

**COME TO THE ANNUAL SCIENTIFIC MEETING
 AT THE GOLD COAST
 OCTOBER 14-17**

It is just a few short weeks until the annual scientific meeting. The full program is completed and available online. Our three invited international speakers will be joined in the ASTH program by 15 expert local presenters. One of them is Professor Chris Bladin (Fibrinolysis session Sunday) who featured in ABC's Catalyst program on August 30th, another is Dr Andrew Roberts (Thrombocytopenia final session Wednesday) who will fill us in on his teams recent discovery detailing the control of platelet survival (**Cell**. 2007 Mar 23;128(6):1173-86). There will be free communication sessions featuring abstracts in laboratory science/techniques (Monday), clinical studies/thrombosis (Tuesday) and platelets/microparticles (Wednesday) with the top two abstracts selected for the Presidential symposium (Monday). Come along and support your colleagues in a relaxed atmosphere and be sure to make time to enjoy the beach.

I am pleased to announce that Jennifer Curnow, David Connor, Caroline Moraes, Christina Brown, Helen Weston and Beatrice Mui have been awarded an ASTH travel grant for 2007, each receiving \$1000.

Emma Perrin

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FROM THE PRESIDENT

Final preparations for our society's Annual Scientific Meeting are well underway, and the two year term for the current ASTH council is drawing to a close. A council election was not necessary this year, as nominations were just sufficient to fill available council positions. Murray Adams and Paul Harper have completed the allowable three consecutive two-year terms. On behalf of the membership, I thank Murray and Paul for their work on council. During this past term, Murray has moved from Perth to Launceston, and Paul from Auckland to Palmerston North. Off council after the ASM, they will both have a little more time to devote to other activities. Of particular note, Murray has worked hard with Emma Perrin to pull together an excellent agenda for this year's ASTH Coagulation Workshop on the Gold Coast. The workshop has become a highlight event on the eve of our ASM, attracting laboratory scientists and medics from across the region. Paul Coughlin is standing down after a two year term as council secretary. Thanks Paul for being there to back up Vicky Mworinoski in the Melbourne office. I look forward to welcoming new councillors at the Annual General Meeting.

The past quarter is notable most significantly for the launch of the new ASTH website, and also for the ISTH meeting in Geneva. The potential of our new website is significant. Not only does it project a fresh and professional image for our society, it also provides a powerful communication platform for regional coagulation issues. Soon after the launch, I took a few minutes to set my profile up to alert me whenever a new item is added to the site. In that way, an automatic e-mail notifies me whenever any new information, notice or comment is added, providing a "no effort" way to keep abreast of activity on the site. Only through use will it grow into an interactive and reference source for coagulation matters across the region.

The ISTH meeting was as expected a seminal event for presentation of a range of new research material. The meeting provided occasion for ASTH representatives (Hatem Salem, Michael Berndt – both also APSTH councillors - Chris Ward and myself) to attend the council meeting of the Asian Pacific Society for Thrombosis and Haemostasis (APSTH). At this joint meeting, the ASTH gift of \$20,000 Australian dollars was handed over to the APSTH, received by Chairman Dr Yasuo Ikeda from Japan. The funding for this donation originated from the ISTH 2005 Sydney meeting surplus, gifted to the ASTH from the 2005 organising committee. This donation represents a mutually cooperative friendship with the Asia Pacific Society, whose next major meeting occurs in Singapore from 18-20 September 2008 (www.apsth2008.com).

I was speaking with a colleague recently about the upcoming Gold Coast meeting in October. He referred to it as the "HSANZ" meeting, and was confused when I corrected his terminology: the HAA meeting, comprising



Mark Smith presenting the cheque to Dr Yasuo Ikeda from Japan

Haematology, Blood Transfusion and Thrombosis and Haemostasis streams. He was surprised and impressed to learn that three societies contribute to the ASM. While this mistaken impression is not unusual, given the major weight the HSANZ holds in terms of relative numbers of abstracts submitted, there is a message here to all members: conduct high quality coagulation practise, and always strive to present work at the ASM. The masses will listen if only we give them something to listen to! I look forward to seeing friends and colleagues at the Gold Coast meeting.

Mark Smith

NEW AND EMERGING TECHNOLOGIES GROUP REPORT

A reminder that the 3rd ASTH Scientific Workshop will be held at the Centre for Medicine and Oral Health, Southport on the Gold Coast on Saturday 13th October. This is the day before the 9th Joint Scientific Meeting of the HSANZ, ANZBT and ASTH (HAA). We would like to acknowledge and thank the speakers and sponsors for the day (Immuno, Siemens Medical Solutions Diagnostics, Medtel, Pathtech, Dade Behring, Sapphire Bioscience, Inverness Professional Diagnostics and Helena Laboratories). Siemens Medical Solutions have also kindly sponsored the Sundowner at the end of the Workshop.

The program, registration form and tax invoices for the Workshop have been distributed to members and are available on the ASTH website (asth.org.au). Please note that the Workshop registration fee for non-members of the ASTH is more expensive than the combined ASTH membership fee and ASTH member Workshop registration fee. If you are not a member of the ASTH, then it is worth joining the ASTH as member if you are attending the Workshop. For further information or queries about the ASTH Scientific Workshop on the Gold Coast please contact Vicky Mrowinski [(+61 3) 9886 9208, asth@bigpond.com.au], Murray Adams [(+61 3) 6324 5483,

Murray.Adams@utas.edu.au] or Emma Perrin [(+61 7) 3240 2053, Emma_Perrin@health.qld.gov.au].

On a more indulgent note, this will be my last official role as a member of the ASTH Council and would like to thank everyone who has helped me during this time. I'd especially like to acknowledge the advice and support of Emma Perrin, Jim Thom, Emmanuel Favaloro, Bob Oostryck, Tim Brighton, Chris Ward, Ross Baker, Leonie Klomp, Megan Sarson-Lawrence, Vicky Mrowinski, Hatem Salem, Mark Smith and all other members of Council.

Looking forward to seeing you on the Gold Coast next month.

Murray Adams

ISTH 2007, GENEVA A CLINICAL UPDATE

Around 6500 delegates gathered in Geneva for the XXIst congress of the ISTH. The journey to Geneva was particularly interesting for those travelling via Heathrow, who had an even chance of continuing without their checked-in baggage. The inclusion of a T shirt in the conference bag therefore came in very handy, just ask James Isbister! Most delegates were accommodated near the city centre, with the conference venue located adjacent to the airport. This facilitated networking with colleagues on the packed public transport buses, particularly over the weekend, when the frequency of the service decreased.

The Palexpo conference centre is a cavernous, noisy venue, seemingly designed with car shows, or similar, in mind. Some of the smaller meeting rooms were too small, with standing room only.

As a haematologist not involved in routine management of haemophilia, I have focused on a number of easily discussed issues, given the space constraints.

The investigational oral anticoagulants, rivaroxiban and dabigatran, were the subject of many presentations. Animal studies and phase I trials are encouraging and we await developments. Phase III studies, including an economic assessment, are likely to guide future therapy of VTE over the next decade. A discussion relating to the benefits of targeting Xa versus thrombin for future anticoagulants was held. Provided new agents are orally effective, have a wide therapeutic window, have a simple dosing nomogram and do not require monitoring, most delegates were willing to accept either target, as there was little evidence to favour one target over the other.

The diagnosis of HIT presents ongoing problems, not least because most HIT Ab tests have good sensitivity but poor specificity. A joint Canadian / German group (Warkentin et al) studied the incidence, testing, clinical significance and platelet activating capacity (induction of PMP and annexin V expression) of anti PF4 / heparin Abs of the IgG, A and M classes. They found that HIPA added little to EIA in the

diagnosis of HIT (only 1 of 205 cases positive in HIPA but not EIA). IgG Abs were the commonest, but in many cases multiple Ab classes were detected. Most importantly, IgG negative cases were not associated with clinical thrombosis, nor did they cause any laboratory evidence of platelet activation. A number of posters addressed the issue of pre-test probability (PTP) scoring for HIT, based on Warkentin's "4T", including a poster from Warkentin et al, which retrospectively analysed 115 patients with positive SRA and EIA tests defined as diagnosing HIT. Low probability score patients had a 0% (CI 0-6.5%) rate of HIT, intermediate score had 15% (6-26%) and high score 90% (70-97%). It can be concluded that patients with low PTP generally do not require testing for HIT Ab. Negative EIA- (IgG specific) excludes HIT.

More data was presented by the PROLONG study group (Cosmi et al) to support their previous work suggesting that persistently elevated D-dimer (>500xpg/l) one month after cessation of anticoagulation is predictive of recurrent venous thromboembolism, however, residual venous occlusion determined by compression ultrasound at the same time point is not. The CARROT group from Glasgow have devised a 5 point score which might provide some guidance to whether anticoagulation should be recommenced in high risk subjects. One point is scored for the presence of: idiopathic initial VTE, increased factor 8, positive D-dimer four weeks after cessation of oral anticoagulation, thrombophilia gene, lupus anticoagulant. Recurrence risks are 40% for score >2, 16% for 2, 9.3% for 1 and 4.3% for 0. Patients with score >1 should be considered for long term anticoagulation.

While a number of presentations focussed on the off label use of rVIIa, with encouraging limited data, the dearth of RCTs in this setting continues. The FAST trial, a multicentre international prospective RCT studying rVIIa in intracranial haemorrhage used 20mcg/kg or 80mcg/kg versus placebo within 4 hours of onset of symptoms. The volume of ICH at 24 hours was significantly less in the 80mcg arm versus the 20mcg and placebo arms, but this did not translate to any advantage in terms of its primary outcome measures of death or survival with severe disability.

What sounded like a very interesting pair of presentations on the pros (Schellong) and cons (Righini) of treating below knee DVT (BKDVT) resulted in a split audience in the subsequent poll. On the current evidence, issues with diagnosis and the risk of current anticoagulation therapy appears closely balanced with the risk of sequelae of untreated BKDVT. Studies to further evaluate this question will need to be large, but the impetus may come if the new oral antithrombin/anti Xa agents currently being evaluated provide a lower risk alternative to the current coumadin based therapies.

The 2009 meeting in Boston certainly looks like a very attractive prospect.

ASTH EDUCATION TRUST

In August 2005 the ASTH and AVBS co-hosted the very successful XXth Congress of the ISTH in Sydney. Fortunately a small profit was made by the congress, and some of this profit was distributed to both societies equally. The Sydney 2005 Organising committee stipulated that some of the funds be available to ASTH Council to underwrite infrastructure costs such as updating the ASTH website. However the substantial proportion was to be preserved as the ASTH Educational Trust to foster and promote research into diseases of Haemostasis and Thrombosis.

The ASTH Council has established the Education Trust. Currently this money is invested in low risk cash securities within the ASTH accounts. The ASTH council is responsible for reviewing the investment strategy and performance. As determined by the Sydney 2005 Organising Committee, investment earnings of the Education Trust will be made available to encourage and support young investigators to choose a career in the field of Haemostasis and Thrombosis. This may be by way of financial support to attend scientific meetings and present their research or small research grants to supplement existing research projects. The capital of the Education Trust will be preserved in its entirety. The ASTH Council can receive further contributions to the ASTH Education Trust provided the donor of such monies agrees to accept the operational procedures of the ASTH Educational Trust.

An Education Trust Advisory Committee has been established to administer the proceeds of the Education Trust. The first members of the committee include Prof. Hatem Salem, Dr Timothy Brighton and Prof Neville Marsh. Mark Smith, as current President of the ASTH, will be an ex-officio (non-voting) member of the advisory committee. Committee membership will be for a 4-year term. Advisory

members should be financial members of the ASTH. Committee members will be eligible for re-appointment if desired by the ASTH Council. The ASTH council will accept recommendations for new advisory committee members and appoint members to the advisory committee by majority vote of council. Advisory committee members retiring before completion of their term will be replaced as required with the process previously outlined.

The inaugural Advisory Committee is in the process of developing a process to advertise for applications, receive and review applications, and award successful recipients. The decision will be by majority vote. The first awards are likely to be in 2008.

Tim Brighton

SECRETARIAT NEWS

The last few months have been extremely busy for the Society. The new ASTH website has been launched, and all members should have received their username and password information with the latest edition of the newsletter. Please let me know if you didn't receive this, or you are having difficulties logging into the site. Feel free to post information about upcoming events and useful information for your colleagues.

Memberships are up for renewal with the new financial year. Renewal notices were also sent with the last edition of the newsletter. Please forward your membership renewal notice to the ASTH office if you have not already done so, or contact the office for another copy of the renewal form.

A reminder that the Annual Scientific Workshop is next month. Registration forms are available on the website, along with additional venue information.

Vicky Mrowinski

UPCOMING MEETINGS

MEETING	WHERE/DATES	CONTACT
British Society for Haemostasis and Thrombosis Annual Meeting	Bath 26-28 September 2007	www.bsht.bham.ac.uk
ASTH Scientific Workshop	Gold Coast 13 October 2007	www.asth.org.au
HAA2007 9th HSAZ/ANZBT/ASTH Annual Scientific Meeting	Gold Coast 14-17 October 2007	www.fcconventions.com.au/HAA2007/
4th International Conference on Thrombosis and Hemostasis Issues in Cancer	Bergamo, Italy 26-28 October 2007	info@bergamoconference.com
The American Society of Haematology 49th Annual Meeting	Atlanta 8-11 December 2007	www.hematology.org
ISLH 2008	Sydney 27 April-1 May 2008	www.islh.org
54th Annual SSC Meeting	Vienna 2-5 July 2008	www.ssc2008.org
5th Congress of the APSTH	Singapore 18-20 September 2008	www.ams.edu.sg/apsth2008