughout Japan that relate to blood transfusion medicine. The annual meeting of the Japanese Society of Blood Transfusion and Cell Therapy, the biggest transfusion medicine meeting in Japan, is usually held in May or June and encompasses three days of programming with another day for task force meetings. Twenty years ago, some influential scholars thought that having only one congress a year was not enough to address the difficulties in transfusion medicine at that time, or they simply wanted more time to see colleagues and debate and drink together, allegedly. So they established an Autumn Symposium for Blood Transfusion which has since continued for 20 years. This is a one-day programme where professionals in specialised area present reviews or overviews of current knowledge on set topics. Physicians and technicians gather to listen to the concentrated series of lectures. Last year three symposiums were organised for the meeting focusing on emergency demand for blood components, the pros and cons of plasma product transfusion, and the adverse effects of blood drawing on blood donors.

Because most stakeholders in academic transfusion medicine attend the meeting, another meeting is held at the same time for delegates from blood transfusion departments of all medical schools in Japan. While there are no records, it is said that this meeting began 40 to 50 years ago. Last year, nearly 200 department heads from 86 medical schools debated on transfusion medicine education, illuminating transfusion medicine activities, and management of the transfusion department. A heated session is also included in the meeting where medical school delegates question as to blood centre policy, vent complaints and make requests of blood centres regarding all aspects of blood business from product quality to product delivery.

Autumn is a good season for scientific discussion. There is another three-day meeting for the Society for Japanese Blood Programme. How to smoothly manage the total process from blood procuring to blood delivery is discussed. Accordingly, attendees are mainly from blood centres, such as phlebotomy nurses, administrative staff engaging in blood donor recruitment, staff from testing, processing and quality control labs, and blood centre executives. Every session grows heated as these professionals bring their own work-related questions, problems, complaints, and opinions. In the 37th meeting last year, the number of attendees amounted to as many as 1,200, so that some blood centre staff wondered if blood centres were able to function with the absence of so many staff members. Five guest lectures, eight symposiums, eight educational lectures, 119 oral presentations, and 216 poster presentations were performed over the course of the meeting. The main topics of the last meeting were how to recruit sufficient number of blood donors in the era of a declining birth rate and aging population, and the results of blood centre consolidation.

All three meetings were held at a convention centre and neighbouring institute in Sapporo, Japan from October 21-23 last year. Thus, attendees were very busy appearing in one session after another in different halls in different buildings. Prominent persons sometimes found themselves double-booked for talks. At the joint dinner, attendees patiently listened to opening talks by the three presidents from the three meetings. After all the meetings were over, attendees returned home exhausted but full of new knowledge to apply to their workplaces, new friends, and sometimes a stomach full of beer. Sapporo is well known for its fresh beer production. The beer attracted so many attendees to the meetings, didn't it?

Lilian Castilho
Hemocentro-Unicamp
Brazil

ISBT Academy Day on Immunohaematology at Hemo 2013

The Brazilian Annual Meeting (Hemo 2013), Brasília took place November 7-10, 2013. The Academy Day was supported by ISBT with both logo and financial support. Hemo is the Brazilian Annual Meeting in Haematology, Haemotherapy and Cell Therapy with a 4000 participants attending, it was a successful meeting.

The Academy Day symposium at Hemo 2013 was attended by around 300 participants from blood banks in Brazil. Amongst the attendees were physicians, medical technologists, technicians and government representatives.

The main topic for the meeting was the implementation of a rare donor programme in Brazil on how to find rare donors and how to set up a national programme to supply rare blood in Brazil. In some regions of Brazil, rare donors are already identified. Blood cell units and platelets are frozen to attempt to implement a national rare donor programme for Brazil. Discussions during the meeting included educational and technical information and reports from eight national blood banks. But also international speakers shared their experiences. Sandra Nance, the chairperson of the ISBT Working Party on Rare Donors, was one of the international speakers and talked about the American Rare Donor Programme.

The presentations focused on the global definitions of rare donors and on rare donors registry. At the end of the meeting, a proposal was suggested to create a National Working Party on Rare Donors at the Brazilian Society of Haematology, Haemotherapy and Cell Therapy (ABHH) to support the national programme and to interact with the International Societies.

Speakers

ISBT ACADEMY

Establishment of Islamabad Universities BDO Network and Club 25 in Pakistan

The Pakistan Society for Blood Transfusion (PSBT) and the Safe Blood Transfusion Programme (SBTP) in collaboration with the International Society of Blood Transfusion (ISBT) organised a workshop on January 22, 2014 in Islamabad to establish a Islamabad Universities BDO Network and Club 25 in Pakistan.

Representatives from the Blood Donor Organisations (BDOs) of the universities in Islamabad and some other stakeholders were invited to the workshop and updated on the blood safety systems reform in Pakistan especially in the context of voluntary blood donations. The important role of BDOs in the new system was highlighted and detailed consultations and interaction during the proceedings of the workshop led successfully to the establishment of a Islamabad Universities BDOs Network and Club 25 in Pakistan.

Prof. Hasan Abbas Zaheer, President of the PSBT made a presentation on the Blood Safety Systems Reforms in Pakistan and the significance of promotion of VNRBD in this initiative. Mr. Usman Waheed, General Secretary PSBT introduced the concept of Club 25 and the role of BDOs in Pakistan. Mr. Asim Ansari, PSBT compared the benefits of voluntary blood donations versus family replacement donations. Mr. Hanan Ali Abbasi, President, National Youth Assembly talked about the mobilisation of youth through social media to promote voluntary donations. The second half of the workshop comprised of presentations from BDOs to introduce their organisations and their activities. The Club 25 and the Network established during the workshop will work under the auspices of the PSBT and SBTP

ISBT ACADEMY

towards harnessing the true potential of the highly motivated and committed students and also provide them with a platform to share their experiences to bring about a paradigm shift in the pattern of blood donation from replacement donors to voluntary donations.

Concluding remarks were given by Dr. Irtiza Ali, Associate Professor, National University of Science & Technology, Dr. Arshad Malik, Assistant Professor, International Islamic University and Dr. Aftab Khawaja, Health Advisor, GiZ, who appreciated the efforts of organisers in mobilising the stakeholders and motivating them to participate in the establishment of the Club 25 in Pakistan and the Islamabad Universities BDO Network. The office bearers of the two associations were finalised from amongst the participating representatives. The Society will now organise these two bodies in focused smaller group meetings with the office bearers, develop an action plan and initiate implementation to promote voluntary blodd donations among the youth.

ISBT ACADEMY

Asian Association of Transfusion Medicine

Nabajyoti Choudhury
Secretary General
Asian Association of
Transfusion Medicine

9th Annual SAATM Conference

The Asian Association of Transfusion Medicine (AATM) organised the 9th annual conference in Delhi (NCR), India October 4 - 5, 2013.
AATM was initially operating as the South Asian Association of Transfusion Medicine (SAATM) in this part of the world and has been transformed to AATM due to the fact that membership has grown beyond the boundary of South Asia.

During this conference there were more than 450 participants from 90 faculties spread over 22 countries attended. The trade exhibition was well represented with more than 25 companies that participated and demonstrated their latest equipment and technology.

During the conference, there were two pre conference CMEs on October 3. The first one was organised by the AATM and Autonomous University of Barcelona, Spain on 'Cell and Tissue Therapy'. The second CME was on 'Transfusion and Transplantation' and fully supported by International Society of Blood Transfusion (ISBT) under Academy Grant. This CME was organised for blood bank (doctors and technicians) and organ transplant personnel (physicians and technologists).

The day long CME on 'Transfusion and Transplantation' was held in hotel Crowne Plaza (Intercontinental), Delhi (NCR) on 3rd October from 8 AM to 5 PM. The objectives were to familiarise blood bank specialists, clinicians and laboratory personnel on theoretical and practical aspects of transplant immunology by didactic lectures and on site demonstration. These lectures and practical demonstrations were directed for initiation and establishment of solid-organ and hematopoeitic progenitor cell (HPC) transplants in hospitals/centres in developing countries in Asia. Since transfusion medicine and transplantation science go hand in hand with transfusion of blood, itself being the commonest tissue transplant. The idea was to begin with the tests used in red cell serology lab of the blood bank, and understand the analogy between the red cell tests and HLA tests on the leucocytes. The workshop was planned in a manner that faculty discussed serology based HLA tests, then extraction of Deoxyribose Nucleic Acid (DNA) and the DNA based tests thereafter; take them through the amplification of DNA and Sequence Specific Primer (SSP) methodology for HLA typing. This followed by the applications of HLA typing including hematopoietic stem cell transplantation (HSCT). This would ensure that the delegates have really understood the concept and become aware of the actual clinical application relevant to this date and time.

AATM was associated with Bharat Stem Cells, a NGO from India for implementation of programme and demonstration of various live techniques in the conference venue. The programme began with registration of delegates at 8 AM, followed by introduction and administering the pre-workshop questionnaire to the delegates. The first session was named as "Messages on the Cell Surface" and comprised of talk and demonstration of blood grouping and Complement Dependent Cytotoxicity (CDC) method of HLA serology. The second session named "Peeping Inside the Nucleus" after tea comprised of DNA extraction and it's practical demonstration. The other session named "Decoding the Double Helix" elaborated on the techniques of HLA typing; Sequence Specific Primers (SSP), Sequence Specific Oligonucleotide Probes (SSOP) and Sequence Based Typing (SBT). There was a practical demonstration on HLA typing by SSP technique. This was followed by session named "Deciphering the Code" which dealt with HLA nomenclature, gel electrophoresis and its documentation followed by practical gel-loading and analysis. The penultimate session named "Playing God" consisted of applications of HLA typing including hematopoietic stem cell transplantation (HSCT) and the Matched Unrelated Donor (MUD) transplants including the Asian perspective. There was a demonstration of Donor Specific Antigen (DSA) cross-match on a Luminex platform. The same questionnaire was administered again to all participants again after the theory sessions and practical demonstrations. Various faculty who shared their knowledge with participants were Dr. Vimarsh Raina, Gurgaon, India; Dr. KKS Kuruppu, Colombo, Sri Lanka; Dr. Neelam Marwaha (ISBT-Regional Director), Chandigarh, India; Dr. Aseem Tiwari, Gurgaon, India; Dr. Dolly Daniel, Vellore, India; Dr. Divya Chabbra, Delhi, India; Dr. Ashok Vaid, Delhi, India. There were two work stations with five sets of location with equipment and reagents for live demonstrations. Work stations and live demonstrations were managed by about 14 highly skilled personnel well trained on the subject.

ISBT ACADEMY

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University of the
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Australia

Zalina Mahmood
Pusat Darah Negara
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First ISBT Asian Pacific Introductory Granulocyte Serology Practicum

Antibodies to human neutrophil antigens (HNA) are clinically important and are implicated in TRALI, alloimmune neonatal neutropenia and autoimmune neutropenias. To ensure that the laboratory investigation of granulocyte antibodies is always conducted at the world's best practice, the ISBT-Granulocyte Immunobiology Working Party (ISBT-GIWP) conducts an annual quality control programme known as the International Granulocyte Immunobiology Workshop (IGIW). Around 20 national granulocyte reference laboratories participate in the IGIW. There are currently approximately 12 granulocyte reference laboratories in Europe, 2 in the USA, 1 in Australasia and 2 in Asia. Feedback from Granulocyte sessions at the 2009, ISBT Regional Meeting in Taiwan recorded substantial interest from Asian laboratories to acquire and develop granulocyte serology skills.

In response to this interest the ISBT-GIWP conducted the first Introductory Granulocyte Serology Practicum in Kuala Lumpur on 29 - 30 November, 2013. This Practicum was sponsored by the ISBT and kindly hosted by Dato Dr Yasmin Ayob, Dr Zalina Mahmood and Dato Dr Roshida Hassan of Pusat Darah Negara. This event attracted 30 participants from Australia, China, Germany, Hong Kong, Indonesia, Japan, Malaysia, Singapore and Thailand.

A lecture on "Granulocyte agglutination test (GAT) and granulocyte immunofluorescence test (GIFT) the classical granulocyte detection methods" by Dr Lin Fung introduced participants to the field on the first day. Participants were divided into groups to allow close observations of how the GAT and GIFT were performed. We were very fortunate to have Drs Nelson Tsuno, Hitoshi Okazaki, Mika Matsuhashi and Junko Iino from Tokyo University, Drs Kikuyo Taniguchi, Rie Onodera and Emi Kurita from Sanyo Women's College, Hiroshima and Dr Sentot Santoso from Giessen University to demonstrate and discuss the scientific principles of each step of these technique. The Malaysian hosts excelled to intersperse the hard work with tea breaks and lunch, serving local delights. There was much camaraderie and even some competitiveness on day 2 when the participants were divided into smaller groups and provided with 3 unknown sera to investigate by the GAT and GIFT. We are pleased to report that all groups arrived at the correct antibody specificities. Participants received ISBT-GIWP certificates of attendance.

Participant feedback indicates that the practicum was useful and most have plans to establish these techniques in their home laboratories. Importantly, this practicum has created a new nexus of interest in granulocyte immunobiology in the rapidly growing Asia Pacific region. Participants of this practicum will again gather to review their progress and decide on how to move forward at the 2014 ISBT international congress in Seoul. Seoul provides an ideal platform for this new generation of granulocyte serologist to meet and interact with serologist from the other more established granulocyte reference laboratories.

The objective of the ISBT-GIWP is to bring together ISBT members working in laboratory, research and clinical aspects of Granulocyte Immunobiology, to enable strong and productive interactions, innovation and collaborations in granulocyte immunobiology, function and pathology. Hence, anyone interested in Granulocyte immunobiology is welcome to attend the ISBT-GIWP meeting in Seoul.

Permanent altruistic donation in the "Instituto Nacional de Pediatría (INP)" (Mexico City)

Dinora Aguilar Escobar
Chief Blood Bank
Instituto Nacional de PediatríaMexico

Dinora Aguilar Escobar, Amalia Bravo Lindoro, Doris Lordméndez Jácome, Isabel Martínez Talavera, Leticia Margarita Medina, José Luis Salazar Bailón, Isabel Ibarra, Guillermo Escamilla Guerrero, Ana María Dorantes, Gabriela Flores Correa, Socorro Nigo González, Ruth Rodríguez Terrazas
Blood Bank Instituto Nacional de Pediatría, México, D.F

Mexico has about 5% of voluntary donation one of the lowest level of volunteer donors in Latin America. Despite it has made great strides in regulation, access and security of human blood and its components.

The blood centres have bundled their powers to resolve this issue by using different strategies to attract voluntary donors that donate on a regular basis. Since January 2010 the Blood Bank of the National Institute of Paediatrician in Mexico City worked on the implementation of a voluntary blood donation programme. The staff worked on the following points:

Blood donors

1. Improvement structure of attention areas,
2. Application of quality standards of ISO 9001:2008 and Official Mexican Standards improving process of selection of the donor, schedules of attention, shortening service times and measures of user satisfaction,
3. Social Work: Awareness and dissemination of the need for blood components to different communities in the hospital and other educative institutions (schools and universities),
4. Effective communication with donors, the medical staff talking with the potential donors about the needs of blood for the children treated in our hospital, and emphasizes the need for repeat donation
5. Promotion through social networks (Facebook, twitter ("bancodesangreinp") and published acknowledgments of transfused children and interaction with blood donor associations in Mexico
6. Organisation of external blood collections every 3-6 months in different educational centres with help of workers and recourses of the INP.

The results of these measures already achieved an increase in the percentage of altruistic donors with an annual average of 15%. However, the repetitive donor percentage does not exceed 3%. In the future we will need an increase in external collections in centres and establish effective communication that emphasise the advantages and needs of the repetitive donor.

SOUTHERN AMERICAS

Silvina Kuperman
Director

Cecilia Gamba
HPC Processing Lab Manager

An Austrian man received a cord blood transplant with a unit from the Argentinean public cord blood bank

The Argentina National HPC Donor Registry sent us an urgent request after they have found a suitable cord blood unit in our inventory for a patient resident in Austria who suffers from acute myeloid leukaemia. The unit was collected in 2006 in a maternity hospital in Buenos Aires.

After testing procedures the cord blood unit left Argentina on February 4 in a special designed container. The container travelled 11,810 miles from Hospital Garrahan in Buenos Aires to an Austria Transplant Centre and arrived on February 6. The cells were successfully infused in to the patient.

In 1995 we started collecting related cord blood from babies whose siblings had a disease that could be cured by HPC transplantation. The first cord blood transplant with a unit collected and preserved in our bank was successfully performed in 1997 at Hospital Garrahan in a patient with SCID who had been previously transplanted with a haploidentical product whose engraftment had been lost later. After 14 years, this cord blood transplanted patient is still alive and in good health.

In 2000, the programme for sibling cord blood for patients needing HPC transplant was expanded throughout the rest of the country. Around 4% of the collected units were transplanted to siblings with leukaemia, Thalassemic Syndromes, SCID, Myelodysplastic Syndromes, Adrenoleukodystrophy, Hurler Syndrome, among others in different hospitals and jurisdictions of the country.

In 2005 the Public Bank was established and agreements with public and private maternity wards across the country were made. Training for all processes related to promote donation, counselling and collection of the UCB (Umbilical Cord Blood) unit were given to professionals.

The use of Umbilical Cord Blood (UCB) as a source for non-related hematopoietic stem cells (HPC) transplantation has enhanced the chances for underrepresented ethnic minority groups to find a donor in the HPC international registries. A patient from these ethnic segments has fewer opportunities to find a match in the larger HPC registries from Europe and North America (predominantly listing donors with a Caucasoid ethnic background). In order to positively balance the situation, one of the most relevant aims when we started the Argentinean Public Cord Blood Bank (APCBB) located at Hospital Garrahan in Buenos Aires was to collect units from local populations.
Since 1995 when the Eurocord group was established which is a network for collecting clinical data regarding European patients transplanted with cord blood, many organisations have been working on the cord blood transplant issues. The quality of the product is critical in order to obtain the expected HPC transplant results. For this reason it was necessary to establish strict regulations based on previous clinical results of transplants performed with cord blood.

Nowadays, Cord Blood Banks follow recommendations, guidelines and standards that let them to appropriately perform the following processes:

- donor recruitment and appropriateness
- unit collection and acceptance criteria
- processing (including infection diseases testing, HLA testing among other lab assays),
- freezing and storage conditions,
- donor babies' health monitoring to the unit release requirements

Standards and regulations have been harmonised globally and are based and developed on ethical, quality, clinical and scientific aspects regarding donors, patients, laboratory, epidemiology, environmental safety, transportation issues, among others.

The Argentinean Cord Blood Bank is compliant with the local mandatory GMP regulations (inspected by the INCUCAI) and sin 2010 is accredited by the AABB (Advancing Transfusion and Cellular Therapies Worldwide). Our Cord Blood bank has been qualified by the NMDP and is part of the NMDP IND Protocol 10-CBA (Multicentre access and distribution protocol for unlicensed cryopreserved cord blood units for transplantation in paediatric and adult patients with hematologic malignancies and other indications).

Currently, we have over 2,000 units available for transplantation throughout the Bone Marrow Donors Worldwide international registry and 1,500 additional units stored in the process of being listed. Every year 1,200 Argentinean families donate cord blood to the Public Cord Blood bank making our HLA diverse inventory bigger . The inventory is compliant with current global regulation and standards offering a chance to patients worldwide.

Hospital Garrahan`s Cord Blood Bank staff.
From left to right: Cecilia Gamba, Cora Pollak, Sebastian Okrasian
Silvina Kuperman, Maria Coluccio, and bellow: Rosario Silvestri

EASTERN EUROPE

Sergey Sidorov
Executive Director of the Russian Transfusionist Association

15th conference "standards and individual approaches in clinical transfusion"

The 15th conference on "Standards and individual approaches in clinical transfusion " was held in the Pirogov Russian National Medical and Surgical centre. The conference was well attended with 170 participants from Russia, Kazakhstan, Ukraine and the UK.

Professor Eugene Zhiburt opening the conference remarked on the adoption of the new Russian law on blood donation and the federal and regional regulations regulating food payment to blood and plasma donors.

Karen Osilov shared her experience of transfusing methylene blue pathogen-inactivated plasma for infants undergoing cardiac surgery. Pathogen inactivation allows the use of the same donor plasma and red blood cells to reduce systemic inflammation in patients undergoing cardiac surgery, as well as reduce the risk of transfusion reactions. The reduction of systemic inflammatory response reduces morbidity and mortality, as well as the length of stay in the ICU and in the hospital.

Andrei Konovalov reported on the rate of seronegative NAT-positive blood donors in Saratov as follows:
- Hepatitis C virus - 1:15000;
- Hepatitis B virus - 1:40000;
- HIV-1 - 1 from 149,620 tested samples.

The challenge remains the introduction of a national standard sensitivity test for NAT- infections in blood donors.

Dana Pavlova spoke on providing immunological compatible pediatric transfusions. The combination of modern technologies (leukodepletion, RBC phenotyping and individual donor selection, registry of homozygous Rh system donors, split adult doses of plasma and red blood cells) has led not only to an increase in therapeutic efficacy, but also to a reduction of 65% in red cell transfusions in the hospital and 47% per patient transfused.
Angus Douglas (DGP) showed the Scottish project "Better blood transfusion" results.
- Improved haemovigilance:-
  - SHOT reports doubled;
  - Wrong blood to patient reduced from 10 units per million transfused in 2002 to 3 units per million transfused in 2012.
- Improved incident Management:-
  - 100% reported within 5 days;
  - 100% investigated and resolved within 1 month;
  - Trends reviewed and action taken at Project Board (Hospital/Blood Service) - meets 3 times/year.

He shared the Scottish experience of IT support provided to obtain comparable data on blood transfusions from each hospital and physician. Training materials were developed for nurses and hospital doctors - 78000 people were trained (75%). As a result, for 10 years the number of red blood cell transfusion per 1000 population declined from 47 to 34. Since 2003 they have saved 105,000 litres of blood through reduced use.

According to Teresa Allen (NHSBT) even after three "Better blood transfusion" programs evidence suggests there is still 20% RBCs inappropriate use. British colleagues needed targeted initiatives around Platelets as demand was escalating (8% increase in 2011).
The key areas of focus for red cells:
- detect & treat preoperative anaemia;
- minimise blood loss & bleeding intra-operatively;
- optimise tolerance of anaemia post operatively;
- continuous cycle: audit>corrective action>audit.

The 16th conference on "New in Transfusion Medicine: Regulations and Technology" will be held in the Pirogov Centre on May 14 - 16, 2014. All colleagues are welcome.

EASTERN MEDITERRANEAN

Salwa Hindawi
ISBT Eastern Mediterranean Director Saudi Arabia

Education and training survey in the Eastern Mediterranean Region (EMR)

Education and training is fundamental to every aspect of blood safety. Many of the factors threatening the safety of the global blood supply can be attributed, partly, to inadequate training. Audits of clinical transfusion practice have consistently demonstrated deficiencies in knowledge and practice that impact on patient safety and in some cases, result in death.

Goal of education and training in Transfusion Medicine is to develop and produce qualified staff to work in Blood Transfusion field with a reasonable working knowledge of immunohaematology theory, skills to perform and interpret immunohaematologic procedures, and clinical judgment in blood transfusion practice and component therapy.

A questionnaire was prepared and distributed to countries from the EMR to get information on available education and training systems related to Transfusion Medicine.
Nine countries responded with different level of Education and Training as shown in Table 1 and 2. Analysis of this simple questionnaire shows that although some countries have undergraduate and postgraduate programmes for transfusion medicine others have no programme at all.

Country	National Guidelines	Standard for Education/Training	Undergraduate Teaching in TM	Postgraduate Teaching in TM
Libya	No	No	yes	Yes, MSc & Fellowship
Iran	yes	yes	NO	No
Tunisia	Yes	Yes	Yes	Yes, MSc & PHD
Pakistan	Yes	yes	No	Yes, MSc
Oman	No	No	Yes	Yes, but no certificate
Saudi Arabia	Yes	No	Yes	Yes
Qatar	Yes	No	Yes	No
Kuwait	No	NO	Yes	MSc in Medical Laboratories
Jordan	No	NO	NO	Yes

table 1

Country	Job Description	Orientation Program	Competency testing	Training program
Libya	No	No	No	Yes
Iran	Yes	Yes	Yes	Yes
Tunisia	Yes	No	Yes	Yes
Pakistan	Yes	No	No	No
Oman	Yes	No	No	No
Saudi Arabia	Yes	Yes	Yes	Yes
Qatar	Yes	Yes	Yes	No
Kuwait	Yes	Yes	Yes	Yes only for CBB staff
Jordan	Yes	Yes	Yes	Yes

table 2

In general there is still a need in developing countries to:
- Change the culture of our medical education specifically for Transfusion Medicine.
- To develop an effective continuous medical education (CME) in Transfusion Medicine.
- To form a highly productive working relationship between a selective professionals and specialised centres in blood transfusion in our region.
- To Conduct Training Programme for all staff working in Blood Transfusion field
- Implementation of distant learning approach in Transfusion Medicine will facilitate education and training to all staff in Blood Transfusion Chain.
- To outreach and cooperate with national and international organisations in the field of transfusion medicine.
- Raising awareness of the importance of implementing the quality programmes guidelines.
- Implement undergraduate and postgraduate studies in transfusion medicine.

There is a real need to support the establishment of sustainable national education and training programmes in blood transfusion medicine to improve safety and quality of blood transfusion services in all developing countries.

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Upcoming Events

2014

April 8 - 9

Blood, Blood Products and Plasma – Quality and Safety
Berlin, Germany
www.gmp-compliance.org/eseminar_8407_Blood%2C%20Blood%20Products%2C%20and%20Plasma.html

May 1 - 4

CSTM Annual Scientific Conference
Quebec City, Canada
www.transfusion.ca/en/cstm_annual_conference

May 14 - 16

ADRP Annual Conference
Columbus, Ohio, USA
www.adrp.org/

May 14 - 17

23rd Biannual International Congress on Thrombosis
Valencia, Spain
www.thrombosis2014.org/

May 21 - 22

IPFA/PEI 21st International Workshop on "Surveillance and Screening of Blood Borne Pathogens"
Rome, Italy
www.ipfa.nl/events/ipfa_pei-21-workshop-on-surveillance-and-screening-of-blood-borne-pathogens-rome

May 31 - 05 June

33rd International Congress of the ISBT, Seoul, South Korea
Seoul, Korea
www.isbtweb.org/seoul

July 03 - 06

XIII European Symposium on Platelet and Granulocyte Immunobiology
Bad Homburg v. d. Höhe, Germany
www.espgi2014.org/venue.html

July 30 - 02 August

7th AfSBT Congress
Victoria Falls, Zimbabwe
www.afsbtcongress.org/

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