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

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

Minutes:

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

Minute taker: Ulrich J. Sachs