

TRANSFUSION TODAY

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ISBT



Quality Management in Transfusion Medicine

Kuala Lumpur Congress

ISBT Academy Event Reports

Reflections from the Harold
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Symposium on Transfusion
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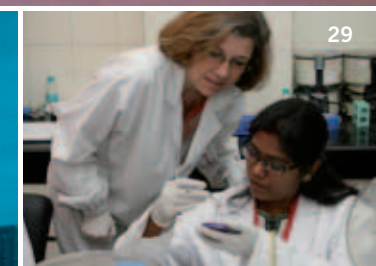
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Judith Chapman

Editorial Transfusion Today

Quality management can be described as "the act of overseeing all activities and tasks needed to maintain a desired level of excellence. This includes creating and implementing quality planning and assurance, as well as quality control and quality improvement". Quality management is essential in transfusion medicine practice as it helps to ensure the patient receives a safe transfusion whether this is of red cells or another blood component.

The ISBT Working Party on Quality Management was established at the suggestion of Paul Strengers in 2010. Since then the Working Party has been active with a variety of activities some of which are described in the articles in the focus section.

This and future issues of Transfusion Today will be different in as much as it will include pages titled ISBT Academy. These pages will contain reports of ISBT Academy supported meetings. The ISBT Academy e-Portal is the home for the webcasts of the 23rd Regional congress of the ISBT in Amsterdam. The webcasts are being released on a regular basis and gives members the opportunity to refresh their memories of sessions or if they were unable to attend catch up with a session. The Academy e-Portal is a work in progress and will have its full launch at the 33rd International congress of the ISBT in Seoul, Korea in June 2014.

In the meantime take a look at the information about the 24th Regional congress of the ISBT in Kuala Lumpur and why not consider joining us.



Paul Strengers
Chairperson Working Party
on Quality Management

ISBT Working Party on Quality Management

Quality management is the core of the activities that are being done in blood establishments in order to be able to develop, provide and produce the best products and services in blood transfusion medicine to the patients in need. Quality management implies working according to Good Manufacturing Practices (GMP), Good Laboratory Practices (GLP) and Good Clinical Practices (GCP) and the implementation of haemovigilance for follow up in clinical care. It includes the complete transfusion chain: from the recruitment of donors, collection of donations, processing of units, testing of blood samples, storage of final products, distribution to hospitals, testing in the hospital laboratories, and handling in the hospital wards, to transfusion to and follow-up of the patient. Quality management implies continuous improvement of the quality of the working processes and the final products. The establishment of a quality system needs to be done in agreement with scientific principles by facilitating and not hindering further improvement of evidence-based medical practice.

The global forum of the actual collectors of blood and producers of blood products, which ISBT represents, is the best place in order to set the standards on GMP and to educate on quality in blood establishments worldwide. Every year since 2010, the Working Party on Quality Management organised business meetings at ISBT congresses, where ideas, proposals and results of projects are discussed. Currently the Working Party has 29 members from 19 countries. The Terms of Reference defines as objectives: facilitating exchange of experiences and comparisons and working on quality upgrading in general; collection and maintenance of data on the use of various quality management systems in transfusion services worldwide, and validation of premises, equipment and processes. ISBT published

several recommendations and guidelines for the validation of methods and equipment in transfusion services. However, there are still some critical fields not covered with validation recommendations. Other objectives are education in the field of quality management, and cooperation with WHO and with EDQM / Council of Europe and with other international bodies active in this field. WHO requests assistance in training programmes on quality management from experienced trainers which could be given by members of the Working Party. Cooperation with other ISBT Working Parties, and other activities were also formulated in the Terms of Reference. Structured and systematic education on Quality Management is a prerequisite for improving quality. The ISBT Academy was asked to assist in the development of education and training programmes and at the ISBT Congresses in Lisbon (2011), Cancun (2012) and Amsterdam (2013) very successful and highly attended symposia were organised. For the future, plans are developed to use the ISBT Spot Light Series as a relatively inexpensive tool for producing education material, while the Working Party will not duplicate existing documents in order to work as efficient as possible.

At the first business meeting it was agreed to start drafting a database on the progress in quality management in blood establishments worldwide for which, on suggestion of Christian Seidl, the EUBIS project questionnaire has been used. The first results will be published in this issue of Transfusion Today. Further agreement was reached on the proposals on Tomislav Vuk on the introduction of quality parameters for blood establishments in order to create effective tools for gathering information which could be used to compare improvements in the quality management process. The ISBT Working Party on Haemovigilance joined these efforts from the start, as well as the International Haemovigilance Network. Besides that,



the ISBT Working Party on Information Technology is also interested. Other initiatives which the Working Party works on are highlighting the differences among various standards regulating the field of transfusion medicine, harmonisation of definitions related to quality management, sharing information on global level, developing minimum quality standards for blood transfusion services, bench marking, support the countries to reach the optimal quality level, risk areas identification and risk management, and defining blood establishment inspection standards for inspectors.

Quality Management requires leadership, process approach, factual approach to decision making, involvement of people, continuous improvement, customer/deliverable focus, and mutually beneficial client relationships. Besides that, it saves money because the work is well done from the first step and it prevents failures such as complaints, events, rework, recalls, etc.

That is why joining the Working Party of Quality Management is so beneficial to all who are involved in blood transfusion and transfusion medicine.



Christian Seidl
Institute of Transfusion Medicine and Immunohaematology, University of Frankfurt and German Red Crossmunohaemato

Standards, criteria and training requirements for improving quality management: The International Survey performed by the Working Party

The preparation of blood components from whole blood donations provides the optimal tools for modern transfusion therapies. The therapeutic strategies are based on the principle of 'the right amount of blood to the right patient'. This includes the selective application of either cellular products derived from whole blood, such as red cell or platelet concentrates and the preparation of plasma either for direct therapeutic use or after fractionation as plasma derived coagulation factors. With respect to the blood components manufactured, regulatory requirements as well as the level of quality management implemented vary between countries worldwide.

The Working Party has therefore decided to set up a world-wide survey platform in between ISBT members to define

- the type and status of quality management in use
- activities in different areas that need improvement either by guidelines or by setting –up training programmes or educational activities.

The WP-QM-Survey was conducted using an internet survey platform covering the following topics

- Section I - Activities carried out by Blood Establishments / Blood transfusion services
- Section II - Quality systems in use, structure of self-inspections performed and assessment for the need to improve particular quality relevant areas

- Section III – Criteria and standards used by competent authorities to carry out regulatory inspections against the national licensing requirements

Currently, information has been collected from 26 institutions either being members of the working party or cooperating partners from 24 countries (Germany, the Netherlands, United States of America, Greece, Switzerland, Croatia, United Arab Emirates, France, Italy, Mexico, Argentina, United Kingdom, Serbia, Australia, Finland, India, Singapore, Egypt, Belgium, Kuwait, China, South Africa and Sweden). The activity profiles of the participating institutions cover standard blood component preparation, the use of whole blood, autologous blood as well as the preparation of special cellular components such as granulocytes, cord blood and stem cells.

With respect to the need for improvement of the quality systems in order to comply with national regulations 76% of participants indicated the need for improvement. By grading the requirements for changes most of the participants will need minor changes, however about 25% responded that medium to major changes are required. Most critical areas are job description and qualification/training of staff, blood donor area, blood testing, documentation of change controls, process validation and handling of non-conformances (deviations, complains and recall of products).

In Focus Quality Management in Transfusion Medicine

Regulatory inspections by competent authorities or governmental institutions are performed in most participating countries, however in some countries such inspection systems are still in the process to be developed.

These results have been used by the Working Party to define further focuses for their academy training programme as well as to link their training activities to an ongoing format organised by the EuBIS Academy offering International training courses. These training courses are based on manuals and guides developed to be used as tools covering Good Manufacturing Practice (GMP), PIC/S, EU Directives as well as the Council of Europe (EDQM) standards in order to improve quality systems of blood transfusion services and to prepare for regulatory inspections by competent authorities.

During its last meeting in Amsterdam, the Working Party has decided to continue the WP-QM-survey platform in order to invite additional institutions from more countries world wide and to share their experiences in quality management. Access is available on demand to all ISBT members interested by giving their indication to participate in this survey to the Working Party board (<http://www.isbtweb.org/working-parties>) from were you will receive the password to fill-in the survey (<https://www.surveymonkey.com/s/isbt-wp-qm-survey>).

Further information and references:

1. The EuBIS Academy International Training course programme is available under the following link: http://www.eubis-europe.eu/seminar_and_training_dublin_2013.php
2. The EU-Blood SOP and EUBIS manual and guide are available as PDF or e-book under the following link: http://www.eubis-europe.eu/blood_manual.php

3. Seidl C and Seifried E. Chapter 11. Quality management and inspection in blood transfusion medicine. In.: Blood, Tissue and Cells from Human Origin (Ed. Follea G), ISBN 9789082031003, published by the European Blood Alliance (EBA), 2013

4. Information of the EuBIS manuals and guides can be also found in: Transplantation and Transfusion, projects and actions for saving and improving the quality of life of citizens by facilitating transplantation and blood transfusion in the European Union, ISBN 978-92-9200-0202-2, European Union, 2013.

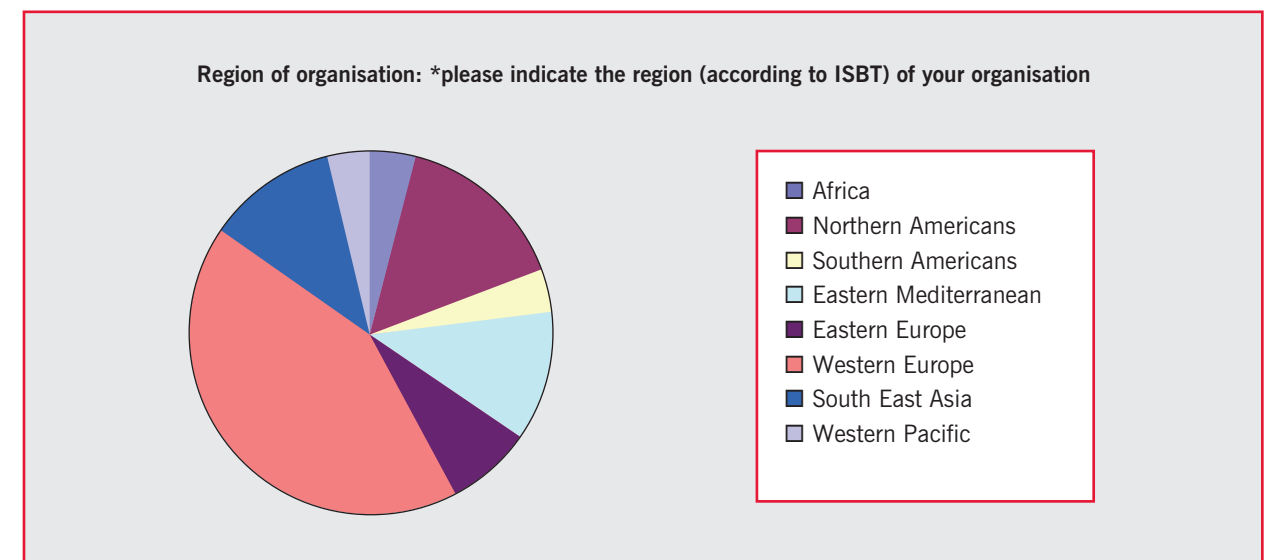


Figure 1: The ISBT working party survey monkey platform and participating institutions world-wide.



Lesley Bust
Quality Manager at Western Province
Blood Transfusion Service

Building blocks of a quality management system

Quality Management Systems, just like houses, come in many different styles and sizes and it's up to each blood establishment to design and build a system that meets its particular needs, depending on available resources. The recommendation is to start small and add-on over time until you have the system you desire.

As with any building project needs plans, materials and a good construction crew are important to start with. A strong foundation is critical to a Quality Management System (QMS) and this can be strengthened by obtaining management support and staff buy-in from the beginning.

Experience at WPBTS, South Africa

Our establishment chose to build a three-storey house as we incorporated elements of ISO 9000 into our Quality Management System as well as technical parameters based on the national Standards of Practice and laboratory elements from ISO 17025/ ISO 15189.

At the first level, ISO 9000 quality parameters included the following:

- Adequate resources such as premises, staff and equipment
- Suitable management structure with organograms and job descriptions
- Programmes for training staff and assessing competence
- Quality Policy and objectives
- Comprehensive documents and records
- Clearly-defined document control system
- Computer systems, where applicable
- Procedures for maintenance, calibration and validation of equipment
- Process control systems
- Handling of non-conformances including root cause analysis, corrective and preventive actions
- Internal audit system

- Selection and evaluation of suppliers and contractors
- Customer service
- Performance of annual Management Review
- Health and safety programme

The second tier of building blocks included the following technical parameters based on the Standards of Practice:

- Criteria for donor selection and evaluation
- Procedures for collection of blood
- Processing of blood / blood products including labelling, storage and transport
- Product traceability
- Specifications for blood products
- Systems for mandatory testing of blood samples
- Compatibility testing at blood banks prior to issue of blood
- Systems for issue and disposition of blood products
- Procedures for autologous and designated collection

For the third tier of building blocks, elements from ISO 17025 / ISO 15189 were added for the laboratories which included:

- Sample handling
- Selection and validation of test methods
- Measurement traceability
- Result reporting procedures
- Quality control measures, proficiency testing and EQA (external quality assurance)
- Equipment quality control
- Handling of reagents and controls.

Although it may take years to put all the building blocks of a Quality Management System in place, once the house is built it is relatively easy to maintain. However, renovations will be needed on an ongoing basis to ensure continual improvement. At WPBTS we undergo an annual accreditation assessment by SANAS (South African National Accreditation System) to ensure standards are upheld.





Tomislav Vuk
Croatian Institute of Transfusion Medicine

QUALITY INDICATORS IN BLOOD ESTABLISHMENTS: ISBT Working Party on quality management project

The fast progress of medical science with diagnostic and therapeutic procedures in particular, has been accompanied by an array of negative trends such as cost increase, uneven availability as well as quality of healthcare, inefficiency, and deficient organization. All this along with change in the perception of medical errors has given rise to even louder requirements posed by various interest groups for healthcare quality measurement and assessment, ultimately aimed at healthcare quality improvement. The role of quality indicators in achieving these goals has been recognized by many institutions and organizations. The use of quality indicators is not restricted to the institutional or local level, since it enables comparison among institutions of similar characteristics (benchmarking) as well as at the international level. During the 12th International Haemovigilance Network (IHN) seminar held in Dubrovnik, an initiative was launched to define quality indicators in blood establishments, with the aim to stimulate blood establishments to set appropriate quality indicators, help them choose the indicators, and to enable comparison of blood establishments worldwide through a standardized method

of data collection and processing. Since 2010, the project has been conducted under the umbrella of the ISBT Working Party on Quality Management (WP-QM), in close collaboration with the Working Party on Haemovigilance. Thirty-six quality indicators in all segments of blood establishment activities have been defined at several sessions. A review article on quality indicators, with special reference on their role in transfusion medicine, appeared in the ISBT Science Series in 2012 and the working version of quality indicators proposed by ISBT WP-QM was presented.¹ Final version is shown in Table 1, while definitions of all indicators and their numerators and denominators are planned to be put on the ISBT website in the near future. In addition, it has been suggested to choose a dozen of indicators from the results of an international survey. These indicators are marked by asterisk in Table 1. Quality indicators related to efficacy or outcomes of transfusion therapy are not the subject of this project. These indicators are covered by the EDQM project entitled "Quality Indicators for the Evaluation and Monitoring the Optimal Use of Blood and Blood Components".

Process	Quality indicators
Promotion and selection	Percentage of voluntary non-remunerated blood donors*, Accomplishment of the planned number of whole blood (WB) donors, Accomplishment of the planned number of donors in the apheresis program, Percentage of donations collected from first time donors*, Number of donations collected per 1,000 inhabitants, Number of donations per donor (per year), Donor deferral rate (total, permanent, temporary)*
Blood collection	Failed collections, Clots in red blood cell (RBC) products, Aggregates in platelet concentrates obtained by apheresis, Poor welds on blood collection, Lipemic plasma, Donor adverse reactions*
Blood component (BC) production	Production index, Product nonconformities*, Poor welds on blood product manufacture, Hemolytic plasma
BC storage/distribution/issue	Expired platelet concentrate shelf life*, Expired RBC concentrate shelf life*, Realization of requests for blood components, Wrong blood product issue*, Returned blood products, Component wastage rate (RBC, PLT, FFP) at the hospital
Donor/product testing	Donor sample nonconformities, Proficiency testing – performance evaluation, Positive findings on blood product bacteriological testing, Contamination rate of blood product cultures, Nonconformities in blood product quality control results*
Quality management	Blood product complaints*, Donor complaints*, SAE (Serious Adverse Events)*, Product recall/withdrawal, Corrective measures completed on time (initiated by QA department), Corrective measures from external audits completed on time, Corrective measures from internal audits completed on time, Change controls completed on time, Customer satisfaction
Patient service	Patient sample nonconformities, Nonconformities in the requests for pretransfusion testing, Test turnaround time – urgent requests, C:T ratio, ABO/Rh(D) discrepancies, RBC units issued under the emergency release procedure



Faten Mofteh

Quality status of blood services in Eastern Mediterranean Region (EMR)

A simple questionnaire was used to explore the status of quality systems of blood services in the EMR. The questionnaire was distributed to most of the countries in the area, only eight countries responded. These countries range from low Human Development Index (HDI) to very high HDI.

The analysis of the received completed questionnaires reveals that the national blood policy is implemented in five of these countries. All eight countries reported usage of a quality system amongst local and national levels. Standard operating procedures and job descriptions are the most popular quality documents in these countries. Some use a document control system, but all countries reported the absence of a nationally unified documentation system. National training programmes with an expert person in charge and qualified trainers are still to be implemented.

Standards are recognised as an important quality element in all reporting countries. Local, national and international standards are implemented in a range of blood activities. Quality monitoring tools like audit, EQAS and haemovigilance are implemented in some of these countries. These quality system elements are still to be implemented in the EMR.

Efficient functioning of equipment through regular maintenance, calibration, cleaning, validation, etc. is reported in few of these countries. Two of these countries have neither a regulator, nor a blood law. Blood activities like component preparation, guidelines of appropriate blood use, and hospital transfusion committees are reported in various levels.

The EMR have gone through a development process in the field of blood transfusion in the last decade. The quality level is very diverse in the region. The challenges of economic status, political instability, and poor training and education have affected the quality of blood services offered in some countries of the region.

The presence of good quality systems in some countries can be utilized to enhance the poor quality level of other countries in the region. Connecting these countries with one another could be a potential to implement comprehensive quality systems. As Arabic is the unified language all countries use, this could be a

great opportunity that may be worth considering to spread the concept and implementation of quality systems. The regional haemovigilance and EQAS systems have been approached and is a work in progress.

Centres included in the survey

Morocco:

One hospital based centre (Ibn Sina hosp. in Rabat) which is included in a nationally coordinated system.

Tunisia:

One regional centre (Jendouba) and 2 hospital based centres (Beja and Kef) which are included in a nationally coordinated system.

Libya:

One hospital based centre (Al-Jalaa hosp.) and 2 regional centres (Tripoli and Bangazi) which are included in a government mixed system.

Egypt:

NBTS of MOH, one university hospital blood bank (South Egypt Cancer Institute in Assuit), and 1 private hospital based centre (Shabrawishi hosp.) which are included in a government/private mixed system.

Lebanon:

One hospital based centre in a university private non for profit hospital (Saint Goerge University hosp. in Beirut) included in a government/private hospital based system.

Jordan:

BTS of MOH which is a nationally coordinated system

Oman:

One university hospital based centre (Sultan Qaboos University Hosp.) which is included in a government a mixed system.

Kingdom of Saudi Arabia:

One university hospital blood bank (King Abdul Aziz university hosp. in Jeddah) included in a government/private hospital based system.



Peter Flanagan

During early June a total of 3306 people participated in the 23rd Regional Congress in Amsterdam the Netherlands. The congress was a tremendous success. Many thanks go to Ellen van der Schoot, Congress President, and her team for their hard work in pulling it all together. Preparations are now well advanced for the 24th Congress in Kuala Lumpur Malaysia that will take place in early December. I look forward to seeing as many as possible of you there.

The first international congress took place over 60 years ago. The history of regional congresses is much shorter with the first European congress taking place in Lugano Switzerland in 1989 and the first Asia-Pacific congress in Hong Kong two years later. Regional congresses were originally much smaller than those held in recent years. It is really only during this century that the current model of two large scale regional congresses in the year between international congresses has emerged. The International and European Regional congresses have continued to flourish. For some time however the Board has had concerns around the on-going viability of the second large regional congress. Attendance has been variable and significantly lower than at the European congresses. Industry support has been more difficult with many companies identifying problems with the cost and logistics of supporting two large congresses in one year. The number of bids has often been disappointingly low and indeed no financially viable bids were received for the 2015 event. Change is inevitable and Diana Teo led a small working group to identify possible ways forward. This issue was discussed in depth during the Board meeting in Amsterdam. ISBT is an international society and the Board was clear that we must maintain an active profile across the globe. A number of options were considered by the Board. In the end a decision was made to maintain a flexible approach with the possibility of running smaller non-european regional congresses or perhaps a number of larger Academy style events during the year. This approach will be trialled in 2015 and adapted as necessary to ensure a successful and durable outcome.

Moving forward the Academy will become an increasingly important aspect of the Society's work. The Standing Committee of the Academy will become the advisory committee to the revitalised ISBT Foundation. The Dutch tax authorities have confirmed that the ISBT Board can have a controlling role in the work of the Foundation. This will enable future surpluses to be transferred to the Foundation with a high level of confidence that the funds will be used in ways consistent with the Society's overall goals and objectives. Work is well advanced on the development of an Academy e-Portal. This will be formally launched at the 33rd International congress in Seoul in 2014. Webcasts from Cancun are already accessible through the e-Portal and additional content from Amsterdam will be progressively loaded onto the system over the next few months. Work is also well advanced on the development of a repository of guidelines, standards and regulatory documents. This will be accessible later this year. The e-learning strategy has commenced in earnest and will bring additional benefits to members as it is developed further over the next few years.

Peter Flanagan
ISBT President

Welcome to our new members

(May - Jul 2013)

Africa

- **ALGERIA:** Rachida Boumazouzi, Issam Frigaa
- **KENYA:** Regional Society of Blood Transfusion Kenya
- **SOUTH AFRICA:** Angela Alfonso

Americas

- **ARGENTINA:** Ricardo Mendillo
- **BRAZIL:** Larissa Barbosa Lopes, Dimas Tadeu Covas, Dante Langhi, Elyse Moritz, Ana Claudia Peron, Alexandre Szulman
- **CANADA:** Robert Fallis, Blair Johnston, Elisha Laprise
- **MEXICO:** José Arturo Mora Rodriguez
- **UNITED STATES:** Yeon Ahn, Patrick Aquilino, Jennifer Green, Dan Hafen, Louis Katz, Jeffrey Linnen, Lucinda Lojka

Eastern Mediterranean

- **LIBYA:** Nagi Gebriil Abdalla
- **UNITED ARAB EMIRATES:** Eiman Al Zaabi, Esther Madayag

Europe

- **BELGIUM:** Jan Ceulemans, Hanane El Kenz, David Faraoni, Philippe Gillet, Salim Jarjoura, Hugo van Heuverswyn
- **CROATIA:** Iva Lucija Burnac
- **FINLAND:** Martti Syrjälä
- **FRANCE:** Yves Charpak, Daniel Quagliarolo
- **GERMANY:** Andreas Kuhröber, Rolf-Reinhard Marell, Beatrice Mindykowski, Caren Vollmert
- **ISRAEL:** Tzadok Moshe
- **ITALY:** Francesco Annarumma, Mariateresa Bove, Eleonora Calori, Michele Cusmai, Mirella Marini, Luciana Teofili
- **MALTA:** Denise Borg-Aquilina
- **NETHERLANDS:** Ankie Koopman-VanGemert, Hans Soons, Lex Visser
- **POLAND:** Jolanta Antoniewicz-Papis
- **PORTUGAL:** Carla Monteiro
- **SLOVENIA:** Matjaz Urbajs
- **SPAIN:** Miguel Vesga
- **SWEDEN:** Emma Axelsson Antrad Medical AB

- **SWITZERLAND:** Andreas Buser, Markus Jutzi
- **UKRAINE:** Dmytro Ledin, Nataliia Pozhydaieva
- **UNITED KINGDOM:** Richard Gregg, Matthew Hazell, Gail Mifflin

South East Asia

- **INDIA:** Kabita Chatterjee, Nishant Saini, Abhinav Verma
- **INDONESIA:** Enny Enny, Nova Surya Indah Hippy

Western Pacific

- **AUSTRALIA:** Lee Yoong Loh
- **JAPAN:** Mikako Solomon, Minoko Takanashi
- **MALAYSIA:** Kyaw Soe Moe Naing
- **NEW ZEALAND:** Deepak Sadani
- **SINGAPORE:** Kian Ming Lam



Geoff Daniels

Summer in the northern hemisphere in an odd-numbered year means the ISBT European Regional Congress. This year's congress was in Amsterdam at the beginning of June and what an excellent Congress it was. Many thanks to Ellen van der Schoot, the Congress President, and her team. And the sun shone too! Following an opening ceremony featuring a human and canine representation of Rembrandt's masterpiece, the Night Watch, an icon for the city itself, delegates enjoyed an outstanding scientific and educational programme. This culminated in a plenary session on 'Great Science', which included a presentation by Nobel laureate Bruce Beutler on the importance of activation receptors in immunity.

ISBT members who were unable to get to the Amsterdam congress can still enjoy highlights of the scientific programme, including the presentation of Professor Beutler, by viewing the webinars in the Academy domain of the ISBT web site. A password will be required, but can easily be obtained by ISBT members.

In addition to the scientific, educational, and social programmes, and the commercial exhibition, many other activities take place immediately before and during an ISBT Congress. ISBT currently has 14 working parties, all of which are active, and many of those met in Amsterdam. In addition, there was a meeting of the International Scientific Advisory Committees, where chairs of the working parties can discuss the work their working parties are doing and plan to do in the future, plus the contributions they can make to future ISBT Congresses. Also taking place during the congress was the meeting of the Presidents of the National Societies, where representatives of transfusion societies from around the world discussed issues of importance to them and their members with each other and with the ISBT President.

The ISBT Board of Directors held two meetings immediately before the Congress. In their second meeting, the Board received four bids to host the 2016 International Congress and, following much discussion, selected Dubai in the United Arab Emirates. Congratulations, Dubai!

The Board supported a proposal by Sandy Nance to establish a Working Party for Immunohaematology as many important issues relating to this topic are not covered by other working parties. Sandy will organise an inaugural meeting at the International Congress in Seoul next year and the new Working Party will then be established. Look out for details in future e-news and December's Transfusion Today.

A very important annual event that took place during the Amsterdam congress was the General Assembly, where ISBT members have an opportunity to play their part in the governance of the Society. This year's assembly was attended by 77 members. Reports on the Society's activities over the last year were received and accepted, and a proposal from the Treasurer that membership fees should remain unchanged in 2013/14 was agreed. New drafts of the ISBT Statutes and By-laws, to replace their woefully out-of-date predecessors, were accepted almost unanimously. This is an important advance and means that the next year's elections for Board and Executive positions, including that of the President Elect, will take place under a much tighter set of rules. Preparing the new Statutes and By-laws has involved a great deal of work. Although the results may not be perfect, they are not set in stone and if any changes are required they can be made at a future General Assembly.

This article has been about events at the 23rd Regional Congress in Amsterdam in June. Now I urge you to attend the 24th Regional Congress to be held in Kuala Lumpur in December. The scientific and social programmes are almost complete and it looks like it is going to be another excellent Congress. I look forward to seeing many of you in Malaysia at the end of the year.

Geoff Daniels
Secretary General



Jan Willem Smeenk
Advisor Research Policy dept of Research Management and Policy
Sanquin Research

23rd Regional Congress Amsterdam, the Netherlands

Although this year's Amsterdam ISBT congress was a regional one, it was truly international with a total of 3306 people from all over the world who came to Amsterdam to enjoy the meeting. High levelled speakers presented their research, almost 800 posters from 67 countries were presented. The trade fair attracted a lot of visitors. Congress facilitator MCI - again - ensured the smooth running of the conference.

The ISBT congress app found its way to many smartphones and proved to be practical and easy to use. The use of social media was almost non-existent. A sign, maybe, that those working in blood transfusion are a sociable group of people who like talking to other people better than to a machine. And with that in mind, it bears no surprise that already on Sunday, the opening ceremony and welcome reception attracted a lot of delegates; and not only those who attended the ISBT Academy earlier that day.

With over 900 participants the congress party in the Amsterdam Maritime Museum was a great success. The energetic cover band made sure that all calories taken in at the buffet vanished into thin air by the end of the party.

The parallel sessions were organised in a number of tracks, offering topics from basic research to clinical studies and sharing of best blood bank practices. These tracks, Clinical Transfusion Medicine, Donor Health & Safety, Immunohaematology, New Cellular Therapies and Transfusion Technology and Quality, ensured that everyone could find sessions to his or her liking. The Scientific Committee succeeded in getting in speakers from neighbouring fields of science as well, introducing new knowledge, views and methods into the realm of transfusion medicine.

All tracks included educational sessions as well. Those new in blood transfusion medicine and blood banking could easily pick up the important issues and trendy topics by attending a series of educational sessions.

The plenary session on clinical studies in transfusion medicine was linked to the Lancet series on transfusion medicine, with speakers discussing current practice and the challenges for the future. Tim Goudnough discussed the use of blood, Simon Stanworth clinical trials on platelets, and Lorna Williamson talked about challenges in management of the blood supply:

Threads to blood safety and blood provision proved to be a stimulating plenary session with diverse topics: Ab Osterhaus gave an overview of threads, specifically viral, from the environment, Andy Greinacher focused on blood safety and provision, and Gustaf Edgren discussed threads from neurodegenerative diseases - like dementias - on the blood supply.

The final plenary session Great Science (hot topics & breaking news) on Wednesday morning was extremely well attended. Three eminent speakers - Nobel Prize laureate Bruce Beutler (Toll-like receptors), Polly Matzinger (the danger model), and Elisabeth Sphall (cord blood engraftment) - kept the audience captivated until the end.

With the handing over of the talking stick from the congress president Ellen van der Schoot back to the ISBT president Peter Flanagan, this wonderful congress ended. It will hopefully linger on in the memory of the delegates for a long time as a conference where they learned a lot, met old friends and made new ones.

Reflections from the Harold Gunson Fellowship Recipients

Salam Sawadogo

I was one of the eleven persons who received a Harold Gunson Fellowship. This grant created an opportunity for me to attend the 23rd Regional Congress in Amsterdam, the Netherlands.



It was a very interesting and informative congress. I found that the scientific programme was a great source for knowledge as I have learned more about various topics and current research in transfusion medicine. Some sessions allowed me to have solutions to many problems I face, such as ensuring safe blood transfusion of high prevalence of infectious diseases and blood products shortage.

Attending the congress not only gave me new insights in my working field which will reflect in my everyday practice in transfusion medicine. But it also gave me a chance to meet a lot of different colleagues from the transfusion working field. With some of them I even started collaborations in operational research and in sharing experiences.

I also had the opportunity to present a poster on "A two-tier situation in the blood transfusion system in Burkina Faso: It is urgent to ensure an equitable access to safe blood products for patients".

The presentation was an opportunity to discuss the situation of blood transfusion in my country and to share the experiences of other developing countries, mainly in Africa.

All in all attending the congress has been a great experience that will impact my practice and my career in transfusion medicine. It inspired me to continue and to reinforce the struggle to improve transfusion medicine in my country.

I will take this great experience and the lovely memories of Amsterdam and its friendly people back home.

Last but not least I would like to address my gratitude to the Board of the ISBT for this wonderful opportunity.

Xiaohong Cai

My name is Xiaohong Cai and I am a scientific researcher in Blood Group Reference Lab in China mainly focusing on ABO subgroup studies. This spring ISBT notified me that I was one of the lucky ones who received the Harold Gunson Fellowship grant.

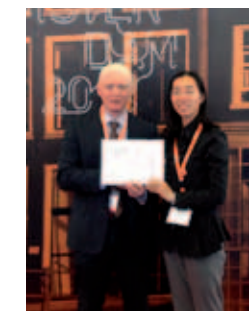
In total, eleven people from eight different countries received a fellowship grant to attend the 23rd Regional Congress of the ISBT, which was held in the beautiful city of Amsterdam, the Netherlands from June 2 to 5, 2013.

I feel that it is very important to participate in such a congress that shows the latest trends in the transfusion medicine field, the newest reagents, equipment and also to make new friends from other organisations and learn from them.

On Monday the Young Investigators Breakfast session took place at Strandzuid, which is situated next to the convention centre. I attended this session and had the unique chance to discuss my research work in an informal setting with Martin Olsson and Ellen van der Schoot, who are both experts in blood group variation studies. Another great advantage was the opportunity to meet other young colleagues who work in the transfusion medicine field from all over the world. I think that this session helped me to take my work to another level and to add new colleagues to my professional network.

The next day I presented my presentation on "Molecular genetic analysis of ABO blood group variations reveals 29 novel ABO subgroup alleles". I introduced current ABO subgroup study in Shanghai Blood Centre and shared our new findings in ABO variations especially promoter mutation with the audience, which also inspired me to do further research on it. Besides giving an introduction to the current ABO subgroup study in the Shanghai Blood Centre, I shared our new findings in ABO variations, such as promoter mutation.

It was the first time for me to attend such a big and high-levelled professional congress. I was very excited to see many well-known



and outstanding experts from all over the world and I enjoyed learning about the latest developments regarding advanced scientific discoveries and medical innovations. I feel that I have learned a lot and that I will use all my new experiences to improve my work. Attending the 23rd Regional Congress of the ISBT has been a great experience that I did not want to miss.



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*As compared to manual whole blood processing. Data on file at Terumo BCT.

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Unlocking the Potential of Blood



Ebele Uche

When I heard that I received a Harold Gunson Fellowship to attend the ISBT Regional Congress I was very excited.

The sessions I attended were very enlightening, educative but also provoking. I thought all speakers were very good. They all did a great job on the presentations and the interaction with the audience was fine as well.

The exhibition was very well organised. There were many companies with different products and services. During the exhibition days, companies had the opportunity to meet the professionals in the transfusion medicine world and actually talked to each other.

The congress was a fantastic experience. I met many colleagues from all over the world and could exchange thoughts and ideas. Amsterdam is a wonderful city with friendly people.

Noha Doudar

I attended the regional congress of the ISBT that was held in June in Amsterdam, the Netherlands.



The congress and exhibition were both a great experience. During the scientific programme I had the chance to learn a lot from the speakers and the discussions afterwards. 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 presented two posters "Stem cell implantation in treatment of peripheral vascular disease" and "Analysis of Maternal and Neonatal Factors that influence the Nucleated and CD34+ Cell Yield for Cord Blood Banking".

The poster presentations were a great experience as this was my first time.

All in all the complete experience was wonderful, the congress was perfectly organised, and the opening ceremony was lovely. Many thanks to the organisers for their effort and great job. My deep gratitude for the Board of Directors of the ISBT for giving me the opportunity to present my work in such a huge scientific event that was attended by approximately 3000 delegates.

Bernard Appiah

I am a young Ghanaian with many hats: a pharmacist, a science journalist, a science editor, a science communication researcher, and a public health doctoral student. I stumbled upon transfusion medicine when I wrote the story "Africa's road to blood ruin" for the Canadian Medical Association Journal in 2012. I interviewed Dr. Imelda Bates- professor of tropical haematology at Liverpool School of Tropical Medicine, and the principal investigator for T-REC, a project to strengthen blood transfusion research capacity in Africa- for the story. In part due to Prof Bates' immense help, I have now taken on another hat: a blood donation researcher! I have a special interest in using communication to promote blood donations in Africa.

So when I found out I was one of the persons who received a Harold Gunson Fellowship to attend the 23rd regional congress of the ISBT in Amsterdam in 2013, I couldn't wait for the chance to meet international experts. I have attended many conferences but this one seemed different. Firstly, the experience of meeting with mentors and younger researchers at a specific session made me feel at home, and facilitated networking with my peers. Secondly, the manner in which the different sub-themes of the conferences were organised made it relatively easy for me to follow my parallel track: donor recruitment. Thirdly, while making a poster presentation, many people came to my session and even encouraged me more.



Another experience was meeting experts whose scientific papers I have read as part of my doctoral dissertation: "Promoting blood donations in Sub-Saharan Africa: Role of Culture and Interventions." Indeed, networking with experts and learning more about donor recruitment strategies have broadened my horizons. I am grateful to the ISBT and my school, Texas A&M School of Rural Public Health, for helping me to attend the conference. I will forever wear my blood donation research hat!

Shweta Talati

It was a privilege and a good experience to attend the 23rd Regional Congress of the International Society of Blood Transfusion (ISBT) held at Amsterdam from June 2-5, 2013. At the same time, it was a great honour to receive prestigious Harold Gunson Fellowship.

As a hospital administrator, the exhibitions of latest technologies in transfusion medicine attracted my attention, which can aid to improve the process, reduce the errors and thereby enhance the productivity in any hospital.

I got an excellent opportunity to present my work as an oral presentation in one of the scientific sessions. The scientific and poster sessions were really informative and covered a wide spectrum of different aspects of transfusion medicine.



There was huge networking opportunity as I happened to interact with many eminent international experts from the field. I feel that participation of delegates from the developing nations would provide them with an enriching experience which would help them to improve their professional career. It was indeed a well organised congress meeting.

Kavinda Gunathillaka

I am happy the ISBT accepted my study for presentation at the 23rd Regional Congress of the ISBT in Amsterdam and am very grateful that the ISBT wanted to help me and other researchers from developing countries to attend the conference through the awarding of Harold Gunson fellowships.

The scientific conference was an illuminating experience. The level of scientific sophistication of the papers presented was very high and it was informative and inspirational to listen to the speakers who are at the cutting-edge of their respective fields. There were a number of very interesting research presented and I had the opportunity to network with several researchers with shared interests.

It must have been a gargantuan task to keep the numerous parallel session running smoothly and to cater to the varying needs of the participants, presenters and visitors, but the organisation was up to the task and excellent in every way. I was happy and gratified to be met by smiles in all my interactions with the organising team.

Amsterdam as a city was friendly, efficient and above all fascinating. I wandered for hours along the streets and canals and the city managed to surprise me with something new at every corner. I could have spent many more evenings seated at a street café watching the city in all its varied phases and the ubiquitous cyclists racing by, somehow managing to keep their composure as well as their seats.

All in all ISBT in Amsterdam was a wonderful experience, the memories of which I will cherish for long years to come.



Nyashadzaishe Mafirakureva

I started my PhD in September 2011, under the T-REC consortium and my thesis focus area is Health economics and safety of blood transfusion in Zimbabwe. Attending and participating in as many blood transfusion related conferences and meetings as possible, is paramount to the successful completion of my PhD. Such meetings will help me advance my transfusion research knowledge and skills, but most importantly, allows me to network with colleagues from other settings. They provide a platform for sharing information and exchanging of ideas and experiences. More importantly they present a foundation for collaboration between researchers and institutes.

The Harold Gunson Fellowship grant that by the International Society of Blood Transfusion (ISBT) to attend the 23rd Regional Congress of the ISBT in Amsterdam, the Netherlands, June 2-5, 2013, could not have come at a better time. This travel grant allowed me to attend thought provoking, high quality scientific seminars and presentations that were overall superbly organised. I also got to meet many interesting colleagues from all over the world, and learnt a lot about initiatives in blood transfusion research. The major highlight of my conference experience was my participation in The Young Investigators Breakfast session.

I had an opportunity to discuss my research work with expert mentors and peers from different countries whilst having breakfast. The sharing of experiences and challenges, both scientific and administrative, was quite rewarding. I attended the poster session in which I presented my own paper. The quality and diversity of the posters was quite remarkable. Some of the mind boggling sessions I attended include, but are not limited to, Blood supply management, the beautifully organised opening ceremony & welcome reception, Clinical studies in Transfusion Medicine, International developments in Transfusion Management and the Harold Gunson Fellowship – certificate presentation by the President of ISBT.

I would like to express my sincere gratitude to ISBT for awarding me with this enriching experience.

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Awards and Prize opportunities 2014

All members should be aware of two prestigious awards and one prize which will be granted at the 33rd International congress of the ISBT in Seoul, June 2014.

The two awards are the ISBT Presidential Award and the ISBT Developing Country Award and the prize is the Jean Julliard Prize for scientist under 40 years of age. Details of each and the procedure for applying are given below.

Presidential Award

All ISBT members are invited to propose candidates for the ISBT Presidential Award which will be granted in 2014 at the 33rd Regional Congress of the ISBT in Seoul, South Korea.

The Foundation Transfusion Medicine grants this Award to a senior person who has made eminent contributions to transfusion medicine or a related field through original basic or applied research, the practice of transfusion therapy or through significant educational and/or service contribution to the field. A short curriculum vitae of the proposed candidate and a description of his/her contribution in transfusion medicine, accompanied with three signatures of ISBT members, who support the nomination, should be sent to the Secretary General of the Foundation. **The deadline for proposing candidates is October 15th, 2013.**

H.W. Reesink
Secretary General Foundation Transfusion Medicine
Amsterdam, the Netherlands
Email: h.w.reesink@amc.nl

ISBT Award for Developing Countries 2014

ISBT is seeking applications for the Award for Developing Countries 2014. Applications are sought from a Blood Service/Centre from a developing country that has made a significant contribution in strengthening Blood Transfusion Practice within the country OR an individual from a developing country who has made a significant contribution in strengthening Blood Transfusion Practice within the country.

Applications are only open to Blood Services/Centres from developing countries or individuals resident in developing countries who work for a Blood Service in the developing country. Qualifying developing countries will be those that have a Medium Human Development Index (HDI) or

Low HDI. The World Bank will be used as the reference to determine qualifying countries.

The Award will be in the form of sponsorship to attend the 33rd International Congress of the ISBT in Seoul, 2014, organise an education symposium and/or potential short scholarship to visit a centre of excellence. The Award winner will be presented with a certificate at the Opening Ceremony of the 33rd International Congress.

The Award regulations, procedure for applying and application form can be found on the ISBT website.

The closing date for applications is Sunday January 5, 2014

Jean Julliard Prize 2014

Applications are invited for the 22nd Jean Julliard Prize, which was established by the International Society of Blood Transfusion in memory of the first Secretary-General. The Prize will be awarded during the 33rd International Congress of the ISBT in Seoul, Korea, May 31 – June 5, 2014.

The Prize is open to members and non-members of the Society under the age of 40 for a submission of recently completed scientific work on blood transfusion or related subjects. In general, the Prize will be awarded to one individual or, in special cases, the Prize may be shared.

Candidates should forward a copy of their submission to the ISBT Office (office@isbtweb.org) with Jean Julliard Prize as the subject heading. Regulations for the format of submissions is provided on the ISBT website or can be obtained from the ISBT Office. **The closing date for submission is Sunday January 5, 2014.**

The Prize of US\$ 5.000 will be awarded during the Congress. The successful candidate will be required to give a presentation on their submission during the Seoul Congress.

ISBT KUALA LUMPUR 2013

December 1 - 4, 2013
www.isbtweb.org/malaysia

Where? - Kuala Lumpur Convention Centre (KLCC). A modern convention centre in the heart of Kuala Lumpur

Why attend? - It gives you the opportunity to meet with people from around the Asia Pacific region who are working in the field of Transfusion Medicine and share experiences with them

Who will be there? - Around 1000 delegates including the ISBT President and Board members, speakers, CEO's of blood services, clinicians, research scientists, technologists, donor service managers, representatives from industry and others.

What's the programme? - An education day on Sunday December 1, with a choice of two parallel sessions for each time slot. A scientific programme packed with information on all aspects of transfusion medicine and including parallel and plenary sessions. An industry exhibition where more than 40 companies will exhibit their products and technologies. A social programme which includes the opening ceremony, welcome reception and closing congress party.

How do I register? - Go to www.isbtweb.org/malaysia
Early registration fee closes October 6, 2013

Scientific programme

Time	Sunday	Monday	Tuesday	Wednesday																											
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Conference Report of the cell-free DNA Meeting in Copenhagen



Frederik Banch Clausen
Conference President

The International Meeting on Cell-free DNA with a special focus on Fetal RhD Genotyping was held in Copenhagen, Denmark from June 20-21. The scientific topics were clinical applications of cell-free DNA, especially non-invasive applications of cell-free fetal DNA

The main topic of the first day was fetal RhD genotyping, whereas a broader selection of topics was presented on the second day. The objective was to give a status on clinical applications of cell-free DNA within the fields of Clinical Immunology, Fetal Medicine, Obstetrics, and Clinical Genetics, with special attention to cell-free fetal DNA. There were 18 presentations from 16 different speakers, and 9 presentations were on the subject of fetal RhD genotyping. In addition, there were around 20 posters from the attendees. One poster was selected by a poster committee to win the poster prize. Besides that, three young scientists received a travel grant for the meeting. The meeting was well-attended with a total of 190 people from 29 different countries.

In the introductory session, the clinical background was presented by Dr. Morten Hanefeld Dziegiel, and Dr. Geoff Daniels gave an overview of the Rh blood group system. Prof. Tobias J Legler then described the biology and application of cell-free fetal DNA for antenatal fetal blood grouping. In the next sessions, experiences with routine fetal RhD genotyping were presented from Denmark, the Netherlands, Sweden, England, and France. After that, there was a presentation of fetal RhD genotyping from immunised women and a presentation of prenatal fetal Kell genotyping using next generation sequencing (NGS). At the end of the first day, Prof. KC Allen Chan gave a special topic talk on cell-free DNA as a marker for cancer.

On the second day, Prof. Lyn Chitty and Prof. Diana Bianchi gave talks on non-invasive prenatal

testing and diagnosis of single gene disorders and chromosome abnormalities, such as test for trisomy 21 using NGS. That was followed by a session on pre-eclampsia and preterm birth. Prof. KC Allen Chan then described the method for non-invasive full genomic fetal profiling. A more biological session followed with news of how cell-free DNA might interact with cells and immunological pathways. Lastly, Clive Brown from Oxford Nanopore Technologies explained the principles and future applications of nanopore-based sequencing.

In addition to the support from ISBT, the meeting was supported by The Danish Societies of Clinical Immunology, Fetal Medicine, Medical Genetics, and The Danish Society of Reproduction and Fetal Development. The main sponsors were Illumina, Roche, Streck, and Qiagen.

There was a great atmosphere at the meeting. The programme had several breaks that allowed for lively discussions among the participants. There was a highly positive feedback from the attendees regarding both the programme contents and the overall arrangement.

We certainly hope there was a good exchange of knowledge, as well as an educational effect of the meeting.

Please visit the website, www.cfDNA2013.eu, for further information, a photo gallery, and speakers' presentations.

14th conference

"New in Transfusion Medicine: Regulations and Technology"



Sergey Sidorov
Executive Director of the Russian
Transfusionists Association

The 14th conference on "New in Transfusion Medicine: Regulations and Technology" was held at the Russian Pirogov National Medical and Surgical Center. The conference was attended by over 100 professionals from Germany, Russia, UK, Ukraine and USA.

Conference participants were very pleased to listen to lecturers of two world renowned transfusion speakers during the ISBT Academy day.

One of the highlights during the conference was the seminar by Louis Katz who is the Vice-President of the American Blood Centers. This organisation unites 68 independent blood centres collecting 50% of blood donors the U.S. and Quebec.

Martin Gorham, owner of DGP company, talked on implementation of blood stock management systems in the UK. Giving priority to clinical efficiency, an important goal of the modernisation of the blood service is to save public funds, their redistribution to other health sector.

During the conference, specific cases of HIV infected blood (two cases in 2010, two cases in 2011 and one case in 2012) were discussed. In Russia,

cases of HIV infected blood are increasing due to heterosexual transmission of HIV among middle aged people. According to the Federal Center for Prevention and Control of AIDS, Natalia Ladnaya reported that at the end of 2012, the HIV prevalence among residents of Russia was 0.8% among 15 to 49 years. The discussion led to an accepted proposal to publish information among blood centres and hospitals to prevent further infections.

Results of TOPPS (Trial of Prophylactic Platelets Study) were promptly discussed. The study showed that no prophylaxis strategy in adults with hematologic malignancies increases rate and length of grade 2-4 bleeding than a prophylactic policy that getting the transfusion when platelet count was $< 109/L$.

According to Eugene Zhiburt the same prophylaxis strategy is provided by the guidelines of platelet transfusion of Pirogov Center and the Russian Transfusionists Association.

The 15th Conference "Standards and individual approaches in clinical transfusion medicine" will be held in the Pirogov Center on 11th-13th of December 2013.





Jim Perkins
Director,
Indian Immunohematology Initiative



Susan Johnson

An ISBT Funded Immunohematology Workshop in New Delhi

A haematologist friend from Indore, India once said to one of us, “Those fellows with thalassemia, when they start making antibodies, they just sort of disappear.” Pre-transfusion antibody detection tests (‘screens’) are not routinely performed by most blood banks across India. When antibodies are detected in the screen, or more commonly in a cross match, antibody identification is unavailable to most Indian patients. Even if the antibodies can be identified, there are few registries of antigen typed donors from which to draw compatible RBCs.

The Indian Immunohematology Initiative (III) is a small organisation of American blood bankers (other regular faculty include Janis Hamilton from American Red Cross-Detroit Region and Martha Rae Combs from Duke University) working with our Indian colleagues to address these issues. The ISBT funded the most recent III workshop conducted at Lions Blood Bank in New Delhi. This event was the culmination of lessons learned since our first workshop in Ahmedabad in 2006. For 5 days, 15 participants, half physicians and half technologists, performed testing beginning with preparation of a 3 to 5% RBC suspension and reading tube agglutination. They then solved four alloantibody identification problems of graded difficulty starting with a simple single antibody and culminating in a multiple antibody problem requiring use of selected cells and special techniques. Finally, the participants evaluated a patient with a warm-reactive autoantibody including performing a Direct Antiglobulin Test (DAT), an elution, and an auto adsorption. Testing

was performed in test tubes rather than with one of the automated or semi-automated test platforms because these are beyond the budget of many participants, and because even when such instrumentation is available, complete solution of complex problems such as serum autoantibodies will eventually require testing in tubes.

On the Saturday after the 5 day “wet” workshop a seminar on immunohaematology was held with both the faculty and local participants presenting and discussing patient cases. The seminar was open to all local blood bankers and attracted approximately 50 participants. Our teaching is augmented by our website, www.indianinitiative.org, on which participants can preview videos of the tests performed in the workshops and can work on additional case problems

The serofuges and other equipment used in the April workshop constitute one of two such caches we have accumulated over the past 7



Sue reading with Tara

years, the other of which is at the Rotary blood bank in Bangalore. The plan is to conduct one workshop a year at each site under the banners of the South Asian Association for Transfusion Medicine (SAATM), of the III, and of these two blood banks. The latter organisations will be able to use the equipment for wet workshops they develop to deliver on their own. Involvement of SAATM helps us attract students from other South Asian countries.

The non-profit status of the III in the United States is made possible through our involvement with the Center for International Health (CIH) in Milwaukee Wisconsin which receives and manages donations and grants such as that from the ISBT. The mission of CIH “...is to improve global health

through global health partnerships that offer training, consultation, and technical assistance...,” so it aligns perfectly with the mission of the III. However, the funding must come from elsewhere, and for that we are grateful to the ISBT. We also benefit from donations of materiel, and all of the reagents for our wet workshops have been generously provided by Immucor, Inc. Although our workshops have received outstanding evaluations from the participants, the real measure of success is change. We do see improvement in immunohematology practice in India through the abstracts and papers being presented at local meetings and through the conversations that are occurring with our Indian colleagues.

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VIII Congress of the Ibero American Cooperative Group on Transfusion Medicine (GCIAMT) & the I National Congress of the Hemotherapy Association of Guatemala

The VIII Congress of the Ibero-American Cooperative Group on Transfusion Medicine & the I National Congress of the Guatemalan Hemotherapy Association was held from April 24-26, 2013 at the Hotel Museum Casa Santo Domingo in Antigua, Guatemala.

350 participants of the congress attended sessions where both national and international qualified speakers spoke. Dr. Celso Bianco, President-Elect of the International Society of Blood Transfusion (ISBT) was in charge of the inaugural lecture which was about Inactivation of Pathogens: The Ultimate Paradigm. During the General Assembly, Dr. Graciela León was elected as President for the years 2013-2015.

During the ISBT Educational Day Drs. Graciela León, Ana Lucia Cabezas and Gloria Barco gave a workshop for technical staff about the following topics: the Importance of Compatibility Testing, Donor Loyalty and Quality Management in Blood Banks.

During the GCIAMT book launch of "Applications and Practices in Transfusion Medicine" which is written by 102 authors from all Ibero-America and edited by Dr. Armando Cortés, 19 copies of the book have been donated to the National Blood Program of Latin America which was enabled by the Global Blood Fund.

The academic activities of the congress were of great quality and were very useful for all professional and technical staff in Transfusion Medicine in Latin America, especially in Guatemala who had the presence of almost all professionals working in services nation's blood.



SOUTHERN AMERICAS

Symposium on Transfusion & Transplantation



Senath Jayasekara
Senior Consultant Transfusion Physician, National Blood Transfusion Service - Sri Lanka



Dr. Mickey Koh addressing the audience

When the National Blood Transfusion Service (NBTS) of Sri Lanka won the first-ever ISBT award for Transfusion Services in Developing Countries in 2012, the award included a sponsorship for an educational symposium within the country. The event, held on 23rd March 2013, was jointly organised by the NBTS and the Sri Lanka College of Transfusion Physicians. Considering the ongoing developments within the service and the national need, "Transfusion & Transplantation" was chosen as the theme for the symposium.

The symposium, comprising of four main sessions and a pre-lunch forum, was held at the National Blood Centre, Sri Lanka. Overseas faculty for the symposium included Dr. Mickey Koh (Director of Stem Cell Transplants and Consultant Hematologist, St. Georges Hospital, UK and Chairperson of the

ISBT working party on Cellular Therapies), Prof. Dolly Daniel (Department of Transfusion Medicine & Immunohematology, Christian Medical College, Vellore, India) and Dr. Robert Webster (Consultant Hematologist, NHSBT Sheffield, UK). Local faculty included Consultant Transfusion Physicians from NBTS as well as Transplant Surgeons, Anesthetists and members of other specialties. The symposium, held free of charge, was well attended, with a large number of postgraduate trainees and other participants coming from various parts of the country.

In his welcome address, Dr. Senarath Jayasekara, the President of the Sri Lanka College of Transfusion Physicians, appreciated the dedication of staff members - both past and present - which paved the way to the ISBT award. Dr. Anil Dissanayake, the Director of NBTS, outlined the main contributing factors behind the rapid progress of NBTS in the recent years. Secretary of the College, Dr. Lakmali Morawaka thanked all those who helped to make the event a success.

The first session on HLA and Cellular Therapy opened with an informative presentation by Dr. Mickey Koh on "Recent Developments & Role of Transfusion Medicine in Cellular Therapy" which was followed by a presentation on "HLA in Solid Organ Transplantation" by Prof. Dolly Daniel. The second session, on renal transplantation, started with a presentation on "Immunological aspects of allograft rejection" followed by an eye-opening presentation by Dr. Charitha Perera; a Transplant & Vascular Surgeon, on deceased-donor renal transplantation and ethical issues in renal transplantation.

Morning sessions ended with a pre-lunch forum on "Unexpected problems in immunohematology" conducted by Dr. Robert Webster, who was also the overseas examiner for the recently concluded



MD (Transfusion Medicine) examination. The forum, together with case scenarios presented by Dr. Webster, was highly appreciated by the postgraduate trainees in the audience.

The first post-lunch session, which was on liver transplantation, opened with a presentation by Dr. Chandika Liyanage, a Consultant Hepatobiliary & Gastrointestinal Surgeon on "Liver Transplantation – the Sri Lankan experience" followed by a presentation on "Pre-operative care in Liver Transplantation" by Dr Bhagya Gunathilaka, a Consultant Anesthetist. The session concluded with a presentation on "Transfusion Support in Liver Transplantation" by Dr. N Jeganathan, a Consultant Transfusion Physician attached to the National Hospital of Sri Lanka.

In the final session on stem cell transplantation, Prof. Dolly Daniel discussed in detail how to optimize matching in Stem Cell Transplantation. This was followed by a presentation on "Critical Control Points in Stem Cell Transplantation" by Dr. Mickey Koh. In the final presentation of the symposium, Dr. Gamini Sooriyaarachchi, the Medical Director of Alegent

Bergan Mercy Cancer Centre - USA, discussed in detail about setting-up of a stem cell transplantation program in Sri Lanka.

The activities concluded with a farewell dinner for speakers at a restaurant where staff members attired in traditional costumes cooked and served authentic Sri Lankan cuisine.



Dr. Lakmali Morawaka presenting a Certificate of Appreciation to Prof. Dolly Daniel



Hasan Abbas Zaheer
Project Director Safe Blood
Transfusion Programme

Immunohaematology Training Workshop by Pakistan Society of Blood Transfusion and South Asian Association of Transfusion Medicine



The Pakistan Society of Blood Transfusion (PSBT) organised a 1-day Training Workshop on 'Immunohaematology' in collaboration with the South Asian Association of Transfusion Medicine (SAATM). The workshop was held at the Pakistan Institute of Medical Sciences (PIMS), Islamabad on June 29, 2013 and was attended by laboratory technicians and technologists from eight public and private hospital blood banks of Islamabad. Other participants included biosciences students (biotechnology, biochemistry, and microbiology) from four universities in Islamabad.

Prof. Hasan Abbas Zaheer, President, PSBT, gave a brief overview of the future plans of the Society, objectives of the workshop and its collaboration with SAATM. The workshop was facilitated by Mr. Usman Waheed and Mr. Asim Ansari, Technical Experts of the PSBT. The lectures were designed to test and enhance the capacity of Blood Bank personnel and included theory and laboratory techniques concerning immunohematology. Also

included in the programme was an interactive session which provided an opportunity for the participants to discuss various technical issues with the facilitators. During the practical sessions, all the participants were given an opportunity to perform the procedures hands-on and gain practical experience.

In order to assess the knowledge base of all laboratory staff and university students, a pre-training questionnaire about the immunohaematological aspects was used, which provided an indication of the initial level of competency of the trainees. At the end of the training, the same questionnaire was used to evaluate the impact of the training. Significant difference was found between the pre- and post-training assessment. The participants scored above 73% on an average in the post-course assessment compared to 44% in the pre-course assessment. Similar wet workshops on various aspects of transfusion medicine are also planned for the future.

2013

September 24 - 27

46th Annual Meeting of the
German Society for Transfusion
Medicine and Immuno-Haematology
Münster, Germany
<http://www.dgti-kongress.de/>

October 12 - 15

AABB Annual Meeting
Denver, CO, USA
www.aabb.org

November 7 - 10

Associação Brasileira de
Hematologia, Hemoterapia
e Terapia Celular (ABHH)
Brasilia, Brazil
www.hemo.org.br

October 3 - 5

9th annual conference of South
Asian Association of Transfusion
Medicine
Delhi, India
<http://www.saatom.org/>

October 20 - 23

HAA 2013
Delhi, India
Gold Coast Convention & Exhibition
Centre, Broadbeach, Qld, Australia
<http://www.fcconventions.com.au/HAA2013/>

November 28

Expert meeting: Severe bleeding
from basics to practice
Brussels, Belgium

October 8 - 9

Workshop on Alternative
Technologies to Radioactive Sources
Brussels, Belgium
Contact: Mr. Jadallah Hammal
jadallah.hammal@wins.org

October 20 - 23

TIF International Thalassaemia
Conference
Abu Dhabi National Exhibition
Centre, UAE
www.thalassaemia.org.cy/conferences/

December 1 - 4

24th Regional Congress of the
ISBT Kuala Lumpur, Malaysia
www.isbtweb.org/malaysia



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