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Instructions to authors and reviewers concerning description of apheresis procedures

- Naming of apheresis procedures – Use the standard names and abbreviations published in the American Society for Apheresis Guidelines. Please see Table VI on page 154 in the following reference: Schwartz J, Winters JL, Padmanabhan A, Balogun R, Delaney M, Linenberger ML, Szczepiorkowski ZM, Williams M, Wu Y, Shaz BH. Guidelines on the use of therapeutic apheresis in clinical practice – evidence-based approach from the Apheresis Applications Committee of the American Society for Apheresis. The Sixth Special Issue. *J Clin Apher* 2013;28:145-284.

  Please note that plasmapheresis and plasma exchange are not the same procedure. Plasmapheresis involves the removal of plasma without replacement while plasma exchange involves the removal of plasma with replacement by a replacement fluid. Please utilize the correct terminology for these two procedures.

- Information to include when describing an apheresis procedure – When describing an apheresis procedure, please include all of the following items in the Methods and Materials section:

  - For all devices, columns, and filters provide
    - The name of the apheresis device used – COBE Spectra, Fresenius Amicus, etc. This should be included in the methods section. Please do NOT include the name of the device in the title or other sections.
    - The version number of the apheresis device – e.g. COBE Spectra Version 7.0, Fresenius Amicus Version 3.1, etc.
    - The name of the manufacturer of the apheresis device as well as the manufacturer's location in parenthesis after the name of the device is first mentioned – e.g. COBE Spectra Version 7.0 (TerumoBCT, Lakewood, CO, USA), Fresenius Amicus Version 3.1 (Fenwal, Inc., Lake Zurich, IL, USA), etc. The name of the manufacturer should be included in the methods section. Please do NOT include the title or other sections.
    - A description of the device and mechanism of action for apheresis devices not approved by the Food and Drug Administration (FDA) and not available in the United States.

  - For all procedures provide
    - Volume of blood processed or treated (e.g. 1 blood volume, 2 blood volumes). In addition, volume in liters should be provided when a fixed volume is treated irrespective of the patient's blood volume where appropriate.
    - Anticoagulant used during the procedure (e.g. citrate, heparin, etc.) as well as the anticoagulant ratio used for the procedure.
    - Number of procedures performed, both the planned and actually performed treatment course (e.g. 6 plasma exchanges)
    - Frequency of apheresis procedures planned and performed (e.g. daily, every-other-day, two consecutive days every four weeks, etc.).
    - Interval between treatment sessions or cycles (provide the number of days between these sessions) when procedures are performed in cycles or sessions.

  - For therapeutic plasma exchange (TPE) procedures provide
    - The plasma volume exchanged (e.g. 1 plasma volume, 1.5 plasma volumes) and not solely a volume in liters. When a fixed volume is treated irrespective of the patient's blood volume where appropriate, please indicate the volume in liters.

- The name of the replacement fluid utilized (e.g. plasma, albumin, etc.). In the case of plasma products, indicate the type of plasma product (e.g. fresh frozen plasma, thawed plasma, solvent detergent treated plasma, etc.).
- The percentages of the replacement fluid if more than one replacement fluid was utilized (e.g. 70% albumin and 30% normal saline).
- The albumin concentration (e.g. 5% albumin) if albumin is a component of the replacement.

- For plasmapheresis procedures provide
  - The volume of plasma treated.
  - The pore size of the plasma fractionator/secondary filter for cascade filtration/double membrane filtration based procedures

- For red blood cell exchange provide
  - The final hematocrit target.
  - The fraction of cells remaining (FCR) target.
  - The target percentage of hemoglobin S when sickle cell disease is being treated.
  - The pre and post procedure hematocrits and pre and post procedure percentage of hemoglobin S when sickle cell disease is being treated.
  - The volume in liters of the red blood cells used as replacement.
  - The anticoagulant type and average hematocrit of the red blood cells used as the replacement.
  - Whether or not phenotypically matched red cells were used and for what antigens they were matched.

- For Extracorporeal photopheresis (ECP)
  - Single-needle or double-needle procedure.
  - If red blood cell prime was used prior to the procedure.
  - On-line or off-line photoactivation of cells (provide device information if off-line photoactivation).
  - Volume of buffy coat collected.

- For therapeutic cytoreductions (therapeutic leukocytapheresis (LCP) or thrombocytapheresis) provide
  - Whether the goal was to treat symptoms (therapeutic) or prophylactic treatment of asymptomatic patients.
  - Description of symptoms and whether they resolved when symptoms were used to trigger therapy.
  - The cell count used to trigger therapy when prophylactic treatment of asymptomatic patients is performed and where this trigger was derived.
  - The target endpoint of the procedure (e.g. blood volume processed, time, cell count etc.).
  - Whether a sedimenting agent was utilized for LCP procedures including the type of sedimenting agent (e.g. hetastarch, pentastarch), concentration of sedimenting agent, and volume used.

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These tables are provided as examples that could be included in the Materials and Methods section of your manuscript. Additional rows could be added for each procedure performed where there were differences in way the procedure was performed. Information included in the tables below is provided as examples of the type of information to include for that column.

Therapeutic plasma exchange

Device	Version	Manufacturer	Anticoagulant (AC)	AC ratio	Plasma volume treated*	Replacement fluid	Number and frequency of procedures
COBE Spectra	7.0	TerumoBCT, Lakewood, CO, USA	ACD-A	15 to 1	1.5	70% fresh frozen plasma and 30% normal saline	7 procedures, daily

* If plasma volume, indicate as 1.5X. If a fixed volume, provide the volume in liters.

Plasmapheresis

Device	Version	Manufacturer	Anticoagulant (AC)	AC ratio	Plasma volume treated*	Pore size of plasma fractionator/secondary filter	Number and frequency of procedures

* If plasma volume, indicate as 1.5X. If a fixed volume, provide the volume in liters.

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Column therapies

Device (Include device for plasmapheresis, filtration, monitor, and column as appropriate for treatment)	Version	Manufacturers	Anticoagulant (AC)	AC ratio	Plasma volume treated*	Pore size of plasma fractionator/secondary filter or specification of used columns	Number and frequency of procedures

* If plasma volume, indicate as 1.5X. If a fixed volume, provide the volume in liters.

Red blood cell exchange

Device	Version	Manufacturer	Anticoagulant (AC)	AC ratio	Final Hematocit target/Final Hematocrit achieved	Fraction of cells remaining (FCR) target/FCR achieved	Red cell replacement characteristics	Number and frequency of procedures
					30%/27%	30%/35%	4 L CPD-A1 red cells with average hematocrit of 85% matched for K, C, c, E, e, Fy^a and Fy^b	

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Extracorporeal photopheresis (ECP)

Device	Version	Manufacturer	Anticoagulant (AC)	AC ratio	On-line or off-line photoactivation	Volume of buffy coat collected	Number and frequency of procedures

Leukocytapheresis (LCP)

Device	Version	Manufacturer	Anticoagulant (AC)	AC ratio	Procedure treatment target	Sedimenting agent (type, concentration, volume used)	Number and frequency of procedures
					3 blood volumes	Hetastarch, 0.06 g/mL, 1150 mL	

Thrombocytapheresis

Device	Version	Manufacturer	Anticoagulant (AC)	AC ratio	Procedure treatment target	Number and frequency of procedures
					3 hours	