



NVTH Course Bleeding Disorders–30 March-I April 2020
Golden Tulip Hotel Westduin–Koudekerke, Zeeland

Monday March 30

12.00 – 13.00	Registration and lunch
13.00 – 13.05	<i>Introduction</i> Marieke Kruij
13.10 – 13.45 (B)	<i>Primary and secondary hemostasis</i> Henri Versteeg
13.45 – 14.20 (B/C)	<i>Principles of hemostasis diagnostics</i> Joost Meijers
14.25 – 15.00 (C)	<i>Haemophilia</i> Karin Fijnvandraat
15.00 – 15.30	Coffee break
15.30 – 16.05 (B)	<i>Immunogenicity of factor VIII</i> Jan Voorberg
16.05 – 16.40 (C)	<i>(Clinical) determinants of inhibitor development</i> Samantha Gouw
16.45 – 17.20 (C)	PROMs and value based healthcare; what's that? Marjon Cnossen
17.30 – 19.30	Dinner
19.30 – 21.00 (B/C)	<i>Next Generation Researchers – meet your colleagues</i> PhD students introduce themselves and their project in small groups



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Tuesday March 31

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| 08.30 – 09.25 (B/C) | <i>(Congenital) Platelets defects; present and future tests</i>
Rolf Urbanus
<i>(Congenital) platelet defects; clinical aspects</i>
Roger Schutgens |
| 09.30 – 10.00 (C) | <i>Hemostatic defects in liver disease</i>
Ton Lisman |
| 10.00 – 10.30 (B) | <i>Proteomics to study hemostasis</i> |
| 10.30 – 11.00 | Coffee break |
| 11.00 – 11.35 (B) | <i>Biosynthesis and function of von Willebrand factor</i>
Ruben Bierings |
| 11.35 – 12.15 (B/C) | <i>Von Willebrand disease – diagnosis and genetics</i>
Jeroen Eikenboom |
| 12.20 – 13.00 (C) | <i>Von Willebrand disease – symptoms and treatment</i>
Frank Leebeek |
| 13.00 – 14.00 | Lunch |
| 14.00 – 16.00 | Preparation assignment |
| 16.00 – 16.45 | Presentations |
| 17.00 – 18.30 | diner |
| 18:30 | refresh and change, workshop starts at 19.00u |



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Wednesday April I

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|---------------------|---|
| 08.30 – 09.00 (B/C) | Haemophilia; new treatments, new assays?
<i>Moniek de Maat</i> |
| 09.00 – 10.00 (C) | Haemophilia; new treatments, new patients?
<i>Frank Leebeek (gentherapie) en Marjon Clossen (emicizumab, extended half-life)</i> |
| 10.00 – 10.30 | Coffee break |
| 10.30 – 11.30 | <i>The patient's perspective
haemophilia</i> |
| 11.30 – 12.30 | Lunch |



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Assignment

Although the availability of many diagnostic laboratory tests and tools, in approximately half of the patients referred to the hospital with a bleeding tendency no definitive diagnosis can be made. These patients bleed after minor surgery, tooth extractions, child birth or experience easy bruising and the physician cannot tell if the patient has a bleeding disorder and if so, which one and what should be done if surgery is needed.

Your task is to search, discuss (and maybe invent):

- Laboratory assays that are able to measure if hemostasis is sufficient or not, especially during surgery or interventions
- Anamnestic tools to classify bleeding tendency and that can predict which patient has a higher change of bleeding during surgery or interventions

After that, make a flow chart for a diagnostic strategy for patients presenting to a hospital for analysis of a bleeding tendency.