

AABB Releases New Red Blood Cell Transfusion Guidelines

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October 14, 2016

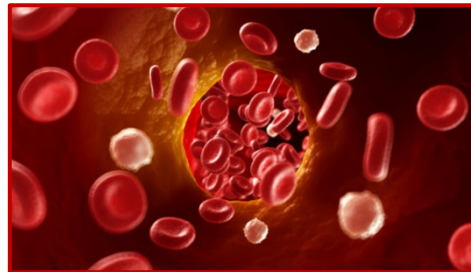
AABB updated their red blood cell (RBC) transfusion guidelines on hemoglobin thresholds for hospitalized patients hemodynamically stable as well as pre-transfusion storage time for RBC units. In 2012, AABB published RBC transfusion guidelines based on 19 randomized clinical trials (RCTs) that included 6,264 patients. But most of those RCTs were small in nature and had a high risk of bias. Seven new RCTs since 2012 have analyzed storage duration of transfused RBCs on patient outcomes, and a number of other clinical trials have investigated hemoglobin thresholds and associated, or not, adverse patient outcomes as well.

A committee of experts was assembled to perform the task of review and analysis of the RCTs used in creating these guidelines, many of whom are current members of the AABB Clinical Transfusion Medicine Committee. The committee used the Grading of Recommendations Assessment, Development and Evaluation methods to reach conclusions about the RCTs researched.

The committee reviewed 31 RCTs with 12,587 participants from 1950 until May 2016 and outcomes compared between those patients treated using a restrictive transfusion hemoglobin threshold (7 to 8 g/dL) vs. a liberal transfusion threshold (9 to 10 g/dL). There was no association with adverse clinical outcomes for those with a restrictive hemoglobin threshold and AABB now recommends a restrictive RBC transfusion threshold for critically ill patients, orthopedic surgery and cardiac surgery patients, even those with preexisting cardiovascular disease. Insufficient evidence has been generated to recommend a hemoglobin threshold for patients with acute coronary syndrome, severe thrombocytopenia (patients

treated for hematological or oncological disorders who are at risk of bleeding), and/or chronic transfusion-dependent anemia.

The AABB committee also reviewed 13 RCTs with 5,515 participants from 1948 until May 2016 comparing fresh blood (<10 days) versus standard storage RBC units (units used at any point within their



licensed dating period up to 42 days). There was no correlation of the use of fresh blood and lower mortality. Patients undergoing a massive or exchange transfusion; neonates and children with underlying renal disease at higher risk of hyperkalemia; patients undergoing intra-uterine transfusions; or patients with hemoglobinopathies that require chronic transfusions were not adequately evaluated in the included studies. AABB recommends that patients, including neonates, should receive RBC units selected at any point within their licensed dating—standard storage units.

AABB reminds medical professionals that the decision to transfuse a patient is

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OUR SPACE

ABC Director of IT Sameer Ughade

Digital Patchwork

Many of you may have heard the recent news about massive [distributed denial of service attacks being launched from unpatched security cameras](#) connected to the Internet—but that is the just the tip of the iceberg. Hackers are targeting a number of unsecured devices now, which will make vulnerabilities and patch management not only a necessity but an art form.

Most IT departments perform their monthly and even weekly automatic updates. This proactive approach toward identifying, mitigating and patching security vulnerabilities in an organization's network infrastructure—large or small—is vital. And while most of the tools associated with automatic updates are effective in patching mission critical systems like servers or operating systems, there are some devices missed or left untouched because they are considered non-critical. In terms of security, these devices are probably the most vulnerable and fall into a broader category of network-enabled devices, such as multi-functional printers, security cameras, temperature-controlling systems, physical access control systems, etc. These devices are difficult to update and patch automatically and need more manual attention by IT teams. The best way to start with securing these devices is to first identify their individual vulnerabilities—this may involve modifying your vulnerability management system to target them. The next step is to patch and install the firmware updates on the most vulnerable devices, and then include these devices in your future, recurring patch schedules. Some new devices also have optional features like performing firmware auto-updates which should be turned on after thorough testing and evaluation. Finally, nothing beats ensuring that these devices are properly configured by disabling unneeded features and disabling vulnerable services or network ports on them.

While many small to medium sized businesses (SMBs) may not feel as though they are the largest targets of these attacks, it is best to remain proactive when dealing with IT security issues. Now, more than ever, the security tools and abilities to remain ahead of the infiltrators is within reach for SMBs. The biggest challenge remains maintaining adequate resources (aka manpower). Security is a constantly evolving field with new vulnerabilities, attack vectors, state-based actors affecting the IT systems, and new programs every day. There are also other technical and process challenges including network and systems architecture, existing security products and vendors, incompatible systems, system downtimes especially in 24/7 operations, etc. Being proactive in securing the most vulnerable devices can help thwart the latest rounds of attacks before they even happen. But rest assured your trusted IT departments and colleagues are working diligently to protect you from the next attack!

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

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INSIDE ABC

The programs and services described in the Inside ABC section are available to ABC member blood centers and their staff only, unless otherwise specified.

ABC Launches the API Learning Portal



America's Blood Centers®
Professional Institute

ABC is very excited to announce the launch of the America's Blood Centers Professional Institute (API) Learning Portal on Tuesday, October 18. The API provides self-paced industry-level online courses, webinars, and resources intended to support the success of blood center employees and industry partners. Many courses qualify for continuing education credits.

To access the training courses and resources through the API Learning Portal, ABC members log on to the [Member Site](#), and non-members click on the [Education page](#) on ABC's public website. Once in the API Learning Portal, either view the catalog or filter available courses by area of interest. Some of the programs currently available include: leadership development training courses, IT security courses, and customer service programs. Many more programs and an extensive array of courses on everything from general blood banking to current Good Manufacturing Practice (cGMP) programs will be coming soon.

ABC members receive initial complimentary registrations, with additional registrations offered at greatly discounted prices. Non-members can also access this premier education at a very competitive rate.

To learn more about the API, attend the webinar on launch-date, October 18, from 2:00 to 3:00 p.m. EDT. We will provide an overview of the API and its portal, discuss what courses are available as well as other tools and resources, and give attendees a sneak peek into what training transcripts and certificates awarded by the API look like. Members and non-members are invited to attend. To register for the webinar, [click here](#). ♦

ABC Calendar of Events

ABC offers a variety of meetings, workshops and virtual opportunities for education and networking as well as participation in ABC business. The [calendar of events](#) includes annual and summer meetings, board meetings, workshops, and webinars, and details will be updated as confirmed. We look forward to your support and participation!



AABB NEW RBC TRANSFUSION GUIDELINES (continued from page 1)

reliant more than just on hemoglobin levels, other clinical factors as well as patient preferences should also be taken into account before determining when and with which units to transfuse a patient. The guidelines are already garnering support from the industry with University of Pittsburgh Medical Center transfusion medicine professionals announcing their backing of the guidelines in a *JAMA* editorial writing “These new guidelines from the AABB represent medicine at its best.”

Citations: Carson J.L., Guyatt G., Heddle N.M., *et al.* Clinical Practice Guidelines from the AABB Red Blood Cell Transfusion Thresholds and Storage. *JAMA*. October 12, 2016 e-pub. DOI: 10.1001/jama.2016.9185.

Yazer M.H.; Triulzi D.J. AABB Red Blood Cell Transfusion Guidelines. *JAMA*. October 12, 2016 e-pub. DOI:10.1001/jama.2016.10887. ♦

Across the Pond: A Visit to Sanquin in the Netherlands



If you are in Amsterdam or in Oklahoma City, the goal of all blood centers is the same—to help patients get the life-saving blood they need. Upon a visit to Holland, this newsletter editor stopped at Sanquin in Amsterdam to find out just how much American and Dutch blood centers have in common. While a number of differences were made apparent in how we are organized and run our practices, many similarities remained. One message came out loud and clear, no matter if you are eating biscuits and gravy for breakfast or pannekoeken, we all are looking for ways to keep the blood supply safe and the pipeline full.

A Maybe Monopoly

While Sanquin is the only blood organization within the Netherlands, it is not government-run. It basically has a state-sanctioned monopoly and remains a non-profit organization. However, Sanquin works closely with its government counterparts in the Dutch Ministry of Health to establish the price of blood products and pass a yearly plan for the organization to maintain an efficient and safe national blood supply. Sanquin employs about 3,000 personnel who service the 16.9 million people throughout the Netherlands.



Split up into five divisions, Sanquin consists of blood banks, a plasma products division, diagnostic services or laboratories, a research division, and reagents department. Operating 50 fixed donation sites, Sanquin also sends their five mobile units (MBUs) to 80 predetermined semi-fixed locations throughout their country. The locations are picked a year ahead of time and marketed so people know when to look for the white and red donation MBUs. Each night, the MBUs head back to Sanquin’s New West Amsterdam location—up to a two-hour drive away—to unload their supply and rest. Sanquin’s plasma products mostly remain in-country, though 20 percent do get exported for outside use.

“The Netherlands is a relatively small country. The laboratories have such a small patient population that they cannot implement each and every test they need, because it’s not cost efficient, so we do a lot of testing

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ACROSS THE POND (continued from page 4)

for the hospitals,” said Daphne Laeijendecker, Sanquin’s donor relations manager. The Dutch blood center helps all 90 hospitals in the country run their laboratory tests, eight of which are research-based, academic hospitals. With two production sites and the only reference lab in the country, Sanquin works to match all 400,000 donations with patients as closely as possible.

Making a Match

While the Netherlands is only as big as about 6 percent of the entire U.S. population, their immigrant rate is close to that of the U.S. About 11 percent of the Netherlands’ population is foreign-born, versus the U.S.’ 13 percent. Along with this foreign-born population comes the same problematic search for rare-antigen matching we have in the States.

“That’s one of our main challenges with recruitment, we are trying to focus more on African backgrounds, like those from Suriname and Dutch Antilles, and the Moroccan population, to find those rare antigens,” said Ms. Laeijendecker. “Just like any other country we are struggling to get our missing minorities.”



While this recruitment story sounds similar to the difficult task of seeking minority blood donors in the U.S., the Dutch donor demographic is a little different than ours. In Holland, people can only donate between the ages of 18 and 70 (they can only register up until 65, however). Sanquin does not help host high-school blood drives. And while a large portion of their donors, especially apheresis donors, are men, many of those men are now aging out.

“Our donor database has a real feminization happening right now. It was about 50/50, but now it’s getting closer to 60/40,” Ms. Laeijendecker said. She also noted that for college kids, “Research has shown they are only open for donating in their first year. We don’t know exactly why! Especially men, they are more likely to become a donor in their first year, and then not in the years thereafter.”

Apparently in the Netherlands, before the mandatory military service was suspended in 1996, men who donated blood were given an extra day off from the service for their donations. This put into place a culture of donation amongst the older generation. However, as these men age out of the donation process, the Netherlands is experiencing a shift in their donation rates so men are falling extremely behind the women—not the case in the U.S. where there are more [men than women donors per year](#).

Along with the dilemma of attracting new donors comes the familiar obstacle of retention.

“While we are only losing 10 to 15 percent retention per year, it’s not bad, but we still want it to be less than 10 percent,” she said.

Digital Rush

If you know about mobile technology, you may have read how [Europeans are light years ahead of the U.S.](#) in terms of mobile technology adoption and advancement—and have been for some time. It may come as a surprise to hear then that even with an online mechanism, mobile apps, and texting capabilities, Ms. Laeijendecker said she considers Sanquin’s digital capabilities to be lacking.

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ACROSS THE POND (continued from page 5)

Many blood centers in America will admit they are just figuring out how to harness much of the Web's marketing power through channels like social media and mobile applications to recruit more donors. Sanquin has already pushed a prescreening process online to eliminate donors walking in the door that will automatically be disqualified for social or travel-related activities. Donors do still fill out a paper form application in-house if they passed the online prescreening, and are able to get alerts via their phones for things like donation appointments. However, Ms. Laeijendecker would like to take their process one step further and tie texting in with their donor database through the WhatsApp messenger application, a free messaging app for smartphones that uses Internet services rather than SMS to send text, images, videos, and voice messages. They do have an app already, she noted, but she would like to see that updated as well.

Deferring the South

There are many reasons why only 38 percent of the U.S. population can donate blood. Some of the deferrals are based upon the Mad Cow disease outbreak(s) in the 1990s, which resulted in millions of infected cattle, and [176 people from the United Kingdom contracting variant Creutzfeldt-Jakob Disease \(vCJD\)](#), 27 from France, and an additional 24 confirmed cases in 10 other European countries—including three in the Netherlands. Obviously, Sanquin would not ban all Europeans from donating blood, so they look to the south of Europe (and England) for many of their deferrals regarding vCJD and infectious diseases like Dengue and Zika. Sanquin has a four-week donor deferral for any travel to the south of Europe to cover any infectious diseases that *Aedes albopictus*, a relative of the famed *Aedes aegypti* mosquito and a native of the area, might be carrying.

While both Sanquin and U.S. blood centers have recently adopted a one-year blood donation deferral for men who have sex with other men, changing the decades-long ban that was in place. However, the U.S. Food and Drug Administration (FDA) is under pressure to re-examine this one-year policy and examine a more personalized deferral process.

“The pressure is not high to change it here,” said Ms. Laeijendecker. “We did get 47 extra donors after the policy changed and our stakeholders advised before it even went into place that we change the drop in the deferral to six months or even lower, but we are not feeling pressure to change it just yet from a year.”

On Pathogen Reduction Technology

As we are all aware, the FDA has advised universal testing for Zika of all U.S. blood products. However, blood centers can also use pathogen reduction technology instead of performing Zika testing for all donated plasma or platelet units.

“In Europe, in general, there are mixed feelings about pathogen reduction. There is not an urgent need here; however, the public opinion is that pathogen reduction is the safest thing you can have...and then politicians are deciding that we must do something,” said Dr. Dirk de Korte, manager of research and development at Sanquin. “We had our health advisory council do a study and they gave the advice not to introduce this new step, because it gives us a little bit of extra safety and a lot of uncertainty, because it's a lower quality product.”

Dr. de Korte went on to explain that through their independent studies the Netherlands has found Cerus' INTERCEPT pathogen reduction technology to not be cost effective.



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ACROSS THE POND (continued from page 6)

However, Sanquin is in the process of evaluating Terumo's Mirasol product to see if it is a more viable option for them.

"You have a little increase in safety, but you have increased the negative effects (with INTERCEPT) and Mirasol, I cannot say anything about it, because we don't know yet," said Dr. de Korte. He noted Sanquin's trial results should be available through the American Society of Hematology's journal *Blood* by December of this year. ♦

RESEARCH IN BRIEF

Authors of a new *Blood* article said they discovered a way to reverse red blood cell (RBC) lesions on stored units. The authors examined the proteomic and metabolomics deterioration of RBCs stored in the additive solution three, focusing on the oxidative changes in a key metabolic enzyme, glyceraldehyde 3-phosphate dehydrogenase (GAPDH). The authors of this study identified *ex vivo* functionally relevant to reversible and irreversible oxidation of GAPDH without exogenous supplementation of excess pro-oxidant compounds in clinically relevant blood products. They reversed oxidative and metabolic lesions, exacerbated by storage under hyperoxic conditions, with hypoxic storage. These novel techniques may be useful in treating those with stressed RBCs, like sickle RBCs, aging, or cancerous cells, or can help provide more effective health care solutions in isolated locations. However, identifying specific new storage lesions has the potential to lead to expensive new tests for blood donors and a reduced RBC supply, noted a commentator to the study.

Citations: Reisz J.A., Wither M.J., Dzieciatkowska M., *et al.* Oxidative modifications of glyceraldehyde 3-phosphate dehydrogenase regulate metabolic reprogramming of stored red blood cells. *Blood*. September 22, 2016. DOI: 10.1182/blood-2016-05-714816.

Hess J.R. RBC storage lesions. *Blood*. September 22, 2016. DOI: 10.1182/blood-2016-08-729541.

Scientists from Emory University devised a new way to test platelets' ability to clot. The scientists used a high-throughput hydrogel-based platelet-contraction cytometer that measured the force with which a platelet contracts and causes clotting. Authors of the study said their new method of measuring platelet actuation, and how it directly links to clot formation and mechanics, could help guide diagnostic strategies for thrombosis and bleeding disorders in the future.

Citation: Myers D.R., Qiu Y., Fay M.E., *et al.* Single-platelet nanomechanics measured by high-throughput cytometry. *Nature Materials*. October 10, 2016. Early Online. DOI: 10.1038/nmat4772. ♦

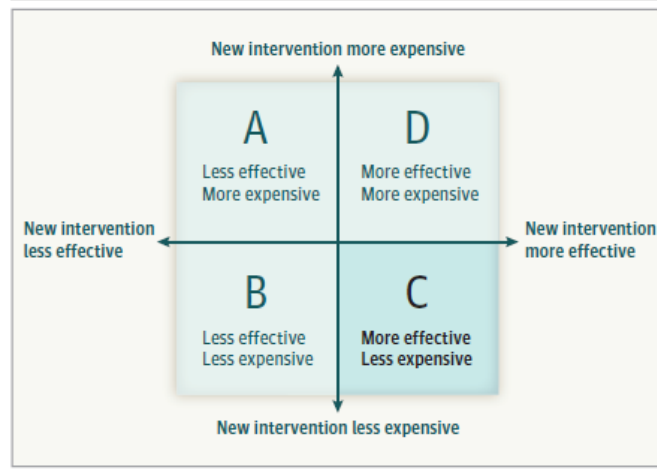
We Welcome Your Letters

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste. Please send letters to ABC Publications Editor Lisa Spinelli at newsletter@americasblood.org or fax them to (202) 393-1282. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.

BRIEFLY NOTED

In an analysis regarding the pursuit of a universal health care system, the author found that costs, effectiveness of interventions, political and socioeconomic circumstances are all major factors in the adoption of such a system. The costs associated with various medical interventions include the acquisition costs of the intervention, the costs of its administration, and the savings one can accrue from having the intervention. Effectiveness was harder to define and varied according to standards of care for different regions and systems as well as for different diseases. Using metrics such as quality-adjusted life-years gained was the most universal measure upon which to analyze an intervention’s effectiveness. In summary, the author raises a number of existential questions, e.g., how should the tensions between utilitarianism (the greatest good for the greatest number) be resolved against egalitarianism (treating everyone equally) to arrive at the conclusion that universal health care systems are worth pursuing.

Figure. Cost-effectiveness Plane for Assessing a New Intervention vs a Comparator



Citation: Rawlins MD. Cost, Effectiveness, and Value: How to Judge? *JAMA*. October 11, 2016. DOI:10.1001/jama.2016.11516.

The *American Journal of Medicine* has published a supplement titled, “[Reversal of Oral Anticoagulants](#),” edited by Charles V. Pollack, MD, professor within the Department of Emergency Medicine at Thomas Jefferson University, Philadelphia. This 96-paged special issue provides information and clinical guidance on the rationale for specific reversal agents and their appropriate use. Clinical data on direct oral anticoagulant (DOAC)-associated bleeding from phase 3 clinical trials and postmarketing trials are reviewed, as are current strategies for the management and assessment of bleeding events, perioperative management in the setting of DOAC therapy, and reinitiation of DOAC therapy after a bleeding event. Just some of the topics covered in the original research pieces include, [Bleeding with Direct Oral Anticoagulants vs Warfarin: Clinical Experience](#), [Safety of Direct Oral Anticoagulants: Insights from Postmarketing Studies](#), and the [Discontinuation and Management of Direct-Acting Anticoagulants for Emergency Procedures](#). ♦

REGULATORY NEWS

The International Council for Commonality in Blood Banking Automation (ICCBBA) announced updates to ISBT 128, the international identification, labeling, and information processing system for products of human origin. A new version of the Product Description Code Database v6.21.0 is now available to licensed facilities and can be downloaded as a [Microsoft Access database](#). New medical products of human origin codes can be requested once request forms from the website have been submitted. An updated Product Lookup Program that is populated with the new codes is also available. The **Standard Terminology for Medical Products of Human Origin v6.21 has also been released**. It provides definitions to all ISBT 128 terminology and should be used in conjunction with the ISBT 128 Product Description Code Database. In addition, the ICCBBA has also updated the following documents and they are available on their website: [ST-009 ISBT 128 Standard Labeling of Ocular Tissue v1.1.0](#);



REGULATORY NEWS (continued from page 8)

[ST-012 ISBT 128 and the Single European Code \(SEC\) v1.2.0](#); [IG-014 Implementation Guide: Use of Data Matrix Symbols with ISBT 128 v1.3.0](#); [IG-031 Implementation Guide: Use of the Processing Facility Information Code \[Data Structure 033\] v1.1.0](#); [IG-033 Implementation Guide: Use of the Donation Identification Number \[Data Structure 001\] v1.1.0](#); and [IG-034 Implementation Guide: ISBT 128 Facility Identification Number v1.2.0](#). (Source: ICCBBA, October 7, 2016.)



The Food and Drug Administration (FDA) issued a warning on the risks of treating patients who have chronic hepatitis C with direct-acting antiviral (DAA) medicines if the patient also has an inactive hepatitis B infection. The FDA found 24 cases in which hepatitis B virus (HBV) was reactivated in patients treated with DAA medicines and resulted in serious liver problems or death. The agency noted HBV reactivation usually occurred within four to eight weeks. As a result, FDA is requiring a Boxed Warning about the risk of HBV reactivation to be added to the drug labels of these DAAs directing health care professionals to screen and monitor for HBV in all patients receiving DAA treatment. This warning will also be included in the patient information leaflet or Medication Guides for these medicines.

The Food and Drug Administration will be restructuring several offices under the Center for Biologics Evaluation and Research (CBER). A new office under CBER, titled the Office of Tissues and Advanced Therapies, will replace the Office of Cellular, Tissue and Gene Therapies and will be comprised of the Division of Hematology Clinical Review and the Division of Hematology Research and Review. No new director has been named for the new office, but the restructure will take effect October 16, 2016. A public announcement is forthcoming and will be found on their [website soon](#). ♦

INFECTIOUS DISEASE UPDATES

Women who have been tested for Zika virus are waiting for a month, sometimes more, for lab results. Although the sought-after \$1.1 billion in Zika-funding passed Congress just the other week, it could take months before state health departments and laboratories see any of the money and are able to speed up testing. Naturally, in more rural and less economically-sound areas of the country, it will be harder and longer for a woman to receive testing as well as her results, noted Martha Rac, MD, maternal-fetal medicine specialist at Texas Children's Pavilion for Women and Baylor College of Medicine, in Houston, Texas, in an [NPR article](#). (Source: Kaiser News, [Got Zika? For Pregnant Women, Lab Constraints Mean It's Often Hard To Know](#). October 7, 2016.) ♦

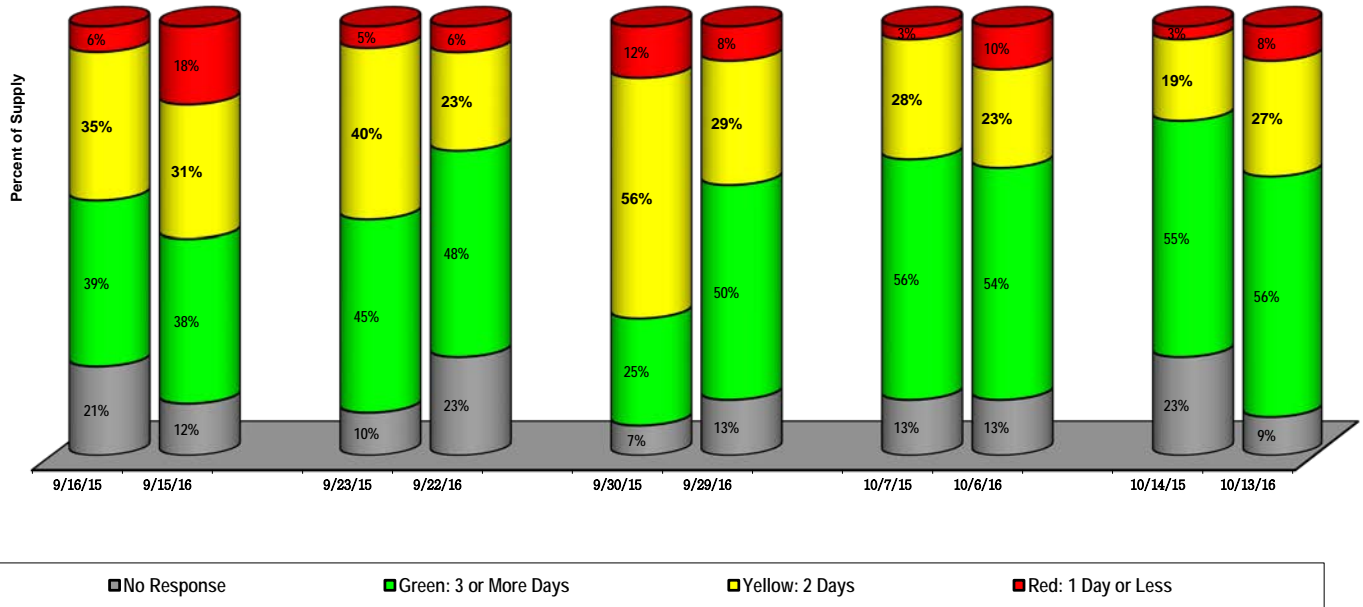
WORD IN WASHINGTON



The Occupational Safety and Health Administration (OSHA) released two new factsheets stressing the importance of tracking metrics and investigating potential hazards to prevent workplace injuries, illnesses, and fatalities. [The Use of Metrics in Process Safety Management Facilities](#) provides employers with a list of metrics, or measurements, tracked by facilities in OSHA's Voluntary Protection Programs that handle highly hazardous chemicals. OSHA and the Environmental Protection Agency collaborated on [The Importance of Root Cause Analysis During Incident Investigation](#), which urges employers to investigate incidents that nearly led to a worker injury and find ways to prevent similar incidents. OSHA also released a one-minute [video on how to file an OSHA-related complaint](#).



STOPLIGHT®: Status of the ABC Blood Supply, 2015 vs. 2016



The order of the bars is (from top to bottom), red, yellow, green, and no response



Recruitment Through Text Messaging

A constant challenge for any business is getting meaningful messages to the consumer. Choosing a channel that is both timely and relevant is key to making sure your messages are seen by the intended recipient(s). The rapidly changing digital landscape of the marketing and communications fields continues to be embraced across all generations, and so must recruitment efforts evolve in order to be effective. Visit the [ADRP blog to read more.](#) ♦



PEOPLE



Jeffrey L. Carson, MD, the Richard C. Reynolds Professor of Medicine at the Robert Wood Johnson School of Medicine, was awarded more than \$16.1 million by the National Institutes of Health National Heart, Lung, and Blood Institute (NHLBI). NHLBI awarded Dr. Carson the money to lead a nationwide clinical trial evaluating whether a restrictive or a liberal blood transfusion is most beneficial to heart attack patients. Dr. Carson will oversee the Myocardial Ischemia and Transfusion clinical trial, which includes 80 U.S. and Canadian centers and 3,500 patients. The goals of the studies are to help establish evidence to set transfusion standards for heart attack patients and improve their survival rates while reducing their risk of another heart attack. (Source: News-Medical.net, [Rutgers researchers aim to set blood transfusion standards for heart attack patients](#). October 5, 2016.) ♦

GLOBAL NEWS

The World Health Organization (WHO) released a report on Monday at its annual meeting in Manila stating Asia is “highly likely the region that will continue to report new cases and possibly new outbreaks of Zika.” While much of Asia has had a number of Zika infections over the last decade, there has not been a widespread outbreak like the kind being seen in Puerto Rico and the Americas. Thailand has reported as many as 350 cases of Zika since January 2016, with 25 of these cases being pregnant women and two cases of Zika-related microcephaly birth defects last week. Singapore is reporting 387 Zika confirmed cases with 16 of them being pregnant women. (Sources: *BBC News*, [Zika virus highly likely to spread in Asia, says WHO](#). October 11, 2016; *International Business Times*, [Zika alert: WHO says virus poised to spread in Asia; Singapore remains vulnerable](#). October 11, 2016.) ♦

COMPANY NEWS

Theranos announced on its website last week that it will close its laboratories and lay off hundreds of employees. The blood-testing Silicon-Valley company once promised it could perform a number of clinical tests with a few drops of blood came under scrutiny for false positive results and never divulged its process. Elizabeth Holmes, CEO of Theranos, who was [barred from operating a medical laboratory for two years](#), wrote to say the company would focus its attention on their miniLab platform. The closure will cause Theranos to lay off about 40 percent of its workforce, 340 employees. (Source: *New York Times*, [Theranos to Close Labs and Lay Off 340 Workers](#). October 5, 2016.)

A group of four companies, led by BioBridge Global (BBG), were awarded \$7.8 million from a U.S. Army-created consortium. The Medical Technology Enterprise Consortium gave BBG, along with the [Army’s Institute of Surgical Research \(USAISR\) Coagulation and Blood Research](#), San Antonio biotech firm [StemBioSys](#), and Maryland-based [RoosterBio Inc.](#), the funding to help develop capabilities to bring forth large-scale manufacturing of stem cells for clinical use. (Source: BioBridge press release, October 3, 2016.) ♦





CALENDAR

2016

Oct. 22-25. **AABB Annual Meeting, Orlando, Fla.** More information available [here](#).

Oct. 31-Nov. 1. **FDA 510(k) Submissions Workshop, Washington, D.C.** Find out more information and register [here](#).

Nov. 2. **FDA IDE Submissions Workshop, Washington, D.C.** Find out more information and register [here](#).

Nov. 17. **FDA Blood Products Advisory Committee, Silver Spring, Md.** Find out more information [here](#).

2017

Mar. 2-3. **IPFA 2nd Asia Workshop on Plasma Quality and Supply, Yogyakarta, Indonesia.** To register for the workshop, click [here](#).

Mar. 24-28. **Annual Meeting, America's Blood Centers, Washington, D.C.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

May 1 -3. **ADRP 2017 Annual Conference, Chicago, Ill.** More information is available on the [website](#).

May 16-17. **IPFA/PEI 24th International Workshop on "Surveillance and Screening of Blood-borne Pathogens", Zagreb, Croatia.** To register, click [here](#).

Mar. 25. **Board Meeting, America's Blood Centers, Washington, D.C.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Aug. 1-4. **Summer Meeting, MD Workshop & Golf Tournament, America's Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Aug. 3. **Board Meeting, America's Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 11-12. **IPFA/BCA 3rd Global Symposium on The Future for Blood and Plasma Donations, Atlanta, Ga.** Registration will open in mid-September. ♦

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CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: \$139 per placement for ABC Newsletter subscribers and \$279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Maundy at the ABC office. Phone: (202) 654-2917; fax: (202) 393-1282; e-mail: lmaundy@americasblood.org.

POSITIONS

Director of Biologics Manufacturing. OneBlood, is an innovative, forward-thinking blood center providing safe, available and affordable blood to more than 200 hospital partners and their patients throughout most of Florida, parts of Georgia, Alabama and South Carolina. We are currently recruiting for a Director of Biologics Manufacturing in our Orlando lab. This position will provide vision, strategic leadership and management expertise to the Biologics Manufacturing and Product Quality Control (PQC) teams as well as have overall authority and accountability for the regional operations of the Orlando lab. Qualification requirements include a bachelor's degree, from an accredited college or university, specializing in medical technology, biology or a related medical field. Ten or more years of management experience in blood banking, preferably manufacturing. Candidates with an equivalent combination of education, certification, training and/or experience will also be considered. A current and valid Florida Clinical Laboratory Technologist license in Immunohematology or Blood Banking or ASCP Medical Technologist certification is strongly preferred. To learn more about this position and the live-saving mission of OneBlood, visit our careers website at <https://www.oneblood.org/careers>.

AP/CP or CP Trained Pathologist. The Department of Pathology at the University of Utah is seeking an AP/CP or CP trained pathologist (board certified), with subspecialty training in Transfusion Medicine (board certified or eligible). The successful candidate will share responsibility with one other medical director for supporting the Transfusion Service at the University of Utah Hospital, the Huntsman Cancer Institute and Primary Children's Hospital. The position will also support the Associated Regional and University Pathologists (ARUP) Blood Donor Center and Immunohematology Reference Laboratory. The successful candidate will be expected to support laboratory and hospital quality improvement, compliance, and accreditation initiatives, and to provide consultation to clinicians. Participation in teaching of medical students, pathology residents, and hematology fellows is also expected. Research in the area of applied transfusion medicine is encouraged. Academic rank and salary will be commensurate with experience. Applicants should submit electronically to <http://utah.peopleadmin.com/postings/50868> a curriculum vitae, a brief cover letter, and the names and addresses of three references. Please contact allison.boyer@path.utah.edu with any questions. The University of Utah Health Sciences Center is a patient-focused center distinguished by collaboration, excellence, leadership, and respect. The University of Utah Health Sciences Center values candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to the mission of the University of Utah Health Sciences Center.

Manager Mobile Recruitment. Principal Accountability Highly motivated, experienced sales professional that exhibits leadership qualities both in terms of inspiring their teams but also delivering consistently high results in the Mobile Recruitment operations. This position is directly responsible for planning and implementing effective strategies to manage the recruitment team's activities and achieve established blood collection goals and key performance indicators. This individual will provide direction for retaining current accounts as well as develop new accounts and focus on blood drive efficiencies utilizing the current recruitment tools. Additionally, must be available for after-hours operational calls. Education: Bachelor's degree or five years' experience in blood center operations, sales, and other operations or related field. Experience: Minimum three years of experience in sales and/or donor recruitment - Minimum two years' experience managing a team(s). We maintain a drug-free workplace and perform pre-employment substance abuse testing. Carter BloodCare (CBC) is an EEO/Affirmative Action employer. CBC provides equal employment opportunities (EEO) to all employees or applicants and will not discriminate in its employment practices due to an applicant's race, color, religion, age, sex, national origin, and veteran or disability status. CBC is a Pro Disabled & Veteran Employer. To apply, go to our website, www.carterbloodcare.org.

Manager Product Quality Control (PQC). OneBlood is an innovative, forward-thinking blood center providing safe, available and affordable blood to more than 200 hospital partners and their patients throughout most of Florida, parts of Georgia, Alabama and South Carolina. We are currently recruiting for a Manager Product Quality Control (PQC) in our Orlando lab. This position will manage the day to day activities to ensure testing is completed in a timely and accurate manner in accordance with regulatory guidelines and organizational policies and procedures. This position will be responsible to coordinate departmental workflow, manage staff schedules, and provide leadership and technical expertise to the PQC lab. Qualification requirements include a bachelor's degree, from an accredited college or university, specializing in medical technology, healthcare, chemistry, biology, biotechnology or a related field. Five or more years of experience in a related field as well as a valid Florida Clinical Laboratory Technologist license is required. Possession of a Supervisor License in Immunohematology or Blood Banking is preferred. To learn more about this position and the OneBlood organization, visit our careers website at <https://www.oneblood.org/careers>.

Account Executive. The Blood Center of Central Texas is hiring a dynamic, self-starter to recruit new donor groups for blood drives, maximize existing accounts, and execute strategies to meet draw goals for an established territory in the Austin area. They will maintain successful

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POSITIONS (continued from page 13)

relationships with blood drive coordinators and cultivate future coordinators; evaluate new accounts; develop and present proposals to recruit new donor groups. This individual will also work closely with other members of the Donor Recruitment team to maximize drive efficiency and resources. Qualified candidates must have the ability to organize and prioritize under changing conditions, manage multiple projects, and handle stressful situations. Excellent interpersonal, communication, and presentation skills are needed. A college degree or two years of sales experience is required. Must be able to work flexible hours to include evenings and weekends as necessary. Please visit www.inyourhands.org to learn more and to apply online. EEO Employer: Minorities/Women/Veterans/Disabled.

Clinical Apheresis Nurse. The Blood Center of Central Texas is hiring a Registered Nurse (RN) to qualify potential patients/donors referred by physician offices and hospitals to make autologous, therapeutic, and directed donations, as well as perform and oversee these procedures. This position will access central venous catheters (CVC); perform CVC flush and anticoagulation; change CVC dressing; instruct patients on CVC care. They will be a liaison for patients and physicians, as well as review all request forms, physician's orders, patient history, medications and lab work, as applicable. Qualified candidates must have an active unencumbered State of Texas RN license and be certified in CPR. At least one year of nursing experience in a hospital setting, oncology unit, or clinic required. A minimum of three years donor qualification related functions in a blood center may substitute for some clinical experience. Phlebotomy experience required. ICU, ER, pediatrics, apheresis, dialysis and/or oncology experience preferred. Must be available to work a full-time schedule Monday – Friday and be able to participate in the on-call rotation to include nights and weekends. Must be at least 21 years of age, hold a valid driver's license, provide a copy of an acceptable driving record, and show proof of liability insurance. Please visit www.inyourhands.org to learn more and to apply online. EEO Employer: Minorities/Women/Veterans/Disabled.

Quality Manager (Sacramento, Calif.) Blood Systems is one of the nation's oldest and largest comprehensive transfusion medicine organizations. We serve blood centers, hospitals and health systems, offering shared management and support services, quality excellence and effective contracting. Under minimal supervision, this position is responsible for assisting in managing the review of quality systems and compliance in all areas of technical and clinical operations. This position serves as a resource to operations on quality issues. Participates in performance improvement initiatives through data and process analysis. Knowledge/Education: Bachelor's degree required. Licenses/Certifications: Certification as a Medical Technologist or SBB preferred. Experience: Four years related experience in a regulated industry required. To include: Two years in a quality, regulatory,

and/or auditing environment. Six months supervisory experience preferred. Previous quality experience and performance improvement skills e.g., skills in data analysis preferred. Blood Systems, Inc. is an Equal Opportunity Employer. Apply at: <http://www.bloodsystems.org/careers.html/> (Req 16000914). OE/Minority/Female/Disability/Vets

Marketing & Communications Specialist. Blood Centers of the Pacific seeks qualified individual with excellent verbal and written communication skills to join our Marketing team in San Francisco. Will perform marketing and communication duties to support organizational goals. Duties to include promoting blood donations via multi-faceted marketing campaigns, assisting with social media outreach, and supporting departmental goals through data analysis and reporting. Will assist with developing electronic and print public relations materials such as newsletters, website stories, presentation pieces, etc. Will coordinate donor recognition programs which may include award events. Proficiency in Word, Excel and PowerPoint required. Experience with production and/or design software preferred. Requires BA/BS degree in Graphic Design, Communications, PR, Marketing or other related field and two years relevant experience. Equivalencies may be considered. To apply, visit our employment page at <http://www.bloodcenters.org/about-us/employment/> (Requisition #16000966). Blood Centers of the Pacific is an equal opportunity employer: EEO/Minorities/Females/Disabled/Veterans/Other Protected Groups. ♡