



2013

**President**

Janis L. Abkowitz, MD  
University of Washington  
Box 357710  
Seattle, WA 98195-0001  
phone 206-685-7877  
fax 206-543-3560  
janabk@u.washington.edu

**President-Elect**

Linda J. Burns, MD  
Division of Hematology, Oncology,  
and Transplantation  
420 Delaware Street, SE  
MMC 480/Room 14-154A Moos Tower  
Minneapolis, MN 55455-0341  
phone 612-624-8144  
fax 612-625-9988  
burns019@umn.edu

**Vice President**

David A. Williams, MD  
Chief, Division of Hematology/Oncology  
Children's Hospital Boston  
300 Longwood Avenue, Karp 8  
Boston, MA 02115  
phone 617-919-2697  
fax 617-730-0934  
dawilliams@childrens.harvard.edu

**Secretary**

Stephanie J. Lee, MD, MPH  
Fred Hutchinson Cancer Research Center  
1100 Fairview Avenue North, D5-290  
PO Box 19024  
Seattle, WA 98109  
phone 206-667-5160  
fax 206-667-1034  
sjlee@fhcrc.org

**Treasurer**

Richard A. Larson, MD  
University of Chicago  
5841 S. Maryland Avenue, MC-2115  
Chicago, IL 60637-1470  
phone 773-702-6783  
fax 773-702-3002  
rlarson@medicine.bsduchicago.edu

**Councillors**

Kenneth Anderson, MD  
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Martha L. Liggett, Esq.  
mliggett@hematology.org

May 21, 2013

National Heart, Lung, and Blood Institute  
31 Center Drive, Bldg. 31, Room 5A48  
Bethesda, MD 20892-2486

RE: *Managing Sickle Cell Disease: Expert Panel Report, 2013*

To Whom It May Concern:

The American Society of Hematology (ASH) appreciates the opportunity to provide comments on the National Heart, Lung, and Blood Institute's (NHLBI) updated draft *Managing Sickle Cell Disease: Expert Panel Report, 2013* (guidelines). ASH is the world's largest professional society concerned with the causes and treatment of blood and blood-related disorders, representing more than 14,000 members. Consequently, the Society includes hematologists who treat children and adults with Sickle Cell Disease (SCD) and researchers who seek ways to prevent, treat, and cure this disease.

ASH applauds the NHLBI on completing the updated draft of the guidelines using a systematic evidence-based review process and developing specific graded recommendations. The guidelines have the ability to significantly improve the treatment of patients with SCD; however, the Society would like to offer the following recommendations that it believes will strengthen this document and make it more comprehensive. ASH would also like to share some concerns that it believes should be addressed to ensure the highest quality of the final guidelines.

ASH commends the NHLBI for developing comprehensive guidelines on a disease that has a limited number of randomized controlled trials or large prospective cohort studies. ASH hopes that the NHLBI continues to strengthen its SCD research portfolio to ensure that future studies will result in high quality evidence and data, which will better inform the treatment of SCD.

ASH encourages NHLBI to solicit additional feedback on the updated guidelines from key medical specialty constituencies, who are at the epicenter of care for patients with SCD, including: cardiologists, pulmonologists, and neurologists. SCD is an extremely complex disease that requires multi-disciplinary care; it is imperative that these specialists have an opportunity to review the significantly revised document.

**Adjust Guideline Length to Ensure Utilization and Dissemination**

ASH recognizes the importance of widely disseminating the final guidelines to a variety of audiences in a range of formats. The current length of the document may be a barrier to its implementation. ASH agrees that it is important to include a comprehensive summary of the various guideline components in the narrative of the guideline, including a summary of the methodology, research needs, background, key questions, and summary of evidence. However, it is critical to also have a separate focused "executive" summary of the actual clinical recommendations. As previously stated in prior [comments](#), ASH

recommends distilling the clinical directives from the guidelines and developing tools and resources to assist health care providers, including primary care physicians, in translating the recommendations into practice.

Additionally, ASH recommends reducing the length of the actual narrative as there are several areas that can be consolidated. For example, the inclusion of United States Preventive Services Task Force recommendations is not necessary. A reference to these recommendations for the general care of patients would be adequate at the beginning of the health maintenance section. In addition, there is significant redundancy between some elements in the sections on health maintenance and chronic complications. Specifically, the sections on pulmonary arterial hypertension and kidney disease are largely redundant and could be either consolidated or shortened.

### **Include Additional Expert Consensus When Data Are Unavailable**

ASH recommends including additional expert consensus in areas where data is absent. Throughout the guideline when data are lacking, a statement is included that recommends a primary care physician to “consult sickle cell specialist...” ASH is concerned that primary care providers will not always have the ability to quickly access a sickle cell expert. The supporting text should provide the expert consensus opinion that would outline specific recommendations for care. Chronic pain and priapism are two examples that are lacking specific management recommendations.

### **Specify Responsibilities of Health Care Providers**

As noted above, SCD is an extremely complex disease, with a high prevalence of acute and chronic complications and comorbidities, and requires multi-disciplinary care. ASH recognizes that a major intent of the guidelines is to provide guidance for primary care providers caring for children and adults with SCD. There are a number of areas of SCD management that can be performed by primary care providers, including screening, pain management, acute inpatient care (including peri-operative) and hydroxyurea management. However, there are also a number of more complicated areas, where the treatment should be performed in consultation with specialists, including stroke, chronic transfusion regimens, chelation, and complications requiring surgery. It is important that the guidelines clearly delineate the responsibilities of primary care providers versus specialists and when a specialist should be consulted. ASH recommends adding additional text regarding when a specialist should be consulted.

Additionally, directives regarding the diagnosis and management of comorbidities are not included in the guideline recommendations, including the management of asthma, the detection and care of progressive kidney disease, and the diagnosis of a silent cerebral infarct. ASH recommends that NHLBI consider adding actual recommendations regarding the diagnosis and management of these comorbidities to the guidelines.

### **Additional Concerns Regarding Guidelines**

In addition to the general comments above, ASH would like to share the following concerns that it urges NHLBI to address in the final version of the guidelines:

- **Chronic Pain**

ASH recommends adding more specific directives on how to manage chronic pain in patients with SCD. Because the burden of pain management for adults with SCD often falls to the primary care provider, additional information would help strengthen this section of the guidelines. ASH recommends referring to the directives published for the management of chronic non-cancer pain published by the American Pain Society (*Chou et al. Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Non-cancer Pain. The Journal of Pain, 10(2), 2009:113-30*).

- **Pregnancy**

ASH is concerned that pregnancy is not sufficiently addressed in the guidelines. Adult providers spend a significant amount of time taking care of pregnant patients with SCD in conjunction with obstetricians. ASH recommends adding an additional section focused on pregnancy and SCD.

- **Definitions**

There are several terms in the guidelines where definitions need to be strengthened. For example, it would be helpful for all stakeholders to have a clear definition of acute chest syndrome and iron overload. ASH recommends clarification of terms that may be unclear to all stakeholders. Clearer definitions could be sought through a consensus-based process.

- **Hematopoietic Stem Cell Transplantation**

In addition to the reference of hematopoietic stem cell transplantation in the historical section of the document, ASH recommends that the NHLBI consider adding a section containing an expert opinion about hematopoietic stem cell transplantation as a curative option for SCD.

- **Standard of Practice**

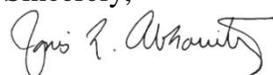
ASH is concerned that the guidelines are inconsistent and in some areas go above or below standard of practice. For example, the guidelines will be used as a basis to start hydroxyurea in toddlers with SCD. However, most hematologists do not start using hydroxyurea in children less than 5 years of age as a standard practice. Even if such guidelines are embraced as a new standard practice an entire new infra-structure in pediatric hematology would have to be put in place without any specific recommendations of how to implement such a strategy. As another example, no evidence exists that the hemoglobin F level should be done when monitoring individuals on hydroxyurea, however, there is a recommendation to perform hemoglobin F levels in addition to obtaining a complete blood count (CBC). If this is recommended, it needs to be supported by consensus opinion and whether or how to adjust therapy based on this information should also be discussed.

- **Additional Concerns**

Attached to this letter are additional concerns regarding a number of specific sections within the report. ASH believes these items could be addressed easily by the guideline writers and that they would greatly enhance the final guideline manuscript.

ASH appreciates the opportunity to submit the Society's concerns and recommendations regarding the SCD guidelines. ASH is committed to working with the NHLBI to pursue the common goal of improving the care of patients with SCD. If you have any questions or would like additional information, please feel free to contact ASH Government Relations and Practice Manager Stephanie Kaplan at [skaplan@hematology.org](mailto:skaplan@hematology.org) or 202-776-0544.

Sincerely,



Janis L. Abkowitz  
President

Enclosure (1)