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## A message from the New President of The World Apheresis Association

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World Apheresis Association Post Congress, board meeting  
September 17th 2022.

### 1. Plans for WAA focused activities

In my almost 40 years working in the field, I was so lucky to be able to make my hobby part of my work. Apheresis, apheresis of donors and patients. Other hobbies are, as many of you know, my love to expand the knowledge of people around the world, in other words, education. Not only apheresis, but also transfusion medicine and blood banking. My approaches are not to bring my knowledge and way of working to a country or region, but rather to use my knowledge to change the way of working in that country. All to approve patient care, but also, with joy in working for clinicians and nurses.

The WAA or in full words, The World Apheresis Association. In my eyes, the world is more than North America and Western Europe. The world also means Eastern Europe, Africa, Asia, Australia and Mid and South America; not only the high income countries, but also the low and middle income countries.

Apheresis is not only involved with patients but also with donor apheresis. Donor apheresis is not only the collection of CD34 or CD3 positive cells, but also of plasma and platelets from a blood donor. Donor apheresis is overwhelming in numbers compared to therapeutic apheresis. For clinicians, donor apheresis is not always exciting, but it is needed. With the worldwide shortage of immunoglobulins and albumin, together with an increase in their use in high income countries, but also substantially higher needs in middle and also in low-income countries, many countries need to start or expand the collection of plasma by apheresis techniques.

The WAA registry is used only for patient data including allogeneic and autologous CD34 + and CD3 + cell donors from institutions all over the world. With the millions, of for instance, plasmapheresis procedures in donors, we need to know more about side effects, both short and long term. Side effects of plasma and platelet apheresis are rare, we know, but we are obliged to our donors to take care of them and be aware of this. Therefore, in my opinion, we also need a registry for plasma and platelet donors. Also to make donor apheresis safer, we need apheresis donor vigilance. But, we don't need to do all by our self. In my eyes, the World Apheresis Association is an unique association in apheresis and therefore also an optimal platform to co-operate with other national and global

associations to achieve a registry for donors. Think of the Australians, the ISBT working party on hemovigilance and the WHO. The question is, whether the format of the WAA registry is currently fit for these kinds of procedures, or do we need a new one?

In my long career, I did many apheresis procedures and developed others. But what I learned was that you can't perform a procedure by yourself, alone. For developing new procedures others are needed. In particular, the apheresis nurse is extremely important. The nurse forms a team with the physician. When thinking this over, in my opinion, the WAA should be an association for all, physicians and nurses, and high, middle and low income countries, and include both therapeutic and routine apheresis procedures in blood donors. We, as established experienced workers in apheresis, need to help grow their experience and bring additional information. In other words, education is important. But how to achieve this? A suggestion could be regular webinars, for instance bi-monthly or quarterly.

For the time being, the last subject we have to focus on in the next months is the 2024 meeting. My preference would be a meeting in Asia with a combination of educational and scientific sessions including donor apheresis and hemovigilance. Recently, I had contact with Indonesia, checking on the possibilities. However, it's not my intention to direct too much of this. There are already suggestions to look at Switzerland, Israel, the Netherlands, and Scotland. In my opinion, we need a successful meeting which should at a minimum, break even a financial way, although the most preferred outcome is a positive financial balance. For the support of industry, we need to have, at least by the end of the year, a decision as to where to go.

It should be noted that all of this is my personal opinion and personal view. However as, I will chair the board for the next two years. I promise to be democratic and appreciate board discussions including taking and pursuing directions from board resolutions obtained by majority vote.

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