

Profs. Erica Wood and Masahiro Satake—sharing, learning and improving

Received: 20 December 2017; Accepted: 23 January 2018; Published: 05 February 2018.

doi: 10.21037/aob.2018.01.09

View this article at: <http://dx.doi.org/10.21037/aob.2018.01.09>

Experts' introduction

Erica Wood is vice-president of ISBT, and a member of its working parties on clinical practice, haemovigilance, and transfusion-transmitted infectious diseases. From 2010–2014 she was ISBT regional director for the Western Pacific region. Erica is head of the Transfusion Research Unit in the Department of Epidemiology and Preventive Medicine at Monash University in Melbourne, Australia. She is a consultant haematologist at Monash Health and holds an honorary appointment at the Peter MacCallum Cancer Centre. Erica is president of the International Haemovigilance Network, past-president of the Australian and New Zealand Society of Blood Transfusion, and a member of the World Health Organization Expert Advisory Panel in Transfusion Medicine. Erica has served as Chief Examiner (Haematology) for the Royal College of Pathologists of Australasia and chair of the Joint Specialist Advisory Committee in Haematology. She is a member of the Victorian Blood Matters program advisory committee and the expert group of its Serious Transfusion Incident Reporting (STIR) haemovigilance program. In 2013, Erica was awarded a Churchill Fellowship to support her practice and research in patient blood management.

Masahiro Satake is Director General of Central Blood Institute of Blood Service Headquarters of Japanese Red Cross Society, Tokyo, Japan. Masahiro graduated from Tohoku University School of Medicine in 1978 and received training as general surgeon. Masahiro worked as a clinical immunologist as well as a transplantation surgeon until 1997 when he entered Japanese Red Cross. Since then Masahiro has been working in the area of transfusion-transmitted infection. From 2012 Masahiro was a member of the board of directors of International Society of Blood Transfusion (ISBT) (Regional Director Western Pacific) until 2016. Currently Masahiro concurrently holds the post of executive officer of JRC blood service headquarters.

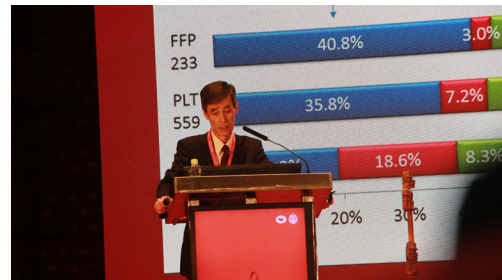


Figure 1 Snapshot of Prof. Satake's presentation.

Editor's note

Organized by Chinese Society of Blood Transfusion and coorganized by Guangzhou Blood Center, the 28th Regional Congress of the International Society of Blood Transfusion was successfully held in Guangzhou from November 25th to 28th. This 4-day meeting attracted experts from different countries and regions in the field of blood transfusion. Prof. Erica Wood, the Vice President of ISBT was invited to be the moderator of the Haemovigilance Session, where experts shared haemovigilance experience of their own countries. Prof. Masahiro Satake from Central Blood Center of Japanese Red Cross was one of the honorable speakers in this session to highlight experience of haemovigilance in Japan (Figure 1). We are delighted to invite them for an interview (Figure 2).

Interview questions & responses

AOB: *Would you briefly introduce yourself, including your affiliation and interests?*

Prof. Wood: I'm Erica Wood, a haematologist from Melbourne, Australia. I'm interested in haemovigilance. I'm one of the Vice President of ISBT, a member of ISBT Working Party on Haemovigilance, as well as the current President of the International Haemovigilance Network.



Figure 2 Snapshot of editor and Profs. Wood and Satake.

Prof. Satake: I'm Masahiro Satake. I am from Central Blood Institute of Japanese Red Cross. My specialty is mainly in transfusion transmitted infectious disease. Currently I am working in JRC Blood Service Headquarters.

AOB: *What do you think are the highlights of the Haemovigilance Session?*

Prof. Wood: It was an interesting session. Speakers from different countries showed evolution of haemovigilance in their countries. It was very cheerful to hear the data and experiences presented from different countries, including China, which is recently developing haemovigilance. And Prof. Satake also shared with us two decades of haemovigilance in Japan, which is worth learning.

Prof. Satake: The presentations in this session remind us the basic ideas of haemovigilance. Speakers stressed the importance of haemovigilance, which covers donor haemovigilance as well as recipient haemovigilance.

AOB: *Would you introduce the current haemovigilance system of your country? What are the characteristics of the system?*

Prof. Satake: The characteristics of Japan's haemovigilance system are nationwide, voluntary and transparent. And above all, transparency is particularly important. We always report our true data transparently, and our decade-long efforts help us gain trust from physicians and hospitals. We can better prevent or control diseases only when hospitals report new data to us.

Prof. Wood: In Australia, we have a national framework for reporting, but at state or provincial level, different states

have different capacities to collect, analyze and submit data to this national framework. In 2005 and 2006, we established a regional haemovigilance system as a pilot, based in Melbourne, called STIR, Serious Transfusion Incidence Reporting. It is a part of broader practice improvement program, called Blood Matters. We've been operating STIR since that time. It's voluntary, except for a few mandatory items, for example, ABO incompatible blood transfusion with haemolytic transfusion reaction. The participation has grown within our state, as well as in other states and territories. There is also a national haemovigilance report, which summarizes the information on available data. But we know we still have substantial data gap. More recently, the Australian Red Blood Service has been providing some aggregate donor data for national reporting. But we still have long way to go in our system development.

AOB: *How do you see the future Haemovigilance development and challenges?*

Prof. Wood: As we said earlier, there have been a lot of evolutions in haemovigilance. When we started STIR, we used paper reports. Now, everything is online in most countries. There are still some countries that are very difficult for hospitals or blood services to collect and analyze data. And I think we still have a long way to go in our harmonization of definitions internationally. It would be very hard to compare truly the experience between different countries until we have harmonized definitions, harmonized data and full analysis. Yet, there's no doubt that we've made a lot of progress. And I think it will be a very exciting time, because we can see the result of these progress.

Prof. Satake: The first thing I think we should do is that we should collect moderate to serious events after transfusion. Actually, transfusion recipients frequently have side effects. If we collect all such data, we will find about 90% of them deal with slight complications, which is not really useful. Therefore, we should collect good report data efficiently to improve our haemovigilance system. Another thing is that, we have to make sure the physicians will benefit from the system. Otherwise, haemovigilance will only be our own business.

AOB: *As haemovigilance system in China is still in an early stage, do you have some suggestions?*

Prof. Wood: I'd like to encourage the participants and the

work that is going on. I think there is a lot of enthusiasm. It's wonderful to see this activity is happening in China. By sharing its experiences, everybody will benefit. I was also delighted that China recently joined the International Haemovigilance Network. There will be opportunities for more exchanging of experiences and information to support each other in developing the haemovigilance system in China.

Prof. Satake: Same opinion with Prof. Wood. And I think people in China should know the benefits of haemovigilance system, because it will encourage them to develop the system.

AOB: How do you think can we better stimulate the cooperation of Red Cross of different countries?

Prof. Wood: I think there are many different ways to collaborate. Firstly, by participating in meetings like this. In this kind of meeting, people share information and experience, learn from each other and think about how to use in their own situations. It's very valuable. For example, the speaker from Korea mentioned the annual meeting, where participants conduct some education activities. Many countries might like to do this. What's more, the reports presented in such kind of meeting should be published in a public setting, so that everyone can access.

Prof. Satake: I agree. And I would like to mention that currently many few papers describe the importance of haemovigilance. Therefore, we should write more papers about that. And it's also our responsibility to do so.

AOB: Thank you for your sharing!

Prof. Wood & Prof. Satake: Thank you very much.

doi: 10.21037/aob.2018.01.09

Cite this article as: Li G. Profs. Erica Wood and Masahiro Satake—sharing, learning and improving. Ann Blood 2018;3:13.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Annals of Blood* for the series “Meet the Professor”. The article did not undergo external peer review.

Conflicts of Interest: The author has completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/aob.2018.01.09>). The series “Meet the Professor” was commissioned by the editorial office without any funding or sponsorship. Gin Li reports that she is a full-time employee of AME Publishing Company. The author has no other conflicts of interest to declare.

Ethical Statement: The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

(Science Editor: Gin Li, AOB, aob@amegroups.com)