

SCD-Related Transfusion Support



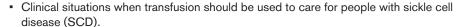
What it covers



Why it matters



Who it affects



- People with SCD often require blood transfusions to prevent or treat organ damage associated with the disease. Additional clinical guidance may help physicians standardize and advance their patients' care and decrease side effects.
- Patients with SCD: To inform conversations with their physicians, particularly around when, where, how and why a transfusion should be provided.
- Blood banks: To create an understanding of the more nuanced recommendations that affect how transfusions are administered.
- Hematologists: To provide a basis for guiding decisions for specific types of blood testing and circumstances for transfusion.
- Policymakers: Policymakers will be informed of the knowledge gaps that exist in SCD evidence so they can direct research funding to fill in the gaps. In this regard, these guidelines may help shape policy.



What are the highlights

- Patients with SCD who require transfusions should receive red blood cells that have undergone more extensive profiling that goes beyond traditional blood-type testing techniques.
- Therapies to suppress the immune system should be used under certain circumstances such as in patients with a sudden and pressing need for transfusion if they are at high risk of an immune response to the transfusion, a serious complication that can occur after a blood transfusion.
- The guidelines make additional recommendations on transfusion and SCD, including in:

Circumstances where physicians should consider a procedure to exchange red blood cells from the patient rather than a traditional blood transfusion, including in patients with SCD and severe acute chest syndrome.

Patients who receive transfusions on a chronic, regular basis.

Pre-operative scenarios, where providing transfusions prior to operations is suggested.

Total number of panel recommendations: 12

REFERENCE

Chou ST, Alsawas M, Fasano RM, et al. American Society of Hematology 2020 guidelines for sickle cell disease: transfusion support. Blood Adv. 2020;4(2):327-355.

