A Quarterly ASFA Member's Newsletter

March 2013

ASFA NEWS/UPDATES

Read below to learn about some of the recent improvements on the ASFA website and other current news within the society.

Discussion Forum

The ASFA Discussion Forum is a fantastic way to connect with other apheresis professionals. It provides all ASFA members with a knowledge base to ask questions regarding apheresis or to help others by responding to questions posted in the forum.

To check out the new and improved Discussion Forum — click here. To view the how-to document on how to use and access the forum — click here.

Apheresis Journal Club

Complimentary Membership Benefit

The American Society for Apheresis is excited to offer a new benefit for members, the Apheresis Journal Club (AJC). The AJC will be an opportunity for members to connect, discuss, and exchange ideas from current literature on apheresis topics. The sessions will utilize an interactive online format. Manuscripts for discussion will be selected from the Journal of Clinical Apheresis, the official publication of ASFA, and other leading journals. The first session was held in October with great success. Journal Clubs are held quarterly at 12PM ET, the schedule is as follows:

• April 19, 2013 at 12:00PM ET
• July 19, 2013 at 12:00PM ET

To register for the April Journal Club, please click here.

This activity is a joint effort on part of the Education and the Apheresis Physician Committee.

Update your Account Information!

Help ASFA keep your records current by regularly signing in to your account and reviewing your information. We encourage you to update your membership profile frequently. This will allow ASFA to deliver information to you in a timely manner, and allow to you to maintain the continuity of your membership benefits, such as delivery of the Journal of Clinical Apheresis.

Now it is easier than ever, click here to sign in and then on the right-hand side, click “Manage Profile,” then select the “Edit Bio” icon.
Upcoming Meetings

ASFA 34TH ANNUAL MEETING – MAY 2013

The ASFA Annual Meeting is the only one of its kind that offers a focus on apheresis medicine in both the donor and patient settings. It is a key educational and networking event for physicians, scientists, and allied health professionals in the field of apheresis. ASFA, officially formed in 1981, has been proud host to 33 highly successful scientific conferences.

DATE: MAY 22-25, 2013
PLACE: SHERATON DOWNTOWN – DENVER, COLORADO

Click here to take advantage of early bird registration (closes April 22, 2013).

Don’t forget to also register for Breakfast with the Experts, seats fill up fast!

• Click here to register for May 24, 2013 Session
• Click here to register for the May 25, 2013 Session

The ASFA 2013 preliminary program is now available; to view the full program click here.

ASFA 35TH ANNUAL MEETING – DATE AND LOCATION ANNOUNCED!

ASFA will be collaborating with the World Apheresis Association (WAA) to provide our members with an international educational and networking forum for professionals in the field of apheresis medicine. The ASFA & WAA Joint Conference will be held in San Francisco, California at the Hyatt Regency from April 2-5, 2014.

Please check the ASFA website regularly for more details on Future Meetings.
The ASFA Annual Meeting is fast approaching. The annual meeting offers educational sessions and networking opportunities for physicians, scientists, and allied health professionals in donor and therapeutic apheresis specialties. The annual meeting will be held this year at the Sheraton Downtown Denver Hotel May 22 through May 25, 2013. Don’t miss out on this once a year opportunity! From the opening reception on Wednesday evening until Saturday morning’s session, you will be mingling with first-time attendees as well as veteran apheresis practitioners. This unique network opportunity will help you learn and share your skills with people from all over the country and the world. Besides colleagues from all regions of the United States, there will be experts from other continents such as Europe and Asia.

Wednesday is packed with educational events, some of which require pre-registration. If you are interested, register early to guarantee your slot. Some of the options are the annual Apheresis Review Session, Graduate Medical Education Forum, and Corporate Symposia. In addition, there will be a full day FACT Cellular Therapy Collection Workshop for FACT inspectors. The Welcome Reception is free and open to all registrants. You can network with other apheresis professionals, including vendors in their booths.

Thursday starts off with the Networking Breakfast which gives participants another opportunity to meet friends and new acquaintances and share best practices. The Opening Combined Symposium: The Intersection of Donor and Therapeutic Apheresis will include talks on the use of collected and modified cells in medical therapy. These talks are among the highlights of the meeting and bring national experts from all over the country. In the early afternoon, the Francis S. Morrison, MD Memorial Lecture will be given by Dobri Kiprov, MD, who will discuss the future of therapeutic plasma exchange. Thursday will also include the Plenary Abstract Session where the best abstracts among the more than 120 submissions will be presented. Concurrently, educational sessions on Donor and Therapeutic Apheresis will be another option.

The very popular Breakfast with the Experts sessions will be held early Friday and Saturday mornings. These sessions are facilitated by experts and allow participants to share practices with one another. Make sure you make a selection of which table you would like to join, and reserve a seat for yourself as soon as possible!

The Friday agenda is diverse, with educational sessions on the topics of donor apheresis, therapeutic apheresis, cellular therapy, and apheresis reimbursement. In addition, the Scientific Symposium will have presentations on immune therapy and photopheresis, and the breakout abstract sessions will highlight interesting donor and therapeutic apheresis topics.

The meeting will end on Saturday at noon. However, the half-day program is sure to be both informative and useful to attendees, in terms of pediatric apheresis and staff management. As a glimpse to the future, The Closing Combined Symposium presentations will discuss innovations and advances in therapeutic apheresis. Don’t miss it!

Make your plans now to attend the 2013 ASFA Annual Meeting in Denver. Visit the ASFA website www.apheresis.org for additional information and to view the preliminary program. Hope to see you in Denver!

**ASK AN APHERESIS EXPERT**

**Sergio Torloni, MD**

**Apheresis in parallel with other procedures**

Plasmapheresis or cyto reduction during other extracorporeal procedures has previously been described and has a good safety record. The most common request for concomitant plasmapheresis is during extracorporeal cardiac bypass during heart transplant followed by cyto reductions during dialysis and rarely during ECMO. In the second case, extracorporal volume needs to be carefully monitored to avoid hypovolemia. Whenever possible each procedure [dialysis, leukoreduction, or plasmapheresis] should be done consecutively not concomitantly.

**Plasmapheresis during cardiac bypass**

The most common reason is to decrease anti-HLA antibodies to avoid hyperacute rejection in a patient who has high PRA. Performing
plasmapheresis in parallel with the bypass pump is extremely simple. Both collect and return lines are handed over to the perfusionist. These are connected to a large tank, part of the oxygenator circuit on the bypass machine. The tank holds a large quantity of blood. Thirty to fifty thousand units of heparin are commonly used for bypass and ACT is monitored; therefore anticoagulation is not necessary. Our practice has been to use a small bag of saline in place of anticoagulant and run this at a very slow rate. The exchange is therefore being done to a reservoir of blood, rather than directly to the patient. The patient is monitored by anesthesia, anticoagulation and electrolytes are managed by perfusionists. One and a half plasma volume is routinely exchanged. This can easily be accomplished, running at inlet speeds of 150ml/minute. The collected plasma is usually pink due to hemolysis caused by the large roller pumps in the bypass machine. Surgeons are frequently surprised to see hemolytic plasma since they do not routinely see the patient’s plasma during the procedure. The majority of cardiac bypass patients have hematuria, which reflects the above described hemolysis in plasma.

Replacement fluid needs to be previously agreed upon with the surgical team. Replacing with 5% human albumin is most common. Adding a few units of FFP towards the end of the process is not uncommon. Nevertheless, using large amounts of FFP will significantly affect anticoagulation during bypass and will require additional anticoagulation.

**Plasmapheresis during dialysis**

Apheresis during dialysis has few advantages and is mostly done for the patient’s convenience. A patient who requires dialysis and apheresis spends most of the day in the hospital or treatment center. When done concomitantly, both instruments are used in parallel. Ideally two separate accesses should be obtained and routine anticoagulation should be used for apheresis. One must be very cautious about extracorporeal volume, since both instruments are being used. This may be a limiting step when performing apheresis and dialysis in parallel.

**Dialysis during Leukoreduction**

This is usually performed in a symptomatic patient with life threatening WBC counts. Almost invariably, leukoreduction is already ongoing and dialysis is required because of renal insufficiency/impending renal failure and “cannot wait”. In this case, each operator connects to the patient independently. Separate access and returns for each instrument are required. extracorporeal volume needs to be carefully monitored, especially in pediatric patients in order to avoid hypovolemia.

**Plasmapheresis/photopheresis during ECMO**

On rare occasions in our center we have had to perform plasmapheresis/photopheresis on a patient on extracorporeal membrane oxygenation. The procedure is similar to the one described during cardiac bypass. This time we are dealing with very high flow rates (4000-6000ml/min) and therefore one needs to be able to connect at a low pressure area of the circuit in order to avoid air embolism. The ECMO is throttled back when apheresis starts and gradually increased, although there are air traps in the circuit, one must be extremely alert to air bubbles in the circuit. In patients who have been on ECMO more than 48 hours, it is not uncommon to have a thin membrane coating the large lines. Connecting to ports on the side of these lines, may result in “peeling” that membrane that will be flushed downstream. Again, in my opinion, this is a procedure during which the medical director of apheresis should be present at least at the time of connection and start of the procedure and be available at all times (physically in the building).

**Conclusion:**

In my experience, parallel extracorporeal procedures should be avoided when possible. In select cases when this can be done safely, it is my opinion that a medical director overseeing the apheresis procedures should be present.

For a presentation on tandem extracorporal procedures please click this link.

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**ASFA COMMITTEE UPDATES**

**ASFA Allied Health Committee Update**

The Allied Health Committee is responsible for providing representation and recognition for allied health professionals and for promoting a forum for education, consultation and scientific exchange for allied health professionals.

The Committee focuses its energy on developing an exceptional and
expanded educational program for the Annual Meeting each year. The committee is responsible for selecting topics and presenters for the education sessions, the apheresis review session, the networking breakfast, and breakfast with the experts. These topics and speakers are determined through feedback provided on the conference evaluations from meeting attendees each year.

A subcommittee of the Allied Health Committee is working on the revision of the ASFA Principles of Apheresis Technology text book for 2014 [5th Edition]. This revision is geared toward professionals in the field of apheresis and will focus on evidence based practice to keep in line with scientific progress. With this edition the committee will also work towards fostering a more global approach and include some of the standards our European colleges have implemented.

We would like to extend an invitation to all allied health members interested in joining our committee to communicate your thoughts and ideas on how to improve the program each year. We are committed to building a network of professionals who can share their extensive knowledge in the field of Apheresis with other members and provide an insight into the advances and innovations that are available. The membership is appointed for 3 years for a maximum of 2 terms. We strongly encourage attendance of at least 50% of the calls and a face to face meeting at the annual society meeting. This is a great opportunity to influence the program and share your expertise.

ASFA Clinical Applications Committee Update

The Clinical Applications committee has had a productive year with several noteworthy accomplishments and a host of ongoing projects. The Pediatric Subcommittee, chaired by Dr. Haewon Kim, has completed a broad survey of pediatric apheresis programs. A manuscript summarizing the results has been submitted to the Journal of Clinical Apheresis: "An International Survey of Pediatric Apheresis Practice". Authors include Meghan Delaney, Kelley E. Capocelli, Anne F. Eder, Jennifer Schneiderman, Joseph Schwartz, Steven R. Sloan, Edward C.C. Wong, and Haewon C. Kim.

The HPC Donor Subcommittee, chaired by Dr. Yara Park, has several ongoing projects related to HPC collection issues. The committee is currently completing an HPC access survey, with collaboration from the AABB Clinical Practice and Collection subgroup.

The Coagulation Subcommittee, chaired by Dr. Nicole Zantek, has identified a comprehensive list of practice questions related to anticoagulation and monitoring in complex apheresis patients. The group is currently working on a survey using a case-based design for distribution in the near future.

The Research Subcommittee continues to work on identifying and disseminating grant and research opportunities for apheresis-related research (see previous newsletter). New initiatives include updating the membership regarding recently published research relevant to the area of apheresis. In addition, the committee is exploring the possibility of offering a focused workshop in research and grant writing at the 2014 ASFA meeting.

After 2 years of significant labor and effort, the Rare Donor Subcommittee is pleased to announce the first installment of an online registry to collect clinical data on rare indications for apheresis. At this time, the registry is available for Wilson’s disease and optic neuritis, with other diseases in the pipeline for the future. The registry is actively seeking participants for the registry. Participation does require institutional IRB approval by individual sites and sample IRB applications are available to assist applicants. We encourage the ASFA institutional members to please consider joining the Rare Donor Registry. For further information, contact the committee chairs, Dr. Yan Wu and Dr. Ed Wong, for information.

ASFA International Affairs Committee Update

The charge for the ASFA International Affairs Committee (YanYun Wu, Zbigniew M. Szczepiorkowski, Christine Fernandez-Roig, Leonor Fernando, Ravindra Sarode, Volker Witt, W. Martin Smid, Hans Vrieling, Araci Sakashita, Andrea Frenk, Patricia Golden, Ayad Hamden, Lowell Tilzer, R.R. Sharma, Ellyn Alcantara, Mohamed Alsammak, Deborah Rund, Karie Mudie, Jurgen Zingsem, David Rosenfeld, Sixten Koerper, Feliz Altuntas, Miguel Lozano, Eve Labar, Walter Nussbaumer) includes promoting and maintaining interactions and relationships with international organizations interested in apheresis. The committee is actively exploring ways to interact with international organizations as well as regional/local apheresis facilities to promote apheresis training, certification, as well as evidence based practice. In addition, the committee is trying to promote interaction and information exchange among international ASFA members. The committee is in the process of launching an international survey with a focus on capturing differences in apheresis practice among various countries such as professional license requirements, training pathway, training
certification, and reimbursement and research funding availability. The goal is to prepare whitepaper for current status in apheresis reimbursement, certification requirements, and benchmarking.

In your own country or region, if there are any education or practice needs that ASFA can help with, please contact the committee by email: yan.wu@yale.edu.

Upcoming International conferences related to apheresis:
2. ISFA (International Society for Apheresis): 9th Congress: May 9-12, 2013, Hangzhou, P. R. China
3. ISBT (The International Society of Blood Transfusion):
   a. 23rd Regional Congress of the ISBT – June 2-5, 2013, Amsterdam, Netherlands
   b. 24th Regional Congress of the ISBT – Dec 1-4, 2013, Kuala Lumpur, Malaysia
   c. 33nd International Congress of the ISBT – June 1-5, 2014, Seoul, South Korea
4. ISCT (International Society for Cellular Therapy): 19th Annual ISCT Meeting – April 22-25, 2013, Auckland, New Zealand

ASFA RESEARCH CORNER

Edward Wong, MD – Children’s National Medical Center

ASFA Disease Registry: The Beginning!

The registry subcommittee of ASFA applications committee (YanYun Wu, Edward Wong, Jeffrey Winters, Bruce Sachais, Haewon Kim, Joseph Schwartz, Shannon Morgan, Laura Cooling, Jennifer Schneiderman, Elizabeth Azzato, Patricia Shi) is very pleased to announce the beginning of an ASFA registry for rare diseases/indications for therapeutic apheresis. Because of the difficulty of a single institution obtaining apheresis outcome data on rare diseases or rare indications treated by therapeutic apheresis, the subcommittee felt this was an important ASFA initiative to pool data from diverse institutions in order to determine the treatment efficacy and risks of therapeutic apheresis involving these rare diseases or rare indications. Wilson’s disease, Neuromyelitis Optica and anti-MUSK positive myasthenia gravis will be the first diseases/indications to be opened by the registry.

This multi-institutional apheresis registry will be the first to correlate detailed information on therapeutic apheresis procedures with clinical and laboratory measures of outcome in both adults and children. Prospective and retrospective data (back to 2000) will be entered into a secure REDCap database held at Children’s National Medical Center. Analyses of each disease or indication from the registry are anticipated to be presented at future ASFA meetings and published in the medical literature. Contributing ASFA members who make significant contributions to the ASFA Disease Registry will be invited as authors in the finished manuscripts. It is anticipated that other diseases or indications will be offered in the future. ASFA members are encouraged to contact Dr. YanYun Wu (yan.wu@yale.edu) for more information regarding applying for the registry.

Terumo BCT Announcement

8 JAN, 2013 – TERUMO BCT TO BESTOW $100,000 PLASMA EXCHANGE INNOVATION AWARD

Call for Expressions of Interest for scientific research grant focused on the efficacy and use of plasma exchange therapy

LAKEWOOD, Colo. —January 2, 2013— Terumo BCT announces the Call for Expressions of Interest for the Plasma Exchange Innovation Award. This award is designed to fund science and research that furthers greater understanding of the use of plasma exchange, or plasmapheresis. Work may be in the areas of neurology, nephrology, immunology, hematology or other fields of medicine. Terumo BCT will award $100,000 to one recipient or smaller grants (totaling up to $100,000) to multiple recipients. Expressions of Interest will be accepted until 29 April, 2013.

New Available Grants:

Notice of Intent to Publish a Funding Opportunity Announcement (FOA) for The Rare Diseases Clinical Research Consortia (U54) (NOT-TR-13-004)


NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

The purpose of this cooperative research program is to facilitate...
clinical research in rare diseases through support for 1) collaborative clinical research in rare diseases, including longitudinal studies of individuals with rare diseases, clinical studies and/or pilot and demonstration projects; 2) training of clinical investigators in rare diseases research; 3) a test bed for distributed clinical data management that incorporates novel approaches and technologies for data management, data mining, and data sharing across rare diseases, data types, and platforms; and 4) access to information related to rare diseases for basic and clinical researchers, academic and practicing physicians, patients, and the lay public. Each RDCRC must include a consortium of clinical investigators, institutions, and relevant organizations, including patient support organizations, for the study of a subgroup of a minimum of three rare diseases. This cooperative program will facilitate identification of biomarkers for disease risk, disease severity/activity, and measures of clinical outcome appropriate for applicability to clinical trials and encourage development of new approaches to diagnosis, prevention, and treatment of rare diseases.

**Release Date:** February 1, 2013
**Estimated Publication Date of Announcement:** April 2013
**First Estimated Application Due Date:** September/October 2013
**Earliest Estimated Award Date:** July/August 2014
**Earliest Estimated Start Date:** July/August 2014

### Health Professions Education

**JOSIAH MACY JR. FOUNDATION – FACULTY SCHOLARS PROGRAM**

**Deadline:** Application: March 6, 2013
**Eligibility:** A doctorally prepared faculty member for more than five years in a United States accredited nursing school, allopathic medical school, or osteopathic medical school

http://www.macyfoundation.org/macy-scholars

**ABOUT THE PROGRAM**

The Macy Faculty Scholars program — the first of its kind — launched in December 2010. The program aims to accelerate needed reforms in health professions education to accommodate the dramatic changes occurring in medical practice and health care delivery.

Under the program, the Foundation will select up to five faculty leaders each year. Each Scholar will receive salary support at $100,000 per year over two years. Scholars must be nominated by the Dean of their institutions, who must commit to protecting at least 50 percent of the Scholars’ time to pursue education reform projects at their institution. Each school may nominate only one candidate each year, and will be expected to provide a senior faculty member to mentor the Scholar.

The Foundation will support educational change in each Scholar’s institution and develop a national network for the Scholars, who will receive career advice from a National Advisory Committee and participate in an Annual Meeting for the program.
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