



WORLD APHERESIS ASSOCIATION

Newsletter 2007

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MESSAGE FROM PRESIDENT OF THE WAA

Dear Members of the WAA:

Twenty one years have passed since the WAA was founded in 1986 with 8 societies. We recall old faces of ten past presidents contributed to the development of the WAA to our mind. With their endeavors, therapeutic and donor apheresis is now being used in many fields of medicine for diseases that are refractory to treatment.

As written in the WAA Bylaws, the WAA is the global resource for developing and supporting innovative therapies through communication, education, and training, thus furthering clinical based investigation for the benefit of patients. But, it needs to improve financial conditions of the WAA to promote activities of the WAA. In order to carry on our mission, industry support should also be solicited as sustaining and/or corporate members.

Our past president, Prof. Guillemin, has set a project for the near future. So, I have to strive for what he wants. Since the 11th WAA Congress held in Yokohama garnered good reviews and I have been elected President of the WAA from Asian countries, the WAA Congress has begun to attract notice east and south part of Asian countries. In addition, a growing number of participants from non-European countries offer important information on the latest results in basic and clinical science.

The WAA holds regular meetings with a General Assembly every 2 years at the time and place designated by the Board Members. It is an ideal opportunity to upgrade our knowledge and latest advances. However, since the next WAA Congress will be held in March 2009, we have not enough time to spare in doing our object efficiently.

I am convinced that our next awaiting solutions are as follows:

- To entice new societies to join the WAA, especially from Asian countries
- To elaborate on educational programs for physicians and technicians from undeveloped countries for apheresis, and support their technical training on apheresis engineering in the leading nations.
- To make further efforts to search for financial ground that could lead to a solution of the long-pending issues within the WAA.

I was gratified with the news that both the Chinese Society for Apheresis and the Korean Society for Apheresis are strong willing to join as member societies of the WAA. We would be able to strengthen old friendships, and will certainly facilitate the interaction between peoples from many parts of the world and make new acquaintances through activities of the WAA.

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MESSAGE FROM THE PAST PRESIDENT

All physicians interested in hemapheresis and its clinical indications met in Yokohama for the Congress of the WAA, organized in conjunction with the Japanese Society for Hemapheresis and the International Society for Apheresis. This Congress represented a forum for meeting clinicians and researchers from all over the world, to exchange ideas and also to socialize. Research, both basic and clinical, in additions to technical aspects, registries, economic perspectives and continuing education for physicians and nurses were among the numerous topics addressed.

Every two years, it is also the opportunity for the Board to discuss the future activities of the Association, to renew the Board, to recruit new member societies and to discuss issues related to our field of interest. In Yokohama, the WAA Board chose the next host country for the 2009 Congress.

Blood transfusion remains a major field of action for hemapheresis and benefits from technological improvements. If we consider therapeutic hemapheresis, new drugs now compete with plasma exchange (PE). Clinicians have a responsibility to define therapeutic strategies using PE together with new therapies, including biologics, but also to determine the diseases where drugs can substitute for hemapheresis. Our Congress is certainly the best place to address these issues.

Loïc Guillevin
Past President of the World Apheresis Association

EDITOR'S ADDRESS

The 11th meeting of the WAA was held March 2-4, 2007 in Yokohama, Japan in conjunction with the 6th World Congress of the International Society for Apheresis (ISFA) and the 27th Annual Meeting of the Japanese Society for Apheresis (JSFA). The special circumstances of this meeting warranted a change in schedule to allow 3 societies to hold a single joint meeting. The Congress President was Dr. Tadao Akizawa (Showa University School of Medicine) – a most hospitable host who put together a superb scientific program. There were topics ranging from cell and organ transplantation through LDL apheresis – in fact the whole gamut of apheresis practice. Attendance, heavily represented by the Japanese, also drew an impressive number of practitioners from around the world. For the next meeting, the board has recommended a return to the even year schedule and it is with great delight that the new WAA President confirmed the 12th meeting to be held in Buenos Aires, Argentina in 2009 under the able leadership of Mario Figueroa who will serve as the Congress President. Subsequently, a meeting is planned for spring of 2010. We will keep you posted on the details of both of these meetings but please put the times in your calendar now and plan to attend.

The WAA has been in existence since 1984 when the first gathering was held in Dijon. The next official meeting was held in Tokyo in 1986 followed by the 1988 meeting in Ottawa. Like all new societies, we have struggled over the years to evolve the bylaws to best represent our international nature. By having 3 Vice Presidents, we allow broad representation from different areas and, recently, the membership committee under Dr. Weinstein has been very effective in finding new groups who could join us under this national umbrella of the WAA.

The Edwin Cohn-de Laval Committee was encouraged to assume a proactive fund raising role in the development of new WAA programs including our registry. That is, while the board and congress president concentrate on raising funds for the next meeting, we recognize the need for a capability of developing new programs and expanding our horizons. New approaches will be developed by this group and discussed with the board at the next meeting.

Dr. Gail Rock
Chair, Canadian Apheresis Group

IN MEMORIAM

It is with regret that we inform you of the passing of Dr. Thomas Bosch who died on July 19, 2007 after a long illness. We extend our deepest sympathy to his family.

Dr. Thomas Bosch was a founding member of the International Society for Apheresis (ISFA) and was active on the Board of Trustees founded in 2003. He served as President of the International Society for Apheresis from 2003 – 2005.

WORLD APHERESIS ASSOCIATION

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President	Noritoshi SHIBUYA (Japan)
Immediate Past-President	Loïc GUILLEVIN (France)
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American Society for Apheresis	ASFA	USA	Robert Weinstein
Canadian Apheresis Group	CAG	Canada	William Clark
European Society for Artificial Organs	ESAO	Europe	Horst Klinkmann
European Society for Hemapheresis	ESFH	Europe	Paul Höcker
Grupo Latino-Americano de Hemaféresis	GLHEMA	S. America	Mario Figueroa
Hellenic Haemapheresis Society	HHS	Greece	Konstantinos Markakis
Indian Society for Apheresis	ISA	India	Rakesh Srivastava
International Society for Apheresis	ISFA	International Society for Apheresis	Tadao Akizawa
Japan Society of Apheresis	JSFA	Japan	Noritoshi Shibuya
Philippine Society of Hematology and Blood Transfusion	PSHBT	Philippines	Priscilla B. Caguioa
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Società Italiana di Emaferesi	SidEM	Italy	Giancarlo Isacchi
Turkish Hemapheresis Society	TSH	Turkey	Önder Arslan

SOCIETY REPORTS

Australian & New Zealand Society of Blood Transfusion (ANZSBT)

www.anzsb.org.au

The Australian & New Zealand Society of Blood Transfusion (ANZSBT) comprises members from diverse medical, scientific, technical and nursing backgrounds working within the areas of Blood Transfusion and Transfusion Medicine within Australia and New Zealand. As an independent expert society in transfusion matters, we interact regularly with government, the regulator and suppliers of blood products on a range of issues affecting this area of specialty in our region. The society develops and publishes guidelines either alone or in partnership with other specialist societies and organisations [see below].

In terms of its corporate structure and governance, the society has an Executive Council, a Secretariat and currently three Expert Standing Committees covering Clinical Practice Improvement [CPI], Education and Transfusion Science. These Committees are tasked with the aims and objectives set out in the society's strategic plan which is reviewed every two years. As an example, the CPI Committee will shortly be involved in two key initiatives. Firstly, in developing the concept of a national prescription/order form for blood products, and secondly, an involvement in the review and revision of national clinical transfusion practice guidelines.

The society has representation on a number of key national and state committees both in Australia and New Zealand.









The broad aims of the ANZSBT are:

- The advancement of knowledge in blood transfusion and transfusion medicine
- The promotion of improved standards in the practice of blood transfusion
- The collaboration with international and other regional societies interested in blood
- The promotion of interest in research into blood transfusion and allied subjects
- The formulation of guidelines in key areas of transfusion practice

ANZSBT is affiliated with the following societies:

- Haematology Society of Australia and New Zealand (HSANZ) - www.hsanz.org.au
- British Blood Transfusion Society (BBTS) - www.bbts.org.uk
- International Society of Blood Transfusion (ISBT) - www.isbt-web.org

ANZSBT Guidelines

-  [Pretransfusion Laboratory Practice - Mar 2007](#) (496KB) *NEW*
-  [Blood Grouping & Antibody Screening in the Antenatal & Perinatal Setting - Mar 2007](#) (1.0MB) *NEW*
-  [Administration of Blood Components - Oct 2004](#) (1.5MB)
-  [Gamma Irradiation of Blood Components - May 2003](#) (95KB)
-  [Laboratory Assessment of Fetomaternal Haemorrhage - Nov 2002](#) (145KB)
-  [Autologous Blood Collection - Apr 2002](#) (122KB)
-  [Irradiated Blood Products; and Leucocyte Depletion of Blood & Blood Components - Oct 1996](#)(37KB)
-  [Pre-operative Autologous Blood Collection - Jul 1996](#)(73KB)

Apheresis Guidelines

These guidelines were produced by the Australian and New Zealand Apheresis Association. This Society disbanded and its members joined the ANZSBT.

 [Guidelines for Education, Training and Competency in Apheresis - Jun 2001](#) (37KB)

 [Guidelines for Apheresis - Nov 1998](#) (42KB)

 [Guidelines for Therapeutic Apheresis Operator Competency - Aug 2006](#) * (1.15MB)

**Produced in conjunction with the Victorian Apheresis Interest Group, ARCBS Victoria and other interested parties from interstate.*

Ken Davis
President ANZSBT.

American Society for Apheresis (ASFA)

The 27th Annual Meeting of the American Society for Apheresis was held from May 23-26 2006 at the Venetian Hotel in Las Vegas. The ASFA Annual Meeting Organizing Committee, chaired by the President-elect Chester Andrzejewski, MD was kept busy planning a stimulating and content rich program for 2006.

Our 26th Annual Meeting in Chicago was extremely well received by our members. For anyone who might wish to view the presentations from Combined Opening Session regarding the NHLBI Transfusion Medicine/Hemostasis Clinical Network, the slides are available on our WEB site:
http://www.apheresis.org/2005_annual_meeting_presentations/index.cfm

ASFA continues to move forward in a variety of educational and administrative initiatives. A Physicians' Handbook for Apheresis became available in the fall of 2005 (a joint publication of both ASFA and the AABB).

ASFA has joined with representatives from AABB, American Association of Tissue Banks, American Society for Blood and Marrow Transplantation, FACT, International Society for Cellular Therapy, and the National Marrow Donor Program to draft a Donor History Questionnaire for Hematopoietic Progenitor Cells, Apheresis (HPC-A) or Marrow (HPC-M). The Uniform Donor History Questionnaire and associated materials are intended to aid the donor historian in determining if a prospective donor is eligible to donate hematopoietic progenitor cells (stem cells), including donors that convert from peripheral donation to bone marrow harvest.

In 2006, the Clinical Applications and Standards Committee prepared an update of the Clinical Applications of Therapeutic Apheresis special edition of the Journal of Clinical Apheresis. This update focuses on categories I-III and evaluates the level of evidence supporting each indication in a structured format. A process will also be developed to implement both provisional and interim indications.

Mark E. Brecher, MD
President, ASFA
Chapel Hill, NC

Canadian Apheresis Group (CAG)

The Canadian Apheresis Group held its annual general meeting in Ottawa on April 26-27 2007. This year the annual meeting was preceded with a one day workshop for investigators and research coordinators for our new TTP 6/Uniplas trial. This study will recruit from both American and Canadian apheresis sites and will compare Uniplas, the universal plasma made by Octapharma in Vienna, Austria to cryosupernatant plasma in the treatment

of idiopathic TTP. At present we have 10 Canadian sites and 3 American sites and have entered 5 patients. The intent is to enter a total of 112 patients. We anticipate it will take approximately two years to do this prospective trial which is aimed at proving non-inferiority of Uniplas. A variety of clinical and laboratory markers will be measured with the ADAMTS 13 and vWF multimers carried out in centralized laboratories.

During the course of our meeting, we also outlined our plans for a study using Rituximab in TTP patients who have relapsed or failed to respond to therapy. This study will be a prospective non-randomized study which will gather information on 60 patients. This study has just received approval from Health Canada.

As our usual practice, at the annual general meeting we reviewed data on all the apheresis procedures in the country including rates of reactions and the various fluids which are used. We had a nice presentation from Canadian Blood Services concerning the availability of different fluids in the nine provinces and territories which was very timely given our continuing concerns for safety and availability of supply.

We are hoping to revise our database within the next few months to extend the nature and quality of the data we collect. This data, when audited, will be transmitted to Dr. Stegmayr for use with the WAA database. The Canadian Apheresis Group and the Canadian Association of Apheresis Nurses represent the activities of all the apheresis centres in our country all of whom contribute data to our central data base. Currently the CAG represents 43 apheresis centres.

Dr. Gail Rock
Chair, Canadian Apheresis Group

European Society for Haemapheresis (ESFH)

During 2006, the ESHF (European Society For Haemapheresis) had a meeting in Umea, northern Sweden, mid-June and close to the midnight sun. This meeting was held in conjunction with the yearly Congress of the ESAO (European Society of Artificial Organs). The latter Society also had topics included that cover hemapheresis. The ESHF activity started with two Postgraduate courses - a 2-day course in Therapeutic hemapheresis and another course in Hemovigilance.

The Congress included various topic such as Hemovigilance, stem cell collection, apheresis registry matters, therapeutic apheresis aspects of various fields and a half day of photopheresis topics.

We thank all contributors to the meeting, speakers and all the organisers for their outstanding contributions and interactive discussions. Thanks also to the companies that had nice informative exhibitions (Miltenyi biotec, Fresenius Medical Care, Gambro, Renapharma, Asahi Medical, Sanofi Aventis, Boehringer Ingelheim, Amgen, Roche) and economically supported guest speakers to the meeting (Gambro, Macopharma, Fresenius, Asahi, Otsuka). Two companies presented their devices in action during the postgraduate course (Fresenius Medical Care and Otsuka Medical) showing the Protein A device and Leukapheresis device in function, respectively. A board meeting was held where it was clarified that the ISBT (International Society of Blood Transfusion) cancelled the previously established cooperation of a joint congress in Madrid 2007. Thereby, the ESHF board decided that it was too short notice to arrange a regular meeting at another place in 2007. During 2007, the option was given that ESHF could have a joint meeting with the Deutsche Haemapherese zentrum 25 years LDL-apherese celebration meeting in Cologne in April. It was decided to arrange another ESHF- postgraduate course in conjunction with this meeting. The two events have been finished with a fruitful outcome and nice cooperative atmosphere. Many thanks to Helmut Borberg and his team for all the work that they had put into those activities together with Rainer Moog and Heidrun Ulrich (arrangers of the Post graduate course).

The next ESHF congress will be in conjunction with the DGTI (the German Society for Transfusion Medicine and Immunohematology) in Dusseldorf, September 16-19, 2008. Thereafter, in 2010 the ESHF congress will be held in conjunction with the Swiss Haemapheresis Society. In between, ESHF is working on the possibility of a

smaller meeting that eventually can be held in conjunction with the French Society of Haemapheresis. Yearly Post-graduate courses are planned.

The present ESFH board is: President Bernd Stegmayr, President Elect Zdenka Gasova, Past President Paul Höcker, Treasurer Helmut Borberg, Secretary Önder Arslan, and Margarete Grimus, District directors are:

Milan Blaha	District Director Eastern Europe
Josep Muncunill Ribas	District Director Western Europe
Heidrun Ullrich	District Director Central Europe
Mutlu Arat	Deputy Director Eastern Europe
Rainer Moog	Deputy Director Central Europe
Moji Gesinde	Deputy Director Western Europe

The Society works in the direction to achieve reduced congress fees for WAA membership societies when attending a congress of a joint society. By organizing ESFH congresses together with other societies this is also in line with the associate companies' request that prefer to have joint meetings to save money.

The society is working on updating outlines indications for hemapheresis. In addition, many centres from several countries in Europe are entering data of their hemapheresis procedures to the WAA registry including therapeutic apheresis, retrieval of stem cells and cytapheresis (www.iml.umu.se/medicin). At the moment, more than 8,500 procedures have been registered. Every new centre that enters the registration procedure will contribute to even more knowledge of therapeutic approach and safety in this field of diverse therapeutic approaches. Therefore, you are heartily welcome.

We also heartily welcome persons interested in this field to become members of the ESFH. Every member is an important key stone in the development of the knowledge of this therapeutic field and of this society. If you are not an ESFH member I greatly look forward for your application.

Bernd Stegmayr
President of the European Society For Haemapheresis (ESFH)

GLHEMA History and evolution of Hemapheresis in Argentina

The first cell separator of discontinuous flow was used in the Central Military Hospital in Buenos Aires in 1976. It was mainly used to obtain platelets for transfusional purposes. In addition, it was used for plasma exchange in pathologies with immunological bases.

Between 1977 and 1980 cell separators were incorporated to the Institute of Hematologic Research of the National Academy of Medicine in the Medical Center of Clinical Research (CEMIC), in the Navy Hospital and in the Italian Hospital, all located in Buenos Aires.

In September 1984, during the 29th International Congress of the International Society of Hematology, which was held in Buenos Aires, Argentina, Professor Mauro Valbonesi, PHD, director and speaker of the satellite meeting held in Sanatorio Otamendi, inaugurated the first separator of discontinuous flow from European origin.

The Latin-American group of Hemapheresis was founded in this same meeting. Its founding members were the following doctors: Armando Cova (Venezuela), Alejandro Vázquez Gómez (Colombia), Jorge de Caro (Uruguay), Jacob Rosenblit (Brazil), Ramona Ríos Medina (Paraguay), Alberto Restrepo (Colombia), L. Puig Rovira (Spain), Julio Valerga (Peru), Benjamin Lichtiger (USA), Antonio Arago (Uruguay), Rafael Giménez (Costa Rica), Augusto L. Gonzaga (Brazil), Manuel Costa (Peru), Nelson Hamerschlak (Brazil), Carlos Gighino (Uruguay), Alcidez Rodríguez (Uruguay), José Dau (Uruguay), José Ocariz (USA), Leonel Szterling (Brazil),

Estacio Ramos (Brazil), Helio Ramos (Brazil), Guillermo Massa, Argimiro R. Suarez, Emilio Pejko, Roberto Juan Raña, Italo Medici, Mario Marra, Ingrid Krum, Antonio Archilla, José Egozcue, Oscar Nefa, Julio Caffaro, Roberto Cacchione, Miguel Bartomioli, Pablo Hugo Blas, Nancy Sordo, Jorge Bordoni, Roberto Speroni, Elise Mitchell, Héctor Farina and Juan de León (Argentina). Dr. Mario Figueroa, from Buenos Aires, Argentina, was elected president of the GLHEMA.

In November, 1984 during the first international meeting of Hemapheresis, in Dijon, France, the World Apheresis Association was founded, with the support of ASFA, CAG, ESFH, SFH, ISAO and GLHEMA. In this same meeting, Tokyo, Japan was designated as the host for the First World Congress of the WAA, to be held in May, 1986.

An increase in the applications of transfusional and therapeutic hemapheresis has been observed since 1984, due to the incorporation of diverse technological equipments, such as Baxter, Dideco, Haemonetics and Cobe.

In October, 1986 Glhema and the French Hospital organized the first River-Plate meeting of Hemapheresis, with the participation of Dr. Mauro Valbonesi.

In October, 1992, the 2nd Latin-American Hemapheresis Symposium was held in Buenos Aires with the participation of distinguished specialists such as Gail Rock (Canada), Irena Scniecinski, Alvaro Pineda, Dobri Kiprof, Francis Morrison (USA), Mauro Valbonesi (Italy) and Leonel Szterling (Brazil). For three days the evolution and future applications of hemapheresis were discussed with an active participation from the audience and a pleasant social activity among the participants.

With the routine obtaining of hematopoietic stem cells through the latest cell separators, bone marrow transplant both autologous and allogenic was facilitated. A significant increase has been observed in pediatric patients since then.

In May, 1994 the 4th Latin-American Hemapheresis Symposium and the 4th Argentine Transfusional Medicine Congress were held in Córdoba, Argentina, with the participation of distinguished specialists such as Gail Rock (Canada), Irena Scniecinski, Marina Gudino, Victor Silva, Francis Morrison, Alvaro Pineda, José A. Ocariz, Dobri Kiprof, Ted Morris (USA), Mauro Valbonesi, Francesco Mercuriale (Italy), Leonel Szterling and Pablo Tadeu de Almeida (Brazil). Topics of excellent scientific quality were presented to a large audience for five days.

In June, 1996 the 1st Latin-American symposium about the obtaining and application of hematopoietic stem cells- Stem cells 96- was held in Universidad de Buenos Aires, with the presence of Irene Scniecinski (USA), Marina Searli and Ricardo Serafin (Italy) and with the coordination of Dr. Roberto Fernández from Buenos Aires, Argentina.

In October, 1998, the First Hemapheresis Symposium organized by the Argentine Hemotherapy Association was held in Buenos Aires.

In November of the same year, the First International Immunoabsorption Symposium was also held in Buenos Aires.

In addition to the mentioned scientific meetings, the access to national and international bibliography, the incorporation of the latest technology, and the excellent human resources ensure the hemapheresis practices that present medicine demands.

Argentina is a vast country with almost 40 million inhabitants. Its greatest activity is concentrated in major cities such as Buenos Aires, Córdoba, Rosario, Mendoza, Salta, Tucumán, Corrientes and Neuquén.

Since 1999 the Hemapheresis practices have increased due to the fact that Medical Centers have incorporated more technology, more experience and, above all, more Units of Bone Marrow Transplants (UTMO) and recollections of Peripheric Stem Cells through Leukopheresis in great volumes both in adult and pediatric

patients. The recollections of monocytes through leukopheresis for the obtaining of Dendritic Cells to make autovaccines (cancer immunotherapy) have also been increased. This experience was initiated by our group in 1999.

In addition, there has been an increase in the Eritroapheresis procedures for the treatment of Hereditary Hemochromatosis.

Plasma exchanges are still being performed as the main prescription in Thrombotic Thrombocytopenic Purpura, Guillain Barré Syndrome, Myasthenia Gravis, Kidney Diseases, Kidney Pretransplants in focal and segmentary Glomerular Diseases.

Single Donor Plateletpheresis have increased through the years together with the increase in Stem Cell Transplants of Peripheral Blood. Between May 2002 and May 2006, 22 pediatric patients of less than 15kg, 4 of them of less than 10kg and younger than a year old were transplanted in the Unit of Bone Marrow Transplant of the Argentine Institute for Diagnosis and Treatment, of which I am Associate Director. Leukapheresis of great volumes were performed in all the patients. Our Transplant Unit was a pioneer and is nowadays a reference Center for this kind of procedures.

In 2005 and 2006 the experience in Leukapheresis of great volumes in pediatric patients was transmitted by Dr. Oscar Alberto López, assistant physician in charge of the Stem Cells Recollections at UTMO, to Oncologists, Oncohematologists, and Microbiologists in Costa Rica, who performed the first Peripheral Stem Cells Transplant in January.

Since 2006 the Latinamerican Hemapheresis Group (GLHEMA) is presided by Argentina. Its president is Dr. Mario Alberto Figueroa; its vice president, Dr. Roberto Alen; its Secretary, Dr. Oscar Alberto López and its treasurer, Dr. Felix Nuñez

With this active history in apheresis to draw on, we look forward to hosting you at the 12th Congress of the World Apheresis Association which will be held in Buenos Aires , Argentina November 19-22, 2008. For further information, please contact

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The Indian Society for Apheresis (ISA)

The Indian Society for Apheresis (ISA) was established in 1987. ISA is a group of physicians, scientists, nurses, technicians, corporate bodies and other responsible citizens of the country who are interested or active in the field of apheresis. As we approach 2007, the ISA continues to progress steadily with a membership of 249.

Presently, we are actively involved in expansion of apheresis services and research and development in the field of therapeutic apheresis in India. New Research Centers for Therapeutic Apheresis & Donor Apheresis are being established in more cities this year. A library was set up for professionals and the public. An internet center has been already established for the benefit of students, medical fraternity and patients. Development of ISA Apheresis & Medical Research Center is a constant process with ever increasing scientific developments in the field. This center is already attracting a large number of national and international patients because of its efficiency and economy combined with quality. Currently, controlled trials are underway for the treatment of scleroderma, Ulcerative Colitis, bronchial asthma and ankylosing spondylitis to study the efficacy of apheresis in these and other routine indications.

ISA is also on the way to conduct and monitor clinical trials for new medical devices and in the treatment of HIV, HCV, Dengue Hemorrhagic Fever and Oncology related disorders and complications.

ISA has served as a consultant to the Indian government on issues related to policy planning and implementation of apheresis. Active socio-medical work involving the organization of public lectures, seminars, video shows and free medical camps is being done. Field workers and health educators of ISA are participating in a community health education program. Presently, our priority programs are fund raising and resource mobilization to permit us to achieve our scientific and humanitarian goals. ISA is currently coordinating a program that will provide training courses in apheresis with the help of I.A.A. hospitals in a northern Indian state as a new state chapter. An apheresis scientist exchange program is already active and the Indian Journal of Apheresis, a twice-yearly publication, is already in circulation.

Next year's annual scientific meeting will be held in August at Bikaner (Rajasthan). This meeting will have a wide variety of presentations by eminent and invited speakers from the country and overseas.

President. Rakesh Srivastava Vice-President- A. Lalchandani Secretary, S.N. Haldar Treasurer, B. Banerjee For further information on the ISA organization please contact:

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International Federation for Artificial Organs (IFAO)

The International Society for Artificial Organs (ISAO) was founded on June 17th, 1977 by pioneers in the field of artificial organs, among which were Yukihiro Nosè, a visionary in artificial organs and an early pioneer with focus on liver support, Willem Kolff, the inventor of the artificial kidney, pioneer of the artificial heart and founding President of ISAO, John P. Merrill, pioneer of transplantation and first President of ISAO, the late Jean Louis Funck-Brentano, organizing artificial organs and its application in France, Kazuhiko Atsumi, pioneering heart assist in Japan, and Horst Klinkmann, not only expert in artificial kidney and heart, but even more in cross-border cooperation, integration and for many years he was Honorary Chairman of the ISAO Board.

In those times, the artificial kidney spread all over the world and heart assisting systems were improving rapidly. It was a challenging time for medical doctors, for scientists, for industry and, last but not least, for the patients to whom a new perspective was offered in cases of organ failure. The 50s and 60s were dominated by safeguarding the survival of the patients and the availability of treatment and technology. The 70s and 80s were dominated by technology improvement, improvement of treatment modalities, patient welfare, new applications in heart assist, liver support, artificial pancreas and world wide networking.

In 1977, the main three industrialized areas, North America, Europe and Japan had already founded their regional societies, the American Society for Internal Artificial Organs (ASAIO), the European Society for Artificial Organs (ESAIO) and the Japanese Society for Artificial Organs (JSAO). The foundation of ISAO closed the gap for international communication and networking. ISAO fostered several main objectives: The networking of the three main areas, the dissemination of cutting edge technologies on a global basis and even more to include the developing areas into the global networking and to bridge communication across the iron curtain. The ISAO for sure contributed to weakening the iron curtain. ISAO and the European Society were major players in perforating the iron curtain and making it permeable for knowledge, cognition and people in the field of science and medical technology to the benefit of the patients and healthcare on both sides.

The ISAO Board always consisted of representatives of both the established and the developing regions, e.g. also from Latin America, from African and Asian regions.

To foster its mission ISAO had three forums.

First of all, most distinguished members of ISAO organized biennial international congress around the world as crystallization points of global networking and dissemination of knowledge and technology. These congresses

covered both the aspects of industrialized areas as well as those of the developing areas. In addition, ISAO sponsored regional, local and specialized meetings and by this offered to those meetings a forum for international contacts, cooperation and networking.

The second forum was our own journal, *Artificial Organs (AO)*, the “Yellow Journal” and biennial congresses held around the world by the most distinguished representatives in their fields. *AO* developed into a leading journal in its field. It almost became the English voice of Japanese friends, as their own journal in these times was publishing only in Japanese. *AO* also published more papers from developing areas than any journal in this field.

The third forum was the pioneering vision of founding already in the 80s the International Faculty for Artificial Organs, INFA as an institution of graduate and post graduate education on an international level. Today this organisation includes more than 12 universities and Research Organisations from all over the world, including Japan, America, Europe and Asia.

An international master program was established with international acknowledgement of academic degrees between the participating universities and countries even on both sides of the iron curtain and INFA became a symbol of international education and scientific networking.

In the 90s, the world changed dramatically. The iron curtain was pulled down and the internet took over global communication and dissemination of knowledge, cognition and technologies. Competition between journals started to be more strongly driven by the free and global market than between the members of the different societies. Thus a very important decision for ISAO was to offer its own journal more freedom for the needs of free market competition. Blackwell and the Editorial Office took the responsibility and started their own business. Since then the impact factor of *AO* is continuously growing and *AO* became the leading journal of its field. *AO* expanded into rotary blood pumps and regenerative medicine, the vanguard of the new century and established itself as a strong player in its field, driven by the changing focus in the field of organ assist and regeneration.

In the 90s it also became obvious, that the international impact that ISAO could offer to its members and the community focused more and more on the developing areas. ISAO does not have the power to fill this gap, but ISAO has funds that can be used to support and encourage young scientists from developing areas to participate on the international stage, to present their specific problems at the international meetings and discuss solutions that fit the specific needs in their countries.

Thus ISAO together with the large regional societies in the late 90s started an initiative to combine forces and congresses. In the year 2001, ISAO had the first Joint Congress together with the Japanese Society for Artificial Organs in Osaka and 2003 together with the American Society for Artificial Organs. These congresses were great successes as not only the representatives of the established countries presented their results but also symposia concentrating on third world topics enriched the discussions and presentations. The success of these joint congresses was the starting point for a strategic move into a new future and mission for the International Society for Artificial Organs. Under the ISAO Presidency of Bob Bartlett in the years 2002/3, a group of those responsible for the society at that time, with the help of the wise advice of Peter Ivanovich, a new constitution was developed in several retreat meetings in order to focus the forces and funds in a changing world.

The purpose of the new structure is outlined in Article II:

The purpose of the Federation is to increase and encourage knowledge and research on artificial organs, to facilitate the international exchange of knowledge, and to provide education related to the improvement and optimal utilization of artificial organs. To fulfil this purpose, The Federation will arrange biennial congresses jointly with the Member Societies with special emphasis on international aspects and dissemination of knowledge into developing countries, and arrange with an international peer reviewed journal in its field as “Official Journal of the Federation”

The “Yellow Journal” became independent, but remained the “Official Journal of the Federation”. The ranking of *AO* within the competing journals of today reflects its success on the free market. *AO* made a strong move into the new direction of regenerative medicine much quicker than some other journals still embedded in their owner-

societies. The main strategic move of the new construction was the transition of a society based on individual members into a Federation, the founding members of which are the regional societies, the American, the European and the Japanese societies.

Article III, Membership, reads:

The founding Federation members are the American Society for Artificial Internal Organs (ASAIO), the European Society for Artificial Organs (ESAO), and the Japanese Society for Artificial Organs (JSAO).

The main forum for achieving the goals in the future also are biennial congresses, however, not on a stand alone basis, but jointly with one of the member societies.

Article IV reads:

The Federation will hold a general scientific congress every two years in conjunction with a regularly scheduled meeting of one of the member societies. This joint meeting will be held in rotation between the three founding member societies, specifically beginning with the ESAO in the year 2005, with the JSAO two years later with ASAIO two years later in continuing rotation.

The Governance of the Federation is organized by 3 representatives from each of the member societies.

The respective Article V of the constitution reads:

Each of the three founding member societies will nominate three members to the Federation Board of Trustees. The Trustees will be appointed for a two-year term, renewable twice for a total possible membership on the Board of Trustees of six years per individual. Meetings of the Board of Trustees will take place at least once per year. The Board will meet at the time of the joint biennial meeting, and at an alternative time in the intervening years. Special meetings of the Board of Trustees may be held from time to time upon four weeks written notice by the Chairman of the Board. A tenth non-voting position on the Board will be held by a Secretary-Treasurer.

In the meantime, the Board has decided to nominate three Extraordinary Board Members, one representing the Latin American Region, one the Asian Region and one the African Region.

The transition of the Society for Artificial Organs into the Federation for Artificial Organs (IFAO) was due on January 1st, 2004. The first President for the years 2004/05 was Professor Sergio Stefoni, also President of the 1st Joint Congress together with the European Society for Artificial Organs in Bologna in the year 2005. His successor for the years 2006/07 is Prof. Y. Taenaka, also president of the 2nd Joint Congress together with the Japanese Society for Artificial Organs in Osaka from October 28th to 31st, 2007.

The present Board Members are the Professors: Steve Ash, USA, Michael Lysaght, USA, T. Nakatani, Japan, Peer Portner, USA, Heinrich Schima, Austria, S. Takatani, Japan, Jörg Vienken, Germany and Beat Walpoth, Switzerland, Extraordinary Board Members are Professors Adolfo Leirner, Brazil, representing the Latin-American Region and Kyung Sun, Korea, representing the Asian Region. Günter von Sengbusch acts as Secretary Treasurer.

At the Joint Congress in Japan, Prof. Kyung Sun will chair the special symposium on topics concerning the developing areas of this region, including the challenging developments in China.

ISAO in the beginning of this century has decided to join forces with three existing regional societies in order to focus its funds on the topics and challenges of the developing areas and to offer an independent journal that can follow new trends and emerging technologies much faster than traditional journals that are owned by their respective societies.

The transition of the Society with individual members into a Federation with strong regional societies as members became successful especially in three aspects: The great response of the Joint Congresses strengthening the topics and awareness of the developing areas in this world, achieved leadership in quality and appreciation of the AO journal by global competition and expansion into rotary blood pumps, tissue engineering and regeneration and,

last but not least, by a healthy and sound financial structure of its funds as a basis for its future activities thus protecting the heritage of the early pioneers that founded and guided the Society and Federation for so many exciting years.

Günter von Sengbusch,
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SIdEM



SOCIETA' ITALIANA DI EMAFERESI E MANIPOLAZIONE CELLULARE (S.I.d.E.M.)

We are pleased to say that 2005 was a significant one for our Association. After its formation 20 years ago, the Italian Society for Haemapheresis (S.I.d.E.) has changed its name. It is now known as the “Italian Society for Haemapheresis and Cell Manipulation” (S.I.d.E.M.).

In view of this important change, we plan on continuing our activity in the support of our mission to promote the field of apheresis through the efforts of our society membership and its board. The main objectives of the society’s executive board is to strengthen the exchange of information such as up-dates on clinical trials involving apheresis and emerging new extra-corporeal technologies (i.e. stem cell manipulation) and their application in various fields, as well as to work closely with other Associations and Organizations in the same areas that would be of benefit to the S.I.d.E.M members.

In 2005, apart from the regional educational workshops and meetings held periodically to review various issues, SIDEM held a meeting in Rome on November 23rd, 2005; the theme of our meeting was “*Regional Working Groups on Haemapheresis*”. On December 3rd, 2005, a one-day conference also took place in Bergamo on “*Thrombotic Thrombocytopenic Purpura*”. Equally important, S.I.d.E.M formed a “Working Group Program” designed to focus on studies concerning the employment of apheresis in paediatric patients as well as a clinical trial on “Pathogen-reduced Plasma in TTP Treatment”.

During one of our meetings, after expressing their opinions, the board members approved the decision to include an Italian Paediatric Apheresis Registry in the Italian Apheresis Registry. The reason for this is to facilitate contacts and cooperation among researchers assuring an adequate flow of information involved in the areas of both therapeutic and donor apheresis.

The 12TH S.I.d.E.M. National Congress carried out jointly with the 10TH S.I.d.E.M. Annual Meeting for Technicians and Nurses was held in the lovely city of Grado, close to Venice. The meeting proved to be a real success. Speakers from many parts of the world highlighted the various aspects of the many interesting topics (therapeutic apheresis and donor apheresis, stem cell collection transplantation, extracorporeal photochemotherapy, multicomponent collection).

At the beginning of each year, it is time to finalize financial reports and look into future programs. The year 2006 was a “LIVELY” one for our Society. The new SIdEM bylaws, together with its standing applications have motivated and stimulated our members to delegate and therefore, recruit new members. This resulted in the organization of many valuable regional educational workshops and meetings held periodically in order to discuss and review various issues with a high number of participants.

The 11th SIdEM National Annual Meeting which took place in Gizzeria Lido in Southern Italy definitely proved to be a real success in terms of organization, scientific sessions and participants. During this meeting I was able to meet with all the Regional board members for an informal discussion on the activity matters in each of region. The delegation of the Region Calabria assured a well-attended meeting.

The upcoming XIIITH SIdEM National Congress jointly with the XIITH National SIdEM Course for Technicians and Nurses will take place in Pescara, Italy on October 2-5, 2007. Many of the speakers and topics selected for presentations in the scientific sessions during the congress will certainly highlight SIdEM's aims and horizons. In particular, SIdEM would like to focus its attention on cellular manipulation, not only in the laboratory but also donor "in vivo" manipulation. The upcoming Congress will also be an event for the re-election of the SIdEM Board of Directors. Presently SIdEM is composed of approximately 300 members.

We look forward to an exciting congress and a busy 2007.

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TURKISH HEMAPHERESIS SOCIETY

In 2004, the Turkish Hemapheresis Society (THS) had its elections for the board. New board members are as follows; President Önder Arslan M.D. (Ankara), Vice president; Sema Anak M.D. (İstanbul), General Secretary; Fahir Özkalemkaş M.D.(Bursa). Treasurer; Mutlu Arat M.D. (Ankara) and Deputies; Ani Ünal M.D. (Kayseri), Seçkin Çağırğan M.D. (İzmir) and Sevgi Kalayoğlu-Beşisik M.D. (İstanbul).

THS organized the 15th European Society for Haemapheresis (ESFH) and 2nd National Congress in 5-9 October 2005 in the Portobello Hotel, Antalya, Turkey. Congress president was Osman İlhan and general and executive secretaries were Önder Arslan and Mutlu Arat respectively. Before the ESHF meeting, one day course for the Turkish Apheresis technicians was held and a certification exam was done afterwards. Around 170 participants from 23 different countries attended the congress. There were 105 attendees from Turkey. Almost 25 speakers from Europe, 4 from USA and a few from Japan and the rest from Turkey have contributed to the congress. From the 70 abstracts which had been submitted to the congress, half of them were chosen as oral presentation and the rest were for poster presentation. Abstracts of the congress were printed in Transfusion and Apheresis Science Journal (Vol 33, October 2005). Three main lectures were given by Gail Rock (TTP, Current State of the Art), Bruce McLeod (Evidence Based Therapeutic Apheresis) and Laurence Corash (Pathogen Inactivation System). Also, two satellite symposia were held during the congress. The Turkish Baxter Group supported the session for 'Double Red Cell Apheresis' given by Walter Nussbaumer and Medicap Group supported the session 'New Approaches in Adsorption Technology' given by Jurgen Rech, Hans Werner Heinrich and Joerg Schefold. Seven different companies took the stand during all the congress sessions. (Eczacıbaşı-Baxter, Gambro BCT, Fresenius-GST, Haemonetics, Medicap, Miltenyi Biotech, Pall-GST). This congress was approved by the European Hematology Association for a 23.25 point CME credit.

THS is planning to continue courses for the apheresis technicians and there was a new one in the spring of 2006. Our aim is to certify apheresis users in terms of donor or therapeutic apheresis applications. If users can pass the

certification exam and can prove from their institutions that they are active apheresis device users for the last 2 or 3 years, we certify them as 'active apheresis technician' for 2 years. They have to renew their certification at the end of this period by a new exam.

In 2006, a new law was issued in blood banking and transfusion medicine in Turkey. After this new law, TSH is planning to launch legislation for the apheresis activity for Turkey.

Önder Arslan M.D.
President, Turkish Hemapheresis Society

INVITATION TO THE XII CONGRESS OF THE WORLD APHERESIS ASSOCIATION

The XII Congress of the World Apheresis Association will be held from March 24-27, 2009 in Buenos Aires, Argentina, in conjunction with the 7th World Congress of the International Society for Apheresis, at the Panamericano Hotel, Buenos Aires, Argentina.

The Congress President is Dr. Mario Figueroa (GLHEMA President).

Abstract submission is not yet open.

For further information, please contact the Congress Secretariat:

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