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Coming Up

- Why does blood need to be irradiated?
- Who needs irradiated products?
 - What happens if they get non-irradiated products?
- Whose responsibility is it anyway?

What condition are we trying to prevent when we irradiate?







Manifestations of TaGVHD

Jaundice (liver inflammation)

Rash

Fever

Severe diarrhoea (gut inflammation)

Death (in 100%)

Irradiation prevents TaGVHD by... stopping cell division.

Which products need irradiating?



Irradiation is performed at blood centres using either gamma or x-ray sources.

So, who is at risk?

Haematology-Oncology practice:

- Hodgkins Lymphoma
- Fludarabine recipients
- Other purine analogues/antagonists
- Campath*
- Rabbit ATG**

(lifelong) (lifelong) (lifelong) (lifelong) (lifelong?)

Transplant Patients

- All allogeneic patients from conditioning until lymphocyte recovery and end of immunosuppression.
- Autologous patients prior to stem cell collection and for three months post transplant

Auto v Allo

What is an auto transplant?

- Own cells harvested in advance and given back after high dose chemo.
- Method to allow delivery of intensive chemotherapy.
- □ Used in Myeloma and Lymphoma.

Non-irradiated blood for an allo patient

The donor marrow is vulnerable and could be ousted by a new 'army' of lymphocytes.

Which patients does this translate to?

- All allo transplant patients.
- Relapsed AML patients.
- Increasingly low grade leukaemia and lymphoma.

Other indications (Not Haemato-Oncology)

IUT

- Neonates who have previously had an IUT
- Recipients of blood products donated by a relative

Who doesn't need irradiated products?

Top Up Transfusions

Neither premature nor term infants require irradiated blood products for top-ups, even multiple top ups.

- Routine cardiac patients.
- HIV/AIDS patients.

What a long list – why not zap the lot?

- Red cells become leaky after irradiation potassium and free haemoglobin levels in the fluid increases.
- Therefore irradiated red cells can't be stored for as long as usual.
 - Must be less than 14 days old and then only stored for a maximum of 14 days, compared to usual red cell storage life of 35 days.
- And it's not cheap!

Whose responsibility is it anyway?

Who's responsibility is it anyway?

Communication is a big problem

- Consultant/SpR
- Pathologist
- Pharmacist
- Blood bank
- Transplant centres
- Prescribers
- Nurse
- Patient?





The good(ish) news...

- Universal leucodepletion was introduced in 1999.
- No cases of TaGVHD were reported between 2001 and 2012 (and only once since leucodepletion began, excepting recent IUT case)
- 877 cases of errors related to irradiated products reported to SHOT over this time.
- Leucodepletion may be enough to make blood is safe, but no-one is sure – so we can't forget irradiation!

How are we doing?



THANK YOU!

Questions?

Sources, references

- BCSH Guideline 2010 (www.bcshguielines.com)
- Haemovigilance: www.shotuk.org
- The blood bank guy (<u>www.bbguy.org</u>)