Monday night the ISTH 2013 President’s Dinner took place in the Maritime Museum in Amsterdam. Invited guests, including ISTH council, members of the SSC, active ISTH committee members, plenary speakers, and ISTH 2013 laureates attended an elegant dinner inspired by Mondriaan at the spectacular museum in an environment that reflects on the nautical history of the Netherlands in the 17th century. During the evening Congress president Frits Rosendaal and SSC chair- man David Lillicrap handed the Harold Roberts Medal to Dr. Gerhard Johnson from Minneapolis (USA), past chairman of the SSC, and well known for a long and fruitful career as a physician and scientist in the field of Thrombosis and Haemostasis and as an altruistic contributor to the ISTH. Furthermore the Biennial Awards for Contributions to Hemostasis (BACH) awards were presented to four winners of the Distinguished Career Award and four winners of the Investigator Recognition Award for (for more details on the prize winners see the issue of this ISTH2013 News tomorrow).
SPECTACULAR ISTH SOCCER MATCH NETHERLANDS AGAINST REST OF THE WORLD

The almost traditional ISTH Congress soccer match between the host country and the rest of the world was played Saturday night at the Olympic Stadium ( Johan Cruyff in Amsterdam). The Dutch team had a strong start and dominated the first half and took the lead twice after straight goals. However, the rest of the world team (with some pinches of UK players) came strongly and the Netherlands needed to defend. Eventually, Ivan Peak decided to hand the Ian Peak ISTH Soccer Cup to the Dutch team because they had suffered from a keeper that was a bit less in shape than in the previous national cup.

Tips & Funny facts about the Dutch

Great time to be here. If you meet a Dutch person, you always have to ask if there is coffee for you before you go and have a drink. Coffee is the national drink of the Netherlands.

Discussing the weather

Dutch people love to discuss the weather. Want to be in a friendly chat with your Dutch colleague? Let them talk about the weather for a while. It’s a national hobby and a great topic of discussion.

Dutch names that sound ridiculous in English

The irony of these Dutch names is not lost on the Dutch in translation…

“Jarno, I would like to introduce you to Harm!” “And how is Mr. Fokker?”

Better yet, “Taco, I would like to introduce you to Harm!” “And how is Mr. Fokker?”

When you walk into a shop, it’s customary to greet the shop person with a simple “Hei” or “Hey” (or “Hallo”).

Discussing the weather

If you meet a Dutch person, you always have to ask if there is coffee for you before you go and have a drink. Coffee is the national drink of the Netherlands.

What changes, what stays the same?

Dr. Alexander T. Cohen, London, UK

The relationship between the protein C system and severe sepsis and septic shock will be discussed. The major empirical benefit is a decrease in mortality and in the need for extracorporeal membrane oxygenation.

Professor Jeffrey I. Weitz, Hamilton, Canada

The novel oral anticoagulants (NOACs) are emerging as a new class of anticoagulants. They are attractive because of their simplicity of use and the absence of a need to measure the anticoagulant effect.

The anticoagulant activity of the protein C system is well-studied. Protein C, which circulates in plasma, is converted to activated protein C (APC) on the endothelial surface, where it exerts its anticoagulant activity. Its physiological relevance is clearly demonstrated by the increased risk for severe thrombotic events in patients with protein C- or S deficiency and patients with APC resistance (Heterozygous APC Resistance). However, the role of APC in patients with severe sepsis and septic shock remains unclear.

The mechanisms underlying the anticoagulant and cytoprotective effects of APC are incompletely understood and may involve various aspects of the inflammatory response.

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Professor Peter Verhamme, Leuven, Belgium

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The ISTH is pleased to announce the launch of its eLearning platform to deliver educational content to its members and interested scientists and physicians worldwide. The new online portal will act as a single, unified repository for self-paced courses, live and recorded webinars, recorded conferences, and poster sessions which will be available to both members and non-members.

The new, engaging eS album will launch in the second half of 2013 with the first two self-paced courses modules (The Coagulation System, Venous Thrombosis) of a four-module, 12-month offer offering interactive self-paced courses and webcasts. (Diagnosis of VT, Treatment of VT, Antithrombotic drugs, Prevention of VT, Laboratory tests in hemostasis)

UPCOMING EDUCATIONAL COURSE OPPORTUNITIES

In pursuit of our mission, the ISTH works with national societies as well as established experts around the world to offer educational courses tailored to the scientific, medical needs, cultures and learning styles of target participants. We focus primarily on developing countries.

The ISTH Academy eLearning initiative has been launched as a new platform that will also host self-directed ISTH webinars. As with all ISTH meeting webcasts (from SSC 2012 in Liverpool, ISTH 2011 in Kyoto and others) the webinar link. Congress attendees will be emailed their login credentials. Webcasts can be downloaded or streamed on your computer. Be sure to take advantage of this feature.

ISTH LAUNCHES ONLINE eLEARNING PLATFORM

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Development of the new online portal is under way and includes many benefits for members looking to learn online. Members can expect an interactive and easy-to-use experience tailored to help them meet their personal learning goals. The online portal allows many researchers and physicians the option of completing activities and assignments on-the-go from any mobile device or laptop, anytime – day or night.

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Research shows that platform offers great benefits to students, scientists and researchers around the world. The platform was built to be easy to use and to help students and researchers achieve their learning goals.

The platform also allows members to earn continuing education credits and to share their progress with others in their network.

The platform is available in English, French, German, Italian, Japanese, Portuguese, Russian and Spanish.

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**ISTH ANNOUNCES PLANS TO ESTABLISH AN ANNUAL WORLD THROMBOSIS DAY**

Thrombosis is a leading cause of death around the world. Yet, this fact is not widely known. Most people have little or no understanding about the causes and effects of thrombosis, and how it can be prevented. Regrettably, even among medical professionals there are significant gaps in awareness and knowledge that need to be addressed. A study commissioned by the ISTH Congress scientific steering committee, chaired by Gary Raskob, Ph.D., Dean of the College of Public Health, University of Oklahoma, USA, the World Thrombosis Day will focus on increasing the awareness of thrombosis among the general public, medical professionals and policy makers.

World Thrombosis Day will provide the opportunity for multiple stakeholders around the world to come together in a coordinated effort to reduce the burden of disease through the promotion of research, communication, action, education and evaluation.

The ISTH will announce the exact date as well as the activities surrounding the day later this year.

For more information, please contact the ISTH at info@isth.org.

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**THE HERO INITIATIVE - GIVING HAEMOPHILIA A VOICE**

**HERO (Haemophilia Experience, Results and Opportunities)** is an international initiative led by the ISTH International Advisory Board. HERO seeks to strengthen the evidence base for psychosocial problems of people with haemophilia by giving haemophilia a voice. At the heart of the HERO Initiative is the multinational, multi-method HERO study aiming to build a comprehensive understanding of life with haemophilia.

There has been limited research assessing the non-clinical aspects of quality of life for people with haemophilia and their families. Compared to 2012, the HERO study surveyed 1,386 people in 11 countries, making it the largest ever multinational, multi-method psychosocial study. The study comprises: (1) an extensive literature review to assess the existing body of literature and knowledge gaps in knowledge; (2) Qualitative research among people living with haemophilia and parents and healthcare professionals from 11 countries; (3) Quantitative research among 1236 people with haemophilia and parents from 10 countries. This insight into the challenges facing people living with haemophilia in haemophilia care, their families and their healthcare professionals from 11 countries. The study found gaps in awareness and knowledge about haemophilia care, knowledge of the disease, and the evidence base for psychosocial aspects.

The HERO International Advisory Board plays a leading role in increasing awareness and stimulating discussion in the medical community about how to better address the psychosocial aspects related to living with haemophilia. The board is a multicultural group of specialists comprising physicians, people with haemophilia, caregivers, nurses, psychologists and physiotherapists. The role of the board is to guide the HERO study research, to challenge the process, and to promote the results. The project is supported by an unrestricted grant from Novo Nordisk. During the ISTH congress several e-poster presentations will report on the HERO study.

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**WHAT TO DO AND SEE IN AMSTERDAM-TOURISM TIPS**

Get on your bike!
Cycling is an increasingly popular way to get around Amsterdam. Bicycles have long been part of a thriving cycling community in the Netherlands. They played a vital role in the early 20th century campaign to secure women the vote and the 1960s happenings of the Provo art group, when artists used them as a Socialistic symbol. So, get on your bike, show yourself off a sparkly bikini. Bear in mind some golden rules: Never cycle next to your front, put your lights on at night and lock your bike up.

There are plenty of places to hire them such as: Mobi-cycle (Central Station) / Open daily (09:00-17:30) / www.mobicycle.nl

Pluto’s with the locak
For the post card, head to the Van Gogh Museum, the largest green space in Amsterdam, the park is named after our beloved post painter Van Gogh (1853-1890). The park is something of a cultural hub and in summertime people gather to smoke, drink and be heard.

(don’t forget) Main entrance Czastrades (Hogeslaukade) / Open daily

Let yourself be carried away by the story of Amsterdam
Now in the Amsterdam Museum. A 1000-year-old walk-through where spirit of enterprise, creativity, civic values and freedom are that cross most. Amsterdam, DNA shows and tells in less than an hour the story based on these civic values.

Citizens caring for the less fortunate, ships sailing to Asia and America, freedom of speech and of religion in the 17th century, the EYE Film Institute, the Vondelpark, the EYE Film Institute, the Vondelpark, the Amsterdam Museum, the Central Station, the Central Station, the movie industry

The EYE is more a temple of cinema, than a museum or cinémathèque. Four cinemas are constantly playing classic films. Because, there is a lot to see and to discover, and even the permanent exhibitions here are constantly changing. The EYE is more a temple of cinema, than a museum or cinémathèque. Four cinemas are constantly playing classic films. Because, there is a lot to see and to discover, and even the permanent exhibitions are constantly changing. The Vondelpark for the perfect picnic, head to the Vondelpark. The largest green space in Amsterdam, the park is named after our beloved post painter Van Gogh (1853-1890). The park is something of a cultural hub and in summertime people gather to smoke, drink and be heard.

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**PIER M MANNUCCI AWARDS**

The Mannucci Prizes are awarded in honor of Pier M. Mannucci, the first Editor-in-Chief of the Journal of Thrombosis and Haemostasis (JTH), for the best articles by investigators younger than 35 years of age. The prizes are made possible by a generous contribution from Bayer HealthCare and recipients are selected by a jury of editors.

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**THEODORE LEVITT**

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Distinguished Program Chair: SAMUEL Z. GOLDBENDER, MD
Pahouse, Harvard Medical School and President, North American Thrombosis Forum
JOIN US FOR A MILESTONE, SCIENCE-TO-STRATEGY CME SUMMIT

New Frontiers and Emerging Therapeutic Paradigms for Comprehensive Management of THROMBOSIS

The Role of Oral Factor Xa Inhibition for Thromboprophylaxis and Treatment Against the Arterio-Venous Continuum: Focus on VTE and SPAF

Examining the Evidence to Optimise Anticoagulation for Thrombotic Red and Blue States: Stroke Prevention in AF and DVT/PE Treatment

Save the Date: Tuesday, July 2, 2013 — CME Dinner Symposium
Registration and Dinner: 18:00 (6:00 PM) | Scientific Program: 18:30 hrs – 20:00 hrs (6:30 PM – 8:00 PM)
City: Amsterdam, The Netherlands  |  Location: Amsterdam RAI Convention Centre  |  Conference Room: Forum

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Join us in the Baxter Booth #100 to celebrate the US FDA approval of RUXIBUS on Tuesday, July 2 from 6:00 PM – 10:00 PM.

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NEW
RUXIBUS
[COAGULATION FACTOR IX (REBEMINANT)]

Join us in the Baxter Booth #100 to celebrate the US FDA approval of RUXIBUS on Tuesday, July 2 from 6:00 PM – 10:00 PM.

*Not yet licensed in the EU
US Prescribing Information is available at the booth.
Praise the important and generous support of Bayer Healthcare for the ISTH Reach the World Fellowship Program. Bayer's partnership for three fellowships in 2013 symbolizes the commitment of the company to not only support the ISTH and its global mission, but particularly highlights Bayer's pledge to foster training and education in developing countries.

To learn more about the ISTH Reach the World Fellowship Program, please visit: https://www.isth.org/page/74431.

Applications for the program are accepted January 1 and June 1 of each year.

### HOW LONG SHOULD WE TREAT VENOUS THROMBOSIS AND PULMONARY EMBOLISM?

Patients with venous thromboembolism (VTE) are at considerable risk of long-term recurrence. This risk of recurrence varies according to the presence and type of major provoking factors and is generally expected to be low if the event was associated with transient risk factors. If the event was apparently unprovoked, the risk and very high if the event occurred in association with cancer. Based on this risk categorisation, current guidelines recommend to administer anticoagulant treatment for the secondary prevention of a first episode of VTE for 3 months to all patients, and to extend this treatment indefinitely in patients with cancer and in patients with unprovoked VTE and a low to moderate bleeding risk. Professor Walter Walenga from the University of Liége is one of the experts in the field of duration of anticoagulant treatment. In his state of the art lecture on Tuesday the 2nd of July, he will focus on current evidence from randomised controlled trials comparing different durations of oral anticoagulant treatment following VTE. The American College of Chest Physiologists (ACCP) guidelines have proposed a specific risk score aimed at categorising patients into low risk groups, low, moderate and high. This risk score, as well as other stratification models proposed for patients with idiopathic dysproteinemia, is potentially useful, but its predictive accuracy may vary among different patient populations. Professor Ageno will subsequently discuss these currently available strategies to stratify patient risk and to identify the few patients who can safely stop anticoagulation after an initial treatment course. Because this risk stratification was used in all randomised controlled trials aimed to assess the optimal duration of oral anticoagulant treatment following VTE, current practice guidelines base their recommendations on the presence or absence of major risk factors. In the American College of Chest Physiologists (ACCP) guidelines, patients are classified in three groups: patients with a transient risk factor, patients with cancer, and patients with unprovoked VTE. Anticoagulant therapy with vitamin K antagonists (VKA) is therefore recommended for three months when IDNT or PE are secondary to a transient risk factor and indefinitely in the presence of active cancer. In case of unprovoked VTE, the guidelines recommend treatment with VKA for at least three months and, subsequently, they recommend an evaluation of the risk-benefit ratio for long-term therapy in every patient, with a preference to give indefinite anticoagulation in patients with a good quality of anticoagulation monitoring and without bleeding risk factors. Taken together, the results of these studies suggest that extended, indefinite anticoagulation may be warranted for some patients with unprovoked VTE.

This stage, based on available guidelines, physicians in charge of patients with unprovoked VTE are therefore faced with a persisting dilemma: either to continue a number of VTE recurrences after discontinuing anticoagulant treatment or to accept the long term risks and inconvenience of indefinite anticoagulation. The lecture by Professor Ageno provides useful information on coping with this dilemma.
Thrombosis and Haemostasis LITH, timely information regarding thrombotic and bleeding disorders, targeted educational programs, discounted rates, networking opportunities and access to e-learning platforms.

Why do thousands of clinicians, researchers, educators and allied health professionals choose to be part of ISTH? Because no other organization offers:

- Brings together world-leading experts in the field of bleeding and clotting.
- Provides access to an ever growing body of knowledge, education in the fields of thrombosis and haemostasis.
- Provides numerous opportunities to connect, engage and collaborate with thought leaders and innovators in the field.

Learn more about membership in the ISTH onsite at the congress at booth 500 or online at www.isth.org.

For more detailed information please consult the EMEA product information.

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For people with congenital haemophilia with inhibitors...

NovoSeven® responds with speed to control their bleeds1-4

NovoSeven®, the first and only recombinant bypassing agent, resolves bleeds rapidly and effectively1–4

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Acquired Haemophilia: Early intervention has been shown to be efficacious in the treatment of mild to moderate haemorrhage. Dosing frequency should initially be every second hour until healing has occurred. The dose should be repeated after 2 hours and then increased every 4, 6, 8 or 12 hours for as long as treatment is judged as being indicated. A major bleeding episode may be treated for 2 - 3 weeks but can be extended beyond this if clinically required. The following dose varies according to the type and severity of the haemorrhage. Dosing frequency should initially be every second hour until the haemorrhage has stopped. The dose should be repeated after 2 hours and then increased every 4, 6, 8 or 12 hours for as long as treatment is judged as being indicated. A major bleeding episode may be treated for 2 - 3 weeks but can be extended beyond this if clinically required. The following dose varies according to the type and severity of the haemorrhage.

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Dr Wagner received her Diploma of Biochemistry from the University of Geneva, Switzerland and a Ph.D. in Biology from the Massachusetts Institute of Technology. She served on the faculty at the University of Rochester, NY and Tufts University School of Medicine, Boston, MA before coming to The Immune Disease Institute and Harvard Medical School in 1994. Her laboratory, the Wagner lab, is interested in the rapid response of leukocytes, platelets and endothelial cells to vascular injury. Previously, her lab has shown that endothelial cells store the adhesion proteins von Willebrand factor and P-selectin in storage granules called Weibel-Palade bodies. Recently the Wagner lab has discovered that under stress of infection inflammation, neutrophils egress their nuclear contents forming a web-like structure. This is called neutrophil extracellular traps (NETs). NETs can act like a scaffold for thrombosis, catching, activating and amassing platelets. These webs, formed by DNA, histones and neutrophil granule constituents, are implicated in antimicrobial defence as NETs are present in blood under septic conditions. In vitro studies, NETs were shown to be pro-thrombotic and procoagulant. Histones have also been linked to stimulation of platelet aggregation. Platelet-NET interactions could be mediated by adhesion molecules, such as von Willebrand factor, fibrinogen or fibronectin. These molecules bind to NET’s presumably because of their affinity for histones or DNA. Activation of platelets by NETs might be triggered by histones or neutrophil proteases in NETs. NETs are produced by the enzyme PAD4. PAD4, which is also called PAD4 in humans, is a necessary enzyme involved in multiple disorders. On the one hand, it plays an integral role in the body’s defense system: it is necessary in the production of the protective, bacteria-killing NET. On the other hand, PAD4 plays a critical role in the formation of a blood clot. The research group states that patients prone to deep-vein thrombosis might benefit from drugs that target the PAD4 enzyme. In future research, they say, specific drug therapies could be developed and tested with the goal of targeting this enzyme.

With this exciting news Dr Denisa Wagner’s plenary lecture is promising to provide us with a deeper insight into this research.

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References: