

INTRODUCTION

On 21 September 1998, nine representatives of blood establishments met in Helsinki and founded the EBA. Now EBA has **26 members** and looks to past, present and future at its **20th anniversary**. The symposium and panel discussions aim to give a good overview of the challenges and developments in the field of blood transfusion in Europe.

PROGRAMME

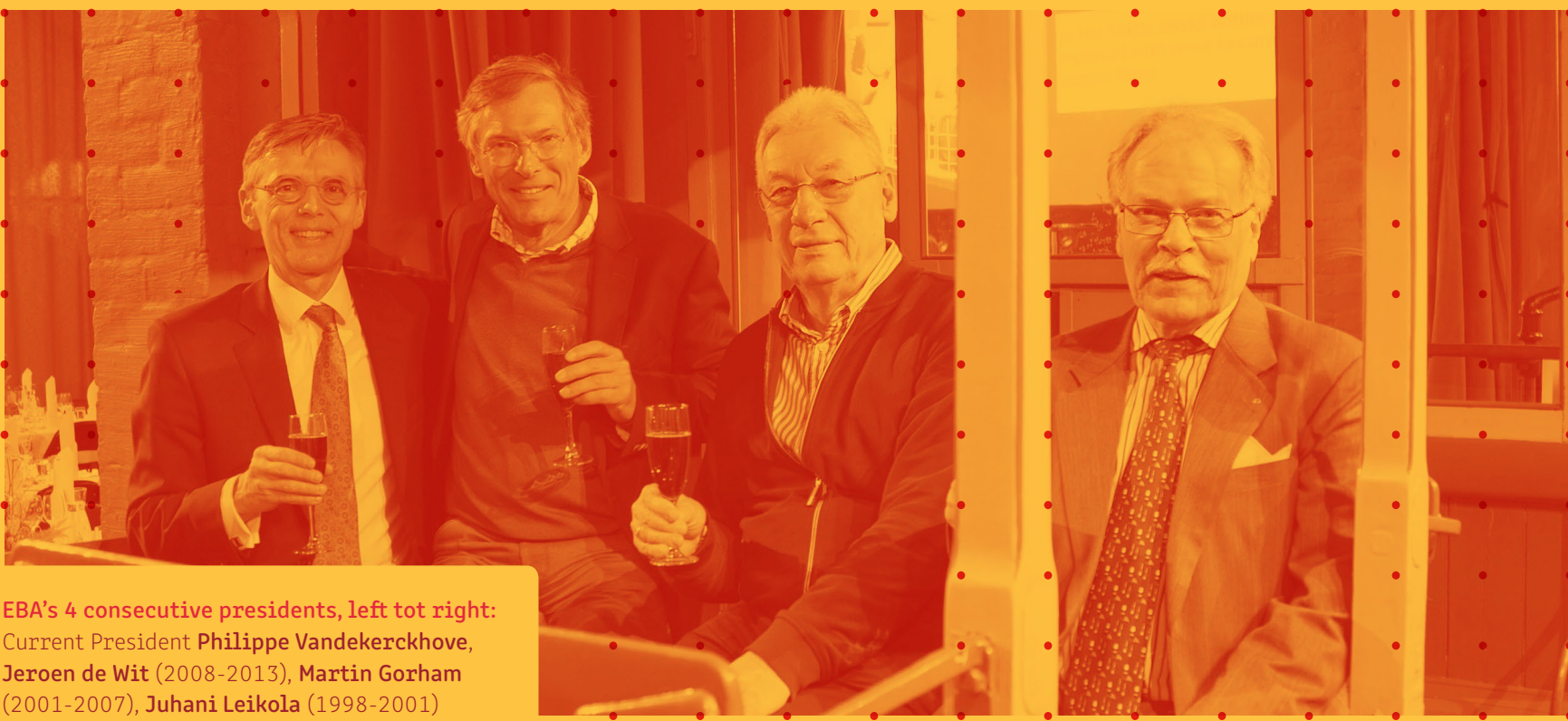
- 12.00** Lunch for all delegates
- 13.30**
 - Opening**
 - by Prof. **Martti Syrjälä**, CEO of Finnish Red Cross Blood Service
 - **The history of the EBA in view of its current activities**
 - Prof. **Juhani Leikola**, first President of the EBA.
 - **Highlights of EBA Strategy**
 - Prof. **Philippe Vandekerckhove**, President of EBA.
 - **Highlights of EBA activities**
 - Dr. **Kari Aranko**, Executive Director of EBA.
- 14.30** Break and presentation EBA Patient Video
- 15.00**
 - Panel discussions** on future challenges for the sustainability of blood supply.
 - Moderated by **Mary Morgan**, Director, Scottish National Blood Transfusion Service.
- 16.30**
 - Presentation The road to 2035:** Établissement Français du Sang (EFS) looking forward,
 - **François Toujas**, President of EFS
- 16.50**
 - Closing**
 - by Prof. **Pierre Tiberghien**, Vice-President of the EBA
- 17.00** Drinks reception
- 19.00** Celebratory dinner



Martti Syrjälä, CEO of the Finnish Red Cross Blood Service



Pierre Tiberghien, Vice-President of the EBA



EBA's 4 consecutive presidents, left tot right: Current President Philippe Vandekerckhove, Jeroen de Wit (2008-2013), Martin Gorham (2001-2007), Juhani Leikola (1998-2001)



PANEL DISCUSSIONS ON

THE FUTURE CHALLENGES OF THE BLOOD SUPPLY

Moderated by **Mary Morgan**

SESSION 01

SAFEGUARDING DONOR HEALTH AND WELLBEING

Wim de Kort (Netherlands), **Christian Erikstrup** (Denmark), **Moira Carter** (Scotland), **Alice Simonetti** (FIDUS/IFBDO)



Wim de Kort presented concerns in Donor Health monitoring. The donor health risk monitoring should include corrective follow up actions for the donors concerned. "Right now, Wim de Kort remarked, "the blood services identify those health risks of donors that might cause consequences to the blood supply or patients or to patients, but focus is not enough on donor health". He further noted that: "low HB levels of donors are often left without follow up, and donors at risk of carrying a transmissible infection are not tested but sent home". He called upon blood services to not only identify the health risks, but also take action towards the donors to help them, for example by testing donors identified to be at risk for infections, or by relieving their iron depletion as this is often imposed by the blood banks themselves...



Moira Carter compared the opportunities and risks of digital and social media in safeguarding donor health and wellbeing. The social media offers huge possibilities to donor communication but are not without risks. "It is a very direct and useful media in communicating with the donors, but at the moment it is facing a very controversial development, for example the mistrust towards Facebook in safeguarding its user's privacy" Moira Carter explained, "The social media channels also change all the time. Previously some posts in Facebook could easily raise hundreds of thousands of "likes", but now only a few thousands. In addition to social media we should consider using again direct digital communication means ("narrow casting") such as SMS and e-mail" she advised.



Christian Erikstrup talked about iron management and raised a question about what would be the best regimen in handling this. "Many donors develop iron depletion. We are obliged to mitigate the risk of deleterious health effects of blood donation. Some blood centers offer ferritin-guided iron supplementation but the optimal regimen is not known" he argued, "but what about the effects and side effects of iron supplementation? We need trials that investigate the best regimen. And what should be the right interval between donations?" an earlier ABO Survey indicates that the procedures differ a lot between blood centers. "We should study this subject more and we also need randomized studies" he concluded.



Alice Simonetti reminded the blood services that "they should not only be close to donors and thank them for their commitment, but also let them understand the ethical importance of their gift as an expression of community participation in the health system". Associations play a strategic role in raising awareness about the importance of regular voluntary non-remunerated donors and in promoting the culture of solidarity, prevention and healthy lifestyles. "When one donates, he or she should be able to trust that the health system gives back in return safe and quality blood components to the patients who need them" she summarised.



SESSION 02

SAFEGUARDING AND IMPROVING PATIENT CARE

Stefan Laspina (Malta), **Guy Rautmann** (EDQM/Council of Europe), **Lorna Williamson** (UK), **Cees Smit** (European Patient Forum)



Lorna Williamson considered in her presentation what additional contributions blood services could bring to health care. She observed that "it is within the blood service's remit to find out the influence of donor characteristics on quality of the blood component, and recruit donors to biorepositories as well as organ, tissue and stem cell donors". Also possible would be to venture out to general research: "there might also be possibilities to do broader donor health screenings. However, this has been investigated in the past, and has not been taken up widely. Blood Services could provide Big Data on donors and patients for studies on common diseases". On the other hand there are also some tasks which would not be considered appropriate, such as forensic work or screening of migrants, because "we are not an arm of the legal system". Also mass screening for infectious agents is better done by Public Health.



Stefan Laspina highlighted the statistics on the use of blood products within seven European university hospitals. He stated "It is clear that blood still saves lives and is crucial to patient management". The challenge is to forecast the future requirement for blood products. There is contradicting information about this. Though currently red cell usage is showing an overall downward trend, changes in population demographics (aging population), changes in medication in malignant conditions (immunotherapy), and other issues will all have their individual effects, making predictions difficult.



Cees Smit first showed the vast improvements made possible for people with hemophilia since the 60's, but he also stressed that many patients worldwide still go without good medication. He raised the question of plasma dependency from USA: "Plasma dependency in the EU from US donors is at least 70 %. The plasma products have also been dominated by the private sector over the public sector". He stressed that blood and plasma should be considered as strategic resources and called upon the EU to invest in this. In the discussion he noted also that ethnic minorities should be encouraged to give blood.



Guy Rautmann presented the contributions from the EDQM to safeguard the quality and safety of blood components and products... The Blood Guide is an important tool in setting harmonized recommendations for labile blood components. The Good Practice Guidelines published in the Blood Guide are part of EU Legislation. The Blood Guide is being regularly updated by experts from the field. He also emphasized that the European Pharmacopeia is laying down mandatory requirements for the quality and safety of plasma derived medicinal products.

SESSION 03

SAFEGUARDING THE BLOOD SUPPLY: PREPARE FOR THE UNEXPECTED

Veerle Compernelle (Belgium), **Polonca Mali** (Slovenia), **Claudio Velati** (Italy), **Mirka Sivula** (HOPE representative-European Hospital and Healthcare Federation)



Mirka Sivula spoke about the collaboration between hospitals and blood services: "Transfusion medicine specialists both in blood services and hospitals have traditionally had tight connections and there has been easy access to discuss individual clinical issues, also in emergency situations". But she stressed to the audience that "even tighter and wider collaboration is needed in preparing for the future, for example in forms of transfusion medicine education, shared good clinical practices, national guidelines and research issues. Blood services should actively take part in national meetings!". Collaboration is also needed in collecting and distributing data on transfusion practices and trends. She also encouraged blood services not to be too polite in their relationships with their clients: the hospitals need feedback in use of blood products.



Claudio Velati reflected on the factors that influence the demand of blood products. The demand varies a lot between countries: "The national needs are influenced by the aging population, extension of therapeutic opportunities, outbreaks of transmissible diseases and local Patient Blood Management practices for example" he noted. Automation and high technology brings better quality and standard in blood component preparation. Also the centralized validation and manufacturing has its impact on blood supply. He concluded that constant monitoring of the use of blood products, in collaboration between hospitals and blood services is needed.



Veerle Compernelle presented the key messages from recent major incidents and the role of social media in them. The perception of general public in major accident situations is that blood is needed much more than normally: "People want to express their support for the victims by donating blood and spread the word actively. However, the reality is that in most cases the blood stocks are adequate and there is no immediate need for extra donations" she reported. The blood services have only one voice in social media, while general public has as many as there are users. The challenge for blood services is to turn the willingness to donate blood into future donations. Active communication is needed to support that awareness.



Polonca Mali talked about the donors of the future and the demographics of the donor base. The blood services expect the donors to come as they always have: "The expectation is that they are healthy with no obstacles to donate, and also have the blood groups needed most", she noted. However, the societies are changing: the populations are aging, the migration is strengthening and socio-cultural aspects are changing. "Are we prepared to these changes?" she wondered.