



National Advisory Committee
on Blood and Blood Products

Comité consultatif national sur
le sang et les produits sanguins

A highly anticipated and timely conference to discuss, deliberate and generate a consensus in regard to the treatment of patients experiencing massive transfusion in reflection of the availability of supply of blood products and best treatment options for patients and overall clinical outcomes.

Conference Steering Committee Chair - Sandro Rizoli, MD PhD FRCSC

Massive Transfusion Consensus Conference

TORONTO
JUNE 9-11
2011

Consensus Panel

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Robert Skeate, MD, MS
Canadian Blood Services
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Simon Stanworth, MD
National Blood Service
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Conference Speakers

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Queen Mary School of Medicine
And Dentistry
London, England, UK

Wayne Chandler, MD
The Methodist Hospital Physician
Organization
Houston, Texas, USA

Gwen Clarke, MD
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Edmonton, AB, Canada

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Conference Questions

Q 1. Formula driven resuscitation as the standard of care: Is there sufficient evidence to justify 1:1:1 formula driven resuscitation as the standard of care for bleeding trauma patients? a) To what extent is the evidence on 1:1:1 formula driven resuscitation affected by survivorship bias? i. What is the magnitude of the problem? ii. What are the options to correct the bias? b) Is the evidence on 1:1:1 formula driven resuscitation adequate to support its adoption as standard of care in Canada?

Q 2. In addition to plasma: Is there a role for other blood components and products in the resuscitation of massively bleeding patients? In the setting of massive hemorrhage, what is the role for "goal-directed" or "formula-driven" platelet transfusion, fibrinogen use, cryoprecipitate transfusion, fibrinogen concentrate and Factor XIII, prothrombin complex and recombinant Factor VIIa and tranexamic acid?

Q 3. Beyond trauma: Going beyond trauma—what is the level of evidence and biological rational supporting the adoption of 1:1:1 formula driven resuscitation in cardiac surgery and other specialties?

Q 4. Limitations of massive transfusion protocols: What are the practical limitations of massive transfusion protocols (MTP)? Should all hospitals in Canada have MTP? What are the logistical challenges to the blood bank and blood inventory; clinicians and laboratory to have MTP?

Q 5. Usefulness of laboratory tests: What do coagulation laboratory tests help (or not help) in massively bleeding patients? What does TEG® and ROTEM® add to the management of massive hemorrhage? What are the strategies to reduce turn-around-time for laboratory results to allow for "goal-directed" resuscitation?

Q 6. Future research: What research is needed to improve the outcome of massively bleeding trauma patients and the use of blood and blood products? Are current studies addressing these needs in consideration of appropriate outcome measures for trials in massive hemorrhage and the unique ethical issues in trauma research?

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