Ed. Note—Prof. Diego Mezzano of Santiago, Chile, was given a series of questions relating to science, personal interests, and background. This is the 2nd in a new series of interviews with ISTH members around the world. What follows is his narrative response to these questions.

I was born in Linares, Chile, 300 km south of Santiago, at that time a small town of 25,000 people. Each time I’m asked about my most influential teacher, I remember Rev. Angel Rojo, a Marianist priest who arrived in Chile from the impoverished Spain of the fifties, to teach us almost everything (Spanish, French, math, chemistry, physics) with an incredible commitment and personal example. He introduced us to early Spanish literature that unveiled our enjoyment when reading stories and poetry. “Reading stories,” Mario Vargas Llosa told all of us from Stockholm last month, “is a way to escape from the poor reality in which one lives, to journey to wonderful, mesmerizing places peopled with the most beautiful and surprising beings and things, where every day and every night bring intense, thrilling and unusual forms of bliss.” On the other side, poetry teaches the hard task of capturing the unique word that encapsulates ideas, feelings, atmospheres; the conciseness of the language, so important in medicine and science communication. The poetry of Pablo Neruda, our Nobel Laureate, arouses in me a ceaseless flow of amazement and surprise and his Complete Works always stays on my night table. Until a few years ago, I practiced several sports, not as a hobby, but as a “vital need.” I feel the same about music and photography, and also of being a football (soccer) fan. Not everyone understands the rational of identifying oneself with a football team and to refuse more tempting ways to spend the time just for watching a soccer match. This is a magnificent opportunity for socializing. (Continued on page 2)
meeting people and making friends or fake foes. Moreover, chatting or commenting about football allows social, cultural, economic, racial and religious differences to fade away: for me, football is a strongly democratic and psychologically therapeutic activity.

In Chile, and probably everywhere, immigrants dream with having a “doctor” in their families, so I was very early “labeled and committed” to become a physician. During my University years in the 60’s, in the midst of ideological struggles, profound social changes and youth demands to change the world, I had the chance to learn how to recognize cells in blood smears. After my Internal Medicine Residence, that ability, along with the fortuitous lack of hematologists at my hospital, led me to become for some time an “amateur” hematologist until I entered a formal fellowship program. In the 70’s, my mentors, Drs. P. Lira, G. Grebe and AC Foradori fostered my inclination to research, allowing me to freely spend half my time in it. Just using the limited resources of the laboratory and without specific research funds, I started doing platelet kinetics studies in humans. This drove me to inquire about the origin and biological significance of the size and density heterogeneity of circulating platelets, a recurrent topic in the 60’s and 70’s. I was awarded an NIH International Research Fellowship to spend 2 wonderful years at Dick Aster’s lab in the cold of Milwaukee, WI, USA, where I started doing original research. Back in Chile in 1980, I had busy years organizing the clinical and research Lab of Thrombosis and Haemostasis, which became the leader in the specialty, providing diagnostic and teaching services to the whole country. In the mid 80’s, Jaime Pereira, M.D. joined our lab as academic staff, with a strong commitment and outstanding research and teaching abilities, substantially increasing the amount and quality of our academic work. Later on, Teresa Quiroga M.D. joined us from the clinical laboratory and enriched our group upgrading our work with the logical rigor of precision, accuracy, and updated quality control. All of us are very proud that more than 80% of all the Chilean fellows during their hematologic training have had a programmed stay in our labs. We also take pride in having a group of good, honest, highly autocritical and reliable people. I heard from the late Ernest Beutler the importance of recruiting this sort of people above other considerations.

Now, 80% of my time is devoted to research and post-graduate teaching, but as Professor of Medicine I also share some academic administration burdens. I am out of direct patient care, acting more as a consultant physician. Our research topics are both clinical and basic. We have had special interest in studying the mechanisms and causes of bleeding in patients with mild haemorrhagic disorders, using a sort of naive and comprehensive diagnostic approach, without prejudices and blinders. We strongly believe that behind a low level of plasma VWF or a platelet secretion defect many patients have an as yet unknown defect(s) that contribute pathogenically to their bleeding symptoms. To find these defects is one of our main challenges. Our more basic research is related to the controversial issue of the presence and biological significance of tissue factor in human platelets, which is mainly conducted by Olga Panes, a biochemist of the lab. In this we struggle in the face of opposition and against a majority consensus. This problem has kept us absorbed during the last 5 years. In some way, the skepticism of the majority of the research community about the possibility that platelets contain functional tissue factor has given us more time to work with less competition and people involved in this area. This is important when our research funds are so limited!

Chilean specialists participate in the Latin American Cooperative Group for Haemostasis and Thrombosis (CLAHT), which have periodic meetings in the different countries of the region. Furthermore, with his inextinguishable enthusiasm, optimism and push, Raúl Altman from Argentina has obtained continued ISTH support for organizing courses around the region, whose contents and profiles are defined jointly with the interested countries. This has proven to be a highly successful activity that should be replicated in other areas to increase the knowledge in thrombosis and haemostasis worldwide.
The 20th edition of the International Congress on Fibrinolysis and Proteolysis took place in Amsterdam, 24-28 August, 2010. This bi-annual conference of the ISFP (International Society on Fibrinolysis and Proteolysis) highlights fibrinolysis and proteolysis biochemistry in much more detail than possible at the ISTH conferences. Furthermore, it is dedicated to evaluating explicitly the role of the processes of fibrinolysis and proteolysis in physiology and disease. This is realized by the attendance of specialists in a concentrated/focused meeting.

There is close cooperation between ISFP and ISTH on publishing in the Journal of Thrombosis and Haemostasis (JTH). Abstracts of congress have been published in JTH, volume 8 (suppl 1) 2010.

This year’s meeting was organized in part jointly with the International Fibrinogen Research Society (also meeting in the Netherlands). There was a one day joint programme about clot quality and the clinical aspects of fibrinogen abnormalities in relation to lysability of clots. A special symposium critically evaluated the management of massive hemorrhage and the use of thrombo-elastographic techniques. For this joint day, European CME credits could be obtained.

Further major topics of the meeting were (a) Thrombin activatable fibrinolysis inhibitor (TAFI) and serpins, (b) proteolysis in the brain, (c) diagnostic methods, including d-dimer and fibrinolytic markers as risk predictors, (d) evaluation of the use of thrombolysis in cardiology and stroke, and (e) the role of fibrinolysis in innate immunity and disease.

On Thursday evening, a separate symposium was held for Dutch physicians and lay public about point-of-care methods, focusing on d-dimer in the GP-practice for exclusion of DVT. This followed the scientific session during the day on d-dimer. The discussion was strongly tuned by expected changes in the organization of health care around anticoagulation, with the introduction of the new oral thrombin and factor Xa inhibitors.

The bi-annual ISFP Prize Lecture was awarded to Dr. D.A. Lawrence and was entitled “From PAI-1 to PDGF in the brain, a series of fortunate events.”

The D. Collen Young Investigators’ Awards were awarded for the first time this year, and recognized five nominees (J. Sohn, N. Okumura, M. Valls Seron, E. Smeds, P. Saha). The winner was J. Sohn.

During the Opening Ceremony, performer Sophie van Hoytema presented a song dedicated to fibrinolysis, which is now on Youtube (keyword clottogether).

On the congress website, photos of the event and abstracts can be viewed.

The next meeting will be in Brighton, UK, 1-5 July, 2012 (www.isfp2012.com).

The congress organizers: C. Kluft, JCM
**REACH THE WORLD MEMBERSHIP**

At its meeting in Cairo, the ISTH Council has decided to broaden its Reach-The-World program by making membership more accessible for clinicians, researchers and educators in the developing world, in line with its mission of being the leading worldwide organization dedicated to the advancement of understanding, prevention, diagnosis and treatment of thrombotic and bleeding disorders. The main purpose of this new facet of the program is to remove financial hurdles for involvement in the ISTH community, of which access to the Journal of Thrombosis and Haemostasis is likely to be the most important. The current Reach-The-World program assists individuals from the developing world to visit our annual meetings (Congress and SSC meetings). Eligibility for this program is based on the World Bank criteria for the developing world, with individuals from less than 'high-income countries' being eligible (see for the list of countries). The same criteria will be used for the RTW-membership of the ISTH. Individuals will enjoy all membership benefits, such as access to the ISTH-website, voting rights, right to serve on Council and various committees, will receive the ISTH e-Newsletter, and will have access to the online version of the Journal of Thrombosis and Haemostasis, the Society's official journal.

There are only two differences from the regular membership: RTW-members will not receive the print copy of JTH, and will not receive the membership registration discount for Congress or SSC Meeting registration. For meeting registration, however, they remain eligible for RTW-grants, which include a travel grant and waiver of registration fee. Those who are interested may apply through the ISTH website (under 'members', ‘new membership application’) and can tick the box for ‘RTW-membership.

We are aware that some individuals in eligible countries will have the means to become full regular members, and we trust that these will not use the RTW-membership. There may also be some for whom the nominal fee of $35 USD offers still too much of a financial burden: these individuals may write to the Society, explaining their financial need, in which case the fee may be waived.

We hope and expect that this initiative will let our membership grow throughout the world, and that many will benefit from it.

F.R. Rosendaal, Chairman Education Committee ISTH

---

**2ND LATIN AMERICAN/5TH INTERNATIONAL COURSE ON EPIDEMIOLOGY APPLIED TO THE STUDY OF T & H**

The “2nd Latin American/5th International Course on Epidemiology applied to the study of Thrombosis and Hemostasis,” organized by the Argentinean Cooperative Group on Thrombosis and Hemostasis (Grupo CAHT) and sponsored by the ISTH, will be held in Buenos Aires, Argentina, 11-15 April 2011.

Director: Dr. Frits Rosendaal.
Faculty: Dr. Suzanne Canne-gieter and Dr. Astrid van Hylckama Vlieg, Department of Clinical Epidemiology, Leiden University Medical Center.

For more information please contact: Patricia Casais, MD, PhD, or visit the Grupo CAHT web page.
The first official support by the International Society on Thrombosis and Haemostasis to the Latin-American area was in 2001 during the CLAHT Congress in Mexico. Later Brazil, Chile, Argentina, and Venezuela received support from the ISTH Education Committee. And at the next CLAHT Congress in September 2011 in Uruguay, the ISTH will contribute to an educational symposium associated with the CLAHT Congress providing support for three international speakers. This meeting is expected to have well over 1000 participants from all over Latin America.

During the meeting in Vienna in 2008, the Educational Committee of the ISTH and ISTH Council decided to endorse the organization of two educational activities per year in Latin-America. These were to be given by a small faculty from the region, and the courses were given in Spanish. From this year onwards, educational courses in the region have rapidly expanded. Starting in 2008, the two first Courses were organized in Cochabamba (Bolivia) with 187 registered physicians, biochemists, and students in the biomedical field and in San Jose (Costa Rica) attended by 140 registered participants. Activities in 2009 were in Cuba (156 participants), Paraguay (390 registrations) and Bolivia (233 registrations). An additional activity in September 2009 was a course in Brazil dedicated to methods of clinical research with the faculty from Leiden University and over 30 participants from six countries in the region. In 2010, courses were organized in Guatemala with 63 registered persons, Republica Dominicana (189 registered persons) and Lima, Peru with 179 medical doctors, 109 biochemists (known as medical technologists) and 26 students.

The ISTH Educational Program for 2011 will include connected courses which will start on April 26 in Panama City, followed by a course on April 28 in San Jose (Costa Rica) and the circuit will be completed by a course on May 1st in San Salvador City, El Salvador. The course activities are 2-3 days long and include educational presentations on clinical aspects of thrombosis and haemostasis and wet/dry lab using automatic or semi-automatic devices and also manual techniques for diagnosis in haemostasis and thrombosis.

Some of these courses have been organized together with the CLAHT Group (Grupo Cooperativo Latinoamericano de Hemostasia y Trombosis) founded in 1975 for developing the knowledge on hemostasis and thrombosis in Latin America.

Planning the Future: In 2011 an Educational Course has been planned in Merida, Mexico and the organization already started. In May 24-26, 2012, there will be a course in Sao Paulo, Brazil together with the Albert Einstein Hospital, which is one of the top hospitals in the country. Some countries will be revisited: a second course is planned in Havana, Cuba in June or July 2012 and in Asuncion, Paraguay in September-October followed by a Course in the University of Talca, Chile. See list of courses on page 6 of this newsletter.

Starting in Guatemala in 2010, a printed brochure in Spanish with information on the activities of the ISTH has been distributed among the audience. All courses are evaluated by the participants, and appear to be well-received.

Frits Rosendaal, Chairman of the Education Committee, member of ISTH Council
Raul Altman, Member of the Education Committee
**UPDATE ON SSC 2010 WEBCASTS**

The Educational Sessions at this meeting were filmed, and the presentations are currently available to view online.

As of Dec 20, 2010, the following stats indicate how the webcasts have been used.

- **479 Unique ISTH visitors**
- **1285 Presentations viewed**
- **635 Downloaded powerpoint presentations**
- **257 Podcasts downloaded**

These important presentations are now free open access.

**NEW!** Members can now view these webcasts through a single log-in on the ISTH homepage. Members should log-in using their username and password. On the members-only page, click the link for the webcasts. You will then be able to view the webcasts.

**QUICK POLL**

Click the image to follow the link and vote!

---

**2011-2012 ISTH EDUCATIONAL COURSES FOR LATIN AMERICA**

- **PANAMA PANAMA CITY** Educational Course WET / DRY Lab
  - April 25-28 2011
  - Local Organizer Dr. Ninotchka Mendoza

- **COSTA RICA SAN JOSE** Educational Course WET / DRY Lab
  - April 28-May 1st 2011
  - Local Organizer Dr. Rafael Jiménez Bonilla

- **EL SALVADOR SAN SALVADOR CITY** Educational Course WET / DRY Lab
  - May 2-5 2011
  - Local Organizer Dr. Ana Gladis Mancia de Reyes

- **MEXICO MEXICO CITY** Educational DRY or WET / DRY Lab
  - November 25-27 2011
  - Local Organizer Dr. Margarita Rodriguez Mejorada

- **BRASIL SAO PAULO CITY** Educational Course WET / DRY Lab
  - May 24-26 2012
  - Local Organizer Dr. Joao Carlos de Campos Guerra

- **PARAGUAY ASUNCION CITY** Educational Course WET / DRY Lab
  - September 1-3 2012
  - Local Organizer Dr. Paula de Guggiari

- **CUBA LA HABANA CITY** Educational Course WET / DRY Lab
  - June 2012
  - Local Organizer Fidel Caceres

- **CHILE TALCA CITY** Educational Course WET / DRY Lab
  - September 2012
  - Local Organizer Prof. Ivan Palomo

- **PARAGUAY ASUNCION CITY** Educational Course WET / DRY Lab
  - September 1-3 2012
  - Local Organizer Dr. Paula de Guggiari

---

**ISTH 2011 Congress**

Publicity at the ASH Annual Meeting
As Editors in Chief of the *Journal of Thrombosis and Haemostasis*, our goals have been to provide a continuing platform for the best original papers in our field and to provide an efficient service to our authors to ensure that their work reaches its audience in a speedy manner. Working with our valued team of Associate Editors, we also actively seek topical and informative Review Articles and Commentaries to highlight important areas of emerging interest. The overall aspiration of the Editorial Team has been to make *JTH* the best specialty journal in the thrombosis and haemostasis area.

Each year sees the release of the annual *ISI* bibliometric analysis of journals. Based on 2 yearly cycles of citation analysis, Impact Factors are calculated. The 2009 Impact Factors (published in 2010), based on citations in 2008 and 2007, reveal that *JTH* remains the foremost cited journal in its field, with an Impact Factor of 6.069. We reproduce below the trend in this variable, which shows its continuing high influence since its launch under the leadership of Pier Mannucci in 2003.

![Impact Factors Chart](chart.png)

We are aware that many see the Impact Factor as a defining aspect of a journal and, indeed, that some Editors strive to manipulate this metric by instructing authors to self cite their journal. While we are gratified that the bibliometric analysis favourably reflects our Editorial aspirations, it should be clear that those aspirations, and not the metric, drive the work of the *JTH* Editorial Team.

There are changes to report to our Editorial Team. Alan Nurden has decided to step down in 2011 as Associate Editor. We are grateful to him for his expert, careful and sympathetic handling of manuscripts within his area of expertise, the platelet, since the beginning of our term as Editors in Chief. Because of an increasing volume of submissions, two new Associate Editors have been invited to join the Editorial Team and will deal with manuscripts in this area, Dr Christian Gachet and Johan Heemskerk. The journal has agreed a streamlined process for publication of SSC Communications and David Lillicrap now takes over from Anna Falanga with responsibility for these Communications.

Each year, we examine the manuscript handling of our expert reviewers and refresh our Editorial Advisory Board by inviting those who regularly supply high quality referee reports to join us.

*JTH* remains at heart the journal of the International Society of Thrombosis and Haemostasis. We are proud to serve the members of the ISTH. We are grateful for their continuing support in reviewing manuscripts and in publishing their best work in the pages of the journal. It is through their support that *JTH* continues to be such an influential journal. After 4 years as joint Editors in Chief, we note that the Publication Committee of the ISTH (Chairman, Pieter Reitsma) has initiated plans to replace us at the end of our 6 year term. We encourage ISTH members to nominate outstanding candidates or to consider applying for this challenging, yet rewarding role.

Mike Greaves  
David A Lane

---

**JTH Editors’ Highlights**

**Key content from the February 2011 issue:**

- The platelet contribution to cancer progression, by N. M. Bambara and C. E. Holmes
- Role of tissue factor in feto-maternal development: a xiphos, by G. Girardi
- Hormone therapies and venous thromboembolism: where are we now? by A. Van Hylckama Vlieg and S. Middeldorp
- Association of coagulation and inflammation related genes and factor Vlmc levels with stroke: the cardiovascular health study, by N.A. Zakai, L. Lange, W. T. Longstreth, E. S. O’Meara, J. L. Kelley, M. Fornage, D. Nikerson, M. Cushman, and A. P. Reiner
INTERVIEW, CONT

(Continued from page 2)

It seems to me that 30-40 years ago in USA, the funding and research dedication was mainly focused in haemorrhagic disorders, whereas in Europe there was a more intense interest in thrombosis and fibrinolysis mechanisms. Currently, research funds are mainly allocated to study arterial and venous thrombotic disorders, main cause of morbidity and mortality in most countries, including Chile. Development of a wide range of antiplatelet drugs and new generations of anticoagulants confirm this tendency; LMWH have steadily replaced UH, and the predicted replacement of the revered oral anticoagulant therapy by newer generation drugs will rapidly replace our preventive and treatment practices of thrombotic diseases. With regard to new knowledge, we intend that our young fellows get an early involvement in clinical or basic research to enrich their critical mind, to facilitate their communication with the world of science and innovation and to contribute with original knowledge to push forward our specialty.

Advances in haemostasis and thrombosis have the imprint of ISTH that has fostered and encouraged them. This organization is the main platform to expose our work and to learn and keep up with the progress of our specialty. Today, research is hardly understandable without collaboration networks, and ISTH meetings constitute a splendid instance to establish them. The official journal of the society enjoys of a rapidly increasing ISI index, has high publishing standards and is avidly waited each month by the specialists’ community. Moreover, ISTH generously supports the meeting’s attendance to abstract presenters of under-developed countries through Travel Awards, and this is highly appreciated in Latin-American countries. Furthermore, I think that the new ISTH policy of lowering membership dues and permitting free access to JTH to younger specialists of under-developed countries is a positive action that goes in the same, correct direction. Haemostasis and thrombosis constitutes a transversal discipline, with ramifications to Cardiology, Neurology, Vascular Surgery, Oncology...it seems necessary to reinforce the identity and unique nature of the specialty in nourishing the related disciplines with basic knowledge and to enchant young physicians and scientists with it. ISTH is the natural organization to launch programs with these objectives.

ISTH BYLAWS CHANGES APPROVED

The ISTH membership has approved a number of important Bylaw changes effective November 21, 2010, the end of the established voting period. These Bylaw revisions bring about the following key changes:

1) The position of Executive Officer is replaced with the position of Secretary General, to provide biomedical and scientific continuity and to advise and support the Chairman of Council and the President of the Congress. As a result, Bruce Furie, the previous Executive Officer, now assumes the role of Secretary General.

2) The Offices of Society Secretary and Treasurer become Council responsibilities. Michael Berndt, Council Secretary/Chairman-elect, has assumed the responsibilities of Society Secretary, and Finance Committee Chairman Nuala Booth has been appointed Interim Treasurer, pending formal vote at the July 2011 meeting in Kyoto.

3) The composition of Council has been modified to reflect the above, and also to add the immediate-past Chairman of Council and the immediate-past President of the Congress as voting members of Council. These roles are currently filled by Frits Rosendaal, and Barbara Furie, respectively.

Please refer to the ISTH website to see the complete copy of the amended Bylaws, as well as the current list of Council members.

In addition, related to these changes, Council has created a new staff position of Executive Director to provide administrative leadership for the organization. In light of the decision of our long time Executive Secretary, Cathy Cole, to retire (see Henri Bounamoux’s message in the November 2010 member e-newsletter, page 18 of current newsletter), a search is underway to fill this new position.
ISTS COUNCIL AT WORK

The logistics of collaboration among the international leaders of ISTH and between leadership and global membership has always been a challenge.

Not too many years ago, organization of international activities was slow and expensive: by mail, telegram, and telephone. Then came the miracle of Facsimile—now almost obsolete—quickly followed by the explosion of Email and the possibilities of the Internet.

ISTH Council has traditionally met in conjunction with either the biennial ISTH congress or the annual SSC Meeting. The growth and success of the Society; however, increasingly demands more opportunity for the elected leaders to convene. Under the leadership of Frits Rosendaal, Council Chairman, Council Members met for a 2-day strategic planning retreat in Amsterdam on February 7-9. In an atmosphere focused on the current status and activity of the Society and on medium and long-term strategic plans, Council members discussed a number of important issues.

As a follow-up to this meeting, Council began using virtual technology to conduct its work. The Executive Committee has already met via video conference to review plans for the May Council meeting in Cairo, and Standing Committees are queuing up for work sessions of their respective groups.

A number of new initiatives are on the table for action at the May Council meeting, including selection of the next SSC Annual Meeting President and venue, and election of the next Council Chairman-elect, all of which will be reported to you by the Council Chairman in the next ISTH eNewsletter.

Future plans for this newsletter under the direction of the new ISTH Committee for Communications and Public Relations (Hugo ten Cate, Chairman), will enhance its value to membership. While the Newsletter will continue to report activities of the Society, a new theme will focus on ISTH members and their work. Ideas of the Committee include articles on social issues of practice and research in various nations, scientific information and summaries of important international meetings, and reports on timely and important medical and scientific topics.

Your ideas are welcome. Kindly submit ideas and contributions to the Communications Committee in care of Allison Peacock at ISTH Headquarters, The next issue is planned for July 2010.

It was not lost on the current Council Chairman, Frits Rosendaal, that no matter how well one plans, groups always gather in the kitchen. Bruice Furie, Executive Officer, and Denisa Wagner, Council Member, in charge of apples

MEMBER DONATIONS TO THE REACH THE WORLD INITIATIVE

Members frequently make additional donations to ISTH in conjunction with their annual membership renewal. 100% of voluntary contributions with dues payments are credited to the Society’s Reach the World Initiative. Members who do not wish to receive their complimentary print subscription to JTH may also donate the annual issues to an RTW-supported member. For more information about the RTW Initiative, you may contact ISTH Headquarters or the Co-chairs of the Education and Outreach Committee, F. R. Rosendaal or U. Seligsohn.

ISTS FELLOWSHIPS

In last month’s ISTH eNewsletter, we were pleased to announce the first recipients of the new ISTH Advanced Fellowships for young colleagues from developing countries, Dr L.P. D’Atri from Buenos Aires, Argentina, and Dr M.M. Rahman from Dhaka, Bangladesh. A second set of awards is pending.

The Fellowships are administered by the ISTH Education and Outreach Committee, Drs Uri Seligsohn and Frits Rosendaal, Co-chairmen. Selection of recipients is a rolling process with new awardees being chosen in January and June of each year. To learn more about this training opportunity, visit the ISTH homepage or refer to the recent issue of JTH, at ‘Announcements.’

Next deadline for applications: 1 June 2011
2009 Pier M. Mannucci Young Investigator Prize Winners

The Mannucci Prizes are awarded in honor of Pier M. Mannucci, the first Editor-in-Chief, of the Journal of Thrombosis and Haemostasis for the best articles by Young Investigators younger than 35 years of age. The prizes are made possible by a generous contribution from Bayer HealthCare, and recipients are selected by a jury of editors. Below are the 2009 winners and links to abstracts of their articles.

C Baldauf for the article
Shear-induced unfolding activates von Willebrand factor A2 domain for proteolysis
Volume 7, Issue 12 (p 2096-2105)

M Kannan for the article
Molecular defects in ITGA2B and ITGB3 genes in patients with Glanzmann thrombasthenia
Volume 7, Issue 11 (p 1878-1885)

T Lobo for the article
Ixolaris, a tissue factor inhibitor, blocks primary tumor growth and angiogenesis in a glioblastoma model
Volume 7 Issue 11 (p 1855-1864)

A Rose for the article
Warfarin dose management affects INR control
Volume 7 Issue 1 (p 94-101)

J Wang for the article
Levels of microparticle tissue factor activity correlate with coagulation activation in endotoxemic mice
Volume 7, Issue 7 (p 1092-1098)

VTE Gains Recognition as US Public Health Issue

The Division of Blood Disorders of the US Centers for Disease Control and Prevention, in partnership with the Health Resources and Services Administration, US National Heart, Lung, and Blood Institute, and the American Society of Hematology recently convened a meeting in Atlanta, GA, USA, on March 9-11, 2010. The meeting was the first annual National Conference on Blood Disorders in Public Health, and a main focus was to raise awareness of risk factors, prevention and treatment of VTE with the goal of improving outcomes for affected patients and those at risk for developing thrombotic disorders.

A number of ISTH members were participants at the meeting, including Dr. Nigel Key who is a member of ISTH Council and a member of the new ISTH Communications and Public Relations Committee, and Dr. Gary Raskob, ISTH member and Dean of the College of Public Health at the University of Oklahoma Health Sciences Center. Dr. Key brought the meeting to the attention of the ISTH Communications Committee, and noted that while hemophilia surveillance, treatment and complications are on the radar of US health officials, there has been little focus on disorders of VTE or their prevention in the past. The new focus on VTE in the US has the potential to increase future research funding as the magnitude of the disorder receives public recognition. Dr. Raskob was quoted in an ASH press release about the rising concern in US health agencies over the incidence of DVT and the need to educate...
Dear ISTH Members:

It is our pleasure to report to you some of the numerous accomplishments of the 56th Annual Meeting of the ISTH Scientific and Standardization Committee (SSC) held in Cairo, Egypt 22-25 May 2010.

This meeting was unique in several respects. It was the first ISTH-sponsored meeting held in Africa; the first meeting which included presentations directed specifically to the challenges faced by developing nations; and the first meeting to have video and audio recordings of educational sessions available to attendees as well as to others who were unable to attend. It also marked the end of the era of elected members of the SSC. The comments we received from many attendees indicated that they found great value in both the educational sessions and the SSC Subcommittee meetings. The meeting accomplished the main scientific goals defined for it; namely, hemostasis and thrombosis education and annual SSC Subcommittee meetings.

The educational goals were accomplished by presentation of current clinical information in several formats over one and one-half days. These included the first presentation at an SSC Meeting of the Shirley Johnson, Pia-Glas-Greenwalt and Marion Barnhart memorial lectureships, two plenary lectures, seven other multiple lecture presentations organized by the SSC Subcommittees, two “Meet the Expert” sessions, two “Lunch Debates”, an interactive discussion of case histories, five Special and Satellite Symposia, and one Technical Session. A total of 21 CME credits were available to attendees. The Educational lecture presentations covered a wide range of topics that included venous and arterial thrombosis and bleeding disorders. In addition, lectures on laboratory quality management, safe coagulation factor deficiency replacement therapy, and building scientific thinking in developing countries were some of the highlights of the presentations on approaches to specific issues faced by health care personnel in countries with limited health resources. The webcast of the lectures presented may be viewed at www.isth.org.

Following the intensive Educational Program, 18 SSC Scientific Subcommittees conducted interesting and productive meetings that were open to all delegates. Minutes of proceedings of these Subcommittee reports are available as open access at www.isth.org. One of many highlights of the SSC Subcommittee meetings was a joint session of five Subcommittees on Standardized Bleeding Scores. A new bleeding assessment tool was described. This tool will be presented in detail in a forthcoming manuscript to be published in JTH as an Official SSC Communication. A new activity of the SSC approved at the Cairo meeting will be the issuance of selected clinical guidance documents. A major accomplishment of the work of the SSC presented at the meeting was the recommendation by the WHO-ISTH Standards Liaison Group, with approval at the SSC Business Meeting, of five new standards to be submitted to the World Health Organization for consideration of adoption as new or replacement International Standards.

The enthusiasm of the leadership and the level of activity of the SSC Subcommittees were at the highest level achieved to date. The accomplishments and broad scope of the activities of the SSC and the commitment of so many scientists from around the world to collaboration within the organization created an atmosphere of excitement that energized both the experienced SSC participants and those attending for the first time.

In addition to attainment of the educational and scientific goals, the meeting provided an opportunity for the SSC to consider how more of the benefits of current knowledge of diagnosis and treatment of bleeding disorders and thrombosis can be extended to countries with limited health care resources. Finally, the meeting provided a wonderful opportunity
nity for those who came from outside the region to observe and to appreciate the rich history of Egyptian culture. The Egyptian night social event was widely appreciated and enjoyed by everyone, especially those from abroad.

Statistics alone do not adequately describe the value of the meeting, but they support the conclusion that it achieved many outcomes desired by the ISTH leadership who decided in 2006 to hold the meeting in Cairo. The meeting was attended by 1139 delegates. This was the second highest number of delegates ever recorded at a non-Congress SSC meeting. Participation was truly international as evidenced by attendees from 64 countries. It was well attended by persons from the region—430 came from Egypt, Africa and the Middle East. It attracted a large number of young persons, and financial assistance from the ISTH and the meeting organizers permitted many with limited means to attend. Reach The World awards were given to 60 attendees from 18 countries, and Young Investigator Awards supported the attendance of an additional 23 persons from 8 countries.

Revealing assessments of the value of the meeting were offered by numerous persons from the region and by recipients of Reach The World and Young Investigator awards. For many regional attendees the SSC meeting was their first opportunity to participate in an international meeting. The high cost of travel and the inability to obtain visas were frequently mentioned as significant impediments to participation in meetings outside the Middle East. They expressed sincere appreciation to ISTH for holding the SSC meeting in a location accessible to them. They were also impressed by the quality of the presentations, the elegance of the venue, the excellent meeting organization, and the spirit of inclusion. These sentiments were also echoed by the very enthusiastic and grateful young people who received Reach The World and Young Investigator awards. They left Cairo with new knowledge and a determination to apply it to their research and clinical practice.

Our overall assessment of the meeting was that it achieved the goals established for it. We deeply regret the circumstances responsible for the absence of key ISTH members and other delegates, but we are encouraged by the fact that those who attended the meeting found it to be valuable and enjoyable. It was an honor and pleasure for us to collaborate with so many talented and generous ISTH members and Headquarters staff, and with the local committee members, in planning and organizing this unique meeting. We extend our sincere thanks to all who contributed to the organization and presentation of the program and to those who attended.

With very best wishes.

Nevine Kassim, M.D.                 Gerhard J. Johnson, M.D.
President, 56th SSC Annual Meeting  Chairman, SSC
56th SSC Annual Meeting             56th SSC Annual Meeting

**60TH ANNUAL MEETING OF THE SSC: 2014**

At the Annual ISTH Council Meeting, held during the 2010 SSC Meeting in Cairo, Milwaukee, Wisconsin was selected as the site of the 60th Annual Meeting of the SSC. Dr. Bob Montgomery (ISTH Council Class 2014) and his local organizing committee have begun the arrangements for this landmark year of SSC Conference Meeting history.
The 5th International Conference on Thrombosis and Hemostasis Issues in Cancer (ICTHIC) was held at the Convention Center of Stresa, Lake Maggiore (Italy) on April 23-25, 2010. Despite the travel difficulties due to the volcano ash, a group of about 400 specialists from all over the world met to discuss on clinical and laboratory aspects of the complex relationships between cancer and the hemostatic system. The knowledge in this field started more than a century ago, but only in recent years has it grown in importance and complexity.

The congress opened with the first Simon Karpatkin Memorial Lecture. Simon, who left us last year, was a distinguished scientist who made a precious contribution to the advancement of the research in the field of cancer and thrombosis, in particular with regard to the role of platelets. He was also an active member of the ICTHIC congress, which he supported since the first time. The first lecturer was Denisa Wagner (Howard Medical School, Boston, MA). This choice was fully appreciated by Simon’s wife, Margaret, who said she was very pleased that the organizers had planned to honor Simon and that they had elected Dr. Wagner as the first lecturer, “as she is someone whom Simon liked and respected greatly”. Dr. Wagner gave a superb lecture entitled, “Platelets: guardian of tumor vasculature” that revealed the role of platelets in the maintenance of vascular integrity within tumors and proposed that platelets may represent a target for the specific destabilization of tumor vessels.

Numerous ISTH members took part in the meeting, including members of the ISTH Council and of the SSC. Due to the volcano ash, ICTHIC missed some of the participants, but very few of the invited speakers. ICTHIC staff managed to organize videoconferences in two cases, while for few other cases some of the available colleagues were kind enough to accept to replace them. The lecture of Alok Khorana, (Rochester, NY), by videoconference, on risk factors for VTE in cancer patients, addressed the issue that targeted thromboprophylaxis utilizing model-based and/or biomarker-based approaches may provide an optimal risk-benefit ratio, and this is currently the focus of ongoing clinical trials. New epidemiological and population-based studies are providing detailed information on the scale of the problem as well as the identification of VTE risk factors in relation to tumor type, host response and cancer therapy. The known risk of VTE in cancer patients is different in various clinical settings and varies depending on factors related to the tumor (tumor type, clinical stage, chemotherapy, use of antiangiogenic drugs or erythropoietic growth factors), and individual factors (sex, race, age, previous history of VTE, degree of mobilization, obesity). It is very important to identify which patients may be considered at higher risk than others, especially before starting treatment for their disease since a number of treatments are known to increase the thrombotic risk. Surgery carries a high risk but thrombotic risk also increases with the insertion of central venous catheters or chemo-radiotherapy. Risk prediction models include many of the risk factors listed above, but also begin to incorporate biological markers. Among the ‘biomarkers’ predictive of VTE before starting chemotherapy, a significant role was found for WBC, platelet count, levels of tissue factor, P-selectin and D-dimer. Prof. Alok Khorana proposed a predictive model for cancer patients undergoing (Continued on page 14)
RECENT ADVANCES IN CANCER AND THROMBOSIS, CONT.

(Continued from page 13)

Table 1: Predictive Model for chemotherapy-associated VTE [adapted from Khorana et al. Blood 2008]

<table>
<thead>
<tr>
<th>Patient’s characteristics</th>
<th>Risk score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Site of cancer</strong></td>
<td></td>
</tr>
<tr>
<td>Very high risk (stomach, pancreas)</td>
<td>2</td>
</tr>
<tr>
<td>High risk (lung, lymphoma, gynecologic, bladder, testicular)</td>
<td>1</td>
</tr>
<tr>
<td>Pre-chemotherapy platelet count ≥ 350 x 10^9/L</td>
<td>1</td>
</tr>
<tr>
<td>Hemoglobin level less than 100 g/L or use of red cell growth factors</td>
<td>1</td>
</tr>
<tr>
<td>Pre-chemotherapy leukocyte count ≥ 11 x 10^9/L</td>
<td>1</td>
</tr>
<tr>
<td>BMI ≥ 35 kg/m²</td>
<td>1</td>
</tr>
</tbody>
</table>

Based on risk scores reported in Table 1, patients are divided in low (score=0), intermediate (score=1-2) or high (≥3) risk categories.

In the observational study published by Khorana in 2008, for the validation of this model, low risk patients had a VTE incidence at 2.5 months of 0.3%, intermediate risk patients of 2%, and high risk patients of 6.1%.

The importance of 'biomarkers' has been further highlighted by the plenary lecture of Ingrid Pabinger (Vienna, Austria), who presented the results of a yet unpublished observational study, in which two biological markers, namely D-dimer and P-selectin were added to the predictive model of Khorana. Patients were divided into categories, with a score from 0 to ≥5, and followed prospectively for 6 months. The results show an incidence of VTE starting from 1% in the group with score 0, to 30% in the group with score ≥ 5. This model seems therefore effective in identifying patients at higher VTE risk, although larger studies are needed to complete its validation. Other biomarkers or combinations of biomarkers are currently under study as well. The same group of Prof. Pabinger examined other biomarkers such as prothrombin fragment 1+2 (F1+2), Factor VIII levels or the combination of D-dimer plus F1+2.

In this context, also thrombin generation quantification emerged at the conference in Stresa, as a marker predictive of VTE in cancer patients. This test, in fact, looks very promising, because it can provide a global indication of the degree of coagulation activation in individual patient. Finally, other groups have highlighted the important role of changes in levels and/or phenotype of circulating microparticles, as markers of thrombotic disorders and vascular damage in cancer patients.

An entire session of the meeting was devoted to the discussion of the currently available guidelines for the prevention and management of thrombosis in cancer patients, written by the major European and international scientific societies. In particular, the guidelines of the American Society of Medical Oncology (ASCO), the National Federation of the French League Against Cancer (FNCLCC), the U.S. National Comprehensive Cancer Network (NCCN), the European Society for Medical Oncology (ESMO) and of the Italian Association of Medical Oncology (AIO), were discussed. The interesting debate of the conference suggests that, after an initial period of wide heterogeneity among the different guidelines, in the near future the scientific societies will reach consensus on guidelines. This will allow the oncologists to feel more comfortable in the prevention of thrombosis, with a great benefit for their patients. Still controversial is the use of thromboprophylaxis in ambulatory patients undergoing anti-cancer therapies. This was the topic of a dedicated debate between Prof. Mark Levine from Canada (for the “no” side) and Prof. Giancarlo Agnelli from Italy (“yes”).

(Continued on page 15)
According to what emerged from this debate, it appears clear that, although large published studies are still few, antithrombotic prophylaxis is effective in significantly lowering the incidence of VTE in cancer patients. The results of the recently published PROTECHT clinical trial, conducted in patients with lung, gastrointestinal, ovarian and breast cancer, showed that prophylaxis with low molecular weight heparin (LMWH) nadroparin reduces by 50% the incidence of VTE compared to placebo, particularly in lung cancer. However, at present, routine prophylaxis in patients receiving chemotherapy is not recommended by the guidelines (with the important exception of multiple myeloma patients treated with thalidomide or its analogues + steroids or chemotherapy, in which the thromboprophylaxis is recommended). Regarding the treatment of VTE, all guidelines agree that LMWH are more effective and safer than vitamin K antagonists for long-term treatment (3-6 months after the acute episode). Still debated, however, is the pharmacological treatment of choice after the first 6 months of therapy. Indeed, the various guidelines recommend that anticoagulant therapy after a first episode of VTE should be continued until the neoplastic disease is no longer active. There are currently no available results from prospective randomized trials that might indicate the drug choice in such circumstances.

In addition, as indicated above, we are now faced with a much more complex set of relationships on a biologic level, in which oncogenic events activate clotting, and clotting proteins interact with tumor cells to enhance cell movement, growth and angiogenesis, as well as providing a substratum for tumor implantation and growth. Prof. Janusz Rak (Montreal, Canada) showed that a mutation of EGFR gene in some cancer cells renders these cells hypersensitive to the action of some components of the coagulation system, such as tissue factor. As a result of this close interaction between tumor cells and coagulation proteins, a microenvironment promoting tumor growth is generated. Therefore, Prof. Rak suggested in Stresa that inhibiting the activity of tissue factor, for example with specific antibodies, could block tumor proliferation.

A simultaneous session of the conference was devoted to microparticles (MP). MP are submicrometric membrane fragments that circulate in plasma and bring on their surface a ample variety of molecules, including tissue factor (TF) and procoagulant phospholipids. These procoagulant entities allow MP to initiate and propagate thrombotic phenomena within the blood vessels. Recent studies suggest that variations in microparticle quantity and/or phenotype make them relevant pathogenic markers of thrombotic disorders and vascular damage. High levels of these MP are associated with a higher risk for VTE in cancer patients.

Several studies presented at Stresa showed that the microparticles shed by tumor cells represent an important mechanism by which tumors promote angiogenesis, i.e. formation of new blood vessels, in the tumor parenchyma. This angiogenesis is essential to maintain tumor growth and proliferation; the increased tumor mass may further contribute to thrombotic risk.
EXPERIENCES OF THE MEETING: We want to acknowledge the ISTH for the chance it gave us to join the 56th ISTH meeting in Cairo. We are a group of internal and vascular medicine residents from Universidad de Antioquia in Medellín, Colombia. As clinicians, we are highly motivated to deepen our knowledge in the thrombosis and hemostasis field, as we deal on a daily basis with patients with diseases related to these topics, like the patient with cancer and thrombosis, the use of thromboprophylaxis or the patient with thrombophilia, among others. This meeting was of invaluable academic and practical use for us, due to the fact that we could see in a privileged way the state of the art of some of these pathologies. Besides, we could listen and interact with renowned professors in the field and to know a different and rich culture. In summary, it was an amazing experience.

Juan Carlos Arrieta
Vascular medicine fellow, universidad de Antioquia

(L-R) Catalina Alzate, Juan Carlos Arrieta, ISTH Council members Professor Frits Rosendaal and Gerhard Johnson, Diana Giraldo and Mauricio González

IN MEMORIAL

The ISTH regrets to announce the passing of member Dr. Simon Karpatkin in August 2009. Dr. Karpatkin was an alumnus of the NYU School of Medicine of 1958. He served for 45 years as a faculty member in the Department of Medicine at NYU. He particularly contributed to the knowledge of molecular effects of blood coagulation on oncogenesis.

Dr. Karpatkin will be missed by his colleagues in ISTH. We extend sincere condolences to his family, students and many professional friends and admirers.

Prof. Dr. Bernd Binder passed away on August 28th 2010. Dr. Binder was a member of ISTH since 1974 and an active participant in the work of the Scientific and Standardization Committee, formerly the ICTH, as an elected leader of its Central Committee and as a co-chairman of the Fibrinolysis Subcommittee. ISTH gratefully acknowledges the receipt of a memorial donation from DiaPharma in honor of Dr. Binder, whose company was a product manufacturer for DiaPharma.
At the Conclusion of the 2010 ISTH Council Meeting in Cairo, Egypt, the elected members of the Council Class of 2010 retired after serving six-year terms. These members are Dr. Ph.G. (‘Flip’) de Groot of The Netherlands; Dr. David Lane of the UK; Dr. Ian Peake of the UK; Dr. Uri Seligsohn of Israel; and Dr. Denisa Wagner of the USA. Drs. Lane and Seligsohn were serving second terms on Council and, totaling the years of service on Council alone, the five retirees gave over 42 years of leadership to ISTH. In addition, Drs. Seligsohn and Peake presided as ISTH Congress Presidents (Jerusalem in 1995 and Birmingham in 2003, respectively), and Drs. de Groot, Lane and Wagner will and have served on ISTH Congress Organizing Committees. Dr. Peake also presided as Chairman of Council from 1998 to 2000, and Dr. Seligsohn as Council Chairman from 2000 to 2002. Dr. Seligsohn and Dr. de Groot led Scientific Subcommittees as well as Standing Committees of Council. Dr. Lane continues to serve as Co-Editor of JTH. Dr. Seligsohn will continue his important contributions to the education and outreach mission of ISTH as a member of the Standing Committee on Education.

We hope that ISTH members will make an opportunity to let these leaders know of your appreciation for their work on behalf of the Society.

The newly elected Class of 2016, Dr. Marco Cattaneo of Italy; Dr. Bjorn Dahlbäck of Sweden (second term on Council); Dr. Andreas Greinacher of Germany, Dr. Yukio Ozaki of Japan and Dr Paul Tracy of the USA are ready to take up their new duties. Dr. Cattaneo served on the Scientific Program Committee of the 1997 Congress in Florence, is currently an SSC Subcommittee Chairman, and an Associate Editor of JTH; Dr. Dahlbäck has previously served on Council; the central committee of the SSC, chaired a subcommittee and is currently on the JTH Editorial Board; Dr. Greinacher is currently chair of the SSC Scientific Subcommittee on Platelet Immunology and will represent the SSC on the Organizing Committee of the 2017 ISTH Congress in Berlin; Dr. Ozaki serves on the Organizing Committee of the 2011 ISTH Congress in Kyoto and will be Guest Editor of the State of the Art Book; and Dr. Tracy co-chaired the Scientific Program Committee of the 2009 Congress in Boston. The new Council Class of 2016 is extremely well-qualified to lead the Society and they will welcome your support.

At the conclusion of the Cairo Council Meeting, Dr. Jean-Marie Freyssinet (Council Class of 2014) offered his resignation due to an unexpected and unique new career opportunity in scientific diplomatic service. Dr. Françoise Dignat-George has been appointed to serve out the remainder of the term. Congratulations are due to both Dr. Freyssinet and Dr. Dignat-George on their new appointments.

New Council Chair Henri Bounaieux (2010-2012) with immediate Past Chair Frits Rosendaal (2008-2010).

Not Pictured: Françoise Dignat-George
Looking back at the past two years, I am convinced that our Society has continued on its way to a successful future under past-chairman Frits Rosendaal’s guidance.

In May, our 56th SSC meeting convened for the first time on the African continent: with its strong educational program and its rich post-congress cultural tours, the Cairo meeting attracted more than 1000 participants, many of them coming from the region, thereby fully meeting our goal of disseminating basic and clinical science of our field all over the world.

Nevertheless, as reported to you in June, intrusion of international politics could not be avoided, and the Israeli attendees, including our Council member and past-chairman Uri Seligsohn, could not participate. As our Society has no political agenda, all our leaders and members can only regret what happened in spite of the earnest efforts of many of us, particularly Frits R. Rosendaal and SSC meeting President Nevine Kassim. Whatsoever, lessons for the future will be drawn from this unfortunate experience, and the Society will uphold its Mission above and apart from external conflicts and interests.

Following the resolutions that were prepared during an extraordinary Council retreat in early 2010 in Amsterdam, the modernization of ISTH has begun: changes in the bylaws have been proposed to enhance empowerment by Council and increase efficiency at Headquarters. These changes are presently being submitted to the vote of membership. At this stage, our long-standing Executive Secretary, Cathy Cole has decided to step aside to “make room for new blood in the management of ISTH”, as she writes in her retirement letter. Nobody has invested more of her time, enthusiasm and interest in our Society than Cathy since 1987, and looking for an Executive manager to succeed her and expand the role of HQ will be a difficult challenge in the next months.

We will pursue our goals of expanding the Outreach program to the less financially-favored countries, and in parallel we will also enhance our educational mission toward the developed countries, preparing our academic offspring of tomorrow. We have started developing guidelines and guidances for various clinical situations, and we have embarked on an e-learning program and joint activities with other scientific societies, all projects with a clear added value for our membership.

One additional, important issue for the immediate future will be the professionalization of our congress organization, aiming at more continuity and coherence from one event to the next. Building on innovations and improvements in a more cohesive and professional fashion will provide consistency to congress presidents, ISTH administration, industry sponsors, and most importantly to delegates for a better quality meeting experience. This standardization will not oppose the long-standing spirit of our congresses that are held in various countries and continents, a strength both scientifically and socially.

Our Council, assisted by Executive Officer Bruce Furie and a highly dedicated staff at our Headquarters in Chapel Hill, is committed more than ever to make our Society the leading worldwide scientific organization devoted to the field of thrombosis, hemostasis and vascular biology for the ultimate benefit of patients suffering from thromboembolic or hemorrhagic disorders!

It has been 21 years since ISTH convened a congress in Japan. In 1989, the XII Congress of the Society was organized in the ’eastern’ Capital City of Tokyo under the Presidency of Dr. Takeshi Abe. It was the first ISTH congress in the Pacific Rim. Two thousand abstracts were submitted to the meeting and 2,904 attendees (539 ISTH members, 1,780 non-members, 152 invited speakers, 196 students and 237 accompanying persons) made the journey. Among the attendees were many from then-Communist controlled Eastern European nations, Japan being a more acceptable destination than the traditional ISTH venues in Western Europe or the US. These delegates came at great personal expense and despite risk of drawing attention from their national security agencies. A delegate confided in whispers that the political risks of participating were worth the research.

(Continued on page 19)
the Japanese Society on Thrombosis and Haemostasis and the 2009 Boston Congress Presidents’ Fund will also offer special travel grants to encourage participation of the next generation of specialists and to support the travel of those with limited funds.

In 22 years the goal of ISTH to support the next generation of researchers, teachers and clinicians remains steadfast. Your Society looks forward to greeting you in Kyoto, and your Society encourages you to involve your colleagues, protégés and students in this congress.

Let them know about the opportunities to participate in the science and encourage them to become part of ISTH as Regular or Associate Members.

The benefits are solid and the tradition is unmatched.

10 QUESTIONS WITH DR. YASUO IKEDA

1. Where were you born?
I was born in Tokyo in 1944.

2. Did you always want to be a physician?
As you may know, people go to medical school right after they graduate from high school at the age of 18. When I graduated from high school, I wanted to become a diplomat or business man working in a trading company, so that I could work outside Japan. I realized physicians can also work globally, and entered Keio University School of Medicine. My father was a general internist, who strongly encouraged me to be a physician.

3. Who was your most influential teacher?
My most influential teacher is Prof Mario G Baldini, who was my mentor at Brown University when I started my career in platelet research in

Yasuo Ikeda, MD
President, XXIII Congress
4. Which piece of work have you done that makes you the most proud and why?

I like my research work on "Shear stress-induced platelet aggregation" because this was my first attempt to work together with people in the field of medical engineering. We first made an apparatus to measure shear-induced platelet aggregation. The apparatus has been very useful to study mechanism of vWF and Platelet interaction.

5. What do you enjoy about your present job?

After I retired last year from Keio University School of Medicine, which is mandatory in Japan due to age, I moved to Waseda University, which has no medical school.

I enjoyed very much working in Faculty of Science and Engineering, Life Science and Medical Bioscience.

6. What are "hot topics" in thrombosis and hemostasis research in Japan?

Many scientists and physicians are much interested in new development of anti-thrombotic agents. Discussion about risk/benefit of these agents and regulatory issues is one of the hot topics. Basic science topics they are interested in are "megakaryopoiesis and thrombopoiesis," "Mechanism of inhibitor development in hemophilia," "ADAMTS13," etc.

7. What would you propose as the ideal funding system in Japan?

I personally feel a more efficient system is needed to evaluate and accredit research proposals and go to site-visits for funding of big money in Japan. We need many scientists capable of doing such jobs. More funding to young scientists is also very important.

8. Which thrombotic or bleeding disorders should get more attention in your country?

In Japan, DVT/PE should be more paid attention to, especially by surgeons, orthopedic surgeons and general physicians.

9. Which city/town is the best place to live?

Tokyo or Kyoto! Both places are very safe and clean. The food is excellent, including every type of food, Japanese, Chinese, French and Italian.

10. Which other ISTH member would you like to ask the same questions?
During the 2010 Executive Meeting at ISTH headquarters, the 2010-2011 Standing Committee roster was approved by Henri Bounameaux and the rest of the Executive Committee. Chairs will remain in their positions for 2 years, and the vice-chairs will succeed to the position of Chair after these 2 years.

Goals and Objectives for each of these committees were discussed and decided upon at the Executive meeting. Please contact the chair or vice-chair of any committee if you have questions or need more information about a particular issue. The names and contact info of the chairs and vice-chairs can be seen to the right.

### ISTH Associate Membership

ISTH offers a category of membership for students, fellows, trainees, nurses and mid-level professional and/or research staff. To apply for Associate Membership, applicants should complete a New Member application form available on the ISTH website, and send a letter from their director or supervisor confirming their status.

Students, fellows and trainees normally remain in Associate status for up to three years upon annual re-confirmation of status. Mid-level Associate Membership is not time-limited, but requires re-confirmation of employment from a supervisor on an annual basis.

Associate Membership dues are $35 per year and carry an Online-only subscription to JTH and all other benefits of membership.

For questions or additional information, you may contact the Membership Secretary, Sharon Overcash at membership@isth.org.

<table>
<thead>
<tr>
<th>Committee</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive</td>
<td>H. Bounameaux, Chair</td>
</tr>
<tr>
<td></td>
<td>M. Berndt, vice-chair</td>
</tr>
<tr>
<td>Finance</td>
<td>N.A. Booth, Chair</td>
</tr>
<tr>
<td></td>
<td>B. Dählback, vice-chair</td>
</tr>
<tr>
<td>Publications</td>
<td>P. Reitsma, Chair</td>
</tr>
<tr>
<td></td>
<td>N. Key, vice-chair</td>
</tr>
<tr>
<td>Education &amp; Outreach</td>
<td>F. Rosendaal, Chair</td>
</tr>
<tr>
<td></td>
<td>A. Greinacher, vice-chair</td>
</tr>
<tr>
<td>Lectures &amp; Awards</td>
<td>A. Nurden, Chair</td>
</tr>
<tr>
<td></td>
<td>M. Cattaneo, vice-chair</td>
</tr>
<tr>
<td>Membership</td>
<td>B. Østerud, Chair</td>
</tr>
<tr>
<td></td>
<td>P. Tracy, vice-chair</td>
</tr>
<tr>
<td>Presidents</td>
<td>Barbara Furie, Chair</td>
</tr>
<tr>
<td></td>
<td>Y. Ikeda, vice-chair</td>
</tr>
<tr>
<td>Nominating</td>
<td>R. Montgomery, Chair</td>
</tr>
<tr>
<td></td>
<td>M. Berndt, vice-chair</td>
</tr>
<tr>
<td>Ethics</td>
<td>R. Montgomery, Chair</td>
</tr>
<tr>
<td></td>
<td>M. Greaves, vice-chair</td>
</tr>
<tr>
<td>Public Relations &amp; Communications</td>
<td>H. ten Cate, Chair</td>
</tr>
<tr>
<td></td>
<td>Y. Ozaki, vice-chair</td>
</tr>
<tr>
<td>Bylaws</td>
<td>Barbara Furie, Chair</td>
</tr>
<tr>
<td>Nurses Working Group</td>
<td>M. Dumas, Chair</td>
</tr>
<tr>
<td></td>
<td>C. Baglin, co-chair</td>
</tr>
<tr>
<td>Clinical Guidelines Working Group</td>
<td>G. Johnson, Chair</td>
</tr>
</tbody>
</table>
Åland Conference, Sweden

The Åland Conference was held in Sweden on 22-25 September 2010. This was a meeting on von Willebrand factor that coincided (and celebrated) the 140th birthday of Dr. Erik A. von Willebrand. Dr. Gil White presented a talk at this conference, and shares these pictures with the ISTH.

Grave on Föglö Island of the Sundblom family, showing a number of children who died young and including Hjördis Dorothea Sundblom who was the propositus in the family described by Dr. von Willebrand.

Dr. Otto Lindberg, great grandson of Erik A. von Willebrand, holding the journal opened to the page of the original article on VWD. Dr. Lindberg is an internist in Helsinki and only very rarely sees a patient with VWD, but Dr. von Willebrand’s home is still in the family and the attic is a treasure trove of old family photographs as well as the artwork from the original article.

House in the town of Sunboda on Föglö Island in which the Sundblom family and Hjördis lived. This house is still occupied by descendants of the Sundblom family.

VTE, continued

(Continued from page 10)

It is estimated that nearly 1 million people are annually affected by DVT and PE in the US alone, and an estimated 300,000 of these die from PE. In support of its mission to stimulate research and education in the diseases of thrombosis and disorders of normal hemostasis, ISTH will develop strategies to heighten public and governmental awareness of these problems and to insure that these diseases receive increased attention from national and international health agencies and funding bodies.

To read more about recommendations issuing from the Conference, follow this link to the free Supplement of American Journal of Preventive Medicine, Volume 38(4) “The Public Health Response to Blood Disorders.”
ISTH MEMBER RENEWAL INFORMATION

To renew, kindly login with your Username and Password on the ISTH website. The renewal form is located on the ISTH website at ‘Membership/Renewal Form: https://www.isth.org/Default/index.cfm/membership/renewal-form/ If your membership is renewed for multiple years, please make sure address for delivery of JTH is current.

CAN'T REMEMBER YOUR USERNAME AND PASSWORD? Go to the ISTH website. At the member login section of the home page, click “Sign In” to access the “forgot username” page. Enter your email address and click “Get Password,” and your username and password will be sent to you.

ADDRESS CHANGES for delivery of JTH or directory listing can be updated at the ISTH website. Kindly login with your username and password and click “Sign In.” Then choose “Edit Profile”. Make any changes and remember to click “Update Profile” when completed. If you prefer, you may contact Sharon Overcash by phone at 1 919 929 3807 or by email at membership@isth.org to change your address.

ISTH MEETING CALENDAR

XXIII ISTH Congress
Yasuo Ikeda, President
Kyoto, Japan
with 57th Annual SSC Meeting
July 23-28, 2011
http://www.isth2011.com

58th Annual SSC Meeting
Cheng-Hock Toh, President
Liverpool, UK
June 27-30 2012

XXIV ISTH Congress
Frits R. Rosendaal, President
Amsterdam, The Netherlands
with 59th Annual SSC Meeting
June 29 - July 4, 2013

60th Annual SSC Meeting
Robert Montgomery, President
Milwaukee, Wisconsin, USA
2014

XXV ISTH Congress
Sam Schulman, President
Toronto, Canada
with 61st Annual SSC Meeting
2015

XXVI ISTH Congress
Johannes Oldenburg, President
Berlin, Germany
with 63rd Annual SSC Meeting
2017

The ISTH convenes an international Congress biennially, while the Scientific and Standardization Committee and its scientific subcommittees meet annually. In Congress years, Society and SSC meetings are held in conjunction.

COPYRIGHT INFO

ISTH makes available this Newsletter for the benefit of our members and to promote research and learning in the field. Unless otherwise restricted by notice on a particular page, the following terms of use apply. Permitted uses: These materials may be downloaded and reproduced by our members for their personal use, for reference in their own research, and for the educational and research use of students whom they are teaching in a nonprofit educational institution. Requirements for use: When use is permitted, the author(s) of the material must be credited, all copyright notices must be reproduced, and the following credit line must be given: Used with permission from ISTH, www.isth.org. All copyrights reserved. All other proposed uses require the specific written permission of ISTH. ISTH reserves the right to review uses of these materials to ensure compliance with its policies, and the right to revoke permission for use, for any reason.
ISTH MISSION

To foster and advance science relating to the important medical problems of thrombosis, abnormalities of hemostasis and their underlying vascular biology; to create a forum for discussion of these problems; to encourage research on these problems by scientists of all relevant disciplines; to foster diffusion and exchange of ideas through scientific meetings and publications; to standardize nomenclature and methods as appropriate and timely...

These are the goals of the ISTH and the principles which drive the Society's international mission.

UPCOMING 2011 ISTH MEMBERSHIP DIRECTORY

This year’s update of the ISTH Membership Directory with information about your Society and contact information for fellow members will be delivered in Spring 2011.

Be sure to log-in on the ISTH homepage to update your profile information. Kindly login with your username and password and click “Sign In.” Then choose “Edit Profile”. Make any changes and remember to click “Update Profile” when completed.

Members who have donated their print subscriptions, Emeritus members and Associate members will receive their directory copies by direct mail.

Have you checked out the online membership list? If you’re traveling or have misplaced your print copy, you can go to the ISTH webpage at Members Only and access the list there.

The NEWSLETTER of the International Society on Thrombosis and Haemostasis is a privileged communication provided to ISTH members. It is produced at ISTH Headquarters in cooperation with the ISTH Communications and Public Relations Committee.