

Dear Fellow Clotter

We have a bumper issue for you this month so I will be brief. Check out the opportunity to volunteer in Cambodia. We have news on the HAA2008 and ASTH Scientific workshop to be held in Perth this year as well as an opportunity for ASTH members to obtain APACE certification.

The winners of the best posters at last years ASM are included and Ross Baker has written a summary of the heparin contamination story. Along with the president's report, Chris Ward has included a report on the recent ISLH held in Sydney and Mark Smith has provided a brief literature review on ABO(H) association with vWF level. Finally, Megan Sarson has reported on the very recent formation of the Ethiopian Haemophilia Society.

Thanks to all who contributed to this edition

Emma Perrin

FELLOW CLOTTERS



Is anyone interested in volunteering to work at the National Pediatric Hospital laboratory, in Phnom Penh, Cambodia for a few weeks, years or months? We need help to strengthen coagulation testing amongst the local staff and also to set up some simple tests for diagnosis of VWD. Or any other area of hematology is good. I am currently working there as a laboratory advisor, so contact me if you are keen for more info rld@inet.net.au. If you come for more than 6 months you may be able to apply for a VIDA position or Youth Ambassador if you are under 30 yrs, which will pay enough to live on, health insurance etc... see www.vidavolunteers.com.au

Phnom Penh, is safe, exotic and boasts good food and climate – but really terrible laboratories.

Look forward to hearing from you

Robyn Devenishl, Telephone +855 12 972638

ASTH COUNCIL 2007-2009

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FROM THE PRESIDENT

The last few weeks have seen coagulation issues make the headlines around Australia. The results of the ENDORSE study, looking at rates of thromboprophylaxis in 68,000 hospitalised patients, confirmed that Australia is very “average” in putting guidelines into practice. Only around 50% of patients at risk of venous thromboembolism received effective prophylaxis in the sample of Australian hospitals; similar rates were reported in the USA and UK, whereas some European countries could boast prophylaxis rates over 80%. To publicise this public health issue, an ‘Action on VTE’ Summit was held in Sydney on the 2nd of May. Representatives of state and federal organizations, industry with nursing and clinical leaders debated strategies to increase the rates of prophylaxis, particularly in medical patients. Prof. Ajay Kakkar from the UK described VTE as a ‘preventable public health crisis’ and an Australian economic analysis estimated the national cost of VTE at 1.72 billion dollars in 2008. The very high cost is due to the substantial mortality associated with VTE (estimated at 5,285 deaths annually), although this has been derived from earlier autopsy studies rather than the notoriously inaccurate death certificates. Whatever the true mortality of VTE, there is a growing international consensus that all patients should be risk-assessed and offered effective prophylaxis, both mechanical and pharmaceutical.

Given the renewed focus on VTE prophylaxis, it’s ironic that the safety of our usual drugs has been called into question at the same time. Contamination of heparin products with highly sulfated chondroitin has been

blamed for severe, and fatal allergic reactions overseas. No similar reactions have been reported in Australia, but the recall of several unfractionated and low molecular weight heparin batches will cause problems for many hospitals. Our ASTH colleagues have been advising local and national bodies on the “heparin crisis”, and Prof Ross Baker provides a summary of the salient facts in this newsletter.

On a brighter note, this month’s International Society of Laboratory Haematology conference in Sydney was a great success, and featured contributions from many of the ASTH community, as well as some leading international speakers. The conference highlighted the role of new technology, in challenging diseases such as TTP, point-of-care testing and more controversial areas such as “platelet resistance”. Reviewing the many new antithrombotic agents that are currently in development, Dr Tim Brighton reminded us how little we know about laboratory monitoring of these drugs. There will inevitably be cases of overdose or high-risk patients where we will want some estimate of effective plasma levels, and our standard tests may not be adequate. While these drugs may one day “free” us from the burden of INR monitoring, they will also pose new challenges for the coagulation scientist and clinician.

Welcome to this edition of the ASTH newsletter – we hope that these “interesting times” will keep you questioning your practice and patient outcomes, maybe enough to prompt a abstract or two for the Perth HAA meeting!

Chris Ward

HAA2008

We welcome you to Perth for an exciting scientific and social meeting at HAA 2008. The full program can be found by clicking on

www.fcconventions.com.au/HAA2008/

We have 4 international guest speakers. Professor Frits Rosendaal from the Netherlands will start off with the tricky subject of woman, hormones and thrombophilia and overview his new findings on risk factors for venous thromboembolism. Professor David Lane from the Imperial College London will present his recent work on the Protein C anticoagulant pathway and the functions of thrombin. As co editor of the Journal of Thrombosis and Haemostasis, he has volunteered (oh, pushed really) to facilitate a masterclass on “Publishing without Perishing”. Professor David Lillicrap from Kingston in Canada will talk on the latest research in gene transfer for blood disorders and the update us on the genetics of Type I von Willebrand Disorder. Professor James Bussel from New York who is a lead investigator on the

new thrombopoietin agents, will discuss their role in haematological and other disorders.

Professor Alex Gallus is the 2008 Firkin Orator which recognises his tremendous contribution to the Australian prominence in the anticoagulation trials for venous thromboembolism.

There are a number of excellent symposia planned with a blending of prominent speakers from around Australia and New Zealand with our international guests covering themes on basic and applied aspects of thrombosis and haemostasis.

The ASTH AGM is scheduled for Monday the 20th October from 12.30 to 1.30pm and with no election results to report, our President Chris Ward has no excuse but to tell a good joke (but not about rugby)!

We hope there is something for everyone in the program and we look forward to welcoming you to Perth.

Grace Gilmore & Ross Baker

SECRETARIAT REPORT

We're already almost half way into 2008 and also drawing to the end of the 2007-08 ASTH membership year. I'll be sending out 2009 renewals in early July so watch out for them – time has a habit of slipping away from us all but I'd appreciate if you could return them promptly.

We have a great new service for our laboratory and science based members! In March we signed a Memorandum of Understanding with the Australian Institute of Medical Scientists (AIMS) to participate in their successful Australian Professional Acknowledgement of Continuing Education (APACE) program which recognizes continuing education, formal courses and a wide range of professional activities. Emma Perrin is representing the ASTH on the APACE committee. Please see the separate article in this newsletter or the web site for more details.

And on the subject of the web site -don't forget to visit on a regular basis- we have news, upcoming meeting and other useful resources posted there. If you tend to access the site using a 'favourites' link you should also click the 'refresh' button to ensure you are viewing the most recent pages and not material which has been stored in the cache since your last visit. And of course if you have any thing you'd like to share with other members drop me a line and I'll post it on the site too- perhaps you've got advance notice of a meeting or have read an interesting article.

Planning for the ASTH Scientific Workshop on Saturday 18th October in Perth is well underway. As usual the

Workshop will be held the day before the HAA meeting and as usual there will be plenty of stimulating presentations and discussion. The feed back after each Workshop makes interesting reading (we do produce a Feed Back Report so if you'd like to see it please let me know) and we try to act on the suggestions made by attendees to make subsequent Workshops even more relevant and topical. Case studies are always and increasingly popular so this year we have endeavoured to include a larger number.

An indication of how well the Workshop is perceived is the sponsorship it receives from industry. This year I sent out email invitations to potential sponsors with hard copy letters to follow by post. Before I had managed to print out the letters three sponsors had replied to the email invitation and confirmed their intention to support the Workshop again this year. And another three came within the next 2 days. Industry sponsors keep coming back for more- we hope you will too!

Registration forms have been included in this newsletter mail out and are also available on the web site. Remember to let friends and colleagues know about the Workshop. This year we are including one years ASTH membership in the non member price for eligible applicants – so there's even more reason for you to encourage your non ASTH colleagues to come along!

Megan Sarson



Joint Annual Scientific Meeting

Haematology Society of Australia and New Zealand
Australian and New Zealand Society of Blood Transfusion
Australasian Society of Thrombosis and Haemostasis

IMPORTANT DATES

Call for Abstracts/Registration Brochure - May 2008
Abstracts Due - 14 July 2008

Conference Secretariat: Festival City Conventions
PO Box 949 Kent Town South Australia 5071
PH +61 8 8363 1307 FX +61 8 8363 1604
HAA@fcconventions.com.au
www.fcconventions.com.au/haa2007

INVITED SPEAKERS

HSANZ

Professor Joachim Deeg, Fred Hutchinson Cancer Research Center, University of Washington, USA
Professor Tony Green, Cambridge Institute for Medical Research, UK
Dr John D Shaunessy, Jr, Myeloma Institute for Research and Therapy, UAMS, USA
Professor Martin Tallman, Robert H Lurie Comprehensive Cancer Center, Chicago, USA

ANZSBT

Professor Morris Blajchman, McMaster University, Hamilton, Canada
Professor James Bussel, Weill Cornell Medical College, New York, USA
Professor Jean-François Hardy, Centre Hospitalier de l'Université de Montréal, Montréal, Canada
Dr Paul Metcalfe, National Institute for Biological Standards and Control, Potters Bar, UK
Dr Marion Reid, New York Blood Center, New York, USA

ASTH

Professor David Lane, Imperial College London, London, UK
Professor David Lillicrap, Queen's University, Kingston, Canada
Professor Frits Rosendaal, Leiden University, Leiden, The Netherlands

“TAINTED HEPARIN”

Earlier this year the FDA reported a considerable number of cases of anaphylaxis and death associated with the use of intravenous heparin. Testing by the FDA of samples associated with these adverse reactions identified the presence of a contaminant known as over-sulphated chondroitin within the heparin. How and where the contaminant has come from is still subject to considerable international debate at the highest government levels.

As a result of these reports the TGA commenced testing of all brands of heparin and identified that certain batches of Astra Zeneca's heparinised saline contained this contaminant, which were subsequently recalled. Further testing found that recent Clexane batches were also contaminated and these batches are now quarantined whilst awaiting further information.

As heparin is widely used in our hospitals and community, the natural disaster mechanisms of government were instituted, as there was a real threat to the ongoing supply of standard and low molecular weight heparin in Australia with the Clexane withdrawal. Not all countries have followed Australia's lead – Germany and Italy has but the UK and France have not. The US uses an alternate source of heparin for Clexane manufacturing so this issue is of less concern.

One argument used by the countries for not withdrawing Clexane is that no adverse reaction has been reported with a subcutaneous injection of heparin or with any Clexane administration despite its widespread use. The adverse reaction appears to all have occurred with bolus intravenous heparin injections and is dose and rate related. They consider that perhaps more harm may be caused by withdrawing the benefits of Clexane and reverting to “ancient practice” or less familiar pathways.

The TGA formed a clinical advisory group from all the Australian Colleges to formulate a clinical contingency plan for a potential shortage. Alison Street and I represented the rational thrombosis and haemostasis community. Although the exact magnitude and impact of the Clexane shortage is still being assessed, it highlights the pivotal role of LMWH in thromboprophylaxis and treatment of thrombosis in Australia.

Ross Baker

APACE NOW AVAILABLE TO ASTH MEMBERS

Earlier this year our President, Chris Ward, signed a Memorandum of Understanding with the Australian Institute of Medical Scientists (AIMS) to allow ASTH members to participate in the Australian Professional Acknowledgement of Continuing Education (APACE) program.

The scheme is a voluntary program designed for medical laboratory scientists and recognises continuing education, formal courses and a wide range of professional activities which contribute to professional growth. Prior to the MOU this scheme was open to AIMS non members for fee of \$220 however now ASTH members will be able to participate for only \$25. There are similar arrangements for members of the Australian Society for Microbiology (ASM) and the Australasian Association of Clinical Biochemists (AACB).

The APACE scheme provides a method in which your professional activities may be recognized and, importantly for our NZ members, has been approved by the New Zealand Medical Laboratory Science Board as are certification program for New Zealand Medical Laboratory Scientists.

To participate you will need to register with APACE and then start recording your continuing education/professional activities. Once you have accumulated 100CEU over a 2 year period (3 years if you're in rural Australia) you are eligible to apply for APACE certification. Your documentation and fees can either be submitted on line directly to AIMS or as hard copy to the ASTH Secretariat.

If you'd like to know more about the program check out the AIMS web site at:

<http://www.aims.org.au/c/index.php?page=apace>

ASTH SCIENTIFIC WORKSHOP 2008

The 2008 ASTH Workshop will be held all day on Saturday October 18 at Royal Perth Hospital just prior to the HAA meeting. The great program is being finalized including a presentation from the invited international expert – Dr David Lane (Editor – Journal of Thrombosis and Haemostasis) on ADAMST 13 and VWD. A final program will be presented on the ASTH website soon (www.ASTH.org.au).

If you have fascinating cases, interesting results, unsolved observations or hot topics please don't hesitate to contact me by the end of May to be included

in the program. Please send me a brief outline of your 10 minute presentation.

Morning tea, lunch and afternoon tea is included, as well as a sundowner from 4.30pm to 6pm. Registration for the workshop is separate from the HAA 2008 and a registration form with further details is enclosed in this newsletter. Looking forward your participation and meeting you at this exciting ASTH initiative.

Please let me know if you require further information or assistance.

Grace Gilmore
Telephone 08 9224 2404 grace.gilmore@health.wa.gov.au

ABO(H) ASSOCIATION WITH VWF LEVEL: A BRIEF LITERATURE REVIEW

**Submitted by Mark Smith, Haematologist, Canterbury District Health Board,
PO Box 151, Christchurch, New Zealand. (April 2008)**

2008 is marked by completion of a long line of inquiry into why type O individuals tend to have lower vWF levels than non-O individuals. This association has challenged us in terms of understanding vWF physiology, and also coming to grips with defining a disease.

The story began in earnest in 1993, when Matsui and co-workers observed that vWF protein of blood group A individuals expressed the A oligosaccharide antigen. They demonstrated that this ABO group antigen is associated with the vWF protein via a type 2 chain, now recognised as an N-linked glycan. Bowen picked up the thread in 2002 with the observation that vWF from blood group O individuals is more susceptible to the hydrolytic effect of the cleaving protease ADAMTS13 when compared to non-O plasma. This effect was measured by cleavage of HMWMs of vWF and by consequent loss of collagen binding ability over time. Bowen hypothesised that the two N-linked glycans flanking the vWF A2 domain-based cleavage site for ADAMTS13 effectively regulate interaction between the metalloprotease and its ligand. In other words, presence of the A or B blood group oligosaccharides within the A2 domain of vWF limits ability of vWF to be cleaved by ADAMTS13. Conversely, absence of these large N-linked glycan structures in group O individuals renders vWF more susceptible to degradation by ADAMTS13. It would seem logical that plasma lacking the H antigen (the essential precursor structure that is expressed in all ABO(H) types and subsequently converted into the A or B antigens depending on blood group) – the Bombay phenotype – should have even lower vWF levels than group O individuals. This was indeed found by O'Donnell et al, who very nicely demonstrated that vWF in Bombay phenotype plasma showed enhanced susceptibility to the effect of ADAMTS13, compared to group O plasma. The same group (McKinnon et al) described very eloquently in 2008 the detail of the two N-linked ABO group glycans and their regulatory effect on vWF interaction with its cleaving protease.

The above in vitro elucidation of the regulation of vWF levels by blood group antigens invited an in vivo demonstration. This was provided in a delightfully simple way by Gallinaro et al in 2008. Proving that ingenuity is even more important than technical difficulty to get published in BLOOD, they took individuals from different ABO groups and administered DDAVP, measuring the half life of vWF. As predicted by the in vitro work, they found shorter vWF half life in group O individuals.

These publications have challenged our concept of von Willebrand disease (vWD). International registries have shown that the phenotype of vWD does not always track with a mutation of the vWF gene. Now, we have conclusive proof that vWF levels also reflect rate of vWF degradation, influenced by ABO group. How then do we most accurately make a diagnosis of vWD? Tosetto et al apply a rigorously logical approach based upon Bayes theorem. Starting with a conservative estimate of 0.1% disease prevalence, the odds ratio of a person having vWD is then modified by calculated likelihood ratios based on an objective bleeding score, on vWF levels and on number of first degree family members sharing a deficiency of vWF. This arguably complex approach fits well with the recommendation by Lipton on how to handle those who do not fit easily into a label of vWD: in the same way that sunscreen is advised for fair-skinned people to prevent risks of sunburn, DDAVP where appropriate will reduce peri-operative bleeding risk in people with mildly reduced vWF levels.

Bowen D. An influence of ABO blood group on the rate of proteolysis of von Willebrand factor by ADAMTS13. *J Thromb Haemost* 2003;1:33-40.

Gallinaro L et al. A shorter von Willebrand factor survival in O blood group subjects explains how ABO determinants influence plasma von Willebrand factor. *Blood* 2008;111:3540-3545.

Lipton R. Why make a diagnosis? *BLOOD* 2007;109:4106.

Matsui T et al. Human plasma α -2 macroglobulin and von Willebrand factor possess covalently linked ABO(H) blood group antigens in subjects with corresponding ABO phenotype. *BLOOD* 1993;82(2):663-668.

McKinnon TAJ et al. N-linked glycosylation of VWF modulates its interaction with ADAMTS13. *Blood* 2008;111(6):3042-3049.

O'Donnell JS et al. Bombay phenotype is associated with reduced plasma-VWF levels and an increased susceptibility to ADAMTS13 proteolysis. *BLOOD* 2005;106(6):1988-1991.

Tosetto A et al. Evidence-based diagnosis of type I von Willebrand disease: a Bayes theorem approach. *Blood* 2008;111:3998 – 4003.

THE WORLD OF LABORATORY HAEMATOLOGY COMES TO SYDNEY

Laboratory scientists and pathologists from around the world gathered in Sydney recently, for the first meeting of the International Society of Laboratory Haematology (ISLH) ever held in the southern hemisphere. The conference provided a wide-ranging perspective on recent innovations in the laboratory, and highlighted Australian contributions. The scientific programme was ably coordinated by Prof. Szu-Hee Lee (St George Hospital) and Ms Lesley Survela (Westmead Hospital), with several ASTH members on the programme committee. Attendance was close to 700, and included many scientists and pathologists from Asia and Europe. The conference began with a fascinating plenary lecture by Howard Shapiro, a leading figure in the development of flow cytometry. He chronicled the technological advances of the last 40 years, and the potential of cytometry, now that computing power is no longer a limiting factor. Conventional flow cytometers will remain expensive and complex instruments, restricted to first-world facilities; Dr Shapiro argued for a new generation of cheap, portable cytometers, to address the needs of the developing world, with rapid assays for tuberculosis and malaria. His lecture was memorable for its musical finale; a Gershwin-inspired ode to flow cytometry. Not many of us could craft a rhyme with "Giemsa"... and even fewer should try to emulate Dr Shapiro and sing their presentation. Less tuneful, but equally inspiring, were three plenaries from leading Australian researchers. Shaun Jackson presented new models of thrombus formation, derived from real-time platelet imaging under flow conditions. Derek Hart reviewed the burgeoning field of dendritic cell research, from basic immunology to clinical trials. Tim Hughes finished with a review of the molecular monitoring of chronic myeloid leukaemia, and how strategies are evolving to eradicate the leukaemic clone.

The conference sessions included much of interest to coagulation scientists and clinicians, with dedicated sessions on platelets, thrombosis and haemostasis. The Platelet session featured reviews of drug-induced thrombocytopenia by Beng Chong and platelet immunology by Helen Pearson. Mitsuru Murata from Keio University, Tokyo reviewed the controversial topic of platelet drug "resistance"; genotyping studies for aspirin resistance have not been useful to date, and he restated the view that screening for laboratory aspirin or clopidogrel resistance should not form part of routine practice. His group has used a model of *in vitro* screening, by adding aspirin to PRP. Prof Sam Machin (UK) noted that the PFA-100 normal ranges for healthy Japanese males seemed longer than his for UK patients. This session also featured the winner of the Young Investigator award, Giselle Kidson-Gerber from Prof. Chong's group, who presented a prospective study of aspirin and clopidogrel resistance using an extensive range of assays. The prevalence of "aspirin resistance" was between 8-16% in her cohort of 76 cases, with only modest correlations between assay methods. Most cases had abnormal results in one assay only, but there was a

small cluster with abnormal tests across several assays (?true aspirin resistant cases).

Thrombosis featured next morning, with reviews on novel antithrombotic agents (Tim Brighton), the antiphospholipid syndrome (Steven Krilis) and travel-associated thrombosis (Ross Baker). Prof. Krilis presented some intriguing new evidence that antibody-linked dimers of beta-2 GPI could bind to platelets *via* the GPIIb/IIIa alpha receptor, with the potential to activate platelets through receptor crosslinking, or interfere with the generation of FXIa and thrombin on the platelet surface. Ross Baker provided some reassurance for the international attendees, with an estimated risk of VTE at 1 per 1264 flights (and most of these being asymptomatic). He had some sobering figures on the utility of prophylactic therapy in travellers at "moderate risk", with numbers treated to prevent one event as high as 2100 for heparin and 6000 for aspirin. Clearly, prophylaxis other than stockings should still be reserved for high risk individuals, pending further evidence. Sam Machin presented his unit's experience with ADAMTS13 assays in 50 cases of TTP – he has found problems with many of the commercial assays and reports the lowest CV for a modified collagen binding assay. Assays of activity appear more useful than antigen assays. Rituximab (Mabthera) produced good clinical responses in this cohort, normalising ADAMTS13 levels and reducing the levels of inhibitor.

A haemostasis session included more of a laboratory focus, with a review of preanalytical variables (Emmanuel Favoloro) and selected oral presentations on HITS monitoring, microparticle assays and an algorithm to detect poor quality INR samples from Auckland's private laboratory. Prof Hideo Wada discussed the clinical spectrum of DIC and Geoff Isbister followed up with an entertaining lecture on brown snake coagulopathy, including the futility of tracking unrecordable clotting times. Finally, Paul Monagle outlined key differences between anticoagulation in adult and paediatric patients. The conference included a well-attended workshop on platelet function testing and INR standardisation, with survey data from Australia and international centres, presented by Catherine Hayward. To conclude, several local speakers reviewed 'trendy' tests such as thrombin generation and microparticle assays, and tried to separate current utility from "hype".

The ISLH 2008 conference was deemed a great success – covering a wide range of laboratory methods and providing clinical contexts and future challenges. The strong scientific programme is a credit to the local organisers, including the many Australian presenters. For those tempted to enquire further, abstracts have been published in the International Journal of Laboratory Haematology (Vol 30 Suppl 1 2008) – and if the city lights from Darling Harbour wasn't bright enough for you, then next year's conference in Las Vegas is sure to appeal.

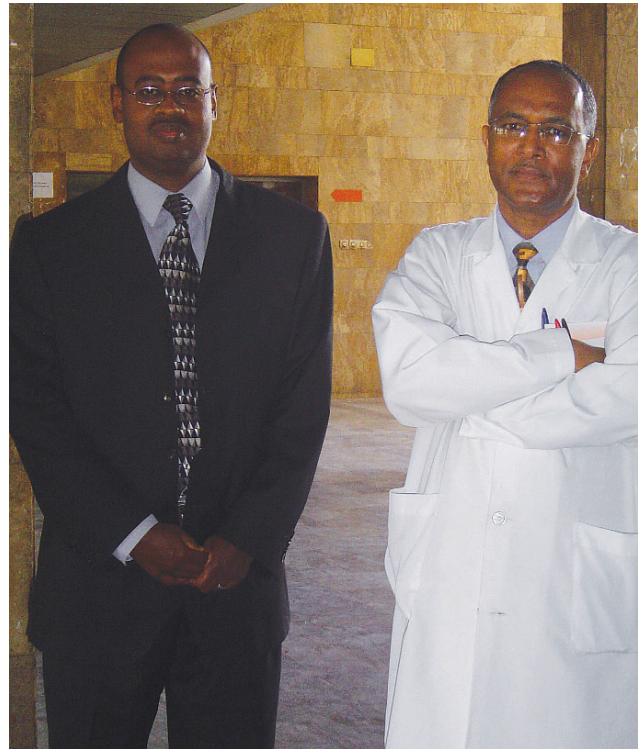
Chris Ward

ETHIOPIAN HAEMOPHILIA SOCIETY

One of my personal aims during my year in Ethiopia, stemming from my professional interest as the Australian Haemophilia Centre Directors' Organisation's (AHCDO) project officer, was to locate the clinicians treating bleeding disorders and their patients and encourage a relationship with the World Federation of Haemophilia (WFH). In 2004 Ethiopia's neighbour Eritrea had become a National Member Organization (NMO) of the WFH during the World Congress and I hoped that Ethiopia could also benefit from similar membership. I spoke with WFH staff member Assad Haffar and he gave me a few old contacts which I tried to follow up. After several false leads I finally caught up with Prof Amha Gebremedhin at the austere Soviet-built Black Lion Hospital, the main teaching hospital in Addis Abeba. Prof Amha introduced me to Dr Abdulaziz Abubeker, another haematologist and Sister Ayelech, the blood bank nurse. They explained that the current situation for people with a bleeding disorder is very bleak.

With a population of over 75 million there should be around 7,500 cases of haemophilia A alone, however the Black Lion is the only institution offering treatment of any kind. Whereas here in Australia patients with haemophilia have access to a comprehensive range of both recombinant and plasma derived treatment products and are treated according to their clinical requirements, the only products available in Ethiopia are fresh frozen plasma and cryoprecipitate, and these are in very limited supply. There are however no reagents available within the hospital laboratories to perform any diagnostic tests and so the most many patients know is only that they have some kind of bleeding disorder. Notwithstanding the poverty, with the lack of treatment product and diagnostic facilities and the lamentable communication and transport systems in the city its no wonder that few patients actually go to the hospital for treatment, and even fewer return for follow up appointments. Those that do go are seen in cramped, overflowing rooms in the general haematology clinic- there is no Haemophilia Treatment Centre here, and 'comprehensive care' is non-existent.

Nevertheless, having said this Prof Amha did arrange for some patients and family members to come to a meeting at the hospital and everyone appeared to have the greatest respect and appreciation for the services that were offered by the medical staff. Several years ago



Dr Abdulaziz (left) and Prof Amha.

Sister Ayelech made an attempt to set up a paper based registry of bleeding disorders and had about 30 mainly pediatric patients listed. At the meeting and with the help of interpreters I distributed some WFH literature and encouraged them to form a society. One father with two small affected boys were particularly enthused and with help from the clinicians and emails between Addis and Melbourne a proposal to set up the Ethiopian Hemophilia Society was submitted to the Ethiopian Ministry of Justice. Certification was received in late March and the EHS had its first meeting symbolically on 17th April, World Haemophilia Day. The Society will work to become a NMO of the WFH and hence be eligible to participate in the Humanitarian Aid Program whereby donated treatment product is distributed on humanitarian grounds. They will also raise funds locally to establish an office in the hospital, set up networks to offer mutual support and distribute newsletters and purchase items like crutches and wheelchairs.

I'm also extremely pleased to report that AHCDO has established a new Partnership Grant which has been awarded to Dr Kalid Asrat, another haematologist at the Black Lion and this will allow him to attend the 2008 WFH Congress in Istanbul next month.

Megan Sarson

BEST POSTER LABORATORY HAA2007

Case Report: Pseudohomozygosity for Activated Protein C Resistance

Geoff Kershaw¹, John Giannoutsos², Elizabeth Duncan³,
Yvette Segal², Diane Zebeljian², Edna Yuen¹,
Scot Dunkley¹.

¹ Royal Prince Alfred Hospital,
Camperdown NSW Australia

² Liverpool Hospital, Liverpool NSW Australia

³ Institute of Medical and Veterinary Research,
Adelaide SA Australia

BEST POSTER CLINICAL HAA2008

Upper Limb Venous Thrombosis: a Retrospective Audit of Medical Management

Ninfa Rojas, Nada Hamad, Jennifer Curnow,
Christopher Ward

Northern Blood Research Centre, University of Sydney

Dept of Haematology and Transfusion Medicine.
Royal North Shore Hospital,
St Leonards, NSW, Australia

INVITATION TO ATTEND PLATELETS 2008 INTERNATIONAL SYMPOSIUM

The Platelets 2008 International Symposium will held in Woods Hole, Massachusetts, U.S.A. (15-18 October, 2008) and will be organized in the tradition of the very successful Platelets 2000 and Platelets 2006 symposia. The concept is of a small-scale meeting (200-250 attendees) in a collegial setting, with participation by world leaders in the field of platelet biology, pathophysiology, and clinical medicine. Attendees will be clinicians, pathologists, and scientists with an interest in platelets. To register, or for additional information, visit www.platelets2008.org or email rsimak@platelets2008.org.

Alan D. Michelson

UPCOMING MEETINGS IN 2008

MEETING	WHERE/DATES	CONTACT
Hemophilia 2008 World Congress	Istanbul 1-5 June 2008	www.hemophilia2008.org/en/home.htm
IVBM 2008 15th International Vascular Biology Meeting	Sydney 1-5 June 2008	www.ivbm2008.com
The 54th Annual Scientific and Standardization Committee Meeting	Vienna 2-5 July 2008	http://www.med.unc.edu/isth/ssc2008/index.html
5th Congress of the Asia Pacific Society on Thrombosis and Haemostasis	Singapore 18-20 September 2008	www.apsth2008.com
2008 BSHT/UKHCDO Annual Meeting	Nottingham 1-3 October 2008	www.bsht.org.uk/
AIMS 2008 National Scientific Meeting	Melbourne 13-17 October 2008	www.aims.org.au
Platelets 2008 International Symposium	Massachusetts 15-18 October 2008	www.platelets2008.org
ASTH Scientific Workshop 2008	Perth 18 October 2008	ASTH@bigpond.com
HAA2008 Joint Annual Scientific Meeting HSANZ/ANZBT/ASTH	Perth 19-22 October 2008	www.fcconventions.com.au/HAA2008/ Abstract submission closes July 14 2008
32nd World Congress of the International Society of Hematology	Bangkok 19-23 October 2008	www.isfi2008.org
The American Society of Haematology 50th Annual Meeting	San Francisco 6-9 December 2008	www.hematology.org