Foreword

In the last 10 years, *TRANSFUSION* has published 58 "How Do I . . . ?" articles addressing a range of transfusion medicine and cellular therapy topics from national and international experts. The journal owes a debt of gratitude to the authors for this continuous supply of well-communicated practical advice. Thanks also go to Paul Ness, MD, for his unwavering support.

The vision of the "How Do I . . . ?" section was to publish expert opinions on topics—including blood banking, transfusion practice, coagulation, apheresis medicine, cellular therapy, regenerative medicine, and patient blood management—for which practice, policy, or understanding is or was unclear. Over time, a dialogue emerged on a wide range of transfusion practices: donor management, transfusion service issues, tissue banking, transfusion reactions, molecular testing, specific patient populations, apheresis, and cellular therapy. Some topics have been revisited as new knowledge, tools, and systems have changed standard practices. Thus, some "How Do I . . . ?" articles reflect approaches that are useful in an understanding of the background for current practice. More recent articles bring readers up to date, as clinical trials have demonstrated improved efficacy, or new tests and products have been introduced. Other submissions address topics that are even newer—where knowledge is just beginning to grow, such as novel cellular therapies and regenerative medicine.

As the journal feature continues to grow, we welcome new articles on a wide variety of transfusion medicine, patient blood management, and cellular therapy subjects. We hope to host pro/con debates, reviews of best practice, and change management discussions, as well as practical application of scientific advances.

This book is intended to be a convenient resource for devoted readers of the "How Do I . . . ?" series—a decade of expert advice in one volume for easy reference. For those who may be new to the journal feature, a wonderful surprise waits within these covers. We hope that all readers find these articles helpful in solving everyday dilemmas—learning from the experts who have faced similar issues and discovering how they approached and overcame them. It is a wonderful experience for us, too, and we are privileged to serve as "How Do I . . . ?" associate editors.

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How Do I . . . ? Introduction

In this issue of **TRANSFUSION,** we, the Editors, introduce a new feature entitled "How Do I . . . ?" This feature was envisioned to present expert commentary, opinion, or practice approaches, or guidelines, with each article addressing an area or "issue" for which there may not be standard practice or approach, and for which we felt some guidance or insight might be helpful, or at least of interest, to the reader. We hope you will agree.

In this issue of the Journal, Dr Gerald Sandler writes "How Do I . . . Manage Transfusions in Patients with a History of a Suspected IgA Anaphylactic Transfusion Reaction(s)?" Because IgA deficiency with the subsequent development of anti-IgA can be a fatal complication of transfusion, and to some extent can only be induced by a transfusion, consideration of this diagnosis and its management is paramount. Additionally, determination as to how best to approach the next transfusion in such a patient is problematic because: 1) the need for transfusion is often imminent; 2) the patient's condition, especially if having just recently suffered an anaphylactic reaction, is often critical; 3) the most sensitive and specific tests to diagnose IgA deficiency with anti-IgA are not readily available and do not provide timely results; and 4) the most "effective" treatment is the use of blood components obtained from IgA-deficient donors, who are rare. Dr Sandler has substantial experience and interest in this topic and has published many important and related articles.

In the coming months, the section "How Do I . . . ?" will feature Dr John Judd's approach to cold agglutinins. To quote his introduction: "Cold agglutinins have been one of the banes of blood group serologists since pretransfusion testing protocols were first implemented. Cold *auto*agglutinins interfere with ABO/Rh typing tests, yield unwanted positive tests for unexpected antibodies, and may mask the presence of concomitant, clinically significant alloantibodies." Then, Dr Mark Brecher will describe "How Do I . . . Approach a Patient with TTP?" The decisions regarding the patient with a presumptive diagnosis of TTP are protean and include: 1) the use of steroids, cytotoxic medications, plasma infusion, and plasma exchange; 2) the appropriate diagnosis, which has been, to a large extent, based on clinical findings because laboratory tests have not appeared (as yet) to be definitive; and 3) the decision to "taper" or stop therapy. The recent reports of the use of rituximab have added another layer of complexity. Next, Dr Walter "Sunny" Dzik will present "How Do I . . . Manage a Patient Who Is Refractory to Platelet Transfusion?" Finally, Dr Marion Reid will present "How Do I . . . Evaluate and Transfuse a D+ Patient with a History of an Anti-D?" Additional topics under consideration and/or development are "How Do I . . . Approach a Patient with a History of Cancer?" and "How Do I . . . Manage Mistransfusion Incidents?"

We are hopeful that you will find "How Do I . . . ?" of value and would like to solicit your opinions, comments, recommendations for topics, or even better, your authorship. We are eager to provide our readership with a series of commentaries from experienced authors who would like to share their approaches on a myriad of topics of clinical, laboratory, and administrative topics. Please send these to chillye@emory.edu. And please accept our appreciation in advance.

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