# Blood stock management and supply for rare blood groups



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### **Observational study**

 between May 2000 and December 2001

#### TRANSFUSION COMPLICATIONS

#### Antibodies to high-frequency antigens may decrease the quality of transfusion support: an observational study

Axel Seltsam, Franz F. Wagner, Abdulgabar Salama, and Willy A. Flegel

TRANSFUSION 2003;43:1563-1566.

Presentation at SVTM meeting

• Berne, Switzerland 3 Sept 2004



## Background

- high-frequency antigens
   – > 99 %
- immunized patients are rare
- blood donors are also rare
  - spontaneously detected after immunization only
  - then, they often cannot donate blood

### • difficult supply

- compatible red cell units are rare
- significant diligence and costs required
  - search
  - storage
  - transport logistics
- physicians are often inexperienced in special needs of such patients

### Rationale

 documentation of demand prerequisite for financing and support of donor typing programs of frozen red cell programs documentation of clinical relevance – current hemovigilance systems do often not cover adverse affects caused by insufficient supply



# Aim of the study

- evaluation of the current supply situation
- in all hospitalized patients
  - carrying clinically relevant allo-antibodies
  - directed against high frequency antigens (excluding k)

### current supply situation

- population in
   Central Europe
  - ca. 100 Mio. inhabitants
- survey period
  - 20 months



### **Data acquisation**

- written request to
  - all blood centers
  - all immunhematology reference laboratories
- asking for spontaneous reporting
- in A CH D

- standardized questionare
- follow up
  - until discharge from hospital
- regular contact
  - by phone/mail/Email



## Patients

total of 52 patients
with 56 hospital admissions

• minimal estimate

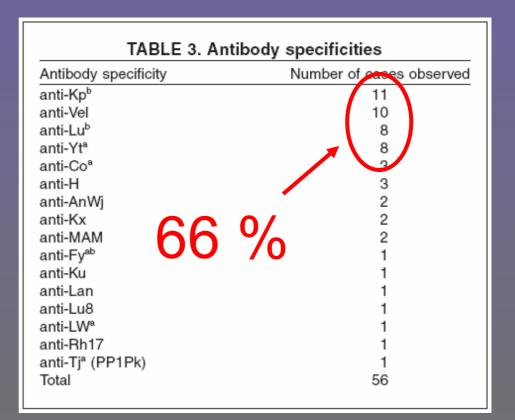
TABLE 3. An	tibody specificities
Antibody specificity	Number of cases observed
anti-Kp⁵	11
anti-Vel	10
anti-Lu <sup>b</sup>	8
anti-Ytª	8
anti-Coª	3
anti-H	3
anti-AnWj	2
anti-Kx	2
anti-MAM	2
anti-Fy <sup>ab</sup>	1
anti-Ku	1
anti-Lan	1
anti-Lu8	1
anti-LWª	1
anti-Rh17	1
anti-Tj <sup>a</sup> (PP1Pk)	1
Total	56

• incidence: 0.04 per 100,000 inhabitants and year



## **Antibody specificities**

 4 antibody specificities
 – Kp<sup>b</sup>
 – Vel
 – Lu<sup>b</sup>
 – Yt<sup>a</sup>



in two third of all reported patients



### Transfusions

- 133 compatible red cell units
  - supplied
  - for 26 patients
- thereof,
   104 red cell units
  - transfused
  - in 22 patients

- transfusion of red cell units in D:
  - relationship
  - rare red cell units to all red cell units
- 1:68,000



## **Deviations from protocol**

#### • 23 x reported

9 x no reason
 for deviation
 communicated

- reasons
  - reported in 14 patients
  - considered acceptable in 9 patients

TABLE 2. Sup	port strat	egies by co	untry	
	1	Number of epis	sodes	
	Germany	Switzerland	Austria	Total
Episodes of	42	11	3	56
hospitalization				
Deviations from protocol	18	3	2	23
Frozen allogeneic units				
Supplied	74	0	0	74
Transfused	62	0	0	62
Fresh allogeneic units				
Supplied	25	12	0	37
Transfused	19	8	0	27
Fresh autologous units				
Supplied	18	4	0	22
Transfused	11	4	0	15

#### in 5 patients avoidable



### **Reasons for deviation**

- compatible supply not considered (n = 3)
- avoidable delay in antibody identification (n = 1)
- no cost coverage for rare blood units
  - but erythropoetin administered

(n = 1)

		Number of epis	sodes		
Type of deviation from protocol	Germany	Switzerland	Austria	Total	Antibodies involved*
No compatible blood as backup†					
Surgery	5	1	0	6	anti-Kp <sup>b</sup> (n = 2), anti-Yt <sup>a</sup> (n = 2
					anti-Lu⁵, anti-AnWj
Diagnostic procedure	1	0	1	2	anti-LWª, anti-Fy3
Vaginal delivery	2	0	0	2	anti-Kp⁵, anti-Vel
Transfusion of antigen-positive units					
Emergency transfusion±	3	0	0	3	anti-Vel (n = 2), anti-Lu <sup>b</sup>
Elective transfusion	3	2	0	5	anti-Yt <sup>a</sup> (n = 3), anti-Kp <sup>b</sup> , anti-L
Transfusions cancelled or limited	4	0	0	4	anti-Vel (n = 2), anti-Co <sup>a</sup> (n = 2
Diagnostic procedure cancelled	0	0	1	1	anti-Lu8
Total	18	3	2	23	

+ No transfusions performed.

± Lack of time to obtain compatible units made deviation inevitable.

### Frozen red cell units

- significant differences in the supply strategy
  - in D: frozen red cell units are available in various regions
  - in CH: more antigen negative donors are known/available

TABLE 2. Sup	•	· ·		
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Supplied	18	4	0	22
Transfused	11	4	0	15

no effect on the safety of the supply



## International supply

- urgent demand in 14 patients
- 11 x national
  - within one day in most cases
  - mean 1.5 days
  - range 1 3 days

• 3 x international

- mean 2.3 days
- range 2 3 days
- mean supply period was 0.8 days longer
   for imported red cells units



# Possible supply of compatible red cell units

- 3.3 Mio. donations per year in D 1998
- correlates to
  - 5,000 Lu<sup>b</sup> neg.
  - 5,000 Yt<sup>a</sup> neg.
  - 830 Vel neg.
  - 330 Kp<sup>b</sup> neg.

- permanent availability of red cell units
  - 560 Lu<sup>b</sup> neg.
  - 560 Yt<sup>a</sup> neg.
  - 90 Vel neg.
  - 35 Kp<sup>b</sup> neg.
- considering shelf life
   of 5 6 weeks



### Conclusions

- insufficient supply in 33 % of the affected patients
  two third of cases require 4 antibody specificities only
- supply would be improved by
  - systematic screening for Kp<sup>b</sup>, Vel, Lu<sup>b</sup>, Yt<sup>a</sup> neg.
  - enhanced awareness of the attending physicians
- optimal supply would require < 1 : 10.000 red cell units of the whole national stocks



### ISBT Rare Donor Working Party International Society for Blood Transfusion

- BR Brasil
- CN China
- DE Germany
- FR France
- GB England
- IN India

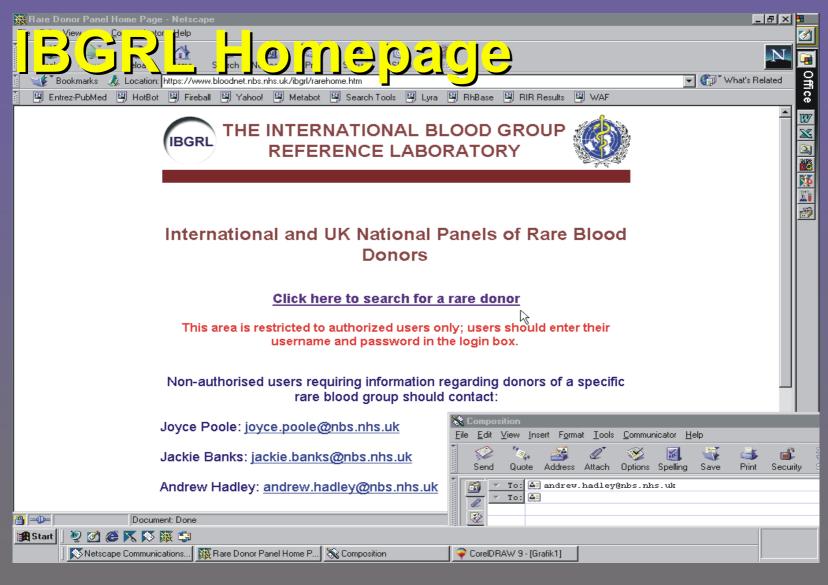
- IS Israel
- JP Japan
- NL Netherlands
- NZ New Zealand
- SA South Africa
- USA
- Chair: Graeme Woodfield, Auckland NZ
- ca. 14 members
- http://www.isbt-web.org/



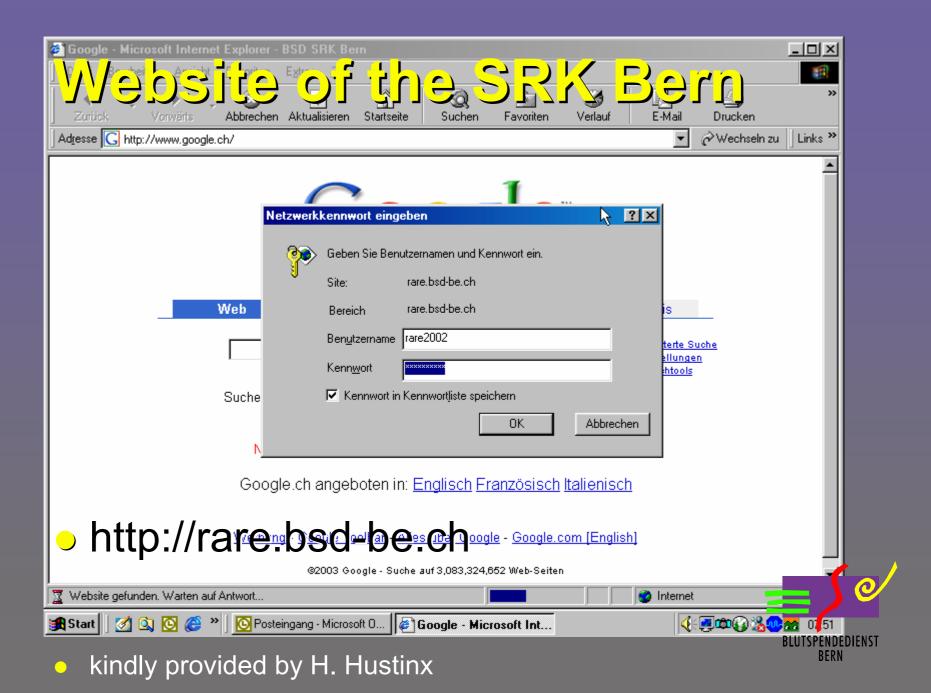
#### European Frozen Blood Bank, Amsterdam Council of Europe Bloodbank

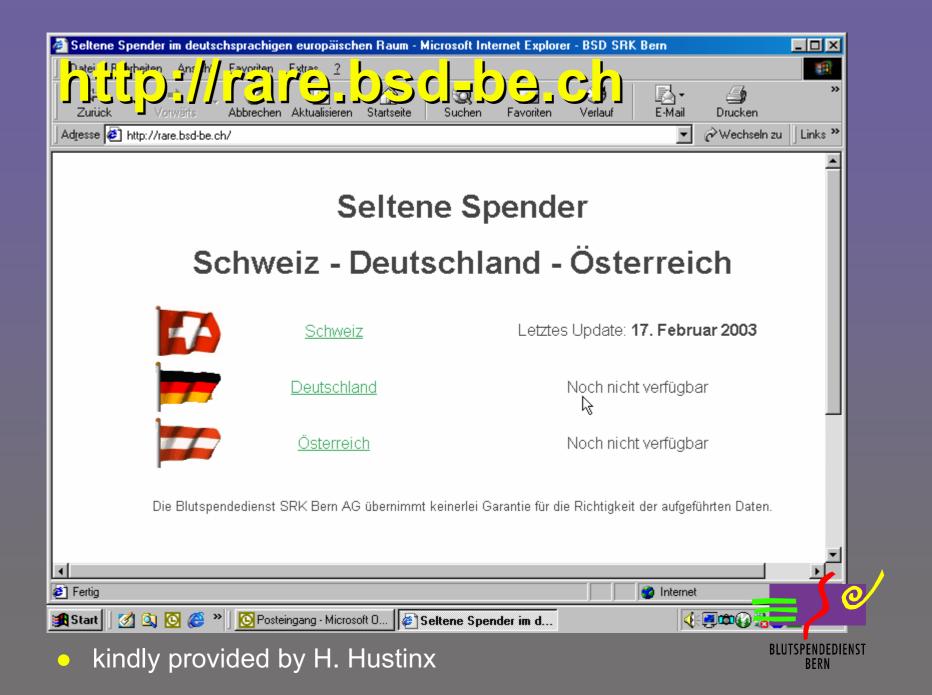
- supply in France and England self-sufficient
- supplies 60 100 frozen red cells per year to the remaining European countries
  - "fraction of supply to Germany has been diminishing" (telephone communication)
- 4.925 Euro per unit plus transport
  - "does not cover actual costs" (tel. communication)
- actual stock of frozen units
  - http://www.sanquin.nl/sanquin-eng/sqn\_home\_eng.nsf

Letter dated 25 June 2022-

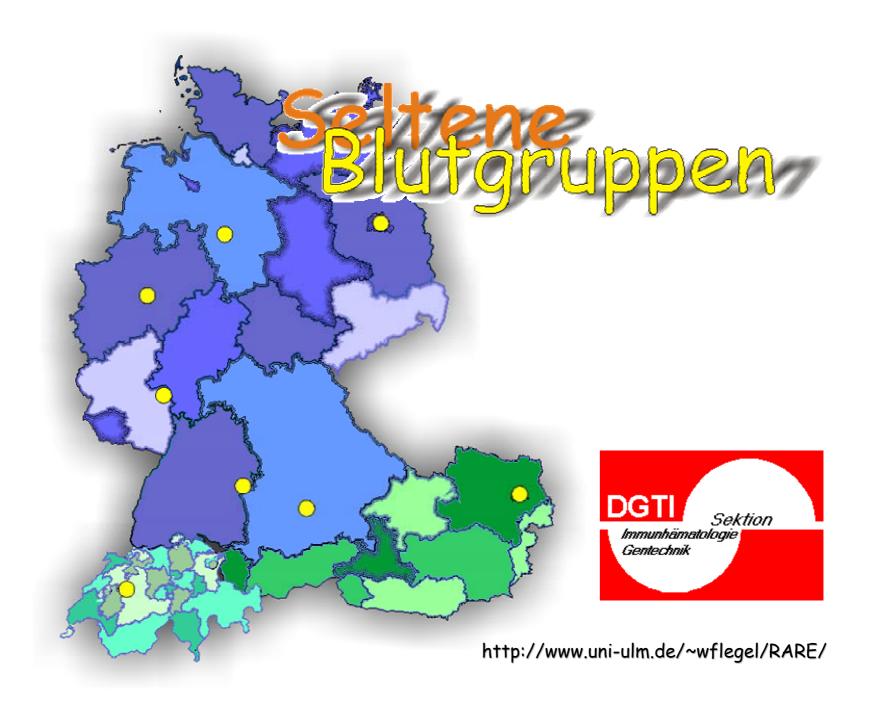


5 participating institutions in D & CH:
 Baden-Baden, Berlin, Bern, Hagen, Ulm



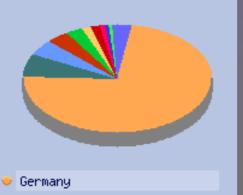


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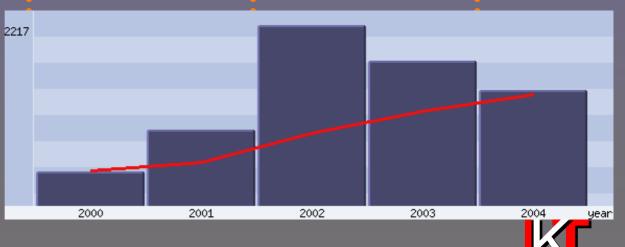


## Webpage statistics July 2004



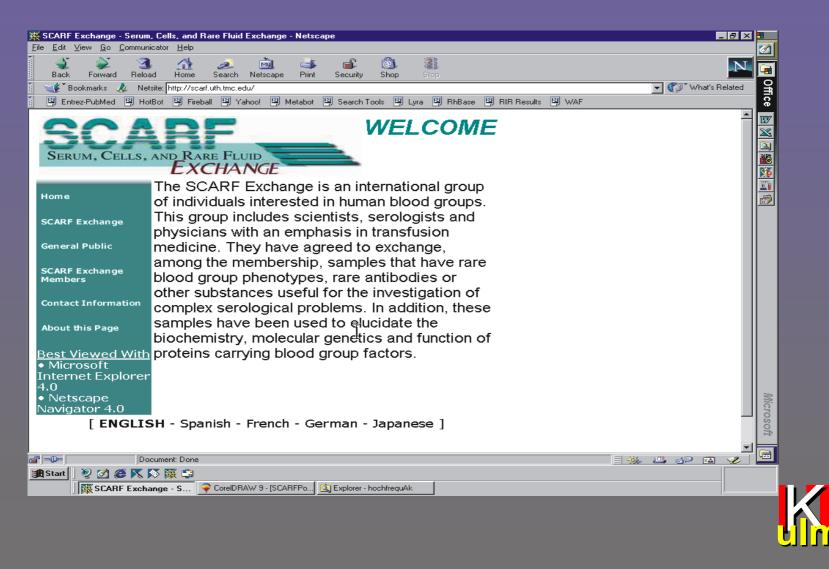


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http://www.uni-ulm.de/~wflegel/RARE/

# **SCARF Homepage**



# "Local Exchange Net"

- DGTI Working Party "German Rare Donor Program"
- Organization of the Local Exchange Net Dr. M. Tilmann, Berlin
- current participants
  - Ahrens, Böhlen-Bodmer, Endres, Flegel, Förstemann, Glameyer, Hustinx, Ladewig, Lonicer, Petershofen, Scharberg, Seltsam, Sternberger, Tilmann, Wagner/München, Wagner/Springe, Zimmermann



### **Concluding remark**

Only the systematic screening among donors will prevent shortages in the supply of red cell units with rare blood groups.

