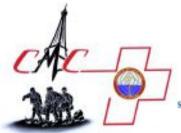


October 20./21. 2022

Evaluation of hemostatic capacities among commando candidates:

Would their blood be medically adequate for a "Buddy Transfusion" procedure?











Conflict of interest disculosure

•	Consultant or membrer of a scientific board	☐ Yes	X No
Ð	Paid lecturer or Paid author of articles and/or docuements	☐ Yes	X No
D	Financial coverage for trip, hosting, congress fees, or other events	☐ Yes	X No
•	Principal investigator of a study or clinical trials	☐ Yes	X No

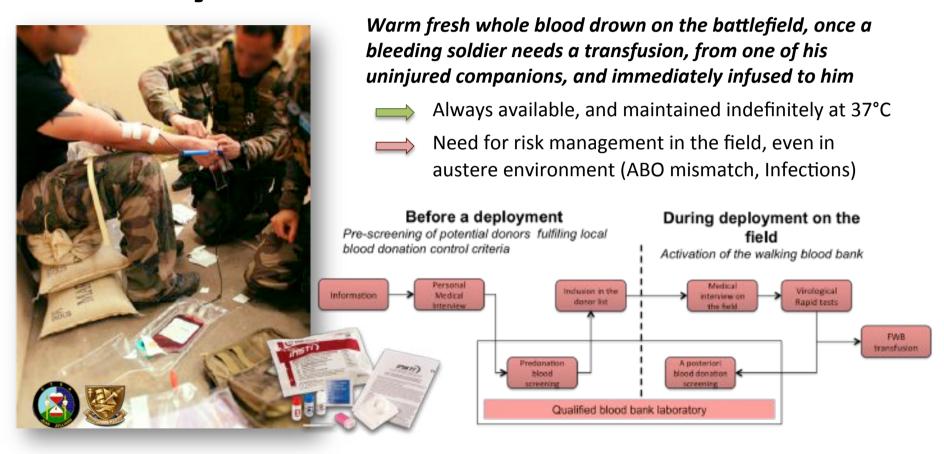
Déclaration de liens d'intérêt avec les industries de santé en rapport avec le thème de la présentation (loi du 04/03/2002)



The HEMOSTAC study that we present here was entirely funded by the French Military Health Service through a "Projet de recherche du SSA"



« Buddy transfusion »

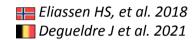




Buddy Transfusion : a validated procedure

Safe for the donor

Strandenes G, et al. 2013
Eliassen HS, et al. 2016





Used by many military medical services

Strandenes et al. Shock 2014
Taylor & Corley US Army Med Dep J 2016
Daniel et al. J Trauma Acute Care Surg 2016
Doughty et al. J R Army Med Corps 2017
Martinaud et al. Vox Sang 2021



LTOWB procedures implemented in civilan settings

Stubbs et al. Transfusion 2016
McGinity et al. J Trauma Acute Care Surg 2016
Zielinski et al. J trauma Acute Care Surg 2017
Seheult et al. Transfusion 2018
Schaefer R et al. Mil Med 2021
Apelseth TO et al. Transfusion 2022



ARE "BUDDY TRANSFUSIONS" MEDICALLY ADEQUATE FOR A BLEEDING PATIENT?





The Commando Course

A 3 month course, very trying 50% elimination rate for injuries

Pinczon du Sel 2020 - Morinère 2010

Repeated physical activity without the possibility of recovery

→ Overtraining syndrome in all trainees

Longin 2016

Lack of sleep, Mental Stress

Considering the course as an experimental model, placing participants into the same physiological conditions as those faced by deployed fighters.







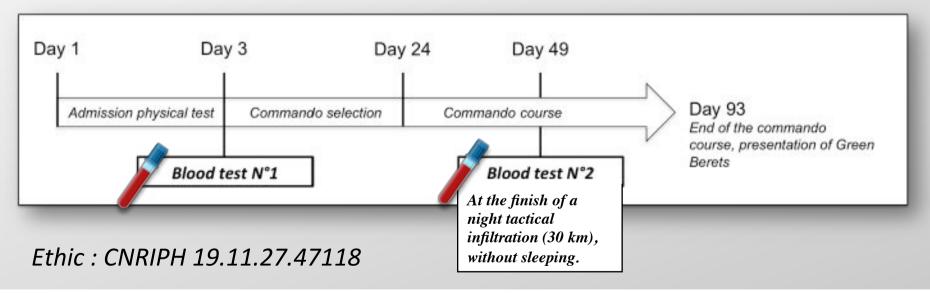


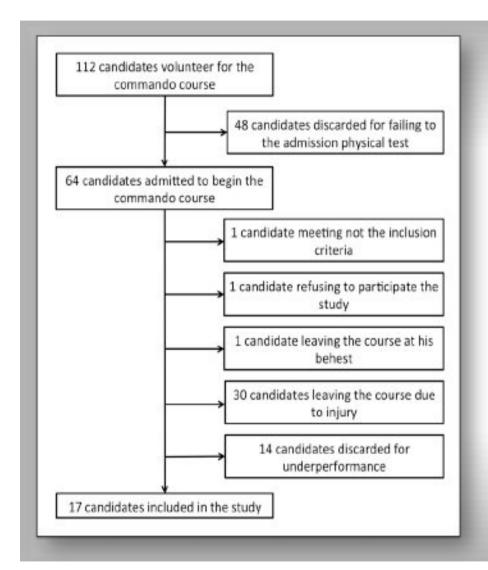




Methodology

- HEMOSTAC, is a observational prospective study
- 2 blood samples





Results

17 candidates includes

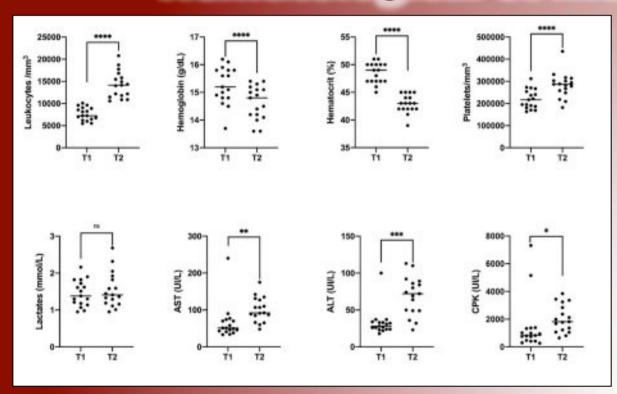
No significant difference in the first blood draw with those who were excluded (Mann-Whitney test, Fisher's test)

Median Age 23 (min 19, max 28)

Well-trained population

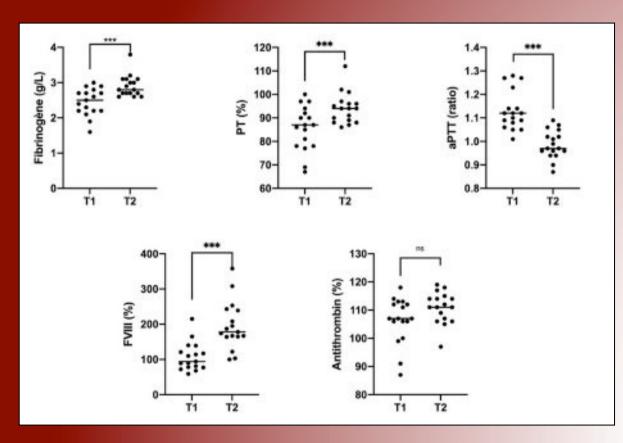
15, strength training at least 3h/week16, endurance at least 5h/week4, combat sports at least 4h/week

Hematological et Metabolic data



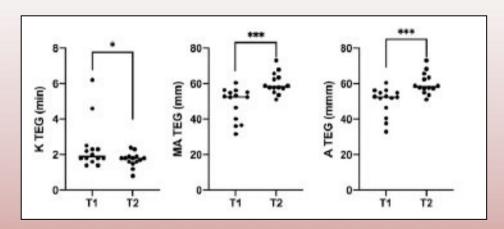
Hematological and biochemical parameters at the beginning (T1) and after six weeks of commando course (T2). AST: aspartate transferase, ALT: alanine transferase, CPK: creatin phosphokinase. *: p<0,05, **: p<0,01, ***: p<0,001.

Coagulation

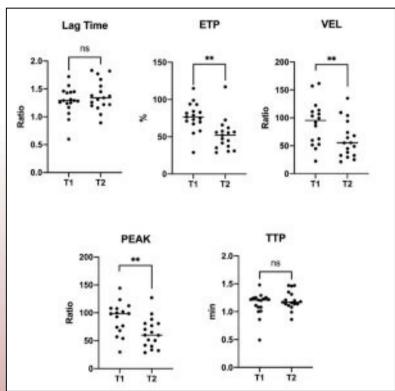


Coagulation parameters at the beginning (T1) and after six weeks of commando course (T2). PT: prothrombin time, aPTT: activated partial thromboplastin time. *: p<0,05, **: p<0,01, ***: p<0,001.

Thromboelastometry and Thrombin generation



thromboelastometric modifications during the commando course. K: Clotting Time, MA: Maximum Amplitude, A: Amplitude at 6 min.



thrombin generation modifications during the commando course. ETP: endogenous thrombin potential, VEL: Velocity index, PEAK: Peak height, TTP: Time to peak, SD: standard deviation, ns: nonsignificant.

Discussion

- First evaluation of this specific population in such circumpstances
- Overall a procaogulant state
 - − **7** Fibrinogen, **7** FVIII
 - 7 %TP et → aPPT
 - TEG : **7** clot firmness
- Decrease in hemoglobin levels
 - intravascular hemolysis during physical exercise ?
 - Inflammation
 - sport pseudo-anemia



Robinson Y et al. Med Sci Sports Exerc . 2006 Saidi K, et al. PLoS One. 2019 Meyer & Meister. Int J Sports Med. 2011

Decrease of thrombin generation

≥ ETP, ≥ peak height, unchanged kinetic

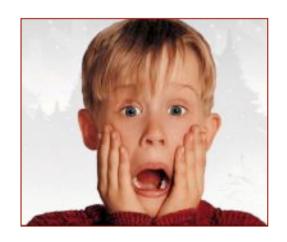
= Decrease of the quantity of genrated thrombin

Results in line with studies among well-trained athlets

Cimenti C. et al. Thromb Res. 20

Cimenti C, et al. Thromb Res. 2013. ≈

So, ...
Should we not recommend this blood for a bleeding patient ?!!!





Thrombin Generation following trauma: Many gap of knowledge

Thrombin generation increase in trauma patients, even more in case of Trauma Induced Coagulopathy

Dunbar & Chandler, Transfusion. 2009 Gando S et al. Thromb Haemost. 1998

Hypothesis: Consumption

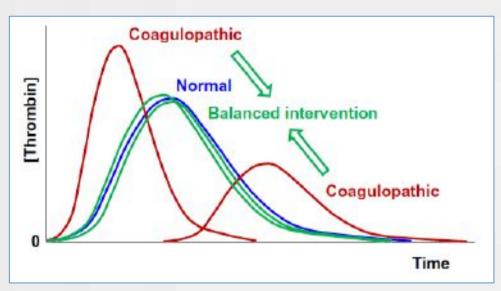
Decrease TG, a beneficial point ?

Recent data are actually challenging this approach

Plasma Thrombin Generation ≠ Whole Blood Thrombin Generation Coleman, Surgery. 2019

Whole Blood Thrombin generation does not always increase in trauma Coleman, JACS. 2021

Thrombin Generation following trauma: Many gap of knowledge



Thrombin Generation in Trauma Patients: How Do we Navigate through Scylla and Charybdis? Mitrophanov, Curr. Anesthesiol. Rep. 2022 RECOMMENDATIONS AND GUIDELINES

jth

Defining trauma-induced coagulopathy with respect to future implications for patient management: Communication from the SSC of the ISTH

Moore H et al. Thromb Haemost. 2020

In practice, for our fighters in the field

Hemorrhagic phenomena only appear at 50% of thrombin generation decrease, which we do not observe.

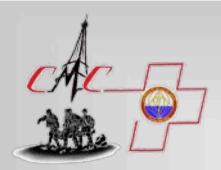
**Dargaud Y et al. Thromb Haemost. 2005

**Trossaërt M et al. J Thromb Haemost. 2008

There are unquestionably beneficial elements for bleeding war casualty

Rourke C et al. J Thromb Haemost 2012

The benefit-risk balance is obviously in favor of transfusion









Conclusion

- Real changes in the haemostatic capacities of the blood
- No obvious pejorative elements
- Other studies to be conducted in the future

The relevance of Buddy Transfusion's strategy has been reinforced



