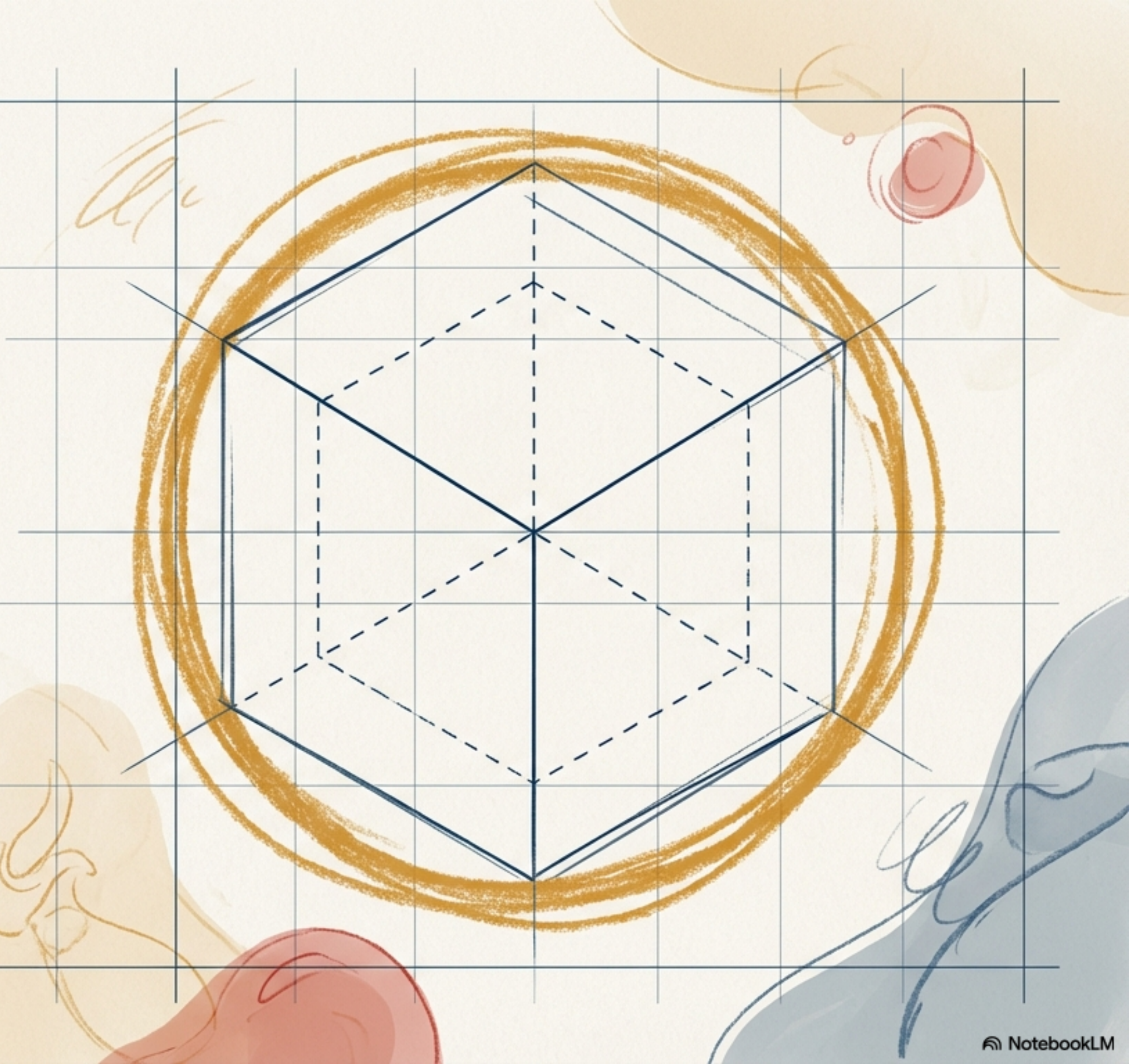


Clinical Judgment Beyond Guidelines in Cold Agglutinin Disease

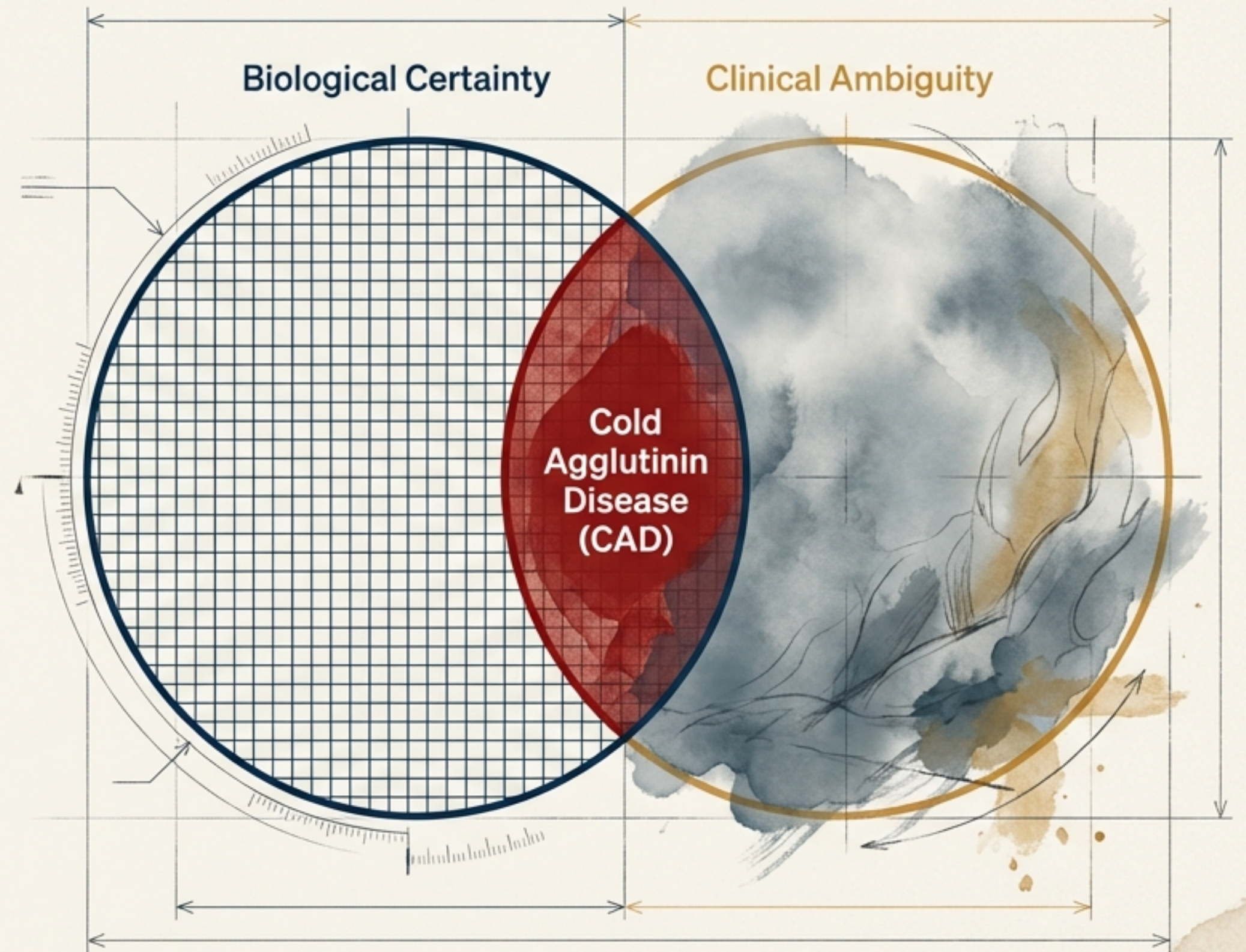
Why strong biology and consensus guidance are the floor, not the ceiling, of patient care.

Based on the work of William Aird



CAD sits at the intersection of strong biology and incomplete certainty.

- **The Certainty:** Mechanisms are well described. Therapies exist. Diagnostic pathways are clear.
- **The Ambiguity:** Real clinical decisions still depend on judgment.
- **Key Insight:** For trainees and experts alike, overreliance on guidance in CAD can be as misleading as ignoring it. Guidelines define possibility; judgment defines action.



Guidelines clarify the landscape and define safe boundaries.

In CAD, the British Society for Haematology (BSH) guideline and the International Consensus define the 'Shared Structure' of care.



The Consensus Snapshot: What is Known

Diagnosis

- Must confirm hemolysis objectively.
- Use monospecific DAT testing.
- Distinguish CAD from secondary syndromes.
- Evaluate for clonal B-cell disease.

When to Treat

- Decisions based on symptoms and disease burden.
- Do NOT treat based on numbers alone.

Treatment Principles

- Avoid routine steroid monotherapy.
- Splenectomy is rarely helpful.
- Consider clone-directed therapy.
- Consider complement inhibition.

Monitoring

- Reassess over time.
- Look for trends rather than single-visit snapshots.

Guardrails are not destinations.

“They define safe boundaries.
They do not determine
the path within them.”

Guidelines do not adjudicate:

- Thresholds of tolerability
- Trade-offs between speed and durability
- Competing therapeutic goals

The Unanswerable Questions

Guidelines fall silent when faced with specific clinical nuance.

Is Hb 9.5 acceptable
for *this* patient?

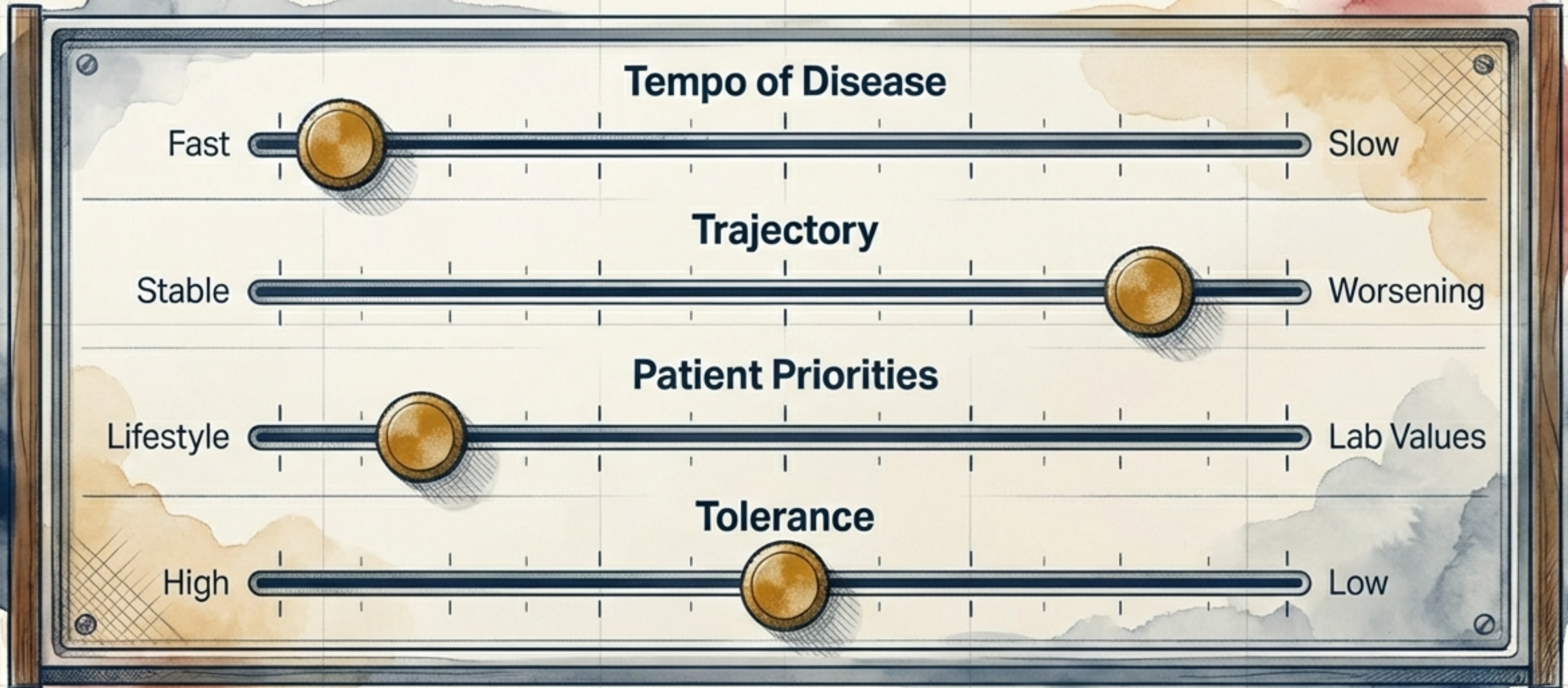
Does fluctuating anemia
justify intervention?

Should rapid complement
blockade outweigh long-
term disease modification?

Does patient preference
justify deviation from
standard sequencing?



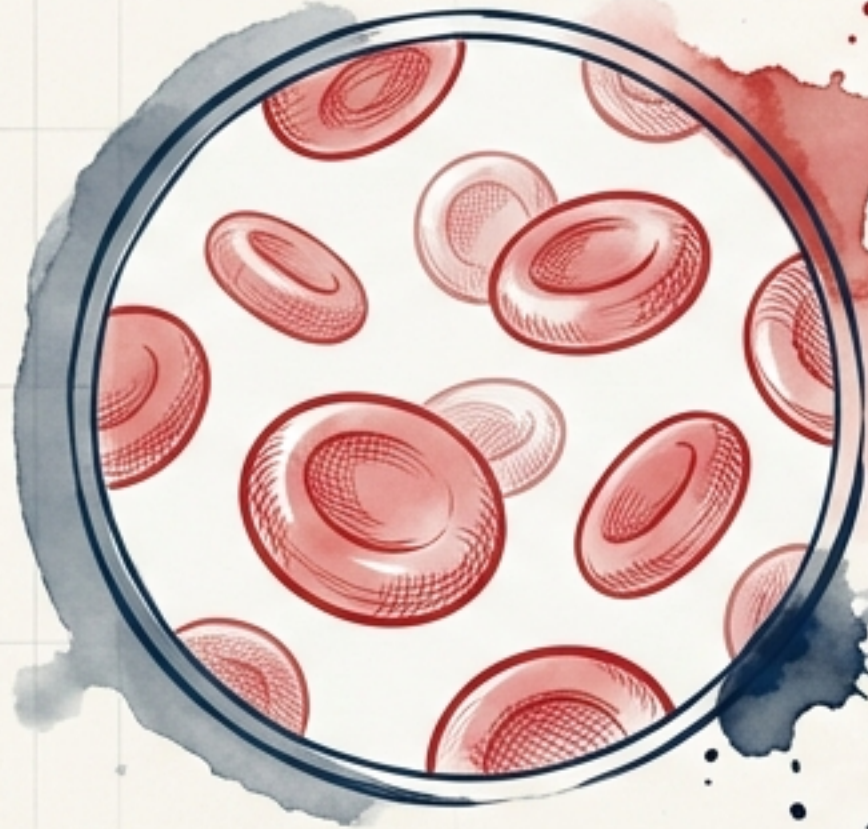
Decisions depend on variables that resist standardization.



Guidelines standardize knowledge. They cannot standardize values.

Evidence vs. Judgment

Evidence



Answers narrow questions
under defined conditions.

Can Hb rise? Can transfusions decrease? Can fatigue improve?

Tells us what CAN happen.

Judgment



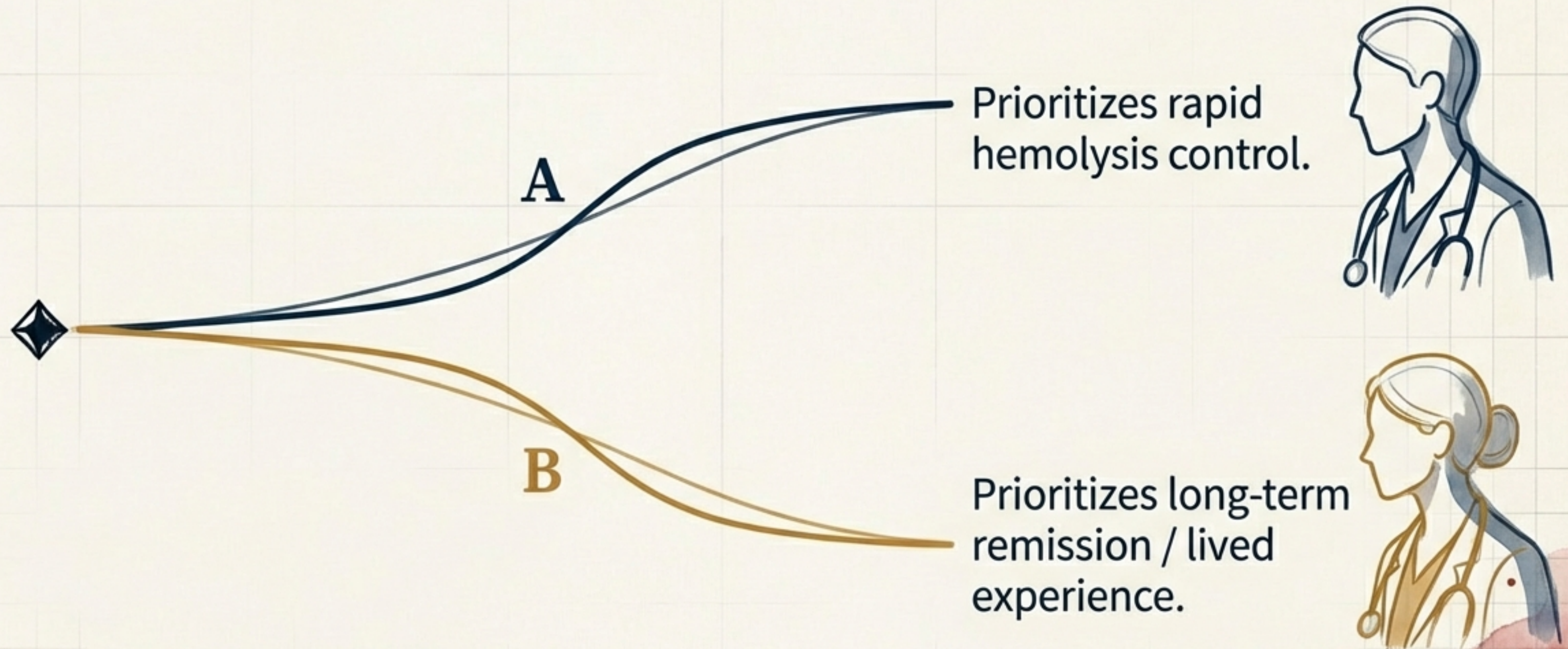
Determines if outcomes
matter for a specific patient.

Does this matter here? At this moment?

Decides what SHOULD happen.

Disagreement is the audible signal of judgment.

When experts in CAD disagree, it is rarely because one is wrong. It is because multiple interpretations can be correct based on weighting.



The Definition of Mastery

Mastery is not memorizing tables. It is knowing how to use them.



The Peak: Calibrated Judgment

Disciplined by evidence, constrained by biology, aligned with lived experience.

The Middle: Evidence Application

Evidence informs decisions but does not replace them.

The Base: Tables & Guidelines

Recognizing guidelines provide a floor, not a ceiling.

**The highest form of expertise
in CAD is not certainty.**

**It is Calibrated
Judgment.**

“Guidelines standardize knowledge. They cannot standardize values.”

Sources & References

- British Society for Haematology (BSH) Guidelines for Autoimmune Hemolytic Anemia.
- First International Consensus Meeting on Autoimmune Hemolytic Anemia.
- Source Text: “Clinical Judgment Beyond Guidelines in Cold Agglutinin Disease” by William Aird.