Below you will find descriptions of SSC Subcommittees in what they are initially planning for their sessions. These will eventually be added to the iPlanner along with descriptions for the SSC Subcommittees that are not listed.

**Animal Models**
- Comparative evaluation of murine bleeding models
- Models of immunogenicity, e.g. to protein based therapeutics for bleeding/thrombosis
- Ferric chloride thrombosis
- Eventual ‘late breaking’ model news

**Biorheology**
The topics to be discussed during the meeting are:
1. Synthetic platelets in transfusion and drug delivery. The emerging field of biomimetic platelet analogs for applications in transfusion, trauma, and targeted drug delivery.
2. Update on scaling in hemorheology project. Overview of recently completed project on scaling and dimensional analysis in thrombus formation under flow.
3. Internal controls in flow assays. Update and discussion on new SSC project for providing internal controls in flow chamber studies.

**Combined Session with VWF SSC**
1. VWF-GP1b relationship under flow. Emphasis on VWF function in pathological and artificial flows.
2. Acquired VWS, extracorporeal circulation (ECMO/VAD)

**Control of Anticoagulation**
The SSC Subcommittee on Control of Anticoagulation plans to discuss the following topics in our first session:
- Laboratory testing of the new anticoagulants: where are we in 2016 and provide an update on current and proposed registries, standardization activities and membership surveys.
- In the second session, the subcommittee will discuss Managing bleeding with DOACS: current state of the art, Special state of the art lecture: Where will anticoagulant therapy be in 5 years and Guidelines in antithrombotic therapy: where are we and what is coming.

**Disseminated Intravascular Coagulation**
The topics of discussion at the SSC DIC session are:
1. DIC-shock liver-limb necrosis syndrome
2. Thrombocytopenia in sepsis
3. Micro-circulatory disturbance and DIC
4. Experience of Chinese physicians in DIC management
5. D-dimer harmonization

**Factor VIII, Factor IX & Rare Coagulation Disorder**
The FVIII/FIX/Rare Bleeding Disorders Subcommittee meeting will first review all of the active projects the committee is pursuing. This will include the addition of 2 new projects added in the past year which are Standardizing Definitions and Making Recommendations for PK and Population PK Assessment in Hemophilia and Definitions in Acquired Hemophilia. The topics we intend to cover in our sessions include the following: extended half-life factors specifically discussing the clinical application of these agents, laboratory assay issues involving novel hemophilia therapies including assay issues pertaining to modified factors as well as discussing assay issues for non-factor replacement products, a review of the clinical trials for novel agents including specifically ACE910 and ALN-AT as they are in worldwide clinical trials at this time, issues surrounding inhibitor development including reviewing, discussing, and debating the results from the SIPPET study (as will be available by the time of the meeting), discussion of the rare bleeding disorders registries and updates on afibrinogenemia/dysfibrinogenemia. Lastly, we will review any new data regarding results of new factor standards.
that have been recently adopted and accepted. Please understand this is a preliminary list and as the program is finalized it is likely some additional topics will be added and some of the above may be removed, but these topics have been discussed with the co-chairs and the essence of our meeting will cover these major topics.

**Factor XI and the Contact System**
Potential topics for discussion:
1. contact factor inhibition as antithrombotic strategy
2. novel structure-function relationships in contact factors
3. interaction of contact system with pathogens
4. standardization issues
5. registry update

**Factor XIII and Fibrinogen**
The program for the FXIII and Fibrinogen SSC will comprise a discussion on three standardization projects 1) standardization of the plasma clot turbidity and lysis assays, 2) assignment of FXIII B in individuals against normal standard plasma in liaison with NIBSC and 3) replacement standards of 2 thrombin-like snake enzymes, ancrod and batroxobin. Other topics will include (i) FXIII levels and polymorphisms in patients with systemic lupus eryhematosus and antiphospholipid syndrome, (ii) different aspects of FXIIIIB subunit, (iii) Fibrinogen and Alzheimer’s disease, (iv) FXIII activation peptide (v) novel mechanisms for FXIII and (vi) various aspects of fibrin structure.

**Fibrinolysis**
The haemorrhagic complications of trauma.
Systemic hyperfibrinolysis is a leading cause of mortality in trauma induced coagulopathy (TIC). Approximately 80% of bleeding-related mortality occurs within the first 24 h from injury, with a median time to death of 2 h. A four-fold higher mortality is associated with those patients exhibiting trauma induced coagulopathy (TIC). TIC has been attributed to numerous defects in coagulation, including depletion of coagulation factors, fibrinogen depletion, platelet dysfunction, and systemic hyperfibrinolysis. The most fatal phenotype in TIC is hyperfibrinolysis, with a mortality rate ranging from 60-90%.

Despite the direct association of hyperfibrinolysis with mortality in TIC the basic mechanisms underpinning the pathogenesis of this condition are relatively poorly understood. There is also extensive debate over the best way to treat patients with TIC. Current recommendations vary in different countries and include administration of blood products in 1:1:1 ratio, the use of tranexamic acid (a focus of the recent CRASH trial) and fibrinogen concentrate.

This SSC session will focus on the main questions in the field of hyperfibrinolysis in TIC. The meeting will be divided into basic, translational and clinical sessions with key speakers with background in the field in each section. There will also be a discussion at the end of the SSC session to draw out the key topics that should be addressed in the immediate future and the potential role for the SSC in aiding this process.

**Platelet Immunology**

1. **Standardization of testing algorithm for fetal and neonatal alloimmune thrombocytopenia (FNAIT)**
   We will focus on establishing a standardized approach to testing for FNAIT aimed at reference laboratories including which test methods to use and how results should be interpreted for clinicians. We will address the special (and common) situation of women suspected of FNAIT in whom a platelet alloantibody cannot be detected by conventional methods.

2. **Heparin-induced thrombocytopenia (HIT)**
   The Platelet SSC has been productive in HIT studies and advancements in HIT testing continues to be a focus of the Platelet SSC. We will be completing a workshop of HIT testing methods and will consider new methods for improving the specificity of rapid HIT tests.
3. **Protamine-induced thrombocytopenia**

Protamine or protamine/heparin induced thrombocytopenia is now recognized as a clinically important syndrome associated with morbidity in the post-surgical population. We will develop a standardized approach to testing for PIT antibodies.

4. **Drug-induced immune thrombocytopenia (DITP)**

Drugs (other than heparin) can cause severe immune-mediated thrombocytopenia. This syndrome can be associated with severe bleeding complications and has important implication for patient management for current and future occurrences. Building on work previously completed by the SSC, we will assess DITP laboratory by a workshop with reference laboratories.

**Platelet Physiology**

We would like to divide our session in two 2-hours blocks, one first block reporting the results of several ongoing projects and the second in which a few overviews on topics emerged as of interest to ISTH members and possible object of new activities to be started will be given.

The first part would include reports on the Evaluation of the Bleeding Assessment Tool (BAT) for the assessment of inherited platelet disorders; guidance on the methods for the study of platelet secretion; Laboratory monitoring of P2Y12 inhibitors: a position statement; Guidance on the measurement of platelet dimensions: methods and clinical use; Guidance on the use of platelets in regenerative medicine.

In the second part we would like to have overviews on the study of platelet function in thrombocytopenic patients and its possible clinical relevance; aging and platelet function; flow cytometry for the study of platelet function: standardization issues; platelets as vehicles for drug delivery.

Upon evaluation of our proposal from the SSC executive committee we will define a detailed programme with timing and speakers.

**Predictive/Diagnostic Variables**

The first two hours of the session will focus on issues regarding the diagnosis of VTE, the second portion will be devoted to prediction. The likely topics include thrombophilia screening and prediction models. There will also be several presentations on ongoing studies which are still being determined.

**von Willebrand Factor**

The topics to be discussed during the meeting are:

1. Results from large population studies
2. Low VWF vs. VWD type 1
3. Genetics of VWD
4. New GP1b-based assays
5. Novel therapies, including rVWF
6. New molecular advances in GP1b and VWF, implications for understanding VWD and potential new therapies
7. ADAMTS13 levels and TTP, Stroke and Other diseases
8. New therapies involving rADAMTS13

**Combined Session with Biorheology SSC**

1. VWF-GP1b relationship under flow
2. Acquired VWS, extracorporeal circulation (ECMO/VAD)