

CURRICULUM VITAE

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Name: Anne Husebekk

Born: December 15th 1955

Education: Candidatus medicinae (MD)
University of Tromsø, 1982

Doctor Medicinae (Dr.Med.)
University of Tromsø, 1989

Internship: Community Hospital Volda 1982
Finnsnes County 1983
(18 months)

Research Fellowship: Norwegian research Council
University of Tromsø, 1984/1987
(3 years)

International Research Fellowship: NIH, NCI, 1991/9 (1 year)

Residency: Department of Immunology and Transfusion Medicine,
University Hospital North Norway 1987/1991

Certified specialist: "Immunology and Transfusion medicine", Norwegian Medical
Association, 1991

Senior Consultant: Department of Immunology and Transfusion Medicine,
University Hospital North Norway
From 1992-2006, 2011-

Head of department: Department of Immunology and Transfusion Medicine,
University Hospital North Norway
1994/95 and 1999/98

Professor: Professor (Immunology),
University of Tromsø, Norway.
2002-

Visiting Scientist: NIH, Department of Transfusion medicine 1997/98 (10 months)
Institute Curie, Paris, France 2003/ 2004 (10 months)

Director: Research and Education at the University Hospital North
Norway
From Aug. 2006 70% position, combined with 50% position as
professor of immunology
April 1st 2008- March 31st 2011 (100% position)

Visiting professor: Rigshospitalet, Copenhagen 010111-300611
Tromsø Mine Victim Centre of Education in Batambang,
Cambodia 2010-

Board member: International society for Blood Transfusion (ISBT) (vice-
president) 2008-2012
Tromsø Mine Victim centre (TMC) (2008-

Norinova Technology Transfer AS, Tromsø 2011-
(Fusion between TTO Nord AS; board member 2000-2011 and
Norinova AS; Board member 2010-2011)

Research Council of Norway; Program for Stem cell research
2009-

Research Council of Norway; Division of Society and Health
2011-

Barents BioScience, Tromsø 2011-

The Research Council of Norway 2011-

Scientific focus

Platelet immunology has been my main interested with specific focus on neonatal alloimmune thrombocytopenia. Our group has made international contribution to the field in particular by doing a screening study of more than 100,000 pregnant women in order to identify women who are immunised and are making anti-HPA 1a antibodies and to do clinical interventions in the pregnancy in order to reduce morbidity and mortality in the foetus. We are now looking into basic mechanism of immunisation with the HPA 1a antigen both with regard to T-cells and B-cells aimed at making a vaccine to prevent alloimmunization in women at risk and peptides for tolerization of women who are already immunized.

The scientific results from our group are of interest world wide and I am invited to give presentations several times each year; in 2011 in Dutch Society of Transfusion Medicine, ISBT conferences in Lisbon and Taipei and American Association of Blood Bank meeting in San Diego.

Clinical focus

Transfusion medicine is an irreplaceable part of modern medicine in developed and developing countries. Beside from being interested in ultramodern transfusion medicine, I do focus on transfusion medicine in the developing world both by engagement in ISBT and TMC. At the moment an application for a project related to blood donor recruitment in Pakistan is under evaluation (etransfusion).

Administrative experience

Director for Research and Education at the University Hospital North Norway 2006-2011 heading a department of more than 50 employees and being member of the head group of a hospital with 6000 employees. Also the position included to head of many committees and projects.

Teaching experience

As part of my position as professor at the medical school, I have been teaching medical students at all levels in basic and clinical immunology and transfusion medicine. I have been invited to several national and international meetings for presentations and discussions. Participate in a master program in Battambang, Cambodia teaching immunology and transfusion medicine.

International collaboration

Both in research and clinical transfusion medicine I have a world wide network of collaborators.

References (main papers, last 5 years)

1. Husebekk A. Clinical significance of antibodies against platelet antigens. *Transfusion today* 2006, 67, 5-7.
2. Kanhai, HH; Porcelijn, L; Engelfriet, CP; Reesink, HW; Panzer, S; Ulm, B; Goldman, M; Bonacossa, I; Richard, L; David, M; et al.. Management of alloimmune thrombocytopenia.. *Vox Sanguinis* 2007;93(4):370-385.
3. Kaplan, C; Freedman, J; Foxcroft, Z; Husebekk, Anne; Metcalfe, P; Munin-Diaz, E; Ouwehand, W; Panzer, S; Rozman, P; Skogen, B. Monoclonal platelet antigen capture assays (MAIPA) and reagents: a statement. *Vox Sanguinis* 2007;93:298-299.
4. Killie, Mette Kjær; Husebekk, Anne; Kaplan, Cecilie; Taaning, Ellen; Skogen, Bjørn Ragnar. Maternal human platelet antigen-1a antibody level correlates with the platelet count in the newborns: a retrospective study. *Transfusion* 2007;47:55-8..
5. Killie, MK; Kjeldsen-Kragh, J; Husebekk, A; Skogen, B; Olsen, JA; Kristiansen, IS. Cost-effectiveness of antenatal screening for neonatal alloimmune thrombocytopenia. *British Journal of Obstetrics and Gynecology* 2007;114
6. Kjeldsen-Kragh, Jens; Killie, Mette Kjær; Tomter, G; Golebiowska, E; Randen, I; Hauge, R; Aune, Berit; Øian, Pål; Dahl, Lauritz Bredrup; Pirhonen, J; Lindemann, R; Husby, H; Haugen, G; Grønn, M; Skogen, Bjørn; Husebekk, Anne. A screening and intervention program aimed to reduce mortality and serious morbidity associated with severe neonatal alloimmune thrombocytopenia. *Blood* 2007;110:833-839
7. Bessos, H; Killie, Kette Kjær; Matviiyenko, Maryana; Husebekk, Anne; Urbaniak, SJ. Direct comparison between two quantitative assays in the measurement of maternal anti-HPA-1a antibody in neonatal alloimmune thrombocytopenia (NAIT). *Transfusion and apheresis science* 39: 221-227. 2008.
8. Bessos, H; Matviiyenko, Maryana; Brown, P; Husebekk, Anne; Killie, Mette Kjær; Seghatchian, J; Santoso, S; Urbaniak, SJ. What's happening - Probing of HPA-1a antigen-antibody interaction by surface plasmon resonance technology. *Transfusion and apheresis science* 39: 179-182. 2008.
9. Killie, Mette Kjær; Kjeldsen-Kragh, J; Husebekk, Anne; Skogen, Bjørn; Olsen, Jan Abel; Kristiansen, IS. Cost-effectiveness analysis of screening for neonatal alloimmune thrombocytopenia was based on invalid assumption - Reply. *British Journal of Obstetrics and Gynecology* 115: 413-414. 2008.
10. Kjeldsen-Kragh, J; Husebekk, Anne; Killie, Mette Kjær; Skogen, Bjørn. Is it time to include screening for neonatal alloimmune thrombocytopenia in the general antenatal health care programme? *Transfusion and apheresis science* 38: 183-188. 2008.
11. Killie, Mette Kjær; Husebekk, Anne; Kjeldsen-Kragh, Jens; Skogen, Bjørn. A prospective study of maternal anti-HPA1a antibody level as a potential predictor for alloimmune thrombocytopenia in the newborn. *Haematologica* 93: 870-877. 2008.
12. Tiller H, Killie MK, Skogen B, Øian P, Husebekk A. Neonatal alloimmune thrombocytopenia in Norway: poor detection rate with nonscreening versus a general screening programme. *BJOG*. 2009 Mar;116(4):594-8.
13. Kjeldsen-Kragh J, Kim M, Killie MK, Husebekk A, Freedman J, Semple JW. In HPA 1a-immunized women the decrease in anti-HPA 1a level during pregnancy is not associated with anti-idiotypic antibodies. *Haematologica*. 2009 Mar;94(3):441-3. Epub 2009 Jan 30.
14. Ahlen MT, Husebekk A, Killie MK, Skogen B, Stuge TB. T-cell responses associated with neonatal alloimmune thrombocytopenia: isolation of HPA 1a specific, HLA-DRB3*0101-restricted CD4+ cells. *Blood*. 2009 Apr 16;113(16):3838-44. Epub 2009 Jan 9.
15. Husebekk A, Killie MK, Kjeldsen-Kragh J, Skogen B. Is it time to implement HPA 1 screening in pregnancy? *Current Opin Haematol*, 2009, 16,497-502.

16. Skogen B, Husebekk A, Killie MK, Kjeldsen-Kragh J. Neonatal alloimmune thrombocytopenia is not what it was: a lesson learned from a large prospective screening and intervention program. *Scan J Immunol*, 2009, 70; 531-34.
17. Oi HS, Bjoerkvoll B, Sothy S, Van heng Y, Hoel H, Husebekk A, Gutteberg T, Larsen S, Husum H. Prevalence of hepatitis B and hepatitis C virus infections in potential blood donors in Cambodia. *Southeast Asian J Trop Med Public Health*, 2009;40:963-71.
18. Infliximab therapy decreases the levels of TNF-alpha and IFN-gamma mRNA in colonic mucosa of ulcerative colitis. *Scand J Gastroenterol*. 2009;44:727-3.
19. Is it time to implement HPA-1 screening in pregnancy? Husebekk A, Killie MK, Kjeldsen-Kragh J, Skogen B. *Curr Opin Hematol*. 2009 Nov;16(6):497-502. Review.
20. Reconsidering fetal and neonatal alloimmune thrombocytopenia with a focus on screening and prevention. Skogen B, Killie MK, Kjeldsen-Kragh J, Ahlen MT, Tiller H, Stuge TB, Husebekk A. *Expert Rev Hematol*. 2010 Oct;3(5):559-66.
21. Screening test accuracy among potential blood donors of HBsAg, anti-HBc and anti-HCV to detect hepatitis B and C virus infection in rural Cambodia and Vietnam. Bjoerkvoll B, Viet L, Oi HS, Lan NT, Sothy S, Hoel H, Gutteberg T, Husebekk A, Larsen S, Husum H. *Southeast Asian J Trop Med Public Health*. 2010 Sep;41(5):1127-35.
22. Increased risk of transmission of hepatitis C in open heart surgery compared with vascular and pulmonary surgery. Olsen K, Dahl PE, Paulssen EJ, Husebekk A, Widell A, Busund R. *Ann Thorac Surg*. 2010 Nov;90(5):1425-31.
23. [Severe immune reaction without microbes]. Husebekk A. *Tidsskr Nor Laegeforen*. 2010 Sep 23;130(18):1832-3. Norwegian. No abstract available.
24. Quantitative MAIPA: Comparison of different MAIPA protocols. Killie MK, Salma W, Bertelsen E, Skogen B, Husebekk A. *Transfus Apher Sci*. 2010 Oct;43(2):149-54.