Tell us a little bit about your facility and current position.

GG: I work for American Red Cross Services, Southern California Region. I came to the U.S. in 1968 to carry out research with Dr. Larry Petz in San Francisco. After 10 years of 100% grant-dependent research in San Francisco, I was offered a job as scientific director to start a research program at the ARC Blood Center in Los Angeles. After a few years, I “inherited” two other departments: Reference Services (red cell and HLA/platelet immunology) and Community Education. Our blood center was built about 7 years ago; it is on the campus of California State University in Pomona. We are one of the largest Red Cross centers, serving about 150 hospitals in Southern California.

What are some projects you are working on (or have worked on) that you are most passionate about?

GG: Projects that I have worked on that I am most passionate about include developing laboratory approaches to help physicians arrive at the correct diagnosis and select the best blood for patients who are suspected of having immune hemolytic anemia; developing a test to predict clinical significance of alloantibodies (monocyte monolayer assay); applying flow cytometry to study blood group antigen/antibodies; and 8 years of research on production of “stealth RBCs” ([using polyethylene glycol (PEG) to block all RBC antigens on RBC membranes]). We were successful in doing this in the end, stopped the research as we found antibodies to PEG were quite common, and the antibodies could destroy PEG-RBCs in vivo. Although I have worked on drug-induced immune hemolytic anemia (DIIHA) for more than 40 years, recently, we have become excited about several aspects that contribute directly to patient care. For instance, some surprising results associated with piperacillin therapy, (either alone or together with a beta-lactamase inhibitor (e.g., Zosyn, Wyeth, Philadelphia, PA)). Piperacillin is now the most common drug that we find associated with DIIHA. The latter can mimic autoimmune hemolytic anemia (AIHA) and delayed hemolytic transfusion reactions. Patient’s plasma can react with RBCs in vitro, with no added piperacillin and the serology will look like an autoantibody (even having anti-e specificity). Unfortunately, the hematologists will also suspect AIHA and start unnecessary treatment with steroids. If piperacillin is not suspected, the drug therapy will be continued and there will be enough drug in the patient’s plasma to allow the piperacillin antibody to react with RBCs without adding drug in vitro. There is a simple solution: 1) stop the drug, and 2) test for piperacillin antibodies. After 24 hours, usually, there will be no circulating drug and the “autoantibody” reactions will no longer be detected. The patient’s “AIHA” will resolve without any further treatment. It is very satisfying for us to directly help the patient and receive praises from the hematologists.

What’s an accomplishment that you are proudest of?

GG: I am most proud of the results I have achieved in educating people (of all levels) who have attended my lectures, and read my scientific publications and textbooks. A good example of this occurred at the recent ISBT meeting in Mexico. On the first day, a hematologist came up to introduce himself. He said “Dr. Garratty, I have wanted to thank you for many years. About 20 years ago, you gave some lectures in Venezuela. I had just started my career and your lectures and textbooks inspired me to pursue hematology as a career.” These types of interactions have occurred many times, especially at international meetings. They are a great source of satisfaction to me.

What do you see as the most important change to the industry in the next 5 years?

GG: Five years is a short time for changes to occur, but I will mention a few that hopefully will be accelerated. There is no doubt that DNA-based approaches will get more and more efficient and cost-effective, leading to more applications in immunohematology (RBC, WBC, and platelet immunology). Such changes are slower than might be expected in the U.S. because FDA and some patents are involved. The history of DNA and blood groups go back to the early 1990s, so 20 years has passed and there are only three companies producing platforms/kits, and only one of these has submitted data to the FDA. I would like to see pathogen inactivation of platelets and RBCs approved in the U.S., but whether it will be in the next 5 years is doubtful. Methods for cultivating stem cells into mature RBCs (“blood pharming”) suitable for transfusion is proceeding at an interesting rate, but usable products will not be within 5 years (nor will any other form of “artificial blood”).

South Central Association of Blood Banks is always thinking of new ways to improve your membership experience. We are proud to introduce a new and improved ‘Member’s Only’ section with countless opportunities for you to stay connected to SCABB! Now, customized specifically for each member, YOU have total control of your membership profile. Simply go to the ‘Member’s Only’ section of www.scabb.org and enter the user name and password supplied to you by Central Office.

Look at some of the ways the new ‘Member’s Only’ section will benefit you.

• Change your profile information ANYTIME and the online membership directory will update INSTANTLY

These are just some of the awesome benefits you will experience with the new and improved section exclusively for SCABB members! You will continue to see enhancements to your profile as Central Office enters updates. If you see specific information that you are unable to change and need to update, simply send us an e-mail and we will take care of it!

South Central Association of Blood Banks

August, September, October 2012

PULSE

A PUBLICATION OF THE SOUTH CENTRAL ASSOCIATION OF BLOOD BANKS

SCABB’s Enhanced ‘Member’s Only’ Section - Check it Out!

Choose which contact information you want other members to see in the directory

Network with fellow SCABB members

Track continuing education credits and have access to that information anytime you need it

What an accomplishment that you are proudest of?

GG: I am most proud of the results I have achieved in educating people (of all levels) who have attended my lectures, and read my scientific publications and textbooks. A good example of this occurred at the recent ISBT meeting in Mexico. On the first day, a hematologist came up to introduce himself. He said “Dr. Garratty, I have wanted to thank you for many years. About 20 years ago, you gave some lectures in Venezuela. I had just started my career and your lectures and textbooks inspired me to pursue hematology as a career.” These types of interactions have occurred many times, especially at international meetings. They are a great source of satisfaction to me.

What do you see as the most important change to the industry in the next 5 years?

GG: Five years is a short time for changes to occur, but I will mention a few that hopefully will be accelerated. There is no doubt that DNA-based approaches will get more and more efficient and cost-effective, leading to more applications in immunohematology (RBC, WBC, and platelet immunology). Such changes are slower than might be expected in the U.S. because FDA and some patents are involved. The history of DNA and blood groups go back to the early 1990s, so 20 years has passed and there are only three companies producing platforms/kits, and only one of these has submitted data to the FDA. I would like to see pathogen inactivation of platelets and RBCs approved in the U.S., but whether it will be in the next 5 years is doubtful. Methods for cultivating stem cells into mature RBCs (“blood pharming”) suitable for transfusion is proceeding at an interesting rate, but usable products will not be within 5 years (nor will any other form of “artificial blood”).

...Read More.

IN THIS ISSUE

President’s Message .......... 2
Protégé Profiles .......... 2
Call for SCABB Award Nominations .......... 3
The Future of Frozen Blood .......... 4
Welcome New Members .......... 5
2012 Sol Haberman Award .......... 6
Journal Club Review .......... 7
Board of Directors .......... 8
55th President’s Message

Kirk D. Kitchen, MT(ASCP)SBB
Senior Associate, American Red Cross

“For anything to change, someone has to start acting differently.” This is one of my favorite quotes from Switch, How to Change Things When Change is Hard, by Chip and Dan Heath (Heath brothers).

I started thinking of this book for two reasons: the organization that I work for is embarking on change that is monumental in scope; and South Central Association of Blood Banks is making their annual appeal for award and scholarship nominations. Now, my first reason sounds about right since we have all experienced change within the organizations where we work. How does change make me think of award and scholarship nominations?

Once, again, the Heath brothers state that to motivate people (for change) you need to “grow your people.” An important part of “growing” people is to cultivate their identity. Here, I’m referring to a person’s professional identity. A person’s identity becomes central to the way they make decisions that can greatly impact their participation in change.

Each year, the South Central Association of Blood Banks is proud to present five awards at the Annual Meeting. Over the years, these coveted awards are presented to amazing contributors to our industry. These time-honored awards are cherished by the recipients as an acknowledgement by industry leaders of their significant endeavors. Through this program South Central is honored to be able to foster excellence in blood banking; to support strong, robust relationships within institutions; and to provide an avenue for institutions to showcase their affiliations with outstanding employees, volunteers, and donors. Likewise, South Central awards scholarships to individuals nominated by their employer or educational institution for their contributions during early career development.

These are experiences that “grow” people and cultivate their professional identity. This is one way to ensure that people are being prepared to become agents of change.

“The only thing constant in life is change”—François de la Rochefoucauld, 17th century French author.

Protégé Profiles

Ryan Nobles, MT(ASCP)CMSBB, CLS(NCA)

I grew up in Houston, Texas and attended Texas A&M University and The University of Texas. After graduating in 2007 with a BS degree in Clinical Laboratory Science from MD Anderson, I began my journey in blood banking at Gulf Coast Regional Blood Center in Houston. I later achieved my SBB certification in 2011, after successful completion of Gulf Coast Regional Blood Center’s Specialist in Blood Bank Technology Program. Currently, I am the Lead Consultation Specialist and Training Coordinator in the Reference Laboratory at Gulf Coast Regional Blood Center and a member of the SCABB Technical and Scientific Committee.

My most recent projects include presentations and awards for my work involving warm autoantibodies and their removal from patient serum. I presented my research “Warm Autoadsorption: Are We Wasting Our Time?” at the annual meeting in Austin and as a SCABBinar in June. I am on a team to integrate parts of rare donor testing at Gulf Coast Regional Blood Center. This team is aimed to improve patient care by creating a larger inventory of available antigen-negative blood.

I was very happy to be selected to join the 2012 Protégé Program and even more enthusiastic once I learned Joann Moulds would be my mentor. Having the vast knowledge base available in my fellow SCABB members will prove to be very beneficial to help me learn even more and grow in my career.

Sandy Wortman, MT (ASCP) SBB

I am pleased to be selected as a protégé in the 2012 SCABB mentor/protégé program. My mentor is Cheri Jennings from Gulf Coast Regional Blood Center. I am currently the Reference & Transfusion (R&T) Manager at Carter BloodCare (CBC) in Bedford, Texas. I came to CBC in 2002 after receiving my BS degree in Medical Technology from West Texas A & M University. I worked in the reference laboratory at CBC for a year and then transferred to a CBC satellite transfusion service at Children’s Medical Center in Dallas for 4 years, where I was promoted to supervisor. In 2007, I was promoted to R&T Compliance Manager at the main Bedford campus and worked in that role until August 2011, when it was decided that my compliance manager role would be merged with the R&T general manager role. I have had many challenges thrown my way throughout my blood banking career and I have loved every day of it.

I feel blessed to have the work opportunities and look forward to growth, development, and networking in my chosen field. I am serving on the AIMS committee this year and I am excited to be able to contribute to this wonderful program. I am looking forward to meeting other SCABB members and learning more about their labs and processes to help improve my skills and knowledge. I hope to help others develop while gaining from my involvement with SCABB.

Call for Protégés and Mentors

Do you want to develop your leadership skills? Do you want to help others develop their leadership skills? If you answer “Yes” to either of these questions, then the Protégé/Mentorship Program is looking for you. [http://www.scabb.org/protégé-mentor-prog.html](http://www.scabb.org/protégé-mentor-prog.html).

What’s On……..Jose’s iPod

<table>
<thead>
<tr>
<th>Artists</th>
<th>Songs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audioslave</td>
<td>Like a Stone</td>
</tr>
<tr>
<td>Ronnie Milsap</td>
<td>Smokey</td>
</tr>
<tr>
<td>Mountain Rain</td>
<td></td>
</tr>
<tr>
<td>Jason Aldean</td>
<td>Dirt Road</td>
</tr>
<tr>
<td>Anthems</td>
<td></td>
</tr>
<tr>
<td>Bill Withers</td>
<td>Lovely Day</td>
</tr>
<tr>
<td>The Strokes</td>
<td>Last Night</td>
</tr>
</tbody>
</table>

“Gotta Geaux!”

www.scabb.org
Call for South Central Association of Blood Banks Award Nominations

Each year, the South Central Association of Blood Banks is very proud to present five awards at the Annual Meeting. Over the years, these coveted awards are presented to amazing contributors to our industry. These time-honored awards are cherished by the recipients as an acknowledgement by industry leaders of their significant endeavors.

South Central is honored to be able to foster excellence in blood banking, support strong, robust relationships within institutions, and provide an avenue for institutions to showcase their affiliations with outstanding employees, volunteers, and donors. Please carefully review the award criteria and nominate individuals and groups who should be recognized for their outstanding achievements or contributions. Nominations are due December 19, 2012.

Applications and detailed criteria and submission instructions can be found on the South Central website, www.scabb.org. Questions? Contact Sarah Jones, Awards Committee Co-Chair at sjones1@sleh.com.

1. President’s Award of Merit – Outstanding Individual: This award is presented to an individual who has made a significant contribution to the blood resources of a blood collection facility, either by coordinating blood drives, donating large quantities of blood, or recruiting large numbers of blood donors over a long period of time. Nominees may also include volunteers who have shown spectacular short-term results (e.g. response to a disaster) and Donor Recruiters within blood centers or hospitals.

2. President’s Award of Merit – Outstanding Contributions: This award is presented to a volunteer, corporate, or media group or a financial contributor to the blood banking profession, which has shown spectacular long-or short-term results in the promotion of blood banking, the promotion of public understanding of blood banking, or demonstrated strong commitment to blood banking in a significant and unique manner.

3. Larry Trow Memorial Educational Award: This award is presented to any individual, who has significantly contributed to the promotion of immunohematology education within the Association’s region by 1) promoting a better understanding of immunohematology on local, state and regional levels, 2) presenting educational programs on local, state and regional levels, 3) providing educational coordination, instruction of schools of blood bank technology, or 4) being instrumental in providing scientific, technical, and administrative education at various levels of expertise and interest.

4. Dr. Matthew Gottlieb Rising Star Award – This award is presented to an individual who has been an Association member from one to five years and has contributed to South Central by serving on a committee, writing articles for PULSE, presenting an abstract at the annual meeting, etc.

5. The Cornerstone Award: This award is presented to an individual or institutional member of the association who has contributed in an extraordinary way to the success of the South Central Association of Blood Banks. Recipients of this award are recognized for a contribution, landmark event, or new endeavor that helps sustain the association or promotes its growth and prosperity.

Firefighters Meet the Challenge

2012 marks the 10th year for the Coastal Bend Blood Center’s annual Guns N’ Hoses Blood Drive Challenge, a competition between various law enforcement and fire fighting entities to see whether “guns” or “hoses” can bring in the most blood donations during the month of July.

Coastal Bend fire, police, sheriff, public safety, border patrol and criminal justice offices hosted blood drives throughout the month and invited their employees, as well as family and friends, to come out and show their support by giving blood. All blood donors during the month of July had the option of crediting their donation toward either “guns” or “hoses.”

Showing support from the top, Corpus Christi Police Chief Floyd Simpson and Corpus Christi Fire Chief Robert Rocha officially kicked off the challenge by donating blood at the Nueces County Courthouse on Monday, July 9. Kingsville Police Chief Ricardo Torres donated blood that day and issued a challenge for all Coastal Bend community law enforcement and fire fighting leadership to do the same.

At the end of the challenge, “Hoses” came out on top, partnering with the Blood Center to collect 283 units of lifesaving blood. Battling until the very end, “Guns” finished with an impressive 216 donations. These two groups joined together to contribute an amazing 499 units of blood for Coastal Bend hospitals and patients. The “winning” agencies will receive a certificate to display, along with bragging rights for the coming year.

Every donation counts. A heartfelt thank you goes to each of the fire fighting and law enforcement agencies that hosted blood drives during this competition. Special congratulations to City of Kingsville Fire Department, Corpus Christi Fire Department, NAS Corpus Christi Fire & Emergency Services, Refinery Terminal Fire Company, and Robstown Fire Department.

District III News

Submitted by David Gremillion

The Summer Board Meeting was held in Baton Rouge on July 20 and 21. Many board members and committee chairs who flew in from drought-stricken areas of the United States were in awe at the emerald green flora that Baton Rouge was nestled in. While the Mississippi River is at record low levels, South Louisiana has been blessed with frequent afternoon showers. I wish I could divert some of these life-giving rains to stressed corn and soybean fields in the rest of the nation.

Summer Board Meeting attendees met at the Belle of Baton Rouge Hotel and Casino on Friday afternoon. Kirk Kitchen, SCABB president, Karla Darnall from the Central Office and I visited some nearby venues for the Awards Banquet. The Old Louisiana State Capitol is beautiful and would be a great place to host the banquet. In a well-appointed meeting room on the top floor, program chairs outlined their plans for the three learning tracks – Administrative, Technical/Scientific and Donor Recruitment and Collections. We then toured the facility to get a feel for the meeting rooms and exhibit hall. The exhibit hall will be unique, in that, it is a very spacious glass-covered atrium that allows plenty of natural sunlight. And yes, we had another heavy afternoon thunder storm that very day. After dinner, some attendees tried their luck in the adjoining casino.

On Saturday, the team met at Our Lady of the Lake Regional Medical Center to hash out other details for the 2013 Annual Meeting. We discussed possible themes for the meeting such as – Rolling on the River – Learning on the River. Sang Rouge (Blood Red) in Baton Rouge. Finally, it was decided the theme is “Your Gotta Geaux”.

CBB guns and hoses
For many years, freezing and deglycerolizing Red Blood Cells (RBCs) have been a routine practice for blood centers and transfusion services nationwide. We have all come to rely on frozen RBCs to help maintain a healthy stock of rare RBCs for the hospitals we serve, as well as for supplying units to other members of the American Rare Donor Program. Unfortunately, one major drawback of deglycerolized RBCs is the short 24-hour expiration time, which often becomes a major problem when complications arise with patients and starting transfusions are delayed or canceled. The deglycerolized RBCs can expire, resulting in loss of valuable resources and revenue.

Since 2010, Gulf Coast Regional Blood Center has been freezing and thawing rare RBCs using the FDA-licensed Haemonetics Automated Cell Processor (ACP), which has been used by the military for many years to manage the logistics of moving thousands of RBCs globally. The major advantage to using this new technology to freeze and thaw RBCs is the extended 14-day expiration date. The freezing and thawing process using the ACP is almost identical to the traditional process, but takes place in a closed environment, which allows for the longer expiration. We, as well as our hospital partners, no longer have the stress that comes with a unit that expires in less than 24 hours. Despite the advantages, this new technology comes with a couple drawbacks. RBCs must be derived from whole blood donations and frozen within 6 days of collection. These two criteria have forced us to reevaluate our rare RBC freezing program from ‘donor draw’ to ‘prioritizing testing, once the units are in hand.’ Another hurdle we have encountered is clients not being aware of this new technology and their slow transition in adapting to a different way of managing the blood supply.

We are almost through the growing pains associated with making such a big transition, but the results have been worthwhile. We now have thawed RBCs that look identical to un-manipulated RBCs and we no longer have nurses questioning the RBC unit distributed in a different “donut” shaped bag. We are also participating in a multi-center study with Hermann Hospital in Houston to discover the quantitative and qualitative advantages and disadvantages of blood frozen and deglycerolized using the ACP versus liquid units that are either zero to 14 days old or 15 to 42 days old. The Haemonetics ACP has the potential to radically change how we all view frozen RBCs and hopefully make a positive impact on how we manage our rare inventories.

It’s time you saw what you’re doing

TANGO® optimo system

The easy-to-use, fully-automated blood group serology testing system

The TANGO® optimo system combines proven Erytype S and Solidscreen II technologies with state of the art instrumentation to provide laboratories of all sizes with outstanding productivity, reliability and true hands-off convenience.

www.bio-rad.com/immunohematology

Visit Bio-Rad at the AACC/ASCLS Clinical Lab Expo Booth #1101

July 11–19, 2012
Los Angeles Convention Center
Los Angeles, CA

BIO-RAD
Welcome New Members - Since Last Pulse

Jose Garcia, Co-Chair Membership Committee
On behalf of the South Central Association of Blood Banks and the SCABB Membership committee, we would like to extend a warm welcome to our new members:

Elizabeth Callais
St. Tammany Parish Hospital
1202 South Tyler
Covington, LA 70433
Office: 985-898-4093
callais@stph.org
Member Type: Individual

Dennis Fallen
Oklahoma Blood Institute
2700 E. Broadd Street
P.O. Box 1
Mansfield, TX 76063
Office: 682-622-2000
daren.fallen@mbd.com
Member Type: Individual

Darren Chess
Methodist Health System
1501 W. 3rd Street
P.O. Box 2100
San Antonio, TX 78201
Office: 210-731-5512
Office: 512-395-6744
skeenan@indianablood.org
Member Type: Individual

Suzanne Davison
Indiana Blood Center
3450 North Meridian Street
Indianapolis, IN 46208
Office: 317-916-5188
indianablood.org
Member Type: Individual

Leslie Vinson
University of CO Hospital
12605 E. 16th Avenue Room 3000
Aurora, CO 80045
Office: 720-484-4444
leslie.vinson@uchsc.edu
Member Type: Student

SCABB offers many educational and networking opportunities year round and connecting with fellow members is now easier than ever with our newly launched Members Only area on www.scabb.org. We encourage you to log in today and take full advantage of your membership. Thank you for your commitment to Connect, Learn and Grow!

Phlebotomist 1 (Allen TX and Plano TX)
Responsible for performing all job duties related to collections, including donor registration, screening and possibly the collections of special donations. Position is required to maintain regular attendance and may be required to assume overtime, and/or float to other areas. To apply go online to www.carterbloodcare.org and click jobs and apply online.
Posted 8/21/12

Phlebotomist II (various TX locations)
Responsible for performing all aspects of collections, ability to operate a minimum of one apheresis technology, and possibly special donations. The Phlebotomist II will oversee and assign responsibilities to collections staff. This includes effectively and discreetly solving personnel and donor problems, addressing procedural or behavioral problems, and making verbal or written reports to management. This position is required to maintain regular attendance and may be required to assume overtime, and/or float to other areas. To apply go online to www.carterbloodcare.org and click jobs and apply online.
Posted 8/21/12

Donor Center/Mobile Supervisors (Bedford, Denton, Mesquite and Plano TX)
Responsible for performing all job duties related to whole blood collection, special donations and ability to operate a minimum of two apheresis technologies with the exception of those locations with only one apheresis technology. Will oversee and assign responsibilities to donor center staff. This includes effectively and discreetly solving personnel and donor problems, addressing procedural or behavioral problems, and making verbal or written reports to management. Minimum of 1 year apheresis/dialysis or blood banking experience. Previous management or supervisory experience. To apply go online to www.carterbloodcare.org and click jobs and apply online.
Posted 8/21/12

Meet Temperature Compliance Requirements for Safe Transport and Storage of Blood

...with Safe-T-Vue® Temperature Indicators and TRANS-VUE™ Temperature Indicating Devices

For use where temperature, not time, is the standard for blood temperature management

- Available in 6°, 8°, and 10°C indication temperatures
- Visually indicates whether blood may be reissued when returned
- Improves quality assurance and promotes requirements of accountability during transport

*According to AABB and FDA temperature compliance requirements for storage and transport of blood products

For product literature or samples call 1-800-767-7643, e-mail: sales@williamlabs.com, or Fax: 1-860-749-1351.

William Laboratories, Inc.
Temperature Monitoring Products for Healthcare Compliance
5 Anngina Drive, Unit B • Enfield, CT 06082
www.williamlabs.com

Phlebotomist 1 (Allen TX and Plano TX)
Responsible for performing all job duties related to collections, including donor registration, screening and possibly the collections of special donations. Position is required to maintain regular attendance and may be required to assume overtime, and/or float to other areas. To apply go online to www.carterbloodcare.org and click jobs and apply online.
Posted 8/21/12

Phlebotomist II (various TX locations)
Responsible for performing all aspects of collections, ability to operate a minimum of one apheresis technology, and possibly special donations. The Phlebotomist II will oversee and assign responsibilities to collections staff. This includes effectively and discreetly solving personnel and donor problems, addressing procedural or behavioral problems, and making verbal or written reports to management. This position is required to maintain regular attendance and may be required to assume overtime, and/or float to other areas. To apply go online to www.carterbloodcare.org and click jobs and apply online.
Posted 8/21/12

Donor Center/Mobile Supervisors (Bedford, Denton, Mesquite and Plano TX)
Responsible for performing all job duties related to whole blood collection, special donations and ability to operate a minimum of two apheresis technologies with the exception of those locations with only one apheresis technology. Will oversee and assign responsibilities to donor center staff. This includes effectively and discreetly solving personnel and donor problems, addressing procedural or behavioral problems, and making verbal or written reports to management. Minimum of 1 year apheresis/dialysis or blood banking experience. Previous management or supervisory experience. To apply go online to www.carterbloodcare.org and click jobs and apply online.
Posted 8/21/12

...)Read More
Warm Autoadsorption: Are We Wasting Our Time?

Abstract

BACKGROUND: Our current adsorption procedure follows the accepted practice of adsorbing autoantibodies from patient’s serum up to three times with either ZZAP-pretreated patient red blood cells (RBCs) and/or ficin-pretreated allogeneic RBCs. This time-consuming process can require up to six hours, which may create significant delays that can impact patient care. The aim of this study was to modify the current adsorption method to reduce the total adsorption time to one hour.

STUDY DESIGN AND METHODS: A ratio of one part patient serum to three parts RBCs (1:3 Method) was maintained for all samples. The one part of patient serum was first split into three separate tubes. Each aliquot of patient serum was mixed with one full part of ficin-pretreated allogeneic RBCs, creating three separate adsorbing tubes each containing 1 part patient serum and three parts RBCs. All tubes were incubated for one hour at 37°C with periodic mixing. The adsorbed serum from each tube was harvested and combined into one tube and tested with the originally tested selected panel cells, if available, in the same phases that showed reactivity. If the originally adsorbed serum did not exhibit underlying alloantibodies when tested with a full panel of cells, the newly adsorbed serum was only tested with a three-cell antibody screen.

RESULTS: A total of 58 patient samples known to contain warm autoantibodies were evaluated using the current method and the modified 1:3 Method. Forty-eight cases (83%) were successfully adsorbed using both methods. Of these 48 cases, 20 (34.5%) contained underlying alloantibodies. In all 20 cases with underlying alloantibodies, the 1:3 Method demonstrated the same antibody specificities and reaction strengths as the current method. Eight cases failed to be adsorbed by both the current method and the 1:3 Method and required allogeneic adsorption using Polyethylene Glycol (PEG). The 1:3 Method detected underlying alloantibodies in three cases (two anti-E, one anti-f) that were not detected using the current method. Two cases successfully autoadsorbed but failed to alloadsorb by both methods.

CONCLUSION: The 1:3 adsorption method proved to be efficient as well as effective for quick removal of autoantibodies while allowing for the detection of underlying alloantibodies. Moreover, the 1:3 adsorption method demonstrated equal or comparable results to the currently accepted adsorption method in a total adsorption time of only one hour.

INTRODUCTION

Red blood cell (RBC) autoantibodies, when present in the serum of a patient, will react with the patient’s RBCs as well as all normal RBCs. These autoantibodies have the potential of masking the presence of underlying clinically significant alloantibodies. When a patient with warm autoantibodies in the serum is in urgent need of an RBC transfusion, the time-intensive adsorption process to remove autoantibodies can adversely impact patient care. Current published adsorption procedure (current method) used by reference laboratories and transfusion services can require 4-6 hours to complete with no guarantee of successfully removing the autoantibodies.

The Sol Haberman Scholarship Award is given in memory and honor of Dr. Sol Haberman, a pioneer immunohematologist, tireless teacher and researcher. The award represents the continuing search for excellence in blood banking. Current and previous year’s School of Blood Banking students from any SBB Program in the United States are eligible and encouraged to enter. The award includes $300, full registration to the SCABB Annual Meeting, and special recognition at the banquet.

Entries requirements included submission of a paper based on work completed during training. The paper’s subject matter must be related to immunohematology. Interested students should review the detailed award description and entry requirements at www.scabb.org. Entries are being accepted now through January 14, 2013.

Questions? Contact Sarah Jones, Awards Committee Chair at sjones1@shleh.com or SCABB Central Office at scabb@scabb.org

---

Warm Autoadsorption: Are We Wasting Our Time?
Red Blood Cell Transfusion: A Clinical Practice Guideline from the AABB


Introduction:
Red Blood Cell (RBC) transfusion practices vary widely throughout the United States and the world. Although 85 million units are transfused annually worldwide, there is limited high-quality evidence of the benefits and harms of RBC transfusions. Optimal use maximizes clinical outcomes, while avoiding unnecessary transfusions that increase costs and expose patients to risks. The AABB performed a systematic review of randomized clinical trials between 1950 and 2011 to evaluate clinical consequences of different hemoglobin concentration threshold transfusion strategies in hemodynamically stable adults and children. Four recommendations regarding RBC transfusion were provided.

Systematic Review:
The AABB Clinical Transfusion Medicine Committee searched multiple databases for studies done between 1950 and 2011. The systematic review included randomized controlled trials, without language restrictions, of surgical and medical adult and pediatric patients in which transfusion groups were assigned based on a clear transfusion hemoglobin or hematocrit threshold. The comparison group was either required to have higher thresholds than the intervention group or could follow current, less well-defined transfusion practices as long as they were more liberal than the intervention group. They did not examine adverse events related to transfusion. The primary outcome was the proportion of patients who received RBC transfusions. Secondary outcomes included illness, death, hemoglobin levels, length of hospital stay, and number of RBC units transfused. All analyses were performed by using Cochrane Collaboration Review Manager Software and GRADE methodology was used to develop the guidelines.

Results/ Clinical Recommendations:
RECOMMENDATION 1: The AABB recommends adhering to a restrictive transfusion strategy (7 to 8 g/dL) in hospitalized, stable patients (Grade: strong recommendation; high-quality evidence). Outcomes from 19 trials (6246 patients) were examined and restrictive transfusion resulted in a lower mortality rate compared to liberal transfusion, although this finding did not reach statistical significance. No evidence suggested harm by restrictive strategy and the three largest trials showed no benefit from the liberal transfusion group.

RECOMMENDATION 2: The AABB suggests adhering to a restrictive strategy in hospitalized patients with preexisting cardiovascular disease and considering transfusion for patients with symptoms or a hemoglobin level of 8 g/dL or less (Grade: weak recommendation; moderate-quality evidence). Two main trials addressed patients with cardiovascular disease. The first study did not find a statistically significant difference in various outcomes for a restrictive or liberal transfusion strategy. The other study found a lower risk for myocardial infarction in the restrictive group, but also a trend toward increased mortality in the restrictively transfused patients. Combined data from eight trials did not find elevated risk for myocardial infarction in the restrictive group, but the comparison lacked statistical power. There does not seem to be enough data in this group to precisely define the risks and benefits of different transfusion strategies.

RECOMMENDATION 3: The AABB cannot recommend for or against a liberal or restrictive transfusion threshold for hospitalized, hemodynamically stable patients with acute coronary syndrome (Grade: uncertain recommendation; very low-quality evidence). No clinical trials evaluating transfusion thresholds in patients with acute coronary syndrome were identified.

RECOMMENDATION 4: The AABB suggests that transfusion decisions be influenced by symptoms, as well as hemoglobin concentration (Grade: weak recommendation; low-quality evidence). Only one trial incorporated symptoms into the decision whether to transfuse. Patients could be transfused for symptoms, but were not required to be transfused. Over 15% of patients in the restrictive group received transfusions for symptoms, compared to approximately 5% in the liberal group. There were no statistically significant differences in the outcomes examined. Although there has not been a trial that has compared patients receiving transfusions based on hemoglobin concentration alone with those based on symptoms alone, it makes sense physiologically that transfusion decisions should be determined by both hemoglobin concentration and symptoms.

Discussion:
From this systematic review of randomized clinical trials, the AABB found little evidence to support a liberal transfusion strategy. The three largest randomized controlled trials used restrictive thresholds of 7 g/dL and 8 g/dL and this strategy is strongly recommended in most hemodynamically stable patients (critical care, surgical, and medical). A weak recommendation is suggested for a restrictive strategy in patients with cardiovascular disease. There was not enough evidence in patients with acute coronary syndrome. If a restrictive strategy were widely implemented, RBC transfusion could decrease by approximately 40%. This would have a large effect on blood usage and would decrease complications of transfusion.
EXECUTIVE COMMITTEE

President
Kirk Kitchen, MT(ASCP)SBB
American Red Cross
1814 B West Abingdon Drive
Alexandria, VA 22134
Office: 703-519-5617
kitchenk@usa.redcross.org

President-Elect
Jeannie Gardner, RN
Oklahoma Blood Institute
1001 N. Lincoln Blvd.
Oklahoma City, OK 73104
Office: 405-205-5186
kitchenk@usa.redcross.org

Vice President
Tom Choi
Executive Director
United Blood Services
1125 Terminal Way
Reno, NV 89502-2114
Office: 775-324-6454
tchoi@bloodsystems.org

Treasurer
Christie Loe-Malone, MT(ASCP)SBB
Charter Medical, Ltd.
259 Valencia Circle
St. Petersburg, FL 33716
Office: 727-324-7241
cloe@lyonl.com

Secretary
Sarah Jones MT(ASCP)SBB
St. Luke’s Donor Center
9720 Broadway, #1028
Pearland, TX 77584
Office: 832-355-9093
sjohns@slleh.com

Immediate Past President
Jose Garcia
QuaTex Laboratories
6211 IH-10 West
San Antonio, TX 78201
Office: 210-731-5578
jose.garcia@quatexlabs.org

DISTRICT DIRECTORS

District I – (TX)
Diane Lechuga, MT BB (ASCP)
Corpus Christi Medical Center
3315 South Alameda,
PO BOX 8991
Corpus Christi, TX 78411
Office: 361-857-1474
diane.lechuga@hcalthcare.com

James Giacoletti
Carter BloodCare
2205 Highway 121
Bedford, TX 76021
Office: 917-412-5007
jgiacoletti@cartierbloodcare.org

District II
(AZ, NM, CO, OK, NV)
Dustin Conover
Oklahoma Blood Institute
1101 N. Lincoln Boulevard
Oklahoma City, OK 73104
Office: 405-278-311
dconover@obi.org

District III (AR, LA, MS)
David Gremillion,
MT(ASCP)SBB MS HP
Our Lady of The Lake Regional Medical Center
5000 Hennessy Blvd.
Baton Rouge, LA 70808
Office: 225-765-8162
dgremill@ololrmc.com

District-at-Large
LeeAnn Walker, Med, MT(ASCP)SBB
Immucor, Inc.
3130 Gateway Dr.
Norcross, GA 30071
Office: 678-421-1315
lwalker@immucor.com

Central Office
Karla Darnall, Executive Director
South Central Association of Blood Banks
866-649-6550 Ph
866-649-6590 Fx
www.scabb.org
Tina Hargis, Education/Registrar
Liz Pearce, Accounting
Ashley Combs, Member Services

2012-2013 Board of Directors

THE BELIEF THAT BLOOD
CAN DO EVEN MORE
FOR THE WORLD
THAN IT DOES TODAY

CaridianBCT and Terumo Transfusion have become Terumo BCT, the world leader in blood component technology. Together, we believe in the potential of blood to do even more for the world than it does today. This belief unites our organization, inspires our innovation and strengthens our collaboration with customers to ultimately benefit the patients we all serve.

Learn how this potential can increase the value of blood donation by contacting your sales representative today.

UNLOCKING THE POTENTIAL OF BLOOD | TERUMOBC.T.COM

©2012 TERUMO BCT, INC.