

London Regional Transfusion Committee

London & South East Trauma & Haematology Group

Thursday 28th June 2018

14:00 – 16:30

Royal London Hospital

Name	Trust	Name	Trust
Denise McKeown	Imperial	Emily Carpenter	Kings
Fateha Chowdhury	Imperial and NHSBT	Julie Cole	Brighton
Julia Lancut	Barts	Charlene Furtado	GSTT
Pascal Winter	Barts	Claire Guest	Cambridge
Laura Green	Barts and NHSBT	Al Hunter	NHSBT
James Uprichard	St Georges	Gemma Fawke	NHSBT
Richard Whitmore	NHSBT		

Apologies: Shubha Allard, Gary Wareham, Kelly Feane, Nikki Curry, Julie Staves, Sue Robinson, Anwen Davies, Sasha Wilson

JU welcomed the group and led introductions and apologies. Previous minutes were agreed.

Major Trauma Centre Updates:

Royal London

Red Cell and Plasma on Board Study (LG)

New Red Cell and Plasma component has been granted Health Research Authority (HRA) approval and has been published in the red book. MHRA still wants to assess production at NHSBT which could take up to 3 months. Therefore, the study is expected to be delayed from July to September.

Some other hospitals have also shown interest in submitting extra data to the study e.g. hospitals currently supplying KSS RBCs and lyoplas.

It has been confirmed that the name is RBC and plasma rather than platelet depleted whole blood. At the moment, it will only be issued to the Royal London for pre hospital use, and also to be used in the Royal London ED when there is <24 hours remaining until expiry. Wastage will be closely monitored.

Prior to Go Live, Royal London will alert hospitals via RTC chairs and this group so hospitals (including BTLs) will know that patients may arrive having received this new component. Haemolysis screen (DAT) will be required. It is possible that a LIMS flag will be needed to show the patient has received RBC and FFP. BTL will need to be alert for blood group anomalies caused by receiving group O red cells and

plasma.

Royal London are appointing a study coordinator as a 2 year post. They will work closely with the London Air Ambulance and will be able to better control sampling.

LG has accepted an invitation to speak at the Imperial trauma meeting, and would be happy to repeat this for other Trusts if it is useful.

The group commented that they are still not receiving group and save samples taken at the scene.

Finally, LG reported that the Royal London has plans to start using group A plasma imminently, and is also about the start recruitment into Cryostat II.

St Mary's:

- Have moved the lab to second grade II listed building in Mint wing
- IT issues now largely resolved, now awaiting LIMS
- Trauma consultants previously very interested in whole blood so looking forward to meeting LG to discuss further
- Excellent recruiting on to cryostat-2

Brighton:

- Started recruiting into Cryostat-2 in mid April, 3 patients so far

Cambridge:

- Currently recruiting patients for Rephil and Cryostat-2.
- As patients cannot be part of both trials, they have only recruited 1 patient into Cryostat-2 so far.

GSTT:

- Finalised updated MI plan

St George's:

- Blood fridge went down in ED, so boxed blood was used in interim
- Boxed blood did not increase wastage
- Plan to reduce from 6 to 4 O neg and O pos
- Out of 125 codes called, 99 were men
- Average usage is 2 units per code before pack A is started
- ED is 2 min distant from BTL

Kings:

- Slow recruiting to Cryostat-2 implementation arm (3)
- Updated MI policy
- New blood coordinator action card
- Successful South East London Kent and Medway Trauma Education Day – Interactive 'Donor to

Dustbin' laptop game, and Guess the Bleed Game

- BTL are not getting BOB samples, ED say they rarely get one but have discarded in ED as insufficiently labelled.

Action All: Invite LG to speak on new red cell and plasma on board study if required

Major Haemorrhage Protocol – the Brighton experience with cryoprecipitate. (Julie Cole)



Trauma at Brighton
28JUN18.pptx

See attached powerpoint.

JC described their MHP which has been used in 2012/13 and uses cryoprecipitate in the first box. The presentation also included recent adjustments made to reduce wastage by utilising fibrinogen concentrate. Their MHP has been powered by their PBM Committee chair who is a cardiac anaesthetist.

It was noted that the policy did not achieve 1:1 RBC:FFP, but gave cryoprecipitate much earlier. There was a natural delay for thaw time for cryo, and also wastage (20K/year) so Brighton are now utilising fibrinogen concentrate. Although fibrinogen concentrate is used upfront, cryo is often used later it is acknowledged that it contains additional clotting factors (unless fibrinogen concentrate particularly requested). If cryo is no longer needed for a trauma patient, BMSs phone clinical area to let them know it is spare cryo.

Pack 'B' is now rarely used, because instead components are ROTEM guided. (ROTEM is performed in the lab).

Fibrinogen is claimed back through CCG as it is not a NHSBT product

RLH are trying to do a trial of PCC vs FFP in cardiac patients. This requires PCC to be used outside of inherited bleeding disorders.

Group then discussed further options for cryo wastage reduction. It would be very helpful if the shelf life could be extended. If it was refrigerated for up to 3 days and then rewarmed would the precipitate disappear? Rebecca Cardigan is interested in furthering this research but first needs evidence that there is high cryo wastage to show research is needed. This may be highlighted in the upcoming Major Haemorrhage National Comparative Audit. AH cautioned regarding potential bacterial propagation.

Club 96 and other plasma issues (AI Hunter)

Presentation not supplied due to commercially sensitive information.

AH summarised current NHSBT plasma components. In order to produce lower vCJD risk components NHSBT can currently only feasibly import from Austria and Poland to meet 2.5 log risk reduction criteria and comply with logistical challenges. These countries also have to meet their own national domestic requirements, and market to buyers others than NHSBT.

Club 96 Population cohort is increasing by 700K per annum and are now aged 22 and under. The current trajectory indicated they will become the recipient cohort in approximately 2040.

Pooled MB uses 5 donations at once, stressing the stock more (as many club 96 patients require adult size doses).

SaBTO is due to consider the findings of the BSE subgroup in Jan-March 2019 examining the risk of ongoing prevalence of vCJD causing prions in the UK population.

Group reminded that if there are significant changes to demand we need to inform NHSBT 12 months beforehand

The group discussed that they thought hospitals would move back to NHSBT sourced UK MB FFP if price significantly lower and still safe. If recommendations change, NHSBT supply will likely then suddenly be demanded upon, and will need to work with hospitals to phase in.

Discussed if virus deactivation would still be required, LG suggested the risk is so low that further virus inactivation may not be required. Also risk of virus not relevant to 1996 – therefore patient discrimination issue.

NHSBT are preparing by considering new donor centers and increases plasmapheresis by NHSBT.

EC raised a query about FFP as the red book suggests that it can only be returned to the fridge for one episode of <30 minutes. This is likely to become more of a restraint with extended post thaw expiry. LG said that it should be the same as RBCs (multiple removals acceptable but always <30 minutes).

Action EC: Send round red book extract for FFP temperature excursions.

Action LG: Confirm if multiple FFP excursions acceptable.

Cryostat-2 Update – (Ross Davenport)

- Currently recruiting are; all MTCs in England, some MTCs in part of rest of UK, and 5 in US.
- 1566 patient target
- Cryostat-2 is examining if high dose cryo in MHPs has an impact on 28 day survival
- Intervention is 3 bags cryo early
- Recruitment 140 patients nationally so far
- Recently met with HTA for interim 1year update. Noted that there was a site set-up delay in some hospitals due to NHS bureaucracy of excess treatment costs. Therefore trial is behind the StopGo requirement of 200 patients at 1 year (August). Plea to recruit as many patients as possible before August to ensure the StopGo threshold is achieved.
- Mary's are leading with recruitment numbers.
- Bart's opening in 2 weeks (delay due to iTACTIC).
- Scotland waivers investigational medical product only, so cannot waiver consent.
- Wales also not started recruiting yet.
- Use of MB cryo was queried. Group are following their normal practice for emergency cryo use which means some sites are not using MB cryo even if patient born after 1996.

Any other business including date for next meeting

RW alerted to the group that the O D neg K pos trial is taking place in the London area. Expect change

in demand as a result. NHSBT will monitor as unsure of precise effect. Any issues email RW pros or cons.

Action All: Email RW any feedback about the O D neg K pos trial

Next meeting 3 December 2018 venue TBC