Patient Blood Management (PBM) aims to optimise the care of patients who might need a blood transfusion. The American Association of Blood Banks (AABB), the International Society of Blood Transfusion (ISBT), the Deutsche Gesellschaft für Transfusionsmedizin und Immunhämatologie (DGTI), the French Transfusion Society (SFTS), Società Italiana di Medicina Transfusionale e Immunotematologia (SIMTI) and the European Blood Alliance (EBA) are committed to advance PBM. These organisations, jointly with several partners will organise a two day consensus conference to present the available evidence on PBM and develop recommendations.

CONSENSUS CONFERENCE METHOD

For this conference the definition of Patient Blood Management (PBM) introduced by WHO is adopted: PBM is a patient-focused, evidence-based and systematic approach to optimize the management of patient and transfusion of blood products for quality and effective patient care. To focus all the available studies, the Scientific Committee, chaired by Prof. Erhard Seifried, formulated specific questions within three chosen topics of PBM:

I. Preoperative anaemia
II. Red Blood Cell (RBC) transfusion triggers,
III. Implementation of PBM.

The Centre for Evidence-Based Practice from the Belgian Red Cross will carry out a systematic evidence-based review on the specific PICO (Population, Intervention, Comparison, Outcome) questions around these three topics. All information from this systematic review will be presented at the consensus conference. The multidisciplinary expert panels, with the input from the audience of the conference, will develop recommendations using a transparent evidence-to-recommendation framework (GRADE approach). The consensus statements with the supporting evidence will be published afterwards.

TIME, VENUE AND PARTICIPANTS

The Conference will take place on 24 and 25 April 2018 in the Maritim Hotel, Frankfurt, Germany. 250 key stakeholders and experts from the medical specialties and blood transfusion field will be invited to participate.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Description</th>
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<tbody>
<tr>
<td>9.00–9.30</td>
<td>Registration and Coffee</td>
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<tr>
<td>9.30–9.50</td>
<td>Opening /Introduction of Chairs and Panellists</td>
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<tr>
<td>9.50–10.30</td>
<td>Consensus Conference and Grade Approach</td>
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<tr>
<td>10.30–11.00</td>
<td>Coffee Break</td>
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<tr>
<td>11.00–13.00</td>
<td>Three Parallel Sessions</td>
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<tr>
<td>13.00–14.00</td>
<td>Lunch Break</td>
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<tr>
<td>14.00–16.00</td>
<td>Three Parallel Sessions (continued)</td>
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<tr>
<td>16.00–17.00</td>
<td>Consensus Conference Reception</td>
<td>Participants are welcomed to the informal drinks reception.</td>
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<tr>
<td>17.00–19.30</td>
<td>Closed Sessions of the Panels</td>
<td>Panellists will retreat, consider the evidence and input from presentations and discussion to draft consensus statement for discussion on day 2.</td>
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<tr>
<td>10.00–10.15</td>
<td>Opening Remarks</td>
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<tr>
<td>9.15–10.45</td>
<td>Session: Pre-Operative Anaemia</td>
<td>Presentation of the draft consensus statements</td>
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<tr>
<td>13.45–15.15</td>
<td>Session: Education, Implementation, Maintenance of PBM</td>
<td>Presentation of the draft consensus statements</td>
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<tr>
<td>15.00–15.30</td>
<td>Closing Remarks</td>
<td>Conclusions by the chairs</td>
</tr>
<tr>
<td>16.30–18.30</td>
<td>Closed Sessions of the Panels</td>
<td>Panellists will retreat, consider the evidence and comment of the participants to finalise the consensus statements for publication.</td>
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<tr>
<td>19.00</td>
<td>Speakers/Panellist Dinner</td>
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</table>
EXPANDED PROGRAMME → FIRST DAY, 24 APRIL

9.00-9.30 REGISTRATION AND COFFEE

9.30-9.50 OPENING
Opening remarks

09.50-10.30 CONSENSUS CONFERENCE AND GRADE APPROACH
An explanation of the Conference format and of the GRADE-approach: the transparent evidence-to-recommendation framework.

10.30-11.00 COFFEE BREAK

11.00-13.00 THREE PARALLEL SESSIONS
The full list of PICO (Population, Intervention, Comparison, Outcome) questions is included from page 6 and further →

I. DEFINITION AND DIAGNOSIS OF PREOPERATIVE ANAEMIA
   → PICO’s 1-2
   • Chair: Prof. Yves Ozier
   • Co-chair: Prof Jimmy Volmink
   • Presenter: Katherine Frey
   • Presentation: Summary of systematic review
   • Recommendations

II. RED BLOOD CELLS TRANSFUSION TRIGGERS:
   1. INTENSIVE CARE & ACUTE INTERVENTIONS
      → PICO’s 1, 3-7, 14
      • Chair: Prof. Reinhard Burger
      • Presenters: Jerrold Levy and Cécile Aubron
      • Presentation: Summary of systematic review
      • Recommendations

III. IMPLEMENTATION AND MAINTENANCE OF PBM
    → PICO’s 1-3
    • Chair: Prof. Philippe Vandekerckhove
    • Co-chair: Prof. Jonathan Waters
    • Presenter: Mike Murphy
    • Presentation: Summary of systematic review
    • Recommendations
FIRST DAY, 24 APRIL

13.00–14.00  LUNCH BREAK

14.00–16.00  THREE PARALLEL SESSIONS (CONTINUED)

I  TREATMENT OF PREOPERATIVE ANAEMIA
   → PICO 3
   • Presentation: Summary of systematic review
   • Recommendations

II  RED BLOOD CELLS TRANSFUSION TRIGGERS:
   2. HAEMATOLOGY AND ONCOLOGY
   → PICO’s 8, 10
   • Presenter: Richard Gammon
   • Presentation: Summary of systematic review
   • Recommendations

   3. NEUROLOGY
   → PICO’s 12-13
   • Presenter: Cynthia So-Osman
   • Presentation: Summary of systematic review
   • Recommendations

III  IMPLEMENTATION AND MAINTENANCE OF PBM
   → PICO’s 1-3
   • Presenter: Mike Murphy
   • Presentation: Summary of systematic review
   • Recommendations

16.00–17.00  CONSSENSUS CONFERENCE RECEPTION
Participants are welcomed to the informal drinks reception.

17.00–19.30  CLOSED SESSIONS OF THE PANELS
Panellists will retreat, consider the evidence and input from presentations and discussion to draft consensus statement for discussion on day 2.
### Expanded Programme → Second Day, 25 April

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<tr>
<td>10.00–10.15</td>
<td>Opening Remarks</td>
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<td>Chair of the conference explains the conduct and goals of the day</td>
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<td></td>
<td>Chair of the day: Prof. Reinhard Burger</td>
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EXTRA INFORMATION — FULL PICO QUESTIONS

PREOPERATIVE ANAEMIA

**PICO 1 — ADVERSE EVENTS**
In preoperative patients [population], is preoperative anemia [intervention/risk factor] a risk factor for adverse clinical or economic outcomes [outcomes] compared to no preoperative anemia [comparison]?

**PICO 2 — DEFINITION**
In preoperative patients [Population], should Hb of 130 g/L (Index test) (versus [comparator test] [Comparison]) be used to diagnose anemia [Outcome]?

**PICO 3 — MANAGEMENT**
In patients with preoperative anemia [Population], is the use of iron supplementation and/or erythrocyte stimulating agents [Intervention] effective to improve clinical and economic outcomes [Outcomes] compared to no intervention/placebo/standard of care [comparison]?

RBC TRANSFUSION TRIGGERS

**PICO 1 — ADULT INTENSIVE CARE PATIENTS**
In critically ill, but clinically stable adult intensive care patients [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

**PICO 3 — ORTHOPAEDIC AND NON-CARDIAC SURGERY**
In elderly high risk (cardiovascular) patients undergoing orthopaedic or non-cardiac surgery [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

**PICO 4 — ACUTE GASTROINTESTINAL BLEEDING**
In patients with an acute gastrointestinal bleeding [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

**PICO 5 — CORONARY HEART DISEASE**
In patients with symptomatic coronary heart disease [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

**PICO 6 — SEPTIC SHOCK**
In patients with symptomatic coronary heart disease [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

**PICO 7 — CARDIAC SURGERY**
In patients undergoing cardiac surgery [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

**PICO 8 — ADULT HAEMATOLOGICAL PATIENTS**
In adult haematological patients [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?
PICO 10 – ADULT PATIENTS WITH SOLID TUMOURS
In adult patients with solid tumours [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

PICO 12 – ACUTE CENTRAL NERVOUS SYSTEM INJURY
In patients with acute central nervous system (CNS) injury [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

PICO 13 – CEREBRAL PERFUSION DISORDERS
In patients with cerebral perfusion disorders [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

PICO 14 – ACUTE BLEEDING
In patients with acute bleeding [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

PICO IMPLEMENTATION

PICO 1 – EFFECTIVENESS PBM IMPLEMENTATION
Is a PBM program [intervention] effective to improve clinical and economic outcomes [outcomes] compared to no PBM program [comparison]?

PICO 2 – PBM PROMOTIONAL TOOLS
Is a specific tool to promote the implementation of a PBM program [intervention] more effective to improve clinical and economic outcomes [outcomes] compared to no/another tool [comparison]?

PICO 3 – PBM MONITORING TOOLS
Is a specific tool to monitor the implementation of a PBM program [intervention] more effective to improve clinical and economic outcomes [outcomes] compared to no/another tool [comparison]?
AABB is the global leader in standards development, accreditation and implementation of quality systems in transfusion medicine and cellular therapies. AABB has an unwavering focus on donor and patient safety. AABB accomplish this by translating knowledge into solutions that shape the field of transfusion medicine and cellular therapies.

The International Society of Blood Transfusion is an international society where transfusion medicine professionals from across the globe come together and do the one thing they do best: share knowledge to improve the safety of blood transfusion worldwide. The ISBT believes that with the power of knowledge it can improve the safety of blood transfusion worldwide.

The DGTI is a non-profit organisation promoting transfusion medicine and the development of cooperation with specialist areas, particularly in the fields of science, research and public health. The DGTI serves as an international scientific “umbrella company” in the German-speaking world, has more than 1000 members. In addition to the annual scientific congress with an industrial fair, which presents current developments and research results in transfusion medicine and its border areas, current problems of individual sub-areas are addressed in eight sections. DGTI also supports various programs for the promotion of young professionals, scientific events and basic research.

The French Society of Blood Transfusion (SFTS) is a non-profit organization founded in 1938. SFTS promotes blood transfusion and hemobiology in the scientific, technological, ethical, medico-social and educational level. Its means of action are scientific meetings, national congresses, scientific and technical publications. The SFTS responds to requests from the public authorities or their representatives concerning medical or scientific developments having implications for daily practice. SFTS is committed to Continuing Professional Development and working with related organizations to develop and support programs for the various professions in the field.

The European Blood Alliance is an association of non-profit Blood Establishments, with 26 members throughout the European Union and EFTA States. Its mission is to contribute to the safety, security and cost effectiveness of the blood and tissue and cell supply for the citizens of Europe by developing and maintaining an efficient and strong collaboration amongst European blood and tissue and cell services.

The Centre for Evidence-Based Practice (CEBaP). This is a non-profit global centre located in Belgium and supporting humanitarian activities, including those of the Belgian Red Cross, with scientific evidence. CEBaP was launched in 2009 and currently consists of 8 researchers. They provide a scientific basis for a wide range of humanitarian activities, from blood supply to development programs or emergency relief. This is achieved by developing systematic reviews, which are overviews of evidence based on published scientific studies. In addition they develop evidence-based guidelines, in which also practice experience and preferences of the target group are taken into account. Where gaps in evidence are identified, CEBaP also conducts primary field studies.

Australian Red Cross Blood Service (ARCBS)
Canadian Blood Services (CBS)
International Collaboration for Transfusion Medicine Guidelines (ICTMG)
International Society on Thrombosis and Haemostasis (ISTH)
National Blood Authority, Australia (NBA)
CHAIRS OF THE SESSIONS

PRESIDENT OF THE CONFERENCE AND CHAIR OF THE SCIENTIFIC COMMITTEE: PROF. DR. ERHARD SEIFRIED
Professor of internal medicine, haematology and transfusion medicine, is the chair of transfusion medicine and immunohematology and director of the Institute of Transfusion Medicine at the Goethe University Hospital in Frankfurt am Main, Germany and Chief Medical Director of the Red Cross Blood Donor Services Baden-Wuerttemberg – Hessen, including its affiliates. He qualified in internal medicine at Ulm University Medical Center and specialized in haematology, oncology, transfusion medicine and haemostaseology. He worked at Gaubius Institute TNO Leiden, the Netherlands, for his Ph.D.

During the XXXIst International Congress of the International Society of Blood Transfusion (ISBT) in joint cooperation with the 43rd Congress of the German Society for Transfusion Medicine and Immunohematology (DGTI), Berlin, Germany he acted as the congress president. He has served as president of the German Society of Transfusion Medicine (DGTI) and as the president of International Society for Blood Transfusion (ISBT). He was vicepresident of the European Blood Alliance (EBA) until 2017.

CHAIR: PROF. REINHARD BURGER
Former president of Robert Koch Institute and Chairman of the National Advisory Committee Blood of the German Federal Ministry of Health.

CHAIR: PROF. DR. YVES OZIER
Department of Anesthesiology, Centre Hospitalier et Universitaire de Brest site La Cavale Blanche-Université de Bretagne Occidentale, Brest, France.

CHAIR: PROF. DR. JIMMY VOLMINK
Jimmy Volmink is Dean of the Faculty of Medicine and Health Sciences, Stellenbosch University, and Director of the South African Cochrane Centre, SA Medical Research Council. His previous appointments include: Deputy Dean (Research) at Stellenbosch University, GlaxoWellcome Chair of Primary Health Care at the University of Cape Town and Director of Research and Analysis at the Global Health Council in Washington DC.

CHAIR: PROF. DR. PHILIPPE VANDEKERCKHOVE
Philippe Vandekerckhove, M.D./PhD, pathologist, is the CEO of the Belgian Red Cross-Flanders. He holds non-executive positions as president of the European Blood Alliance, president of GAP and Philippe is associate professor at the Faculties of Medicine of the University of Leuven, where he also obtained his M.D./PhD and Pathology degree, and the University of Ghent.

His medical training was further carried out in South Africa, the US, and The Netherlands and he studied healthcare management at INSEAD and general management at Harvard Business School.

He has published about 100 articles in peer-reviewed journals, in the field of immunology, hematology, blood banking and evidence-based medicine.

CHAIR: PROF. JONATHAN H. WATERS, M.D.
Chief, Department of Anesthesiology, Magee Womens Hospital of UPMC, Professor of Anesthesiology & Bioengineering, University of Pittsburgh, Vice Chair, Clinical Research, Dept. of Anesthesiology, Univ. of Pittsburgh, Medical Director, Patient Blood Management program of UPMC.
SCIENTIFIC COMMITTEE / EXPERT PANEL

SCIENTIFIC COMMITTEE

Pierre Albaladejo  Grenoble university hospital, France/ISTH 4)
Shubha Allard  NHS Blood & Transplant/ISBT
Cécile Aubron  Academic Hospital of Brest, France/SFTS 5)
Kari Aranko*  European Blood Alliance/EBA
Dana Devine  Canadian Blood Services/CBS
Craig French  Western Health, Melbourne Australia
Kathrine P. Frey  Fairview Health Services and Patient Readiness Institute, Minneapolis MN/AABB
Christian Gabriel  Ludwig Boltzmann Institute for clinical and experimental traumatology, Austria/DGTI 3)
Richard Gammon  One Blood, Orlando/AABB
Andreas Greinacher  Institut für Immunologie und Transfusionsmedizin Greifswald/ICTMG 2)
Marian van Kraaij  Sanquin, the Netherlands/EBA

Jerrold Levy  Duke University School of Medicine, North Carolina/ISTH 4)
Giancarlo Li mumbruno  Italian National Institute of Health/EBA
Patrick Meybohm*  University Clinics of the Johann Wolfgang Goethe University Frankfurt/Main
Markus Müller*  Institute for Transfusion Medicine and Immunohaematology Frankfurt/EBA
Mike Murphy  NHS Blood & Transplant and AABB/EBA
Hans van Remoortel  Centre for Evidence-Based Practice, Belgian Red Cross 5)
Ben Saxon  Australian Red Cross Blood Service/ARCBS
Erhard Seifried  German Red Cross Blood Transfusion Services/EBA
Nadine Shehata  Mount Sinai Hospital Toronto/ICTMG 2)
Pierre Tiberghien  French National Blood Service/EBA
Claudio Velati  Società Italiana di Medicina Trasfusionale e Immunohaematologia
Erica Wood  Epidemiology and Preventive Medicine at Monash University/ISBT

MULTI-DISCIPLINARY EXPERT PANEL

Lauren Anthony  Allina Health
Karon Benson  Moffitt Cancer Center
Danielle Bischof  Mt Sinai Hospital, Toronto
Jeff Carson  Rutgers University, New Jersey
Graham Donald  Patient representative

Lise Estcourt  NHS Blood & Transplant/Johns Hopkins Medical Institutions
Steven Frank  University Hospital, Angers
Sigismond Lasocki  University of Toronto
Dawn Maze  University of Malaga
Manuel Muñoz Gomez

Gavin Murphy  British Heart foundation/University of Leicester
Katerina Pavenski  St. Michael’s Hospital, Toronto
Thomas Schmitz-Rixen  Goethe-University Hospital Frankfurt am Main
Louise Sherliker  NHS Blood & Transplant

PRACTICAL INFORMATION

VENUE
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MCI AMSTERDAM
EVENT ORGANISER
PHONE: +31 20 575 42 20
EBA@MCI-GROUP.COM
CONTACT PERSON: SOPHIE HAMBURGER

REGISTRATIONS
To ensure a balanced audience of stakeholders, the ICC-PBM2018 will have a two-tiered registration system. Invited key stakeholders from across all the world will be sent a booking link to the registration site. All who are interested in joining the conference will be invited to pre-register. When seats become available in February, the organising committee will invite pre-registrants to register for the event via a separate link and issue a special booking code. This will be done according to the following criteria: order of registration, ensuring a balanced audience of all kinds of stakeholders, availability to attend the parallel sessions, geographical region/country.

You can pre-register →HERE
WELCOME TO FRANKFURT

Frankfurt is the largest city in the German state of Hesse and the fifth-largest city in Germany, with a population of 714,241 (2014) within its administrative boundaries. The urban area called Frankfurt Rhein-Main has a population of 2,221,910. The city is at the centre of the larger Frankfurt Rhine-Main Metropolitan Region which has a population of 5,500,000 and is Germany’s second-largest metropolitan region. This old imperial city on the River Main - hence its full name, Frankfurt am Main - is, by virtue of its central situation, the most important commercial and economic center on mainland Europe. Frankfurt is also a centre for commerce, culture, education, tourism and web traffic. Frankfurt is also home to many cultural and educational institutions including the Johann Wolfgang Goethe University and Frankfurt University of Applied Sciences, many museums (e.g. Städel, Naturmuseum Senckenberg, Schirn Kunsthalle Frankfurt, Goethe House), and two major botanical gardens, the Palmengarten, which is Germany’s largest, and the Botanical Garden of the Goethe University.

TRAVEL TO FRANKFURT

Frankfurt is situated at the heart of Europe in the centre of Germany. It has outstanding transport connections with an international airport, the major intercity rail station and the Frankfurt autobahn intersection. And it’s not just travelling to Frankfurt that’s so straightforward – thanks to their location in the city, the Maritim Hotel is also quick and easy to access. For instance. It is just a 10-minute walk from Frankfurt central station. The journey from the airport to the centre of town by car or public transport takes about 15 minutes.