Initiated in 1982, the BACH Awards recognize individuals who have made significant contributions to research and education in blood coagulation. The awards are presented in two categories:

- The Investigator Recognition Awards recognize ISTH members whose accomplishments are internationally regarded as exemplary models of excellence in research and teaching.
- The Distinguished Career Awards recognize ISTH members whose career contributions have significantly advanced the scientific community’s understanding of the diseases and disorders affecting hemostasis.

2013 Awards

**Distinguished Career**

- Lawrence Brass, MD, PhD
- Philip G de Groot, PhD
- Marcel Levi, MD, PhD
- Peter Newman, PhD
- Zaverio Ruggeri, MD

**Investigator Recognition**

- Wolfgang Bergmeier, MD
- Christian Gachet, MD
- Joseph Italiano, PhD
- Bernhard Nieswandt, PhD
- Thomas Renné, MD, PhD

**Tweet of the day**

Jane Skov @JaneSkov1
Impressive plenary talk by Denise Wagner at #ISTH2013 including amazing pictures of neutrophils casting their NETs.

**Recipients of the biennial awards for contributions to hemostasis (BACH)**

At this edition of the ISTH congress paperless conferencing has really taken off. Paper posters have completely been replaced by electronic poster boards, facilitating a more attractive visualization of research results and enabling video animation and interactive features on posters. During the manned poster sessions congress attendees can discuss posters on the 74 poster boards while having a drink and some snacks. Director of innovation of the ISTH 2013 congress Tilman Hackeng is very satisfied with the overwhelming atmosphere in the central e-poster hall and says: “This is just what we expected. E-posters provide a platform for better interaction between the presenter and those who are interested in the poster. Also, people can see every poster any time during the congress, which is a great improvement compared to temporary paper display. Third time ISTH congress visitor Elena Salabeno from Italy agrees with him and adds: “These electronic poster presentations are fantastic. I had a large attendance when showing my poster and everybody was able to clearly see my graphs and photographs.”.

AMC Disclaimer: http://www.amc.nl/disclaimer
**WHAT TO DO AND SEE IN AMSTERDAM-TOURISM TIPS**

Eat a raw herring – you simply must try raw herring. We don’t want to hear any excuses. The best time to try one is between May and July when the new catch hits the stands. There’s a quality flatfish still on sale around this time. This fish is a bargain snack and makes for an authentic Dutch eating experience.

**Artistic tonic is a serene setting**

The Hermitage Amsterdam is the Dutch branch of the world famous Hermitage in St. Petersburg. Russia. Located on the banks of the Amstel River, Hermitage Amsterdam is a beautiful exhibition space and cultural education centre with a focus on Russian history and culture.

Hermitage Amsterdam (Amstel 3) | Open daily: 10:00-17:30 | www.hermitage.nl

Listen to the sounds of eating

Tonight, we’ve taken back in the 1930s and the arrival of jazz in the vibrant concert halls. America-born jazz vocalist and Grammy Award winner Kurt Elling follows in Frank Sinatra’s vocal steps with the Kurt Elling s(w)ings Frank Sinatra, emphasizing the swing. American-born jazz vocalist and Grammy Award winner Kurt Elling follows in Frank Sinatra’s vocal steps with the Kurt Elling s(w)ings Frank Sinatra, emphasizing the swing.

**Tips & Funny facts about the Dutch**

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Tilman. It is a pretty unusual first name. Only seven men and boys in the Netherlands are registered having “Tilman” as their official first name, according to the Dutch First Names Database of the Maastricht Institute. It is actually a Frisian name (Frisland) in a province in the Netherlands and, according to the always helpful Wikipedia website, the strain is derived from the Old Frisian word “tilman”, meaning good, fair or reliable. An appealing symbolic name to have when one is working in the field of biochemistry. It is also representative for the many contributions that the presenter of this lecture has made to the field of thrombosis and haemostasis. “The Ratnoff-MacFarlane plenary lecture”, named after Dr. Ratnoff and MacFarlane who are best known for their discovery of the coagulation cascade, will be given by professor Tilman Hackeng (Maastricht University, The Netherlands). It is exactly 20 years ago (1993) that he defended his PhD thesis entitled “The protein C pathway on endothelial cells” at the University of Utrecht. Therefore he left the Netherlands to continue his career in the USA, where he worked as a Postdoctoral Fellow and later as a Senior Research Scientist at the Scripps Research Institute in La Jolla, CA. In it he has used his love for synthetic protein chemistry started in 1988 to come back to the Netherlands on a Fellowship for the Royal Academy of Arts and Sciences to work as a research fellow at the Department of Biochemistry at the Maastricht University. In 2002 he received a prestigious mid-career grant from the Netherlands Organisation for Scientific Research (NWO). Currently, he is a head of the Department of Biochemistry where he studies the anticoagulant protein C protein (TFPI) pathways and applies total chemical protein synthesis to the development of peptide/protein-based contrast agents for imaging of cardiovascular disease. He is a board member of the Cardiovascular Research Institute Maastricht (CARIM), and president of the Netherlands Society on Thrombosis and Haemostasis.

Protein S, named after Seattle where it was first discovered, is a vitamin K-dependent protein that acts as a cofactor of the anticoagulant protein Activated Protein C (APC). However, protein S also exhibits anticoagulant activity in the absence of APC. In his lecture, Tilman will address what was originally described as “the APC independent activity of protein S” and which was later discovered to be a specific anticoagulant cofactor activity for Tissue Factor Pathway Inhibitor (TFPI) in the inhibition of factor Ka. After an historical perspective, the inhibition of extrinsic tenase complex as well as the role of platelet TF/TFPI protein S will be described. In addition the physiological importance of the TFPI/protein S anticoagulant pathway will be discussed.
In 2013 Frits Rosendaal and Pieter Reitsma took over the editorship of the Journal of Thrombosis and Haemostasis (JTH), the official scientific journal of the ISTH, following the successful editorial period of Mike Greaves and David Lane. We spoke with the new editors-in-chief about their view of JTH and their plans for the coming years.

What do you like most as Editors in Chief?

What is most interesting is the broad view of the field and the best impression that is happening at the forefront of thrombosis and haemostasis research that one gets. What is most rewarding is, the albeit email, contribution one can make to improve papers and the visibility of the (ISTH).

Why two editors rather than one?

We have seen how well a dual editorship worked with Mike Greaves and David Lane, and we believed we could improve on this concept even further, since we are in the same centre but from different disciplines each giving our own perspective.

Once a week, we discuss all submitted manuscripts which have previously been distributed along the lines of ‘clinical’ and ‘basic’ by our editorial assistants and decide which one to send to Associate Editors for further handling, and which ones to reject immediately.

What is the role of JTH in the ISTH?

The ISTH is the leading organisation in the field of thrombosis and haemostasis and the Journal is its voice. An important aspect is that in contrast to many other specialty journals, there is not a profession, like in, say, a journal of ophthalmics, but many. We serve not only basic scientists and clinicians, but any people working in fields quite different from thrombosis and haemostasis per se, such as haematology, vascular medicine, pediatrics, pneumology, obstetrics, etc. The impact of a journal is not just determined by its impact factor (which is now at 6.681), but also by the image of the journal as the voice of the ISTH. JTH is seen as a serious and authoritative journal, and we will do what we can to keep it that way and to make it even better.

What do you consider as the main tasks of the Editors in Chief and what changes do you envision for the future?

The editors’ task is simple and limited: try to get the best papers submitted to the Journal, and try to select the best for publication from those that are submitted. At the moment, we are also organizing the ISTH 2013 Congress, so we decided to postpone any major new initiatives till after that. Luckily, there is no immediate need for major changes either, and it is good to get accustomed to the job first.

The ISTH 2013 Congress features a free mobile app for attendees. The app conveniently provides iPhone/iPad, BlackBerry, Windows, Android and other smartphone and tablet owners with on-the-go access to the ISTH 2013’s most exciting, informational and Interactive features, such as program overviews, speaker and abstract information, general meeting and exhibitor information, venue and city maps. The Congress organizers are excited to provide this platform to attendees, and hope that all attendees will download it for themselves. The mobile app is now available via Apple and Google stores. Simply search “ISTH 2013” and download to today to begin using it right away!

On the afternoon of July 2, 2013 the winners of the Access to Insight initiative were celebrated. Sponsor Hasselstrom and members of the initiative’s Core Faculty expressed their belief that these initiatives will strongly benefit from their training and improve management of haemophilia and rare bleeding disorders patients returning to their home countries and institutes.

Novo Nordisk announced that an additional clinical research grant will be awarded from the next application cycle going forward. Ambitious healthcare professional providing care for haemophilia and rare bleeding disorder patients including nurses, physiotherapists, and psychologists will have the opportunity to receive funding of €70,000 – 140,000 for a 12-24 month research project focusing on patient outcomes, quality of life, and social impacts of haemophilia and rare bleeding disorders.

Further information about the initiative is available at access-to-insight.com
GENE THERAPY FOR HAEMOPHILIA: FINALLY ARRIVED?

Ever since Watson & Crick published their double-helix model in 1953, physicians and biomedical researchers have sought to harness the incredible power of DNA to cure disease. Yet, despite many years of research and development, the most widely used treatments for haemophilia have been bleeding prevention agents (a form of gene therapy) that are long acting and must be given on a regular basis to maintain a certain level of coagulation activity. However, securing EU funding has become increasingly competitive to the extent that it is virtually impossible to make a distinction between the top ranked consortia solely on the basis of objective criteria. Consequently, the current format of the EU funding programs falls short of achieving its goal of if only 1 to 2 consortia are selected for funding. In the long run, the introduction of a fully competitive EU research pipeline and EU/US collaborative models is needed that allows for more structural support in an EU-wide fashion similar to that in the NIH.

In today’s State of the Art lecture, Dr Thierry Spallanzani will provide a concise historical overview of some of the key studies that define the state of the art and discuss the different approaches that we can use to address the challenge of haemophilia. Those interested in the latest developments should certainly attend the lecture, because Dr Spallanzani will talk about the progress made in Europe to boost the performance of gene therapy vectors for haemophilia using novel synthetic biology and computational approaches. Using these ‘off the shelf’ approaches, his group has now generated some of the most robust vectors that are safe for gene therapy of haemophilia A and B.

With regard to your research, what challenges will you be facing in the future?

“One of the major challenges relates to the decreasing funds for biomedical research. In particular, I had previously obtained several EU grants in the context of the framework 5 and 7 programs. These past EU funding programs offer a unique opportunity for academic and industrial stakeholders in Europe to harness complementary expertise and work together towards a common objective with important translational implications. The present EU funding programs focus on very specific areas and do not cover a broad range of subjects. It is essential to maintain a competitive position globally. However, securing EU funding has become increasingly competitive to the extent that it is virtually impossible to make a distinction between the top ranked consortia solely on the basis of objective criteria. Consequently, the current format of the EU funding programs falls short of achieving its goal of if only 1 to 2 consortia are selected for funding. In the long run, the introduction of a fully competitive EU research pipeline and EU/US collaborative models is needed that allows for more structural support in an EU-wide fashion similar to that in the NIH.”

WOMEN’S ISSUES IN THROMBOSIS

Despite the clear differences between the sexes with respect to the occurrence of venous thromboembolism, many studies on antithrombotic diagnosis and treatment have focused on men. Therefore, several aspects of the diagnosis and therapeutics management of women with venous thrombosis are unclear. The time of risk of venous thrombosis is similar for men and women, but risk is higher during their fertile years, when they are exposed to reproduction, oral, estrogens, e.g. hormonal contraception and pregnancy. Professor Saetra Meldebo’s research has focused on these differences between men and women and in her State of the Art lecture on Wednesday the 4th of July, she will discuss specific women’s issues in venous thrombosis. Her lecture will emphasize many knowledge gaps regarding women and thrombosis that urgently need to be addressed. She will do so by discussing three specific clinical questions to relation to venous thromboembolism and female sex.

1. If yes, the contribution of hormone use to venous thrombosis. Oral contraceptives are a well-established risk factor for venous thrombosis; however, careful prescribing of safe preparations can reduce the risk of hormone-related venous thrombosis. Professor Meldebo will also address some uncertainties with respect to the risk of certain doses of progestagens and transformed hormone contraception.

2. Secondly, she will discuss the diagnosis, treatment and prevention of pregnancy-related venous thrombosis.

DFT and Harvard, in 2008, he joined the research faculties of the MGH Cardiovascular Research Center and the MGH Centre for Human Genetics Research. Dr Kathiresan’s research seeks to discover the gene responsible for inter-individual differences in the risk for cardiovascular disease (CVD) and particularly myocardial infarction (MI). Through genetic studies in populations, he and collaborators have discovered 65 genes related to the risk for hemostatic and 95 gene variants related to cardiovascular risk factors including blood cholesterol and triglycerides. By means of genetic studies in families, he has identified a gene responsible for extremely low levels of LDL cholesterol. He has identified gene variants that show some of raising LDL cholesterol may not lower the risk of disease. Finally, he has identified a panel of gene variants that can be used to assess future risk for MI. In tandem with these studies, he has published two highly-regarded publications, Journal of American College of Cardiology and New England Journal of Medicine. The State of the Art lecture by professor Kathiresan will address some genetic knowledge gaps in 2013 and is a must for every clinical training program in women with thrombosis.
The incidence of thrombotic disorders increases with age, and use of long-term anticoagulation has increased in elderly patients. Vitamin K antagonists (VKAs) are the only oral anticoagulants currently available for the long-term prevention of stroke in patients with atrial fibrillation, and the primary VKA is warfarin. However, although effective, warfarin is associated with various challenges to its use in routine clinical practice. There are several pharmacological and physiological factors that influence its therapeutic efficacy and safety, especially in the multimorbid geriatric population.

Regardless of the evidence that warfarin is effective, numerous studies have shown that it is underused in patients with atrial fibrillation, particularly in elderly patients. Risk of haemorrhage and erratic control are frequently cited reasons for physicians not prescribing anticoagulants to patients in this age group. And, as a result, states Dr Hylek, a leading anticoagulant authority, there is a pressing need for convenient new well-tolerated and effective oral anticoagulants that do not require frequent dose adjustment and routine coagulation monitoring.

Dr Hylek says: “Anticoagulation treatment has changed in the past years, as several promising new drugs have been approved, such as dabigatran, a direct thrombin inhibitor, and inhibitors of factor Xa such as rivaroxaban, apixaban, PRT064021, YM150 and DU-176b. These drugs have been shown to be at least as good as, if not better than, warfarin in the prevention of embolic stroke in patients with atrial fibrillation and treatment of venous thrombosis. These anticoagulants may offer benefits and increased convenience for elderly patients. No need for routine monitoring may be a beneficial consequence of the predictable pharmacology of new agents, but the ability to accurately measure a drug effect when needed would be highly desirable.”

Optimising anticoagulation in the elderly is still challenging, and new anticoagulant drugs have not been extensively studied in the multimorbid geriatric population. For example, the risk of falling and bleeding may be higher among elderly patients, which makes it difficult to balance the risks and benefits of anticoagulation. Cognitive decline could argue against anticoagulation, because the success of anticoagulation depends partly on the patient’s understanding of the risks and benefits of this medication and maintenance of INR within therapeutic range.

In summary, it cannot be denied that the new direct factor inhibitors anticoagulants offer pharmacokinetic characteristics of interest to patients and clinicians. However, there are enough unknowns at the present time to caution healthcare providers. Certainly, Dr Hylek could enlighten us all during her State-of-the-Art lecture on Wednesday.

NURSES FORUM AT THE ISTH CONGRESS

The Nursing programme at the ISTH was initiated at the XX ISTH conference in Sydney, Australia in 2005, to provide a unique forum for nurses internationally to share practice related knowledge pertaining to disorders of haemostasis in both paediatric and adult populations. To date, the ISTH and its congress organising committees recognise that nurses play a key role in the care of and in promoting adherence in patients with chronic disorders of haemostasis. Nurses are vital in their role to assess, educate, advocate, and optimise care for patients and are integrally involved in clinical research. On Saturday and Sunday preceding the ISTH 2013 congress the Nurses Forum presented a comprehensive programme of presentations focused on nursing activities in the area of thrombosis and haemostasis. There were several presentations focusing on practical aspects on clinical work in haemostasis and thrombosis, such as injections in small children, e-learning and telemedicine applications, treatment adherence, and family care. From all presentations it was clear that nurses are important members of the care team because of their direct involvement in information flow, and by virtue of their direct, one-on-one interactions with patients and their families. Interactions necessarily include the need to educate on the nature of the disease, choice of appropriate products used to treat, techniques for self-therapy, indications for acute treatment versus on-the-spot prophylaxis, availability of home care services, financial coverage for treatment and life planning (career selection, participation in sports, etc).

The programme very well illustrated the purpose of the ISTH Nurses Forum, i.e. to promote, support, and sustain sharing and adoption of, evidence-based practice; thereby facilitating knowledge translation to direct patient care. This will be provided globally through mentorship to nurses in their role to teach, coach, individualise, and intervene in applying evidence based practice to meet the unique needs of patients with disorders of haemostasis.

In addition, the Nurses Forum will support systematic evaluation and dissemination of practical and actionable standardised or targeted interventions for this unique patient population that is provided by nurses.

Form more information refer to: https://www.isth.org/?page=NursesBackground

Balancing the Dynamics of Anticoagulation

An innovative educational resource for healthcare professionals

www.CoagulationCenter.com