NHS Blood and Transplant

The Update
January 2017

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For Action

Please update your bookmark for the Blood Stocks Management Scheme website
The website address for the Blood Stocks Management Scheme, VANESA, will change in early 2017 to https://safe.nhsbt.nhs.uk/Vanesa so please update your bookmark.

You may also access the Blood Stocks Management Scheme website from the Bloodstocks website.

Sue Cotton, Blood Stocks Management Scheme Manager

Register for SHOT symposium 12 July 2017
Registration is now open for the symposium. Please complete an application form and email *SHOT@nhsbt.nhs.uk* if you would like to join us.

Venue:
Rothamsted Centre for Research and Enterprise
Harpenden
Hertfordshire
AL5 2JQ

Lisa Parker, SHOT Administration Office Manager

Referring samples to RCI laboratories from patients receiving Daratumumab (anti-CD38) therapy for treatment of multiple myeloma

Please identify on the RCI referral form (FRM1597), any patients known to be treated with Daratumumab (anti-CD38).

Daratumumab (anti-CD38) is currently under trial in the UK for treatment of multiple myeloma.

Daratumumab does not interfere with ABO or Rh typing in pre-transfusion testing, but residual drug in patients' plasma can bind directly to CD38 on reagent red cells used in the laboratory for antibody screening or identification; or to donor red cells used for IAT crossmatch. This causes false positive antibody screen or identification results, typically with all cells tested. The false positive reactions can be abolished by the use of Dithiothreitol (DTT).

If necessary, consult with clinical staff at your own site, or your local trial site regarding the treatment of patients with multiple myeloma who have a positive antibody screen.

In some cases you will need to refer a sample to your RCI laboratory for investigation. Failure to identify patients undergoing treatment with Daratumumab, may lead to a delay in completing the investigation, as the presentation can mimic either auto antibodies or more typically, alloantibodies to high frequency antigens, and may result in no resolution being found.

NHSBT scientists and clinicians are available to provide advice.

Dr Nay Win, Clinical Director - Diagnostics
Dr Mark Williams, National Head of RCI NHSBT

For Information

NICE quality standards issued for blood transfusion December 2016
The standards cover the principles of blood transfusion in adults, young people and children over 1 year old.

The quality statements are:

- Statement 1
  People with iron-deficiency anaemia who are having surgery are offered iron supplementation before and after surgery

- Statement 2
  Adults who are having surgery and expected to have moderate blood loss are offered tranexamic acid

- Statement 3
  People are clinically reassessed and have their haemoglobin levels checked after each unit of red blood cells they receive, unless they are bleeding or are on a chronic transfusion programme

- Statement 4
  People who may need or who have had a transfusion are given verbal and written information about blood transfusion

Aman Dhesi, Development Manager - Patient Blood Management Team

SHOT newsletter
The Winter 2016 issue is now available on the SHOT website

Lisa Parker, SHOT Administration Office Manager

RCI reporting of obstetric cases: Antenatal reporting in line with BSH guideline
From 1 February 2017 RCI will be making changes to the antenatal reporting comments in line with the 2016 BSH guideline for blood grouping and red cell antibody testing in pregnancy.

The change is associated with the management of women with anti-D detected in their plasma and the guideline recommends that even if anti-D immunoglobulin has been given prior to 28 weeks gestation, monitoring by quantification must be undertaken as the antibody may be immune (until the anti-D is no longer detectable) whilst continuing to administer anti-D Ig as indicated.

There is also a recommendation that quantification is performed on samples in which anti-D detected in pregnancy with the exception of that detected immediately prior to delivery.

We will also be reflecting the guidance that titres of anti-K >32 are indicative of increased risk of HDFN. Previously we had referred to a lack of correlation between titre and severity of HDFN.

There will be a change to sample requests on some reports to consider referral for fetal genotyping when the partner phenotype is unknown or he expresses the corresponding antigen.

Change in RCI reporting of obstetric cases that have been investigated for Fetomaternal Haemorrhage
As part of the continuous improvement programme RCI have reviewed the application of Uncertainty of Measurement (ISO15189, 5.5.1.4) in Fetomaternal Haemorrhage estimation by Flow Cytometry and reporting results.

RCI will change practice in cases where the measured FMH is lower than a trigger point for additional anti-D (e.g. 4mL), but the result is close enough to the trigger to be within the limits of uncertainty for the test.

From1 February 2017 RCI will take account of Uncertainty of Measurement, by recommending a higher minimum dose of anti-D and requesting follow-up samples on these cases.

For example in a case with a measured FMH of 3.9mL and an uncertainty of measurement of +/- 10% (the result possibly lies in the range 3.5 to 4.3), RCI will in future recommend a minimum dose of at least 1,000IU of prophylactic anti-D, and request follow-up samples.

Dr Mark Williams, National Head of RCI NHSBT

For Training
Our training events are open to Hospitals and your attendance is welcomed. We look forward to meeting you.

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