

INTERNATIONAL  
CONSENSUS CONFERENCE  
**ICC-PBM**  
FRANKFURT  
2018

# TOWARDS EVIDENCE- BASED PATIENT BLOOD MANAGEMENT

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Patient Blood Management (PBM) aims to optimise the care of patients who might need a blood transfusion. The American Association of Blood Banks (AABB), the International Society of Blood Transfusion (ISBT), the Deutsche Gesellschaft für Transfusionsmedizin und Immunhämatologie (DGTI), the French Transfusion Society (SFTS), Società Italiana di Medicina Trasfusionale e Immunoematologia (SIMTI) and the European Blood Alliance (EBA) are committed to advance PBM. These organisations, jointly with several partners will organise a two day consensus conference to present the available evidence on PBM and develop recommendations.

### CONSENSUS CONFERENCE METHOD

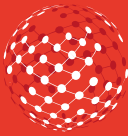
For this conference the definition of Patient Blood Management (PBM) introduced by WHO is adopted: PBM is a patient-focused, evidence-based and systematic approach to optimize the management of patient and transfusion of blood products for quality and effective patient care. To focus all the available studies, the Scientific Committee, chaired by Prof. Erhard Seifried, formulated specific questions within three chosen topics of PBM:

- I. Preoperative anaemia
- II. Red Blood Cell (RBC) transfusion triggers
- III. Implementation of PBM.

The Centre for Evidence-Based Practice from the Belgian Red Cross has carried out a systematic evidence-based review on the specific PICO (Population, Intervention, Comparison, Outcome) questions around these three topics. Based on search strategies in 4 different biomedical databases (Pubmed, Embase, Cochrane Library and Transfusion Evidence Library), the Centre for Evidence-Based Practice (CEBaP) screened approximately 15.000 titles and abstracts and included more than 160 studies within the 3 PBM topics of interest. The evidence-based conclusions and the quality of the evidence will be presented at the consensus conference meeting by the Scientific Committee. Based on the evidence and together with the input from the audience, multidisciplinary expert panels will develop recommendations by using a transparent evidence-to-decision framework (GRADE approach). The consensus statements with the supporting evidence will be published afterwards.

### TIME, VENUE AND PARTICIPANTS

The Conference will take place on 24 and 25 April 2018 in the Maritim Hotel, Frankfurt, Germany. 250 key stakeholders and experts from the medical specialties and blood transfusion field will be invited to participate.



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# PROGRAMME AT A GLANCE

## FIRST DAY, 24 APRIL

- 9.00–9.30 REGISTRATION AND COFFEE
- 9.30–9.50 OPENING /INTRODUCTION OF CHAIRS AND PANELLISTS**
- 09.50–10.30 CONSENSUS CONFERENCE AND GRADE APPROACH**
- 10.30–11.00 COFFEE BREAK
- 11.00–13.00 THREE PARALLEL SESSIONS**  
Allocation will be based on Pre-registration
- 13.00–14.00 LUNCH BREAK
- 14.00–16.00 THREE PARALLEL SESSIONS (CONTINUED)**
- 16.00–17.00 CONSENSUS CONFERENCE RECEPTION  
Participants are welcomed to the informal drinks reception.
- 17.00–19.30 CLOSED SESSIONS OF THE PANELS**  
Panellists will retreat, consider the evidence and input from presentations and discussion to draft consensus statement for discussion on day 2.

## SECOND DAY, 25 APRIL

- 9.00–10.00 CLOSED SESSIONS OF THE PANELS**
- 10.00–10.15 OPENING REMARKS**
- 9.15–10.45 SESSION: PRE-OPERATIVE ANAEMIA**  
Presentation of the draft consensus statements  
Discussion on statements 10.15-10.45
- 10.45–11.15 COFFEE BREAK
- 11.15–12.45 SESSION: RED BLOOD CELLS TRANSFUSION TRIGGERS**  
Presentation of the draft consensus statements  
Discussion on statements
- 12.45–13.45 LUNCH BREAK
- 13.45–15.15 SESSION: EDUCATION, IMPLEMENTATION, MAINTENANCE OF PBM**  
Presentation of the draft consensus statements  
Discussion on statements
- 15.00–15.30 CLOSING REMARKS**  
Conclusions by the chairs
- 16.30–18.30 CLOSED SESSIONS OF THE PANELS**  
Panellists will retreat, consider the evidence and comment of the participants to finalise the consensus statements for publication.
- 19.00 SPEAKERS/PANELIST DINNER



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# EXPANDED PROGRAMME → FIRST DAY, 24 APRIL

9.00–9.30 REGISTRATION AND COFFEE

**9.30–9.50 OPENING**  
Opening remarks

**09.50–10.30 CONSENSUS CONFERENCE AND GRADE APPROACH**  
An explanation of the Conference format and of the GRADE-approach: the transparent evidence-to-recommendation framework.

10.30–11.00 COFFEE BREAK

**11.00–13.00 THREE PARALLEL SESSIONS**  
The full list of PICO (Population, Intervention, Comparison, Outcome) questions is included from page 6 and further →

**I DEFINITION AND DIAGNOSIS OF PREOPERATIVE ANAEMIA**  
ROOM X

**II RED BLOOD CELLS TRANSFUSION TRIGGERS**  
ROOM Y

**III IMPLEMENTATION AND MAINTENANCE OF PBM**  
ROOM Z

**I DEFINITION AND DIAGNOSIS OF PREOPERATIVE ANAEMIA**

- PICO's 1-2
- Chair: Prof. Yves Ozier
- Co-chair: Prof Jimmy Volmink
- Presenter: Katherine Frey
- Presentation: Summary of systematic review
- Recommendations

**II RED BLOOD CELLS TRANSFUSION TRIGGERS:**

- 1. INTENSIVE CARE & ACUTE INTERVENTIONS**
- PICO's 1, 3-7, 14
- Chair: Prof. Reinhard Burger
- Presenters: Jerrold Levy and Cécile Aubron
- Presentation: Summary of systematic review
- Recommendations

**III IMPLEMENTATION AND MAINTENANCE OF PBM**

- PICO's 1-3
- Chair: Prof. Philippe Vandekerckhove
- Co-chair: Prof. Jonathan Waters
- Presenter: Mike Murphy
- Presentation: Summary of systematic review
- Recommendations



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## → FIRST DAY, 24 APRIL

13.00–14.00 LUNCH BREAK

### 14.00–16.00 THREE PARALLEL SESSIONS (CONTINUED)

#### **I TREATMENT OF PREOPERATIVE ANAEMIA**

→ PICO 3

- Presentation: Summary of systematic review
- Recommendations

#### **II RED BLOOD CELLS TRANSFUSION TRIGGERS:**

##### **2. HAEMATOLOGY AND ONCOLOGY**

→ PICO's 8, 10

- Presenter: Richard Gammon
- Presentation: Summary of systematic review
- Recommendations

##### **3. NEUROLOGY**

→ PICO's 12-13

- Presenter: Cynthia So-Osman
- Presentation: Summary of systematic review
- Recommendations

#### **III IMPLEMENTATION AND MAINTENANCE OF PBM**

→ PICO's 1-3

- Presenter: Mike Murphy
- Presentation: Summary of systematic review
- Recommendations

16.00–17.00 CONSENSUS CONFERENCE RECEPTION

Participants are welcomed to the informal drinks reception.

17.00–19.30 CLOSED SESSIONS OF THE PANELS

Panellists will retreat, consider the evidence and input from presentations and discussion to draft consensus statement for discussion on day 2.



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# EXPANDED PROGRAMME → SECOND DAY, 25 APRIL

## 9.00–10.00 CLOSED SESSIONS OF THE PANELS

### 10.00–10.15 OPENING REMARKS

Chair of the conference explains the conduct and goals of the day  
Chair of the day: Prof. Reinhard Burger

### 9.15–10.45 SESSION: PRE-OPERATIVE ANAEMIA

Presentation of the draft consensus statements  
Discussion on statements 10.15-10.45

10.45–11.15 COFFEE BREAK

### 11.15–12.45 SESSION: RED BLOOD CELLS TRANSFUSION TRIGGERS

Presentation of the draft consensus statements  
Discussion on statements

12.45–13.45 LUNCH BREAK

### 13.45–15.15 SESSION: IMPLEMENTATION, MAINTENANCE OF PBM

Presentation of the draft consensus statements  
Discussion on statements

### 15.15–15.30 CLOSING REMARKS

Conclusions by the chairs

16.30–18.30 CLOSED SESSIONS OF THE PANELS

19.00 SPEAKERS/PANELIST DINNER



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# EXTRA INFORMATION — FULL PICO QUESTIONS

## PREOPERATIVE ANAEMIA

Based on search strategies in 4 different biomedical databases (Pubmed, Embase, Cochrane Library and Transfusion Evidence Library), the Centre for Evidence-Based Practice (CEBaP) of the Belgian Red Cross screened approximately 1000 systematic reviews and included about 60 observational (link preoperative anaemia – adverse events) and experimental studies (ESA and/or iron therapy as treatment preoperative anemia).

### PICO 1 — ADVERSE EVENTS

In preoperative patients [population], is preoperative anemia [intervention/risk factor] a risk factor for adverse clinical or economic outcomes [outcomes] compared to no preoperative anemia [comparison]?

### PICO 2 — DEFINITION

In preoperative patients [Population], should Hb of 130 g/L (Index test) (versus [comparator test] [Comparison]) be used to diagnose anemia [Outcome]?

### PICO 3 — MANAGEMENT

In patients with preoperative anemia [Population], is the use of iron supplementation and/or erythrocyte stimulating agents [Intervention] effective to improve clinical and economic outcomes [Outcomes] compared to no intervention/placebo/standard of care [comparison]?

## RBC TRANSFUSION TRIGGERS

Based on the Carson Cochrane review and search strategies in 4 different biomedical databases (Pubmed, Embase, Cochrane Library and Transfusion Evidence Library), the CEBaP screened around 13.000 observational and experimental studies and included about 40 randomized controlled trials.

### PICO 1 — ADULT INTENSIVE CARE PATIENTS

In critically ill, but clinically stable adult intensive care patients [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

### PICO 3 — ORTHOPAEDIC AND NON-CARDIAC SURGERY

In elderly high risk (cardiovascular) patients undergoing orthopaedic or non-cardiac surgery [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

### PICO 4 — ACUTE GASTROINTESTINAL BLEEDING

In patients with an acute gastrointestinal bleeding [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical

outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

### PICO 5 — CORONARY HEART DISEASE

In patients with symptomatic coronary heart disease [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

### PICO 6 — SEPTIC SHOCK

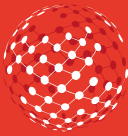
In patients with symptomatic coronary heart disease [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

### PICO 7 — CARDIAC SURGERY

In patients undergoing cardiac surgery [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

### PICO 8 — ADULT HAEMATOLOGICAL PATIENTS

In adult haematological patients [Population], is the use of a restrictive transfusion threshold [Intervention] effective



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to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

#### **PICO 10 — ADULT PATIENTS WITH SOLID TUMOURS**

In adult patients with solid tumours [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

#### **PICO 12 — ACUTE CENTRAL NERVOUS SYSTEM INJURY**

In patients with acute central nervous system (CNS) injury [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

#### **PICO 13 — CEREBRAL PERFUSION DISORDERS**

In patients with cerebral perfusion disorders [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

#### **PICO 14 — ACUTE BLEEDING**

In patients with acute bleeding [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

### **PBM IMPLEMENTATION**

Based on 2 systematic reviews (Hibbs 2015 and Tinmouth 2005) and search strategies in 4 different biomedical databases (Pubmed, Embase, Cochrane Library and Transfusion Evidence Library), the CEBaP screened about 700 studies and included about 70 observational studies

#### **PICO 1 — EFFECTIVENESS PBM IMPLEMENTATION**

Is a PBM program [intervention] effective to improve clinical and economic outcomes [outcomes] compared to no PBM program [comparison]?

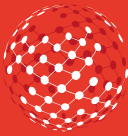
#### **PICO 2 — PBM PROMOTIONAL TOOLS**

Is a specific tool to promote the implementation of a PBM program [intervention] more effective to improve clinical and economic outcomes [outcomes] compared to no/another tool [comparison]?

#### **PICO 3 — PBM MONITORING TOOLS**

Is a specific tool to monitor the implementation of a PBM program [intervention] more effective to improve clinical and economic outcomes [outcomes] compared to no/another tool [comparison]?





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## CO-SPONSORS / WITH THE PARTICIPATION OF

### **THIS CONFERENCE IS CO-SPONSORED BY: AABB, ISBT, DGTI, SFTS, SIMTI AND EBA**

**AABB** is the global leader in standards development, accreditation and implementation of quality systems in transfusion medicine and cellular therapies. AABB has an unwavering focus on donor and patient safety. AABB accomplish this by translating knowledge into solutions that shape the field of transfusion medicine and cellular therapies.

**The International Society of Blood Transfusion** is an international society where transfusion medicine professionals from across the globe come together and do the one thing they do best: share knowledge to improve the safety of blood transfusion worldwide. The ISBT believes that with the power of knowledge it can improve the safety of blood transfusion worldwide.

**The DGTI** is a non-profit organisation promoting transfusion medicine and the development of cooperation with specialist areas, particularly in the fields of science, research and public health. The DGTI serves as an international scientific “umbrella company” in the German-speaking world, has more than 1000 members. In addition to the annual scientific congress with an industrial fair, which presents current developments and research results in trans-

fusion medicine and its border areas, current problems of individual sub-areas are addressed in eight sections. DGTI also supports various programs for the promotion of young professionals, scientific events and basic research.

**The French Society of Blood Transfusion (SFTS)** is a non-profit organization founded in 1938. SFTS promotes blood transfusion and hemobiology in the scientific, technological, ethical, medico-social and educational level. Its means of action are scientific meetings, national congresses, scientific and technical publications. The SFTS responds to requests from the public authorities or their representatives concerning medical or scientific developments having implications for daily practice. SFTS is committed to Continuing Professional Development and working with related organizations to develop and support programs for the various professions in the field.

### **Società Italiana di Medicina Trasfusionale e Immunematologia**

The Italian Society of Transfusion Medicine and Immunohaematology (SIMTI) was founded in 1954 with the aim to develop knowledge in the field of Transfusion Medicine and Immunohaematology in cooperation with other medical disciplines and supporting voluntary and non-remunerated blood donors and their associations.

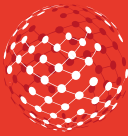
SIMTI founded the International Scientific Journal “Blood Transfusion” and is also partner of Italian competent Authorities, namely the Ministry of Health and the National Blood Center, in improve the Italian Transfusional Network cooperating for national and international activities. SIMTI has quite 2,000 members ad affiliates (doctors, biologists, technicians and nurses) working in the Italian Transfusion Services

**The European Blood Alliance** is an association of non-profit Blood Establishments, with 26 members throughout the European Union and EFTA States. Its mission is to contribute to the safety, security and cost effectiveness of the blood and tissue and cell supply for the citizens of Europe by developing and maintaining an efficient and strong collaboration amongst European blood and tissue and cell services.

### **EVIDENCE BASED REVIEW BY**

**The Centre for Evidence-Based Practice (CEBaP)**. This is a non-profit global centre located in Belgium and supporting humanitarian activities, including those of the Belgian Red Cross, with scientific evidence.

CEBaP was launched in 2009 and currently consists of 8 researchers. They provide a scientific basis for a wide range of humanitarian activities, from blood supply to de-



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# CHAIRS OF THE SESSIONS

velopment programs or emergency relief. This is achieved by developing systematic reviews, which are overviews of evidence based on published scientific studies. In addition they develop evidence-based guidelines, in which also practice experience and preferences of the target group are taken into account. Where gaps in evidence are identified, CEBaP also conducts primary field studies.

## WITH THE PARTICIPATION OF

Australian Red Cross Blood Service (ARCBS)

Canadian Blood Services (CBS)

International Collaboration for Transfusion Medicine Guidelines (ICTMG)

International Society on Thrombosis and Haemostasis (ISTH)

National Blood Authority, Australia (NBA)

## PRESIDENT OF THE CONFERENCE AND CHAIR OF THE SCIENTIFIC COMMITTEE: PROF. DR. ERHARD SEIFRIED

Professor of internal medicine, haematology and transfusion medicine, is the chair of transfusion medicine and immunohaematology and director of the Institute of Transfusion Medicine at the Goethe University Hospital in Frankfurt am Main, Germany and Chief Medical Director of the Red Cross Blood Donor Services Baden-Wuerttemberg – Hessen, including its affiliates.

He qualified in internal medicine at Ulm University Medical Center and specialized in haematology, oncology, transfusion medicine and haemostaseology. He worked at Gaubius Institute TNO Leiden, the Netherlands, for his Ph.D. He has served as president of the German Society of Transfusion Medicine (DGTI) and as the president of International Society for Blood Transfusion (ISBT). He was Vice-president of the European Blood Alliance (EBA) until 2017.

## CHAIR: PROF. REINHARD BURGER

After studying biology, microbiology and immunology, Burger received his doctorate in 1976, and in 1982 his PhD. After being Professor of Immunology at the University of Heidelberg, he worked at the National Institute of Health. Since 1989 Burger has been Professor of Immunology at the Free University Berlin. In 1997 he became deputy director of the Robert Koch Institute (RKI). From August 2010 to February 2015 he was President of the Robert Koch Institute. With the founding of the working group blood (RKI) in 1993, he was the first chairman of this panel of experts. This national panel of experts advises the Federal Government on issues relating to the safety and effective use of blood components and plasma derivatives.

## CHAIR: PROF. DR. YVES OZIER

Professor of Anesthesiology and Critical Care Medicine at the Western Brittany University (Université de Bretagne Occidentale) and Head of the Division of Anesthesia, Critical Care and Emergency Medicine at the University Hospital of Brest, France.

In the period 2000-2011, he was appointed as a Professor of Anesthesiology and Critical Care Medicine at the University Paris-Descartes and Head of the Department of Anesthesia and Surgical Intensive Care of the Cochin University Hospital in Paris.

His main research and teaching interests are in the field of perioperative transfusion medicine.

He is a member of several scientific societies including NATA (Network for the Advancement of Patient Blood Management, Haemostasis and Thrombosis) and the French Society of Blood Transfusion.

He has acted as expert in several guidelines including the NATA guidelines on the detection, evaluation, and management of preoperative anaemia in the elective orthopaedic surgical patient and the European guidelines on Management of major bleeding and coagulopathy following trauma.



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## **CHAIR: PROF. DR. JIMMY VOLMINK**

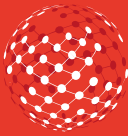
Dean of the Faculty of Medicine and Health Sciences, Stellenbosch University, and Director of the South African Cochrane Centre, SA Medical Research Council. His previous appointments include: Deputy Dean (Research) at Stellenbosch University, GlaxoWellcome Chair of Primary Health Care at the University of Cape Town and Director of Research and Analysis at the Global Health Council in Washington DC.

## **CHAIR: PROF. DR. PHILIPPE VANDEKERCKHOVE**

CEO of the Belgian Red Cross-Flanders. He holds non-executive positions as president of the European Blood Alliance, president of GAP and Philippe is associate professor at the Faculties of Medicine of the University of Leuven, where he also obtained his M.D./PhD and Pathology degree, and the University of Ghent.

## **CHAIR: PROF JONATHAN H. WATERS, M.D.**

Chief, Department of Anesthesiology, Magee Womens Hospital of UPMC, Professor of Anesthesiology & Bio-engineering, University of Pittsburgh, Vice Chair, Clinical Research, Dept. of Anesthesiology, Univ. of Pittsburgh, Medical Director, Patient Blood Management program of UPMC.



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# SCIENTIFIC COMMITTEE

## SCIENTIFIC COMMITTEE

Pierre Albaladejo	Grenoble university hospital, France/ISTH <sup>4)</sup>
Shubha Allard	NHS Blood & Transplant/ISBT
Cécile Aubron	Academic Hospital of Brest, France/SFTS <sup>5)</sup>
Kari Aranko*	European Blood Alliance/EBA
Dana Devine	Canadian Blood Services/CBS
Craig French	Western Health, Melbourne Australia
Kathrine P. Frey	Fairview Health Services and Patient Readiness Institute, Minneapolis MN/AABB
Christian Gabriel	Ludwig Boltzmann Institute for clinical and experimental trauma- tology, Austria/DGTI <sup>3)</sup>
Richard Gammon	One Blood, Orlando/AABB
Andreas Greinacher	Institut für Immunologie und Transfusionsmedizin Greifswald/ ICTMG <sup>2)</sup>
Marian van Kraaij	Sanquin, the Netherlands/EBA
Jerrold Levy	Duke University School of Medicine, North Carolina/ISTH <sup>4)</sup>
Giancarlo Liumbruno	Italian National Institute of Health/EBA
Patrick Meybohm*	University Clinics of the Johann Wolfgang Goethe University Frankfurt/Main
Markus Müller*	Institute for Transfusion Medicine and Immunohaematology Frankfurt/EBA

Mike Murphy	NHS Blood & Transplant and AABB/EBA
Hans van Remoortel	Centre for Evidence-Based Practice, Belgian Red Cross <sup>6)</sup>
Ben Saxon	Australian Red Cross Blood Service/ARCBS
Erhard Seifried	German Red Cross Blood Transfusion Services/EBA
Nadine Shehata	Mount Sinai Hospital Toronto/ICTMG <sup>2)</sup>
Pierre Tiberghien	French National Blood Service/EBA
Claudio Velati	Società Italiana di Medicina Trasfusionale e Immunoematologia
Erica Wood	Epidemiology and Preventive Medicine at Monash University/ISBT

\*Scientific Secretariat, 2) International Collaboration on Transfusion Medicine Guidelines, 3) Die Deutsche Gesellschaft für Transfusionsmedizin und Immunhämatologie, 4) International Society on Thrombosis and Haemostasis, 5) French Blood Transfusion Society, 6) Systematic review



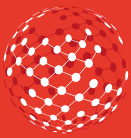
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# EXPERT PANEL

## MULTI-DISCIPLINARY EXPERT PANEL

the Decision-Making Panel for each of the three parallel session. 7-15 individuals of diverse backgrounds to form each of the panels and write the final consensus conference statement.

Lauren Anthony	Allina Health, Minneapolis
Kaaron Benson	Moffitt Cancer Center, Tampa
Danielle Bischof	Mt Sinai Hospital, Toronto
Jeffrey Carson	Rutgers University, New Jersey
Graham Donald	Patient representative, UK
Lise Estcourt	NHS Blood & Transplant
Steven Frank	Johns Hopkins Medical Institutions
John Freedman	St Michael's Hospital, Toronto
Catherine Humbrech	Établissement Français du Sang, Strasbourg
Sigismond Lasocki	University Hospital, Angers
Dawn Maze	University of Toronto
Marek Mirski	Johns Hopkins Medical Institutions
Manuel Muñoz Gomez	University of Malaga
Gavin Murphy	British Heart foundation/University of Leicester
Katerina Pavenski	St. Michael's Hospital, Toronto
Thomas Schmitz-Rixen	Goethe-University Hospital Frankfurt am Main
Louise Sherliker	NHS Blood & Transplant



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# PRACTICAL INFORMATION

## VENUE

MARITIM HOTEL FRANKFURT  
THEODOR-HEUSS-ALLEE 3  
60486 FRANKFURT/MAIN  
GERMANY

## CONFERENCE SECRETARIAT

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## MCI AMSTERDAM

EVENT ORGANISER  
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EBA@MCI-GROUP.COM  
CONTACTPERSON: SOPHIE HAMBURGER

## REGISTRATIONS

To ensure a balanced audience of stakeholders, the ICC-PBM2018 will have a two-tiered registration system. Invited key stakeholders from across all the world will be sent a booking link to the registration site.

All who are interested in joining the conference will be invited to pre-register. When seats become available in February, the organising committee will invite pre-registrants to register for the event via a separate link and issue a special booking code. This will be done according to the following criteria: order of registration, ensuring a balanced audience of all kinds of stakeholders, availability to attend the parallel sessions, geographical region/country.

You can pre-register [→HERE](#)





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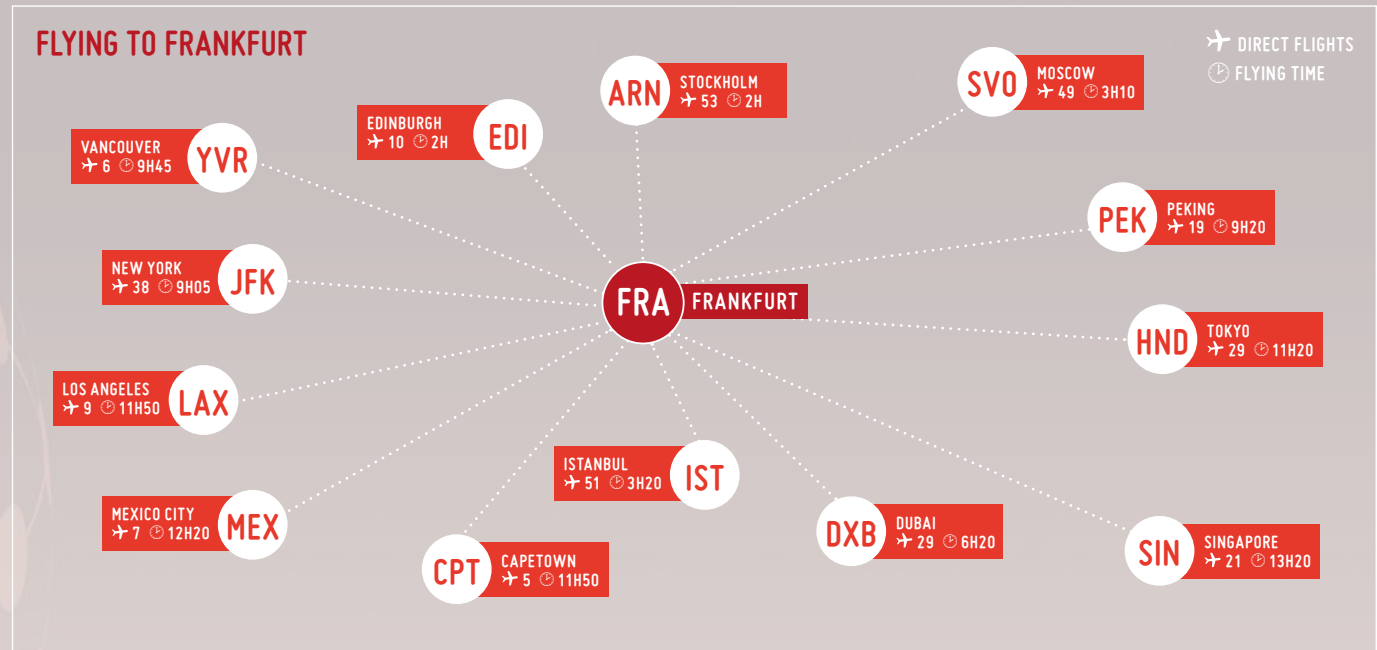
## WELCOME TO FRANKFURT

Frankfurt is the largest city in the German state of Hesse and the fifth-largest city in Germany, with a population of 714,241 (2014) within its administrative boundaries. The urban area called Frankfurt Rhein-Main has a population of 2,221,910. The city is at the centre of the larger Frankfurt Rhine-Main Metropolitan Region which has a population of 5,500,000 and is Germany's second-largest metropolitan region. This old imperial city on the River Main - hence its full name, Frankfurt am Main - is, by virtue of its central situation, the most important commercial and economic center on mainland Europe. Frankfurt is also a centre for commerce, culture, education, tourism and web traffic. Frankfurt is also home to many cultural and educational institutions including the Johann Wolfgang Goethe University and Frankfurt University of Applied Sciences, many museums (e.g. Städel, Naturmuseum Senckenberg, Schirn Kunsthalle Frankfurt, Goethe House), and two major botanical gardens, the Palmengarten, which is Germany's largest, and the Botanical Garden of the Goethe University.

## TRAVEL TO FRANKFURT

Frankfurt is situated at the heart of Europe in the centre of Germany. It has outstanding transport connections with an international airport, the major intercity rail station and the Frankfurt autobahn intersection. And it's not just travelling to Frankfurt that's so straightforward – thanks to their location in the city, the Maritim Hotel

is also quick and easy to access. For instance. It is just a 10-minute walk from Frankfurt central station. The journey from the airport to the centre of town by car or public transport takes about 15 minutes.



**EDITED BY**

European Blood Alliance

Plesmanlaan 125

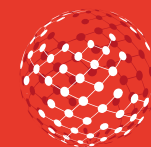
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[www.europeanbloodalliance.eu/activities/ICC-PBM](http://www.europeanbloodalliance.eu/activities/ICC-PBM)

**24 & 25 APRIL 2018**

International consensus conference  
on patient blood management

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