REGIONAL MEETING

NEW YORK, NY

OCTOBER 27, 2017

PROGRAM

NEW YORK, NY

OCTOBER 27, 2017

VIVIAN AND SEYMOUR MILSTEIN FAMILY HEART CENTER

RIVERVIEW TERRACE/MYRNA DANIELS AUDITORIUM
173 FORT WASHINGTON AVENUE, NEW YORK, NY 10032
WELCOME FROM THE ASFA PRESIDENT

On behalf of the Board of Directors and myself, I would like to extend a warm welcome to the 4th Regional Meeting of the American Society for Apheresis at the Columbia University Medical Center in New York, NY. The backdrop for this meeting, New York City, couldn’t be more exciting. There are activities for everyone in this culturally diverse and bustling city including exquisite dining and shopping, historic sites to visit and, of course, Broadway.

The meeting program offers a full day of exciting educational and networking opportunities in apheresis medicine that will appeal to all apheresis practitioners. I would like to take this opportunity to thank the Regional Meeting Organizing Committee, led by Dr. Joseph Schwartz, for their hard work in planning a fantastic program for you. I must also mention the expertise and tireless effort provided by the ASFA Head Office staff, led by John Barclay. I encourage you to take advantage of networking opportunities at the meeting. Please seek out members of the Regional Meeting Organizing Committee, other ASFA members, and the ASFA Registration Desk to find out about the benefits of ASFA membership and how you can become more involved in the society.

Finally, I want to extend our thanks to our exhibitors and our hosts at the Department of Pathology & Cell Biology of the Columbia University Medical Center & the NY Presbyterian Hospital who helped make this Regional Meeting possible. I hope you enjoy the 4th ASFA Regional Meeting and look forward to future regional meetings.

Sincerely,
Laura Collins  BSN, HP(ASCP)
ASFA President

WELCOME FROM THE REGIONAL MEETING ORGANIZING COMMITTEE

On behalf of the ASFA Regional Meeting Organizing Committee, we warmly welcome you to New York City & the Columbia University Medical Center for the 4th ASFA Regional Meeting.

The Organizing Committee has put together a one-day program of didactic and interactive sessions intended to appeal to all apheresis practitioners. We are very excited about this educational and networking opportunity. We look forward to your participation!

We would like to thank the department of Pathology & Cell biology at the Columbia University Medical Center for their support of the meeting.

Sincerely,
Joseph (Yossi) Schwartz, MD, MPH
GENERAL INFORMATION

TARGET AUDIENCE
The target audience for this program is physicians, scientists and allied health professionals working in apheresis, including but not limited to pathology, hematology, immunology, nephrology, pediatrics and rheumatology.

LEARNING OBJECTIVES
After participating in this CME activity, participants should be able to:
• Describe the general practice of apheresis medicine and its role in the treatment of diseases in a variety of organ systems
• Describe the emerging field of personal cellular therapy and the importance of good manufacturing practices in the manufacturing of these products
• Describe current knowledge of cellular therapy
• Assess the limitations, advantages and technical aspects of new apheresis instruments along with best practices on the use of central venous catheters for apheresis procedures in children and adults

ACCREDITATION AND DESIGNATION OF CREDIT
Please complete the online evaluation and credit request that will be sent to you via email post-conference to obtain your respective credit certificates.

CONTINUING MEDICAL EDUCATION CREDIT

ACCREDITATION
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American College of Surgeons and the American Society for Apheresis. The American College of Surgeons is accredited by the ACCME to provide continuing medical education for physicians.

AMA PRA CATEGORY 1 CREDITS™
The American College of Surgeons designates this live activity for a maximum of 6.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CONTINUING MEDICAL EDUCATION CREDIT INFORMATION
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CEU
CEUs have been approved by ASFA along with the California Board of Registered Nursing. A maximum of 6.75 CEUs can be earned through this educational activity (ASFA Provider Number CEP 14122). Completion of the online evaluation survey is required for all conference delegates which, upon completion, will allow you to receive your CEU credits. This survey must be completed within one month after the meeting in order to receive your credits. Electronic CEU certificates will be e-mailed within 6-8 weeks following the meeting.

CMLE
This continuing medical laboratory education activity is recognized by the American Society for Clinical Pathology (ASCP) as meeting the criteria for a maximum number of 6.75 CMLE credits. ASCP CMLE credit hours are acceptable to meet the continuing education requirement for the ASCP Board of Registry Certification Maintenance Program. (ASFA Provider Number 261-12-11). Completion of the online evaluation survey is required for all conference delegates which, upon completion, will allow you to receive your CMLE credits. This survey must be completed within one month after the meeting in order to receive your credits. Electronic CMLE certificates will be e-mailed within 6-8 weeks following the meeting.
REGIONAL PROGRAM

ASFA 2017 REGIONAL MEETING

SPEAKERS AND FACILITATORS

SPEAKERS

Monica Bhatia, MD, Columbia University Medical Center, New York, NY
Andrew Bomback, MD, MPH, Columbia University Medical Center, New York, NY
Peter R. Bream, Jr, MD, FSIR, Vanderbilt University Medical Center, Nashville, TN
Andrew Eisenberger, MD, Columbia University Medical Center, New York, NY
Una O’Doherty, MD, PhD, University of Pennsylvania, Philadelphia, PA
Anand Padmanabhan, MD, PhD, QIA, BloodCenter of Wisconsin, Waukesha, WI
Ran Reshef, MD, Columbia University Medical Center, New York, NY
Bruce Sachais, MD, PhD, QIA, New York Blood Center, New York, NY
Robert Weinstein, MD, University of Massachusetts Medical School, Worcester, MA
Volker Witt, MD, St. Anna’s Kinderspital, Vienna

FACILITATORS

Angelina Bonzon-Adelson, RN, BSN, HP(ASCP), Montefiore Medical Center, New York, NY
Peter R. Bream, Jr, MD, FSIR, Vanderbilt University Medical Center, Nashville, TN
Laura Collins, RN, BSN, HP(ASCP), University of Iowa Hospitals and Clinics, Iowa City, IA
Alicia Garcia, RN, HP(ASCP), UCSF Benioff Hospitals Oakland & San Francisco, Alameda, CA
Tamara Kent, RN, BSN, Mount Sinai Medical Center, New York, NY
Abigail Scheuer, RN, MS, FNP, The Rogosin Institute, New York, NY
Tracey Schonfeld, RN, New York Presbyterian Hospital Weill Cornell Medical Center, New York, NY
Eric Senaldi, MD, New York Blood Center, New York, NY
Rose Shaw, RN, Westchester Medical Center, White Plains, NY
Volker Witt, MD, St. Anna’s Kinderspital, Vienna

ASFA 2017 REGIONAL MEETING ORGANIZING COMMITTEE

CHAIRS:

Joseph Schwartz, MD, MPH (Chair), Columbia University, New York, NY
Yvette Tanhehco, MD, PhD, MS (Co-chair), Columbia University, New York, NY

PLANNING MEMBERS:

Vishesh Chhibber, MD, North Shore University Hospital, Syosset, NY
Tevra Francis, Columbia University, New York, NY
Jeffrey Jhang, MD, Mount Sinai Health System, Eastchester, NY
Dawn Lewis-Roberts, New York Presbyterian Hospital, New York, NY
Steven Spitalnik, MD, Columbia University, New York, NY

DISCLOSURE INFORMATION

In accordance with the ACCME Accreditation Criteria, the American College of Surgeons, as the accredited provider of this activity, must ensure that anyone in a position to control the content of the educational activity has disclosed all relevant financial relationships with any commercial interest. Therefore, it is mandatory that both the program planning committee and speakers complete disclosure forms. Members of the program committee were required to disclose all financial relationships and speakers were required to disclose any financial relationship as it pertains to the content of the presentations. The ACCME defines a ‘commercial interest’ as “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients”. It does not consider providers of clinical service directly to patients to be commercial interests. The ACCME considers “relevant” financial relationships as financial transactions (in any amount) that may create a conflict of interest and occur within the 12 months preceding the time that the individual is being asked to assume a role controlling content of the educational activity.

ACS is also required, through our joint providership partners, to manage any reported conflict and eliminate the potential for bias during the activity. All program committee members and speakers were contacted and the conflicts listed below have been managed to our satisfaction. However, if you perceive a bias during a session, please report the circumstances on the session evaluation form.

Please note we have advised the speakers that it is their responsibility to disclose at the start of their presentation if they will be describing the use of a device, product, or drug that is not FDA approved or the off-label use of an approved device, product, or drug or unapproved usage.

The requirement for disclosure is not intended to imply any impropriety of such relationships, but simply to identify such relationships through full disclosure and to allow the audience to form its own judgments regarding the presentation.

EDUCATIONAL GRANTS

American Society for Apheresis wishes to recognize and thank the following companies for their ongoing support through educational grants:

- Novartis
- Mallinckrodt Pharmaceuticals
### Speakers / Moderators / Discussants

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| Ran Reshef            |                     | • Bristol Myers  
                      |           | • Kite    |
|                       |                     | • Takeda    |
|                       |                     | • Exelixis  |
|                       |                     | • Incyte    |
| Anand Padmanabhan     |                     | • Terumo BCT   |
|                       |                     | • Mallinckrodt Pharmaceutica  
                      |           | • Schlesinger Associates    |
|                       |                     | • LEK Consulting       |
| Peter R. Bream, Jr    |                     | • Cook Medical  
                      |           | • Merit Medical Teleflex Medical       |
| Andrew Eisenberger    |                     | • Bayer      |
|                       |                     | No payment, yet.  
                      |           | Medicolegal consulting for malpractice suits |
| Una O’Doherty         |                     | • Merck      |
| Laura Collins         |                     | • Terumo BCT  
                      |           | HIV reservoir study Grant |
| Alicia Garcia         | X                   |             |
| Volker Witt           | X                   |             |
| Monica Bhatia         | X                   |             |
| Bruce Sachais         | X                   |             |
| Andrew Bomback        | X                   |             |
| Robert Weinstein      | X                   |             |
| Rose Shaw             | X                   |             |
| Angelina Bonzon-Adelson | X          |             |
| Tracey Schonfeld      | X                   |             |
| Tamarah Kent          | X                   |             |
| Abigail Scheuer       | X                   |             |
| Eric Senaldi          | X                   |             |

### Planning Committee

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| Steven Spitalnik      |                     | • Theranos  
                      |           | New Health Sciences    |
|                       |                     | • Vasuclox  |
|                       |                     | • New York Genome Center       |
|                       |                     | • BloodWorks NW        |
| Joseph Schwartz       | X                   |             |
| Yvette Tanheco        | X                   |             |
| Vishesh Chhibber      | X                   |             |
| Dawn Lewis-Roberts    | X                   |             |
| Jeffrey Jhang         | X                   |             |
| Tevra Francis         | X                   |             |

**www.apheresis.org**

VIVIAN AND SEYMOUR MILSTEIN FAMILY HEART CENTER
## REGIONAL PROGRAM

### PROGRAM

#### MORNING SESSION

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:00am – 8:00am</td>
<td>Exhibitor Setup</td>
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<tr>
<td>7:00am – 8:00am</td>
<td>Breakfast and Registration</td>
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<tr>
<td>8:00am – 8:05am</td>
<td><strong>WELCOME REMARKS FROM THE DEPARTMENT OF PATHOLOGY &amp; CELL BIOLOGY</strong></td>
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<tr>
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<td>Speaker: Steven Spitalnik, MD</td>
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<tr>
<td>8:05am – 8:10am</td>
<td><strong>WELCOME REMARKS FROM ASFA</strong></td>
</tr>
<tr>
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<td>Speaker: Joseph Schwartz, MD, MPH</td>
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### Session 1

**MODERATOR:** Joseph Schwartz, MD, MPH

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<thead>
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<tr>
<td>8:10am – 9:00am</td>
<td><strong>KEYNOTE LECTURE: EVIDENCE AND DECISION MAKING IN APHERESIS MEDICINE</strong></td>
</tr>
<tr>
<td></td>
<td>Speaker: Robert Weinstein, MD</td>
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<tr>
<td>9:00am – 9:30am</td>
<td><strong>GRAFT COMPOSITION OF PERIPHERAL BLOOD STEM CELL COLLECTIONS FOR ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANTATION: IS IT MORE THAN JUST THE CD34+ CELLS?</strong></td>
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<tr>
<td></td>
<td>Speaker: Ran Reshef, MD</td>
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<tr>
<td>9:30am – 10:00am</td>
<td><strong>HEMATOPOIETIC STEM CELL TRANSPLANTATION FOR SICKLE CELL DISEASE</strong></td>
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<tr>
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<td>Speaker: Monica Bhatia, MD</td>
</tr>
<tr>
<td>10:00am – 10:30am</td>
<td>Break</td>
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### Session 2

**MODERATOR:** Yvette Tanhehco, MD, PhD, MS

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<tbody>
<tr>
<td>10:30am – 11:00am</td>
<td><strong>OPTIMIZING PERIPHERAL BLOOD STEM CELL COLLECTIONS USING THE SPECTRA OPTIA</strong></td>
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<td>Speaker: Anand Padmanabhan, MD, PhD, QIA</td>
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<tr>
<td>11:00am – 11:30am</td>
<td><strong>LEUKOPHERESIS FOR ENGINEERED T CELL THERAPY</strong></td>
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<tr>
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<td>Speaker: Una O’Doherty, MD, PhD</td>
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<tr>
<td>11:30am – 12:00pm</td>
<td><strong>INDIVIDUALIZATION OF EXTRACORPOREAL PHOTOPHERESIS</strong></td>
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<tr>
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<td>Speaker: Volker Witt, MD</td>
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<tr>
<td>12:00pm – 1:00pm</td>
<td>Lunch</td>
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</table>
### Afternoon Session

#### Round Table Discussion

**Moderators:** Jeffrey Jhang, MD & Vishesh Chhibber, MD

- **Vascular Access Complications:** Peter R. Bream, Jr, MD, FSIR
- **Citrate Toxicity:** Rose Shaw, RN
- **ECP with Citrate:** Volker Witt, MD
- **Pediatric Considerations in ECP:** Angelina Bonzon-Adelson, RN, BSN, HP(ASCP)
- **Quality Management in Apheresis:** Tracey Schonfeld, RN
- **Training and Competency in Apheresis:** Tamarah Kent, RN, BSN
- **LDL Apheresis:** Abigail Scheuer, RN, MS, FNP
- **Donor Apheresis:** Eric Senaldi, MD
- **Pediatric RBC Exchange:** Alicia Garcia, RN, HP (ASCP)
- **How to Get Involved with ASFA:** Laura Collins, RN, BSN, HP(ASCP)

### Session 3

**Moderator:** Joseph Schwartz, MD, MPH

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
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<tbody>
<tr>
<td>2:00pm – 2:30pm</td>
<td><strong>Central Venous Access for Apheresis Patients</strong></td>
<td>Peter R. Bream, Jr, MD, FSIR</td>
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<tr>
<td>2:30pm – 3:00pm</td>
<td><strong>Controversies in the Use of Therapeutic Plasma Exchange for Thrombotic Microangiopathies</strong></td>
<td>Andrew Eisenberger, MD</td>
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<tr>
<td>3:00pm – 3:30pm</td>
<td><strong>Heparin Induced Thrombocytopenia: Is There a Role for Plasma Exchange?</strong></td>
<td>Bruce Sachais, MD, PhD, QIA</td>
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<tr>
<td>3:30pm – 4:00pm</td>
<td>Break</td>
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### Session 4

**Moderator:** Yvette Tanhehco, MD, PhD, MS

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<tr>
<th>Time</th>
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<th>Speaker</th>
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<tbody>
<tr>
<td>4:00pm – 4:30pm</td>
<td><strong>Plasma Exchange for Kidney Disease: A Nephrologist’s Perspective</strong></td>
<td>Andrew Bomback, MD, MPH</td>
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<tr>
<td>4:30pm – 5:00pm</td>
<td><strong>Alzheimer’s Disease: Evaluation of a Potential Role for Therapeutic Plasma Exchange</strong></td>
<td>Anand Padmanabhan, MD, PhD</td>
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<tr>
<td>5:00pm – 5:15pm</td>
<td><strong>Closing Remarks</strong></td>
<td>Joseph Schwartz, MD, MPH</td>
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<td>4:00pm – 5:00pm</td>
<td>Exhibitor Move-Out</td>
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SESSION DESCRIPTIONS

KEYNOTE LECTURE: EVIDENCE AND DECISION MAKING IN Apheresis Medicine
Robert Weinstein, MD

The field of apheresis medicine continues to grow, and new technologies continue to emerge for the application of apheresis to an expanding number of disorders. Apheresis practitioners need tools that help to decide whether and how to apply apheresis to the treatment of an individual patient. The ASFA Guidelines, with their fact sheets and Indication Categories, provide an excellent assessment of which disorders are indications for apheresis, where apheresis fits into the treatment scheme for these disorders, and the quality of the published evidence that underlies the recommendations. The McLeod Criteria (“plausible pathogenesis,” “better blood,” “perkier patients”) provide a system for taking stock of the available data related to apheresis as treatment for a given disorder and of the plausibility of achieving a benefit with apheresis. The Corollary Considerations (potential reversibility with apheresis, ineffectiveness of first-line therapy, established goals for a therapeutic trial) provide a framework for incorporating clinical judgment into decision making when dealing with a disorder not reviewed in the Guidelines, and for formulating a specific, defined therapeutic trial. Equipped with these tools, we can take stock of how published evidence relates to our own knowledge, and temper them with an individualized judgment as to the correct course of action for our patient’s needs and preferences, thereby reaching rational decisions in our practice of apheresis medicine.

GRAFT COMPOSITION OF PERIPHERAL BLOOD STEM CELL COLLECTIONS FOR ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANTATION: IS IT MORE THAN JUST THE CD34+ CELLS?
Ran Reshef, MD

Mobilized peripheral blood stem cells (PBSC) are the predominant graft source for allogeneic hematopoietic stem-cell transplantation in adults, accounting for 80-90% of transplants. Disease relapse and graft-versus-host disease (GvHD) remain frequent reasons for failure and poor outcome of allogeneic transplants and identifying modifiable factors that could improve outcomes is a critical goal. Previous studies of graft composition have shown that the CD34 cell dose in PBSC grafts correlates with engraftment, relapse, GvHD and survival but these results have not been consistent across studies. More recently, the composition of immune cells in PBSC grafts has been investigated by several groups, highlighting the potential impact of T-cells and their subsets, monocytes, dendritic cells and NK cells, on transplant outcomes. Moreover, new mobilization agents, aphaeresis techniques and graft manipulation may affect the graft composition, thereby impacting the success of allogeneic transplants.

In this presentation we will review the data on PBSC graft composition in allogeneic transplants and suggest ways to generate an “ideal graft”.

HEMATOPOIETIC STEM CELL TRANSPLANTATION FOR SICKLE CELL DISEASE
Monica Bhatia, MD

Sickle Cell Disease (SCD) is an autosomal recessive condition with variable manifestations ranging from pain crises to stroke. Supportive care has led to considerable improvements in the morbidity and mortality associated from this disease, but to date the only curative therapy remains hematopoietic cell transplantation (HCT). Cure rates of HCT in children with SCD in those with sibling donors approaches 95%; however, only 14-18% of eligible patients have sibling donors. Additionally, most HCT to date have been with myeloablative conditioning regimens which are fraught with long term complications such as infertility, organ dysfunction and chronic graft versus host disease. Current treatments are exploring alternative donor transplants and lower intensity conditioning regimens in order to expand this curative potential to adult patients as well as those without sibling donors.

OPTIMIZING PERIPHERAL BLOOD STEM CELL COLLECTIONS USING THE SPECTRA OPTIA
Anand Padmanabhan, MD, PhD, QIA

Peripheral blood is the most frequent source of stem and progenitor cell (HPC) collections for hematopoietic stem cell transplantation (HSCT). Devices such as the COBE Spectra, Spectra Optia (TerumoBCT) and Amicus (Fresenius-Kabi) are commonly used to collect HSCTs. Safe and efficient collection of HPCs by apheresis can be facilitated by...
optimizing collections based upon individual patient/donor levels of stem cell mobilization. Such strategies can impact duration of collection, fluid volume given to the patient and associated adverse events. The speaker will describe the development of protocols at his institution to optimize HPC collections and will discuss impact of these interventions on adult and pediatric collections from allogeneic and autologous patients/donors.

LEUKOPHERESIS FOR ENGINEERED T CELL THERAPY

Una O’Doherty, MD, PhD

Dr. O’Doherty will provide background behind the science of CAR T engineering and the practical implications for the apheresis as it relates to the use of CAR-T cells. CAR-T cells were originally designed to treat CD19+ B cell lymphomas, but the potential to treat many cancers and viral infections make this a new growing field for apheresis centers.

INDIVIDUALIZATION OF EXTRACORPOREAL PHOTOPHERESIS

Volker Witt, MD

Extracorporeal photopheresis (ECP) is meanwhile an accepted second line treatment for acute and chronic graft versus host disease (GVHD). The response rate is depending on the grade and the localization of the GVHD (skin better than liver, than gut). Since 2 decades it was constantly shown by many groups with different methods for ECP (inline, offline, MINI), that the response to ECP is a clear factor for a better overall survival. Thousands of procedures were performed worldwide with nearly no or rare side effects, especially no worsening of the immunosuppression of the patients leading to a reduced probability for life threatening infectious complications in the course of GVHD.

Worldwide there are mainly two different methods available the so called inline method –one device for the whole procedure - and the offline method, where the procedure is divided to different devices. Since now there are no prospective randomized trials comparing these two methods, but the published reports show comparable results.

In special circumstances such as in very small children (< 20 kg bw), critically ill patients, patients with insufficient venous access, first in Europe a third method was established, the so called MINI ECP. This takes instead of a MNC product from leukapheresis whole blood (10 ml/kg bw at maximum 400 ml). This potpourri of methods enables us to choose the best method for the situation the patient has to deal with. From the regular body standpoint of view there are major differences. The inline ECP is in most countries only regulated by medical product regulations, the offline and MINI ECP are more sophisticated regulated by tissue and blood directives.

CENTRAL VENOUS ACCESS FOR APHERESIS PATIENTS

Peter R. Bream, Jr, MD, FSIR

Long term central venous access is a challenge that faces many clinicians. There are imperfect solutions for the establishment and maintenance of central venous access, but the Sickle Cell population presents a specific hardship. This is because of a need for intermittent high flow venous access for pheresis procedures. Solutions that leave the catheter exposed such as a cuffed, tunneled catheter have a very high infection rate, and repeat access leads to loss of access sites. Furthermore, lack of adherence to established guidelines leads to central venous stenosis and occlusion, which may result in delayed or impossible treatment. This talk will highlight some of the guidelines for central venous access, focusing on specifics such as choice of access site, choice of access device, and tip location, and how important these concepts are for the treatment of patients who require long term central venous access. In instances where central venous access issues arise, I will demonstrate endovascular options for preserving access for treatment of these patients.

CONTROVERSIES IN THE USE OF THERAPEUTIC PLASMA EXCHANGE FOR THROMBOTIC MICROANGIOPATHIES

Andrew Eisenberger, MD

Therapeutic plasma exchange (TPE) is well-established as the standard treatment for classic antibody-mediated thrombotic thrombocytopenic purpura (TTP). Nonetheless, there is lack of agreement about aspects of management of TTP, as well as the management of other forms of thrombotic microangiopathy (TMA). This session will explore unresolved issues in the use of TPE in the treatment of classic TTP, medication-induced TTP and atypical hemolytic uremic syndrome.
HEPARIN INDUCED THROMBOCYTOPENIA: IS THERE A ROLE FOR PLASMA EXCHANGE?
Bruce Sachais, MD, PhD, QIA

Heparin induced thrombocytopenia (HIT) is an iatrogenic condition which results in thrombocytopenia from exposure to the blood thinner heparin and puts patients at risk for serious thromboses. The disorder arises when patients develop antibodies to complexes of heparin and platelet factor 4 (PF4). This talk will review the pathophysiology of HIT, how HIT is diagnosed and the standard ways that HIT is treated. It will then explore how therapeutic plasma exchange (TPE) has been use for several subsets of patients with HIT and discuss what role TPE may play in these patients.

PLASMA EXCHANGE FOR KIDNEY DISEASE: A NEPHROLOGIST’S PERSPECTIVE
Andrew Bomback, MD, MPH

 Plasma exchange is an important adjuvant therapy in a variety of kidney-associated diseases. Often coupled with immunosuppressive therapy, plasma exchange can expedite removal of pathogenic antibodies to yield both better and faster rates of renal response across a variety of conditions. The six leading indications for using plasma exchange in kidney diseases are thrombotic microangiopathies, kidney transplantation (including desensitization protocols and treatment of antibody mediated rejection), ANCA-associated vasculitis, anti-GBM disease, cryoglobulinemic glomerulonephritis, and recurrent focal segmental glomerulosclerosis in the kidney allograft.

ALZHEIMER’S DISEASE: EVALUATION OF A POTENTIAL ROLE FOR THERAPEUTIC PLASMA EXCHANGE
Speaker: Anand Padmanabhan, MD, PhD

Alzheimer’s disease is the leading cause of dementia and a major cause of morbidity and mortality in older individuals. It is a neurodegenerative disease characterized by progressive cognitive deficits and psychiatric symptoms. The accumulation of extraneuronal β-amyloid in the form of plaques and intracellular accumulation of phosphorylated tau constitute the key features of this disorder. The mainstays of current treatment are acetylcholinesterase inhibitors and N-Methyl-D-Aspartate (NMDA) receptor antagonists, however, these treatments do not significantly alter disease course. Recent studies have spurred interest in the role of therapeutic plasma exchange (with albumin replacement) in Alzheimer’s treatment. This session will discuss the rationale of using TPE in this disease and present results of studies performed in this area.
ASFA MEMBERSHIP

ASFA membership is available to all professionals who are actively involved in apheresis medicine. As a member of ASFA, you are part of a network of professionals in the field of apheresis. ASFA members are encouraged to actively participate in the leadership of the Society by joining ASFA Committees that are working to advance apheresis-related education, research, and advocacy initiatives.

MEMBERSHIP TYPES:

E-Membership (with Electronic Subscription to the Journal of Clinical Apheresis)

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<td>Allied Health Professional/Physician in Training Membership</td>
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<th>Outside North America</th>
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<td>Physician/PhD Membership</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Corporate Supplier Employee Membership</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Allied Health Professional/Physician in Training Membership</td>
<td>$80 USD/year</td>
<td>$80 USD/year</td>
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</table>

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