

Letters

Transfusion

May 2023—As members of the CAP Transfusion, Apheresis, and Cellular Therapy Committee, we wish to offer comments to the readers of CAP TODAY in response to the article, [“Case review reveals latest on overtransfusion”](#) (March 2023). The article reported on a single publication of retrospective reviews of transfusions given in 2012–2018 in 15 community hospitals (Jadwin DF, et al. *Jt Comm J Qual Patient Saf.* 2023;49[1]:42–52), based on approximately 100 encounters with transfusions per institution. The retrospective character of this work as well as its applied methodology raise several important questions regarding the true value of any conclusions and their generalizability. Interpretation of the presented data requires a thorough and unbiased discussion, as some numbers are significantly out of observed ranges elsewhere. For example, by the authors’ methodology, less than 10 percent of encounters had fully appropriate RBC transfusions. The authors did not report on how these data were applied by the hospitals or whether they led to changes in transfusion practices. Two authors gave an expansive discussion of their work in CAP TODAY. However, no perspectives were provided from other transfusion medicine experts uninvolved with the study and possibly providing more objective evaluation for the benefit of CAP TODAY readers.

We welcome attention by CAP TODAY and its readers to the important topic of unnecessary or avoidable transfusions. However, retrospective chart reviews have limited value in real-time decision-making when both clinicians and blood bankers operate within the confines of the current situation and without the foresight of future outcomes. The [August](#) and [September](#) 2022 issues of CAP TODAY presented a two-part series on blood shortages, which discussed many aspects of patient blood management. We also wish to strongly emphasize that the CAP does not endorse any particular commercial entity involved in patient blood management, but encourages disclosure of any interests that could affect interpretation of the presented data. (The authors of the cited manuscript disclosed no conflict of interest in the original publication.)

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