



# SABM<sup>®</sup>

SOCIETY FOR THE ADVANCEMENT  
OF PATIENT BLOOD MANAGEMENT

ANNUAL MEETING EDITION

December 2022

# NEWSLETTER

# Letter from the President



Hello to all of you,

What a year it has been!  
Do you feel as I do that we are truly starting to move through the pandemic and learn to live within a somewhat smoldering backdrop of COVID-19? I have felt that the last few

months have allowed us to come up for air, if you will, and begin to rekindle the excitement around our work beyond Zoom and Teams! The final 3-4 months of each calendar year always see a burgeoning of activity for SABM, so let me feature a few, and also give you a peek at what is coming in 2023.

Our September 2022 Annual Meeting, despite the initial worries surrounding an in-person meeting, was a resounding success. You could just feel the excitement and vigor of the attendees—it was SO good to actually BE together! The content, no doubt, was excellent and let's just say that networking “live” is truly the best. Our industry support was amazing and we had ample, valuable time for workshops and exhibits. The scientific abstracts were top-drawer, as anticipated. This meeting showcased new concepts such as Blood Health, the official publication of the PBM Global Definition, the growth of global PBM programs, the Anesthesia Analgesia PBM-themed issue, along with our tried-and-true joint sessions with ASA and NATA. Our annual meetings are arduous to say the least, but well worth it! Now we can look forward to the October 4-7th, 2023 meeting in fabulous Nashville (note the change of city). The theme, in keeping with the Music City, is PBM & Blood Health: They Top the Charts!

PBMAW is almost upon us. You should see a multitude of links to meetings, resources, and social media commentary on how PBM delivers the best care to patients. Please share your program's activities.

The BOD has met throughout this year to solidify our Strategic Plan. Thank you to Talley Management for their

guidance and leadership, helping us focus on the short- and long-term goals for the Society. We welcome our new BOD members and Committee Chairs. We restructured some committees and task forces to allow for more streamlined processes and have added new members who are already bringing their energy and ideas to the table. You can find information on the BOD and committees on the website.

Speaking of the website, we are working diligently to update the platform, review content, update lists and resources and add new materials to meet your needs. The goal is to have this refresh by end of Quarter 1 2023. We wish to remain THE primary professional “go-to” society for PBM throughout the world.

Mark your calendars for February 13, 2023. This will be SABM's newly designated World Anemia Awareness Day! The 13th was chosen as we wish to highlight 13 g/dL as the Hgb goal in both men and women, and this date is right before Valentine's Day i.e., PBM is dear to our hearts!

I wish to share information on the soon-to-be released book Blood Works: An Owner's Guide. The contributors represent many of our SABM colleagues with Drs. Farmer, Gross and Shander as the 3 primary authors. Pre-orders are available on Amazon. I was honored to be asked to be a reviewer; this book is exceptional and could move mountains! Don't miss out on this “must” read.

As we come to the end of 2022, I would be remiss if I failed to add my heartfelt thanks to the SABM membership, hospital and global affiliates, industry partners and the management team. It continues to be a privilege to serve as your president. I hold the highest esteem, for each of you, for your daily labors in the PBM arena, your support of this society, and for your support of patients' Blood Health.

Here's to the final exciting days of 2022 and let's charge forward into 2023!

Best,

Carolyn Burns, MD

# SABM 2023 Annual Meeting

## Gaylord Opryland

### Nashville, TN

#### October 4 – 7, 2023



## Conference Theme: Patient Blood Management and Blood Health: They Top the Charts!

We are excited to invite you to join our SABM Annual Meeting this coming October 2023 in Nashville, Tennessee, USA. The program will be rich with content that reinforces the clinical importance of Patient Blood Management (PBM), in line with the new Global Definition of PBM which emphasizes optimizing the care of our patients' own blood as a renewable and vital resource, with the goal of improving safety and outcomes. Presentations and content from global PBM experts will expand our comprehension of how PBM, an urgent international public health initiative, can be promoted and implemented, with critical social, economic, and clinical implications. By doing so, we can improve the lives of millions of people worldwide. Our target audience includes a range of multidisciplinary healthcare professionals, including but not limited to physicians, nurses, perfusionists, laboratorians, administrators, clinical quality and safety specialists, and patient advocates. There will be outstanding opportunities for collaboration, networking, and mentorship connections. Our meeting attendance reflects our diverse membership, and we warmly welcome you to join us.

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## HAEMONETICS<sup>®</sup>

**SABM NEWSLETTER  
DECEMBER 2022  
ISSUE**

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## Featured Affiliates

### Gold Level Corporate Affiliate Member



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## ANESTHESIA & ANALGESIA

*Consider submitting your future manuscripts in PBM for peer review and publication in this new section. The success of this endeavor will depend on the provision of material to make it lively and attractive to our colleagues and other professionals in the field.*

Members Invited to Submit  
Papers [CLICK HERE](#)

## Looking for Newsletter Content

SABM members want to know:

- Do you have an interesting case study?
- News about your patient blood management program?
- News about a new program at your institution?
- Have an article about some of the latest technology?
- Submitted an article to a journal for publication?

Deadline for the Summer 2022 issue is August 1, 2022.

Don't wait! Send your articles today to the Newsletter Editorial team at [info@sabm.org](mailto:info@sabm.org)

## Call for Interesting Case Studies

Authors: Can be submitted by any discipline (MD's, RN's, technologists, perfusionists, students)

Description/Format/components:

- Patient history and diagnosis
- Problem statement
- Relevant laboratory results or tests
- Medical management
- Follow up
- Brief discussion of the disease/problem/condition with up-to-date literature
- Provide 3-4 multiple choice questions
- Answers to questions to be provided on SABM website 2-3 weeks after publication
- Tables/Figures/images are welcome
- 5-10 annotated references

## Call for Member Accomplishments

If you have been given an award, received recognition, or have been recently published, we would like to publish it in the next issue of the SABM newsletter.

Please send an e-mail with the details to [info@sabm.org](mailto:info@sabm.org). Be sure to include your full name and details regarding the award, the recognition you received, or the publication citation.

## Call for Book Reviewers!

The newsletter editorial team is looking for members to review books. You can choose to review a book that you already have, or volunteer to review a book of SABM's choice. If you have a book that you would like to submit a review for, or to be considered as a book reviewer, you can send an email to [info@sabm.org](mailto:info@sabm.org) with your request for consideration.

# WELCOME

to the



## Presentation Summaries – SABM 2022 Annual Meeting

### Iron Supplementation for Cancer Surgery

Ravishankar Rao Baikady MBBS, FRCA, DA, DipNB  
Consultant in Anesthesia  
The Royal Marsden NHS Foundation Trust



and major cancer surgery. Iron deficiency anemia is the

It is recognized that anemia is common in cancer patients. Approximately 40% are anemic at the time of diagnosis and the incidence can be up to 90% during treatment with chemotherapy/radiotherapy

commonest and incidence can be more than 60% of all other reasons for anemia. The causes are multi focal including nutrition issues (poor diet, lack of appetite), cancer related bleeding, poor iron absorption due to inflammatory process and bone marrow suppression. Oral iron replacement therapy has very limited role due to side effects, duration of therapy and poor absorption. Modern intravenous iron therapies are relatively very safe compared to older preparations regarding side effects; effective and total dose can be administered in single infusion. Anemia management is key to successful outcomes during cancer therapy. PBM programs recommend anemia correction with iron and vitamin therapy for hemoglobin optimization, avoiding unnecessary blood transfusions, and promotion of better patient outcomes.

## Building the First National Patient Blood Management Program in Turkey: Story of a Rolling Stone off the Cliff

Serdar Gunaydin, MD, PhD  
Clinical Professor, Department of Cardiovascular Surgery  
University of Health Sciences, Ankara City Hospital  
Campus, Turkey



Successful implementation of a patient blood management (PBM) program necessitates the collaboration of a strong organization and a multidisciplinary approach. The cardiovascular surgery clinic of Ankara Numune

Training and Research Hospital in 2016 was one of the pioneers in launching the first applications of PBM in Turkey. Thus, a two-step project was implemented: firstly, initiating a PBM program in the cardiovascular surgery clinic and subsequently, spreading out the program to the entire hospital after accomplishing successful outcomes. Staff training, transfusion monitoring, IV fluid restriction, preoperative anemia treatment, revision and adaptation of international guidelines, and cooperation with cardiology were the parts of the preoperative phase.

The perioperative phase included goal-directed coagulation (impaired platelet function, surgical bleeding, etc.), goal-directed perfusion, minimally invasive surgery, routine tranexamic acid administration, cerebral/somatic oximetry, minimally invasive extracorporeal circulation circuits, microplegia, retrograde autologous priming, vacuum-assisted venous drainage, ultrafiltration, cytokine adsorption, and recirculation of waste blood. The postoperative phase comprised of transfusion monitoring, IV fluid restriction, fibrinogen concentrate administration, and goal-directed coagulation tests.

A remarkable reduction in the use of blood and blood products after this PBM program was evident in the cardiovascular surgery clinic. A significant cost reduction was also achieved by implementing the PBM program. Therefore, PBM was also successful in improving clinical outcomes. In the light of these data, Numune Hospital was entitled to 2018: JCI Patient Blood Management Certification.

Successful consequences obtained in the first step motivated the dissemination of the project in all surgical clinics. Objectives of the program included determining the current situation, determining the problems in blood use, constituting a team of surgical branches, and holding meetings to form a strategic plan with the purpose of reducing blood use in the

hospital by 50% in the 2018 to 2021 period. Approximately 35,000 units of total blood and blood products were utilized for about 55,000 operations at Numune Hospital in 2017. In 2018, hospital-wide blood and blood product usage dropped to 29,500 units, approximately.

The second stage of Numune Hospital's PBM program was decided to be continued in a larger scale hospital, which was established by the transportation of Ankara's largest state hospitals and put into service in December 2018. The city hospital comprises of 3,804 hospital beds, 735 outpatients' clinics, and 128 operating theaters. The PBM has become one of the most important targets in the city hospital. The main objective of PBM implementation is to portray a good example for other hospitals in Turkey.

Aiming at kick-off building a multidisciplinary PBM program in this extremely large hospital setting, a consensus meeting was organized to provide a platform where all components may come together to fix problems, discuss, and propose solutions. Over 150 multidisciplinary participants were included along with Professor Donat Spahn from the University Hospital of Zurich, acting as a consultant. Based on these data, a standard protocol for PBM which could be used as a guide by similar large-volume tertiary hospitals was developed. Within 6 months there was a significant decrease of blood/blood product use by 14% and destroyed blood by 35%. This program has been successfully active during COVID-19 pandemic era.

We then worked in a larger and much more challenging project covering whole country. The "Technical Assistance for Improving the Blood Transfusion Management System in Turkey" project which was carried out by the Ministry of Health General Directorate of Health Services, Department of Blood and Blood Products, Ministry of Labour and Social Security Directorate of European Union and Financial Assistance of as contracting authority, has been successfully initiated in March 2019. Within the scope of the project, the National Patient Blood Management Strategy and Action Plan was prepared for patient blood management practices and the Patient PBM program, which was organized at national level, has achieved the feature of being a pioneer in this field.

Evidence-based National Patient Blood Management Guidelines were prepared for 6 different medical specialization fields, 2520 specialist physicians involved in blood transfusion were trained face-to-face on PBM. An additional 7500 individuals were provided with e-training, 75 professional physicians provided with 'training of trainers' to ensure the sustainability of training activities after the project ended. Visual materials, press releases and a spot film were produced to raise awareness, cost analysis for blood and blood components and transfusion were carried out with the Social Security Institution. A PBM software system was

# Presentation Summaries – SABM 2022 Annual Meeting

developed in order to improve the quality and safety of transfusion applications through a demographic and medical reporting system which demonstrated the relationship between the transfusion of blood and blood components and indications. This 3-year project skyrocketed the awareness of PBM within all country and outcomes are still followed.

There is not any purpose of comparison of any previous data with each other and/or with current situation. The geographic and background conditions of each instant are completely different. The main idea is to present different PBM protocols in various hospital settings.

Despite the demonstrated benefits of PBM, several challenges limit the application of PBM guidelines into clinical practice worldwide, particularly due to the lack of knowledge, lack of interdisciplinary commitment, lack of resources, and general concerns.

It should enable PBM's patient-centered approach to be delivered in a way that is also hospital centered and, therefore, compatible with each institution. Pillars need to be adapted with respect to characteristics of the region and legislations available.

The implementation matrix resulting from different experiences helps to decompose the complexity of PBM implementation into concrete measures on each implementation level. It provides guidance for diverse stakeholders to design, initiate and develop strategies and plans to make PBM a national standard of care, thus closing current practice gaps and matching this unmet public health need. We always believe this is a continuous pattern and requires a full dedication. Therefore, we now challenge more difficult experiences related to pediatric cardiac surgery and ECMO.

## Pre-operative Anemia in Kids: Does it Matter and Why.

Susan M. Goobie, MD, FRCPC  
Department of Anesthesiology, Critical Care and Pain  
Medicine  
Harvard Medical School  
Boston Children's Hospital



### What is the definition of Pre-operative Anemia?

The definition of anemia in the pediatric population is very complicated being age and gender specific and defined as a hemoglobin concentration  $>2$  standard deviations below the age-adjusted mean level. Different expert definitions exist for anemia (and categories; mild, moderate and severe), which can lead to inaccuracies and an underestimation of the actual incidence in different populations with special considerations for age/race/gender. Neonates have no consistent universally accepted definition.

### What is the prevalence of Pediatric Anemia Globally?

The worldwide prevalence of anemia reported by the World Health Organization is  $> 40\%$  in children. The incidence of

pediatric anemia is higher than thought or known; 25% of preschool aged children in industrialized countries, and up to 75% in lower income environments. Severe anemia prevalence in children globally is  $\sim 1.5\%$  and is associated with substantially worse mortality and cognitive and functional outcomes. In US Hospitals, the incidence of preoperative anemia in neonates and children is reported as being 32% and 24% respectively. In South Africa, a recent report found that 46% of pediatric surgical patients were anemic preoperatively. In Australia, the prevalence of anemia in children  $<5$  years is at least 10%, corresponding to over 100 000 preschool children. The prevalence of iron deficiency anemia (IDA) in children from remote Australian Indigenous communities is high - up to 68%. In summary, pediatric anemia is a global health issue, being higher in prevalence in the most vulnerable populations and under recognized and undertreated by pediatricians and the medical community.

### What is the cause of Anemia in children?

Iron deficiency is the largest contributing factor to anemia across all pediatric age groups. Iron deficiency anemia was the #8 leading cause of years lived with disability among children and adolescents, affecting 620 million in 2013. Given that the incidence has not decreased, this negative impact of anemia in pediatrics likely still holds true. Furthermore, iron-deficiency anemia is the dominant cause (60%) of anemia globally and in most populations.

## Why does preoperative Pediatric Anemia matter?

Preoperative anemia in neonates and children independently associated with over a twofold increased morbidity compared to matched cohorts in neonates and children undergoing non-cardiac surgery in US hospitals – this is independent of exposure to a blood transfusion. Preoperative anemia has also been reported to be independently associated with an increased risk of any postoperative complication (odds ratio 2.0, 95% confidence interval: 1.3 to 3.1,  $p=0.003$ ), postoperative infective complications (odds ratio 2.2, 95% confidence interval: 1.4 to 3.5,  $p=0.001$ ), and surgical site infections (odds ratio 2.5, 95% confidence interval: 1.5 to 4.2,  $p=0.001$ ). Preoperative anemia (odds ratio 4.1, 95% confidence interval: 2.1 to 8.0,  $p<0.001$ ), is an independent predictor of intraoperative blood transfusion. In neonates, anemia is linked to poor feeding, neonatal infection, intensive care unit admission, transfusion, neurocognitive alterations, increased risk of attention deficit and hyperactivity disorder, increased risk of autism spectrum disorder, preterm births, low birthweight and perinatal mortality. In children and adolescents, anemia and iron deficiency without anemia are associated with impaired cognition and cognitive development. As a comorbidity in pediatric surgical patients, anemia is associated with adverse outcomes including increased morbidity, mortality, average length of stay in hospital and in the ICU, and diminished quality of life.

## What can be done?

The statement that non-treatment of preoperative anemia is substandard clinical practice (Spahn, et al BJA 2015) is even more pertinent for the pediatric patient. Unfortunately, preoperative anemia is a relatively under-recognized and understudied aspect of pediatric surgery and medicine, and the vast majority of practice decisions are based on data from adult trials. Expert consensus suggests that elective surgery be postponed to optimize unless the surgery is of an urgent nature or must be performed sooner. The Society for the Advancement of Patient Blood Management: Pediatric and Neonatal Medicine choosing wisely recommendation on pediatric anemia is:

## Don't proceed with non-emergent major surgery until anemia is evaluated and treated.

Expert consensus guidelines recommend screening 3 to 6 weeks before major elective surgery. Targeted preventative and therapeutic strategies, which may include iron

supplementation, to improve the hematologic status of anemic patients prior to surgery could reduce blood transfusions, improve safety, and decrease costs.

Anemia is often a manageable condition that can either be corrected or mitigated prior to the day of surgery. Therefore, at the contemplation of surgery, anemia screening should begin. Preoperative anemia optimization for children should ideally be coordinated as part of a dedicated preoperative anemia clinic within a pediatric patient blood management (PBM) program.

A “once size fits all” approach regarding defining a minimum safe hemoglobin threshold for pediatric surgical patients should be instead replaced by an individualized personalized approach considering the physiological status of the patient including the age, comorbidities, cause of anemia, and organ perfusion and function.

Since iron deficiency anemia is the most commonly encountered etiology of pre-operative anemia, Targeted preventative and therapeutic strategies, include iron supplementation, to improve the hematologic status of anemic patients prior to surgery with a first line treatment, for patients who have at least 4-6 weeks prior to surgery being oral iron replacement. In addition, to expedite effect, intravenous iron might be considered an option. Generally given in combination with iron, the use of erythropoietic stimulation agents to improve pre-operative anemia can also be considered in certain high-risk situations, weighing the risk / benefit ratio.

## What's the take home message?

Pediatric anemia is prevalent worldwide, has been associated with increasing morbidity and mortality, independent of the risk that associated with a blood transfusion, and therefore can no longer not be ignored or accepted. Iron deficiency anemia is the most common etiology. Elective surgery should be postponed whenever possible to optimize. With appropriate and timely preoperative anemia diagnosis, management and treatment, pediatric anemia can be recognized, appropriately managed and corrected prior to elective surgery. Can perioperative anemia diagnosis, management and treatment significantly improve patient centered outcomes? The answer is likely yes, however, we need high quality prospective research – data to drive change – and don't our children deserve the best and safest possible perioperative care?

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# Presentation Summaries – SABM 2022 Annual Meeting

## The Macroeconomic impact of PBM on Population healthcare; beyond individual patient outcomes

The SABM Annual Meeting delivers the latest science, best practices, and networking opportunities for PBM. Economic value of PBM and its ability to improve the clinical outcomes of millions of patients on the global level while savings in the

economic costs was one of the highlights of talks from distinguished speakers this year. These speakers addressed the global concept of PBM, analyzed the benefits of global implementation, and defined various factors that have contributed to the delay of its implementation. There were several excellent topics presented at the meeting to address this important economic aspect of PBM.

## Patient Blood Management: Improving outcomes for millions while saving billions. What is holding it up?

Aryeh Shander, MD, (Emeritus Chair of Anesthesiology, Critical Care Medicine, Hyperbaric Medicine, and Pain Management at Englewood Hospital) spoke about going beyond patient outcomes and the individual patient centered PBM approach.

On a global level, the Institute for Healthcare Improvement defines PBM as:

- Enhancement of population health
- Improvement of experience of care
- Reduction per capita cost

Dr. Shander also touched upon how PBM affects the different stakeholders in the health care delivery system, such as hospitals, health care professionals, health authorities and health insurance companies. The culminating point of this discussion addressed the need to bridge the missing link between patient centered medicine and population centered healthcare by incentivizing the clinical providers with improved experience.

## Saving Billions of Dollars of Healthcare with PBM

Axel Hofmann, MD, (Professor of Surgery, Faculty of Health Sciences, University of Western Australia) in his presentation compared global economic trends among developed countries, how health expenditure is increasing as a part of GDP, and its non-sustainability. The talk achieved the objective of bringing to forth the health economic imperative PBM offers, significantly improving outcomes for almost all medical and surgical patient populations, pregnant women, individuals with micronutrient deficiencies, anemia, and /or bleeding. PBM holds enormous financial benefits for hospitals and payers, improves performance of health care providers, and supports public authorities to improve population health.

Global incidence of anemia and transfusion are staggering and are as follows:

- Approximately 2.9 billion people are anemic
- Approximately 600 million people have acute or chronic blood loss or coagulation disorders
- Nearly 50 million are transfused annually

This highlights how the basic pillars of PBM, anemia, coagulopathy and blood loss management can help avoid the need of transfusion among these patients. Transfusion is one of the most common in-patient interventions and non-evidence based clinical practice without accurate diagnosis exposes the patients to various infectious and non-infectious complications.

The session outlined in detail, four main factors holding up the implementation of a health economic imperative and globally adopted PBM:

1. Failure of care delivery which includes: under-recognition and under-treatment of anemia, blood loss

and coagulopathy, and lack of formal PBM programs and infrastructure

- Education
- Governance
- Data management
- Logistics
- Equipment
- Multidisciplinary collaboration

2. Over treatment/low value care which includes, avoidable transfusions and inadequate attention to blood conservation and blood health

3. Misconceptions of PBM (unrealized potential for PBM) thus depriving patient populations of improved outcomes and wasting scarce resources

4. Cultural and behavioral inertia

- Ignoring impact of mild/moderate anemia
- Permissive attitude towards blood loss and coagulopathy
- Ignorance of consequences of disease related bleeding, e.g. heavy menstrual bleeding
- Defending budgetary silos within organizations
- Reliance on pervasive dogma that transfusion is the “gift of life” and treatment of “first resort”

In conclusion, Dr. Hofmann emphasized the “3 E’s of PBM”: Ethics, Economics and Evidence, along with significant change in culture and practices, which are vital in making PBM a global standard of care.

*Contributor: Rugved Pattarkine, MD*

# Annual Meeting Awards

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## SABM President's Award

This year's recipient of the SABM 21st President's Award is Tiffany Hall, RN, Clinical Director, Anemia Management at Accumen Inc. The purpose of this award is to recognize an individual who has made a substantial contribution to the field of patient blood management, through implementation, education, and/or research. Tiffany has made significant contributions toward PBM awareness and education, as an active member of SABM.



## Kathleen J. Sazama Award for Outstanding Leadership in Advancing Patient Rights and Patient Blood Management

This award is created in recognition of Dr. Sazama's bold insights in the field of medical ethics, her selfless dedication to the fostering of individual growth, her steadfast and responsible stewardship through change, and her tireless leadership in the field of patient blood management. This year's winner, Becky Rock, RN, is a Nurse Clinician and Program Coordinator for the Patient Blood Management Program at Alberta Health Services. Becky has been working in the field of blood conservation since 2007, providing support for patients in 5 acute care hospitals and has been involved with SABM for several years. Becky's contributions to blood management include enhancement of comprehensive services supporting the patient perioperative experience.



## Volunteer Leadership Award

The SABM Volunteer Leadership Award is bestowed upon a non-Board member who has consistently shown active participation and superior engagement within the Society reflecting the mission and vision of PBM as the global standard of care. This year's winner is NurJehan Quraishy, MD, a Pathologist and Transfusion Medicine physician who is affiliated with the Cleveland Clinic. She received her medical degree from Dow University of Health Sciences and has been in practice for more than 20 years. We thank her for her efforts to support PBM.



## SABM – HemoSonics Research Grant

The SABM-HemoSonics Research Starter Grant serves to advance the field of PBM by supporting a young investigator who intends to study methods of promoting blood conservation. The one-year grant provides funding to further scientific inquiry and clinical knowledge in the field of PBM. This year's winner, Heidi Meyer, MD, is a pediatric anesthetist at the Red Cross War Memorial Children's Hospital in Cape Town, South Africa. She completed her specialist training in anesthesia in the UK. Her research interests include perioperative pediatric patient blood management and defining and improving outcomes in pediatric anesthesia in low and middle income countries.

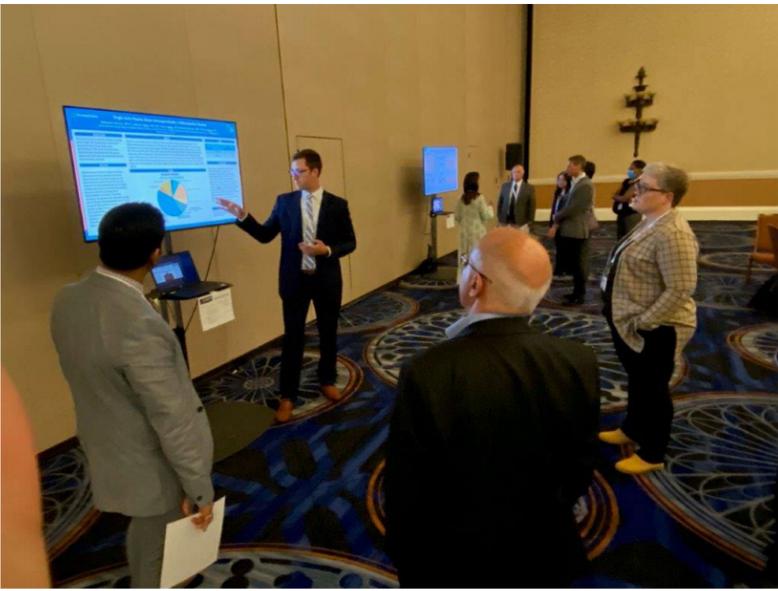
Supported by an educational grant from HemoSonics, LLC



# Annual Meeting Highlights



Sherri Ozawa, RN; Tiffany Hall, RN; Carolyn Burns, MD; Sharon Sledge, RN, and Kellie Simmons-Massey, DNP.



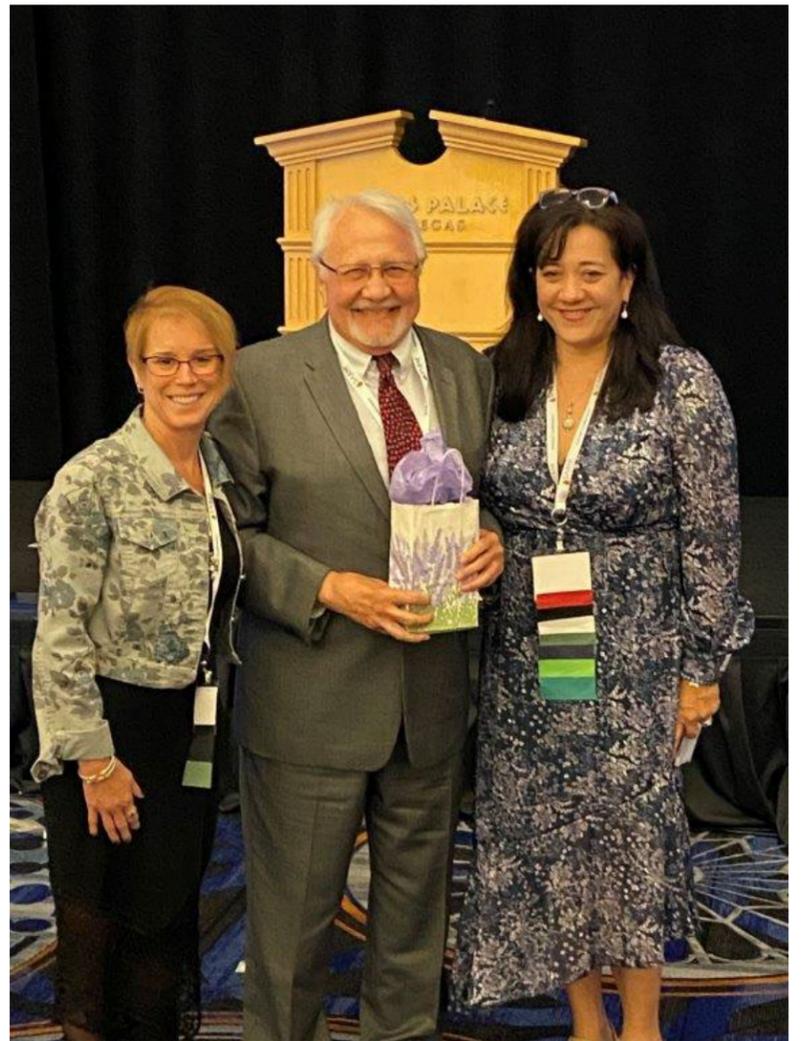
SABM virtual poster session



HemoSonics sponsored presentation “Hemostatis Roulette: Playing the Odds?” Participants included SABM Board member Bruce Speiss, MD, and Peter Tibi, MD, SABM past President.



Hospital Affiliate Members, Kellie Simmons-Massey, DNP, for Temple University, and Sharon Sledge, RN, for NYU Langone Medical Center.



Mr. Zaf Zafirelis, Carolyn Burns, MD and Sherri Ozawa, RN

# Annual Meeting Highlights



Victor Baum, MD; Aryeh Shander, MD; Mr. Zaf Zafirelis and Linda Shore-Lesserson, MD



MaryAnn Sromoski, RN; Richard Gammon, MD; Deborah Tolich and Michael Benson, medical student.

## Comments From Attendees

I am very grateful for the opportunity as 2022 SABM annual meeting participant. This mind blowing meeting is an extremely valuable, exceeded expectations, offered a great learning experience with excellent content and most importantly created a connection with experienced PBM champions. It will be in my annual bucket list educational program. Such a great place to learn, connect and expand your PBM understanding. Highly recommended  
- Norasrina ISHAK, a Transfusion Medicine Specialist from National Blood Centre, Malaysia.

I enjoyed attending the SABM meeting last month. I found that there were a variety of interesting and current topics covered in PBM, and it was especially refreshing to hear about the latest recommendations for handling pediatric PBM. I also enjoyed meeting fellow BBANYS members at the meeting.  
-Mark Friedman

“I learned that patient blood management is not just restrictive transfusions and blood product utilization reviews—it is about patient empowerment to make decisions about the blood health. I hope to incorporate patient-facing opportunities in my practice thanks to SABM 2022 conference!”  
-Phuong-Lan Nguyen MD

Implementing Patient Blood Management in our institutions is very challenging. SABM 2022 was a tremendous boost of energy. I could update my PBM concepts and share our reality and solutions. The best part of SABM is that it gathers PBM experts with whom we can connect and keep growing beyond the meeting. For this tremendous opportunity to meet, talk, connect and learn with the best, I have to say, “Thank You, SABM 2022”!  
-Diana Gomes

# In Memoriam: Emeritus Professor Konrad Messmer 1936 – 2022 A Pioneer of Patient Blood Management

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Professor Konrad Messmer, unbeknownst to him at the time, was a pioneer in Bloodless Medicine and Surgery. Indeed, he was an integral part of the evolution to our ever-expanding field of Patient Blood Management.

Dr. Messmer was a master of the microcirculation, and his discoveries and ongoing observations have undoubtedly saved countless lives of patients for whom blood transfusions were not an option and many others.

He graciously shared his knowledge through his multiple scientific and clinical publications which broadened our understanding of life-threatening anemia. This opened the

doors to implementation of sound physiologic interventions that have resulted in patient survival and return of quality of life for countless individuals.

I am privileged to have known Konrad personally—his scientific contributions and wisdom were surpassed only by his wonderful demeanor and compassion.

It is sad to hear he has passed away, but we celebrate the privilege we have had of knowing and learning from him.

Aryeh Shander, MD, FCCM, FCCP

## Discover a PNH treatment option

To speak with a representative from Apellis Pharmaceuticals, please email: [myfieldrep@apellis.com](mailto:myfieldrep@apellis.com)



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# Hospital Affiliates

Hospitals across the world are seeing the important role Patient Blood Management plays in improving patient outcome and optimizing care, as well as the vital part SABM plays in bringing resources to their clinical and administrative teams.

SABM Hospital Affiliates enjoy a wide range of benefits, including individual memberships, annual meeting registrations, educational programs, as well as powerful and evidence-based administrative and clinical tools, all designed to improve the quality and safety of Patient Blood Management programs and patients. We encourage you to avail yourself and your institution of the multiple valuable facets of SABM Hospital Affiliation.

For a full description and list of benefits of becoming a hospital affiliate, please [click here](#).

Thank you to the following institutions for their support of SABM's mission as Hospital Affiliates.

## PREMIER LEVEL



CHI St. Luke's Health  
Baylor St. Luke's Medical Center  
6720 Bertner Avenue  
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Englewood Health  
350 Engle Street  
Englewood, NJ 07631



Helen DeVos Children's Medical Center  
100 Michigan Street, NE MC 117  
Grand Rapids, MI 49503



Hoag Memorial Hospital Presbyterian  
One Hoag Drive  
Newport Beach, CA 92663



JOHNS HOPKINS  
MEDICINE

Center for Bloodless  
Medicine and Surgery

Johns Hopkins Hospital  
1800 Orleans Street  
Baltimore, MD 21287



BEYOND EXCEPTIONAL MEDICINE™

Keck Medical Center of USC  
1500 San Pablo Street  
Los Angeles, CA 90033



Maimonides  
Medical Center

Maimonides Medical Center  
Bloodless Medicine and Surgery Program  
4802 Tenth Avenue  
Brooklyn, NY 11219

## Hospital Affiliates



NYU Langone Health  
545 First Avenue  
New York, NY 10016



PeaceHealth Southwest Medical Center  
400 NE Mother Joseph Place  
Vancouver, WA 98664



Pennsylvania Hospital  
700 Spruce Street, Suite 102  
Philadelphia, PA 19106



St. Mary's Medical Center and Palm Beach Children's Hospital  
901 45th St  
West Palm Beach, FL 33407



Swedish Medical Center  
747 Broadway Avenue  
Seattle, WA 98122



Tower Health  
420 S. Fifth Avenue  
Reading, PA 19611

# Hospital Affiliates

## STANDARD LEVEL



Allegheny Health Network  
320 East North Avenue  
Pittsburgh, PA 15222

The Duke Center for Blood Conservation

Duke Center for Blood Conservation  
40 Duke Medicine Circle, DUMC 3540  
Durham, NC 27710



El Camino Hospital  
2500 Grant Road  
Mountain View, CA 94040



Instituto Do Coracao – InCor  
Av. Dr. Eneas De Carvalho Aguiar, 44  
San Paulo, SC 05403900  
Brazil



Mayo Clinic  
200 First St. SW  
Rochester, MN 55905



MedStar Georgetown University Hospital

MedStar Georgetown University Hospital  
2000 15th Street, North, 5th Floor  
Arlington, VA 22201



Mount Sinai Beth Israel  
First Avenue at 16th Street  
New York, NY 10003



Northern Light Health

Northern Light Eastern Maine Medical Center  
489 State Street  
Bangor, ME 04401



Orange Regional Medical Center  
707 East Main Street  
Middletown, NY 10940



Flower Hospital



ProMedica Flower Hospital  
5200 Harroun Rd  
Sylvania, OH 43560



Roper St. Francis Healthcare  
316 Calhoun Street  
Charleston, SC 29401



Saint Barnabas Medical Center  
94 Old Short Hills Road  
Livingston, NJ 07039

Robert Wood Johnson Barnabas Health  
10 Plum Street  
8th Floor  
New Brunswick, NJ 08901



Saint Peter's University Hospital  
254 Easton Ave  
New Brunswick, NJ 08901



Temple University Hospital  
3401 N. Broad Street  
Philadelphia, PA 19140



United Regional HealthCare System  
1600 11th Street  
Wichita Falls, TX 76301



Yavapai Regional Medical Center  
1003 Willow Creek Road  
Prescott, AZ 86301