

2015 #44

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How Campus Donation Centers Engage Student Donors

Blood donations from high school and college donors comprise as much as 20 percent of total blood donations during the school year at many blood centers around the U.S., making this a critical donor population. Further, securing young donors helps to create dedicated, lifelong blood donors. A number of hospital-based blood banks have established donor centers right on college campuses, offering a unique perspective on how to effectively engage students.

While many community blood centers rely mostly on mobile blood drives to reach the student population, the college donation center experience illuminates creative ways to leverage the university community and student body to create loyal college donors.

The University of California, Los Angeles (UCLA) Blood & Platelet Center, along with mobiles and another nearby fixed-site, contributes more than 23,000 whole blood and 9,000 apheresis platelet units annually to the UCLA Health System. The center offers a student-friendly blood donation option right



The UCLA Blood & Platelet Center provides a student-friendly environment where university donors feel comfortable spending downtime and giving blood.

at the heart of its campus in the student union, according to Alyssa Ziman, MD, medical director of UCLA Health Systems' Clinical Laboratories and Transfusion Medicine.

Partnering with student organizations and university departments has been key to the donation center's success from its inception, because a student and faculty board must approve any organization seeking space in the student center, said Dr. Ziman, who discussed the campus center at the AABB Annual Meeting in Anaheim, Calif. on Oct. 25. The campus donor center staff have continued cultivating strong relationships with students and the university to more effectively reach donors, gain student volunteers, participate in university events, and offer special donor incentives.

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OUR SPACE

ABC Chief Medical Officer Louis Katz, MD

Just When You Thought it Was Safe to go Back in the Water

It is time once again for the Department of Health and Human Services' (HHS) National Blood Collection and Utilization Survey (NBCUS), conducted by the Centers for Disease Control and Prevention (CDC). I know it seems like only yesterday (actually last winter) that you participated, but the latest data available on these things is from 2013. Preliminary results of the 2013 NBCUS were presented at this year's AABB Annual Meeting in Anaheim, Calif., and CDC will aim to publish the results by early 2016. The survey results are used to generate national estimates of blood collections and transfusions to understand current blood use and to project future blood needs. Amongst the Feds, the data accumulated is of particular use to the Centers for Medicare and Medicaid Services, the Food and Drug Administration, the Health Resources and Services Administration, and the National Institutes of Health – in addition to HHS/CDC. For the blood community, the data are critical in our advocacy efforts.

Given the upheavals we are experiencing, everyone needs to know the direction that our collections and distributions are moving. The CDC will be opening the 2015 NBCUS during early February 2016 and analyzing the data for distribution and use about six months after closing the survey (fall/winter 2016). From where I am sitting, it is critical that 100 percent of ABC centers respond.

I have reviewed a very late draft of the 2015 survey data elements. It is available to ABC member voting representatives on the member website [here](#) (with permission from the Office of Blood, Organs and Other Tissue Safety/CDC in Atlanta). Please download it to prepare to collate the needed information.

Similar to the 2013 NBCUS, the CDC will e-mail each of you a unique web link to your center's survey. The link will take you to the 2015 NBCUS Portal Page where your responses can be entered. There are three sections: (A) general information; (B) blood collection, processing, and testing; and (C) blood transfusion. If you have questions regarding the survey, contact Koo Chung (jeq4@cdc.gov, 404-498-0730) or Sridhar Basavaraju, MD, (etu7@cdc.gov, 404-498-0729).

With high member participation in the ABC Data Warehouse, we hope that ABC data for the 2017 version will be uploaded from the Data Warehouse to CDC, and you won't have to go back in the water.

lkatz@americasblood.org ♦

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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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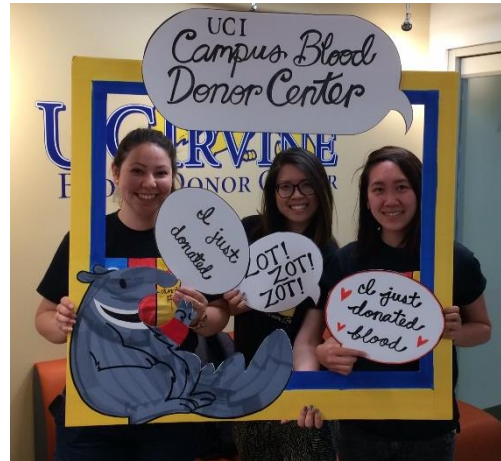
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Campus Donor Centers (continued from page 1)

Through the Student Recruiter Mentorship Program, the UCLA Blood & Platelet Center maintains three student employees who give presentations to large classes throughout campus, recruit peers through student activities groups, schedule blood drives with student groups, collect donation sign-ups, and make reminder calls – allowing the center to reach thousands of students. Not only are students often more responsive to their peers, but the student employees also gain valuable public speaking and healthcare professional experience, said David Anthony, manager of the UCLA Blood & Platelet Center.

The University of California, Irvine Campus Blood Donor Center, which opened in October 2011, supporting the UC Irvine Medical Center in Orange, Calif., similarly gains student recruiters but through a partnership with the university's Program in Public Health. Fourth-year public health students must complete a 100-hour public health practicum internship at an approved site, one of which includes the donation center, Teresa Barrett-Bewley, the donor recruiter at UC Irvine's Campus Blood Donor Center, told the *ABC Newsletter*. The center employs three student interns a quarter – together providing 40 hours of support weekly.

The UC Irvine center also partners with many professors who allow donor center employees and volunteers to make presentations in their classes, as well as with student housing, Jamba Juice (an on-campus smoothie shop), the university marketing department, the student center, and student clubs – all allowing for increased campus presence and student outreach. UC Irvine's student volunteers give about 150 three-minute presentations each quarter, reaching 12,000 to 20,000 students.



UC Irvine students pose with their mascot, the anteater, after giving blood at the UC Irvine Campus Blood Donor Center

The UCLA Blood & Platelet Center leverages university partnerships to provide fun, student-focused raffle items for donors, such as football or basketball tickets and autographed sports memorabilia donated by the athletic department. The center provides a number of other student-oriented donor incentives like “front of the line” book passes that allow students to jump to the head of the long line during the beginning of each quarter at the student book store, as well as meal coupons for the student union, and movie tickets, said Mr. Anthony.

“A little competition is also a big draw for our college students,” said Mr. Anthony. For example student housing enables blood donation competitions between dorms, and the Greek community holds Greek Week competitions in which fraternities and sororities compete to garner the most donations. The UCLA center hopes to take advantage of the longtime rivalry between UCLA and the University of Southern California (USC), which is in the midst of creating its own campus donor center, to engender some friendly blood donation competition between the two universities, said Mr. Anthony.

Interestingly, the largest contributor of blood donations garnered through university partnerships at UCLA comes from the university's expansive facilities and maintenance staff. Mr. Anthony notes that this staff is extremely responsive to e-mail blasts seeking donors, particularly when there is a specific blood type or patient need.

(continued on page 4)

Campus Donor Centers (continued from page 3)

The method of communication is another important consideration when reaching out to college students, said Ms. Barrett-Bewley. “The college donor population is different in the way they communicate and receive communication. For example, most college students do not even set up voicemail on their phone. We focus our communication in several ways – in-person, text, e-mail, and social media,” said Ms. Barrett-Bewley. The experience at the UCLA center has been similar, where students indicated in a survey that even Facebook is becoming outdated for college students, with many preferring Snapchat or Twitter, according to Mr. Anthony.

In addition to the communication mode, staff at both university donor centers agree that to engender a habit of lifelong donation, the theme of donor center messaging must convey a sense of community service through giving blood to save lives.

“If we put the emphasis on the free T-shirt and train our donors to donate because of a cool shirt, what happens when they graduate and are in a working world and the blood mobiles come around to their place of business? Maybe they don’t care about a free T-shirt anymore, so there is no motivation to donate. If we instead trained them that their donation is a selfless way to save a cancer patient or a premature baby, they will have the motivation to continue to donate throughout their life,” said Ms. Barrett-Bewley.

The UCLA donor center works to really foster a sense of community among their student, faculty, and staff donors, emphasizing the theme of saving lives with the tagline – “What type of hero are you?” With a welcoming, lounge-like environment, the staff has created a donor center in which students enjoy spending downtime. Further, the donor center holds special campus events like donor recognition luncheons and an annual campus bike ride event to integrate blood donation into the campus culture.

“UCLA is its own self-sufficient city, and the students are aware of that ... They know that as part of that community, we have this wonderful hospital on campus – and we try to put the feeling out to our students that this whole community is theirs to enjoy and contribute to,” said Mr. Anthony.

Both donor campus centers have found numerous benefits of instituting on-campus donor centers and fully engaging the student body – most importantly, having a large population of readily available, healthy donors on whom to call whenever there is a need for blood at their university medical centers. However, both centers seem to agree that the most valuable benefit of engaging college donors is developing the donation generation that will support patient needs going forward. ♦

Last Day to Submit Nominations for ABC's 19th Awards of Excellence

Today is the last day for you to submit nominations for America’s Blood Centers 19th Annual *Awards of Excellence* and the 2015 FABC Awards! ABC members can offer national recognition to local individuals, civic groups, media, and corporations for their commitment to community blood programs. Submit your nominations by the close of business today! ABC members can find more information and nomination instructions in [MCN 15-088](#). Questions may be directed to Jodi Zand (jzand@americasblood.org).



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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. ♦

Consider Making the FABC Part of Your Charitable Giving this Holiday Season

With the holiday upon us, America's Blood Centers and the Foundation for America's Blood Centers (FABC) asks that ABC member blood centers and other blood community members to consider supporting the ABC Professional Institute (API) Capital Campaign in their charitable giving this season. The API provides a wealth of education experiences to blood center professionals through four main learning portals – online learning, face-to-face learning, publications, and learning communities.

In the cost-constrained healthcare environment, the API addresses a critical business need of all ABC members by providing a viable, cost-effective alternative to offering training and expertise to blood center staff. For example, webinars and e-learning modules under development offer blood center professionals the chance to brush up on hot topics or learn new skills without ever having to leave the office. Contributing to the API Capital Campaign will help to ensure that the professional development opportunities necessary to develop future blood banking leaders are readily available.



The API's value does not end with educating blood center professionals. It also provides blood center members with the tools to educate policymakers, which has resulted in major wins for the blood banking community through successful legislative and regulatory advocacy efforts led by ABC. Most recently, the Centers for Medicare & Medicaid responded to ABC advocacy efforts, in conjunction with blood community partners, and rescinded the severe cuts in Medicare reimbursement for blood products that the agency originally proposed.

Over the last year, ABC has made large strides in developing the API, including launching the newly redesigned [member website](#) in June and hiring an adult learning expert as the director of Education Programs & Grants to develop and manage ABC's educational programs. In addition, ABC launched the ABC event mobile app and began development on the Blood Banking 101 program, an e-learning module set to launch in March 2016. To learn more about the API and other accomplishments, [click here](#).

These endeavors would not have been possible without the nearly \$384,000 donated to the FABC for the API, most of which has been donated by industry vendors. The API Capital Campaign runs through March 2016, and the FABC needs the support of its member blood centers to achieve its fundraising goals. By partnering with industry vendors in supporting this campaign, ABC members can send a strong message that this investment is important to ensure that the blood community works together to develop future blood banking leaders.

ABC and the FABC thanks those who have already contributed and encourages its member blood centers to consider contributing to the campaign in support of blood center continuing education. To contribute, please [click here](#). Questions may be directed to jzand@americasblood.org. ♦



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Global Blood Fund's The Wonder of Blood – Saving Lives in Asia Contest



This article is the last of a three-part series contributed by Global Blood Fund (GBF) as part of the Wonder of Blood – Saving Lives in Asia Contest. GBF and the Asian Association of Transfusion Medicine solicited stories from blood services, hospitals, and patients in Asia about the power of blood, offering 1st, 2nd, and 3rd-place cash prizes, as well as the opportunity to raise awareness about the need to improve blood safety and sufficiency in Asia. We congratulate this week's author – the 1st place winner! Winning entries will be made available at <http://yourbloodstory.org/past-competitions/>.

First Place Story: Globin Gene Games

By: Namitha Kumar, India

In a hospital in India, I lie still as I go through a venipuncture for a blood transfusion. I watch as the needle enters my vein and blood rushes into the scalp vein set. I watch as I am hooked to the packet of blood that screams "B+ve." This is a familiar routine each month since the age of 4. I am now well into my 30s and this routine blood transfusion is my lifeline – my passport to a living. I have a genetic blood disorder called Thalassemia and my life depends on this lifeline of blood transfusions.

(continued on page 7)

Global Blood Fund Contest (continued from page 6)

Call it fate, call it bad luck, misfortune – my life is a result of the game played by my familial genes and ancestry. I call it the trickery of delta and beta because of my delta-beta thalassemia variant. Delta and beta played a cruel game with me. The globin gene that is supposed to produce sufficient hemoglobin to carry on life activities has a mutation preventing the production of normal hemoglobin.

My life has always revolved around blood. Either I am giving blood for lab tests or taking blood transfusions. The test tube with blood and the IV line are symbolic of my struggles with this blood disorder. As a child, I hated the sight of blood and didn't want to look at it. I always looked away as I was being pricked and I never wanted to look at the blood packets. Soon I realized that I must make friends with my enemies if I have to live better and stay positive. I started accepting that blood will be the fulcrum of my life till there is a therapeutic cure. I accepted the play of delta, beta, and the globin gene games. I said "Hi" to thalassemia and finally invited the rogue home. I realized that I have to pacify the enemy if I have to continue living and have a fairly decent life. After all, life is not just about blood games but much more. In the midst of running circles over blood, I got an education, made friends, had fun, and did everything that any normal human did.

I learned to listen to the whispers and stories of delta, beta, and the globin gene. I picked up early warning signs when things were not going well. Sometimes I pleaded with them to leave me in peace and let me be like any other normal person. Sometimes they left me alone and disasters were averted. At other times, disasters descended like angry storm clouds. In such times, blood became the center of everything as a minor interruption would result in rapid hemolysis. I was left hanging on to packet after packet of blood as delta, beta, and the globin gene waged a nuclear war in my body. There were times when I didn't know if I was alive or dead. I clung on to life hoping that the blood games would cease and let up. And truly it did. After the war abated, I was back to the driving seat of life in full control. Blood had played its games but it also saved the day as I always got enough transfusions to pull me through the several interruptions.

Life goes on in all its complexities, yet I continue to see the beauty and thrill that it offers me. I am tied to blood always. My life timetable revolves around taking blood transfusions. Planning a transfusion, being prepared for emergencies, and taking on everything that comes by – good or bad. I am hopeful that gene therapy will bring succor to the lives of all those with blood disorders like mine.

My identity is not just a clinical or medicalized one but a richer, deeper, and more meaningful concept going beyond any genes. I learned to live life for whatever it offers me and I am happy to be a part of this colorful world.

I know nobody is immortal, so as I lie dying someday ...

"Let me not be filled with regrets.

Let my memories fill me with pleasure and happiness on the various thrills I experienced in this world.

Let me leave happily and at peace that I took the best and enjoyed what I could."



Namitha Kumar, the 1st place winner, receives a regular blood transfusion from transfusion nurse Sameena Mariam, who, coincidentally, was the second 2nd place winner.

(continued on page 8)

Global Blood Fund Contest (continued from page 7)

If you have existing stories from blood donors, transfusion recipients, or family members that you would like to offer GBF to share more widely, please email info@globalbloodfund.org.

If you do not have these stories but can see their potential value in communicating the donation narrative in your own community, GBF can tailor its portal to your blood center's brand for your own use. With a link from your center's website, you can offer your stakeholders a turnkey way to tell others how blood has had an impact on their lives. This approach could also be used to further engage community partners and the local media. Contact info@globalbloodfund.org for more details. ♦

American Red Cross Announces Relief From Consent Decree

The American Red Cross announced this week that as of Dec. 4, Biomedical Services is no longer under the consent decree imposed in 1993, requiring that the organization improve the way it collects, processes, and tracks blood. To be released from the consent decree, the ARC has demonstrated a continuous five-year period of sustained compliance with government regulations, the consent decree, and ARC procedures.

“Red Cross blood operations have been strengthened and improved through the feedback and guidance of the U.S. Food and Drug Administration (FDA), which was the goal of the consent decree. Over the last several years, the Red Cross developed a more robust, world-class system by evaluating and monitoring our compliance performance across multiple indicators. This system includes comparing performance between facilities throughout our national network to consistently benchmark for improvement. With ongoing oversight and support, these new processes are now integral to how we operate,” according to the ARC statement.

“This accomplishment was achieved through all the hard work and commitment to quality and compliance of the nearly 16,000 employees in Red Cross Biomedical Services,” said Kathy Waldman, senior vice president of Red Cross Quality and Regulatory Affairs.

America's Blood Centers Chief Medical Officer Louis Katz, MD, said, “This represents the end game of a titanic effort by the ARC, and I am sure that all ABC members will join me in congratulating our colleagues on this announcement.” (Source: ARC statement, 12/8/15) ♦

RESEARCH IN BRIEF

A study published in *Transfusion* suggests that certain demographic characteristics may be associated with false positive hepatitis C virus (HCV) and human T-lymphotropic virus (HTLV) donor screening results. False-positive infectious disease donor screening results do not pose a risk to the donor, but they account for an appreciable number of donor deferrals annually. For example, from 1995 to mid-2008, about 64,000 donors at the American Red Cross were deferred based on HTLV false-positive immunoassay results. False-positive results can have serious implications, as donors who are not actually infected may be permanently deferred. Evan M. Bloch, MD, and colleagues of Blood Systems Research Institute conducted a case-control study to compare donors with false-positive infectious disease results to those with negative results. The researchers compared all allogeneic donors with false positive HIV, HTLV, HCV, and hepatitis B virus (HBV) results to those with negative results between Jan. 1, 2011 and Dec. 31, 2012. They found that black race and Hispanic ethnicity were associated

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RESEARCH IN BRIEF (continued from page 8)

with HCV and HTLV false-positive results. Male sex and lower education were associated with HCV false positivity, and ages 25 to 44 were associated with HTLV false positivity. First-time donors were more likely to be HCV false positive, although less likely to be HBV and HTLV false positive. No significant associations between donor demographics and HIV false positivity were observed. A questionnaire of false-positive donors showed low levels of high-risk behaviors. These results confirm previous studies suggesting that demographic characteristics like sex, race, or age may be linked to proteins that cross-react with testing materials, write the authors. However, these mechanisms are not well understood and require further research. “Limited evidence suggests that some false-positive viral infection test results are not completely random. This merits further evaluation given the adverse effect on donors and the blood supply. Furthermore, special attention should also be considered in the counseling of first-time and minority donors who receive false-positive test results, ultimately with the goal of mitigating the long-term impact of these results on donors and donation centers alike,” conclude the authors.

Citation: Vo, MT, *et al.* A retrospective analysis of false-positive infectious screening results in blood donors. *Transfusion*. 2015 Oct 28. [Epub ahead of print]

Research presented at the American Society of Hematology (ASH) Annual Meeting in Orlando, Fla., last week suggests that gene therapy may help patients with a variety of blood disorders. Two studies presented at the meeting provide “new clinical proof of concept” that gene therapy can be effective and safe, said George Daley, MD, PhD, of Boston’s Children’s Hospital, during an ASH press conference. The two studies examined patients treated to repair genetic defects that had led to beta-thalassemia major and Wiskott-Aldrich syndrome. The researchers cautioned that their findings only support the hypothesis that these treatments are effective, and that more research is needed. One study, led by Mark Walters, MD, of the University of California San Francisco Benioff Children’s Hospital in Oakland, Calif., funded by Bluebird Bio examined a genetic therapy that would deliver a functioning HBB gene that is mutated in beta-thalassemia. This hemoglobinopathy is characterized by reduced hemoglobin production, requiring frequent red blood cell transfusions and chelation therapy for transfusional iron overload. A lentiviral vector was constructed to deliver the gene. They collected hematopoietic stem cells from patients, inserted the working gene, gave chemotherapy to destroy the thalassemia-producing blood cells, and returned the modified stem cells to the patient. As of late October, the researchers had treated 13 patients, and presented data on the nine with more than six-months of follow-up. The gene therapy completely eliminated the need for transfusions in five patients and markedly reduced the need for transfusions in the other four patients, who had a more severe form of beta-thalassemia with a complete absence of hemoglobin. Another study examined the effects of a gene therapy for Wiskott-Aldrich syndrome (WAS), a rare X-linked primary immunodeficiency characterized by low platelet counts, recurrent infections, easy bruising, bleeding, eczema, autoimmune disorders, and high susceptibility to cancer. Francesca Ferrua, MD, of the San Raffaele Telethon Institute for Gene Therapy in Milan tested a lentivirus vector carrying an intact WAS gene to treat the disorder, similar to the beta-thalassemia study. All seven of the patients with more than a year of follow-up saw their risk of severe infection fall and were able to stop anti-infective prophylaxis. All four who had vaccinations were able to produce specific antibodies. Patients also saw a reduction in bleeding and no serious adverse outcomes were reported. ASH abstracts can be found [here](#). (Source: MedPage Today, 12/6/15)

Citations: Walters, MC, *et al.* Update of results from the Northstar Study (HGB-201): Update of results from the Northstar Study (HGB-204): A phase 1/2 study of gene therapy for β -Thalassemia major via transplantation of autologous hematopoietic stem cells transduced ex vivo with a lentiviral β A-T87Q-globin vector (LentiGlobin BB305 Drug Product). ASH 2015; Abstract 201.

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RESEARCH IN BRIEF (continued from page 9)

Ferrua F, *et al.* Safety and clinical benefit of lentiviral hematopoietic stem cell gene therapy for Wiskott-Aldrich Syndrome. ASH 2015; Abstract 259.

A study in *The Journal of the American Medical Association (JAMA)* found that the storage duration of red blood cells (RBCs) had no impact on the reduction of elevated blood lactate levels in children with severe anemia. While some research has suggested that older, stored RBCs may be associated with worse outcomes when compared with fresher RBCs, recent randomized trials have suggested that the storage duration of RBCs does not have any impact upon clinical outcomes. None of these studies was designed to examine the effect of blood storage duration on oxygen delivery to tissues. To explore this issue, Walter H. Dzik, MD, of Harvard, and colleagues conducted a randomized non-inferiority trial of 290 children with severe anemia and lactic acidosis presenting February 2013 to May 2015 to a hospital in Uganda. Severe anemia results in insufficient tissue oxygenation and lactic acidosis. Children with a hemoglobin of 5 g/dL or lower and a lactate level of 5 mmol/L or higher were randomized to fresher or older blood. The primary outcome, a lactate level of 3 mmol/L or lower, was assessed at eight hours after transfusion. The researchers also measured tissue oxygen saturation during the first transfusion, clinical and lab changes up to 24 hours, and survival and health at 30 days after transfusion. There was no difference in the proportion of patients reaching the primary outcome between the older (median storage 32 days) vs. fresher (mean storage eight days) RBC groups, and the mean lactate levels were not statistically different between the two groups. There was also no significant difference in adverse outcomes or the secondary outcomes between the two groups. “Among children with lactic acidosis due to severe anemia, transfusion of longer-storage compared with shorter-storage RBCs did not result in inferior reduction of elevated blood lactate levels. These findings have relevance regarding efficacy of stored RBC transfusion for patients with critical tissue hypoxia and lactic acidosis due to anemia,” concluded the authors.

Citation: Dhabangi A, *et al.* Effect of transfusion of red blood cells with longer vs. shorter storage duration on elevated blood lactate levels in children with severe anemia: the TOTAL randomized clinical trial. JAMA. 2015 Dec. 5-10. [Epub ahead of print]

Research presented at the American Society for Hematology (ASH) Annual Meeting in Orlando, Fla. last week suggests that platelets stored in whole blood (WB) at 4 degrees Celsius may safely be stored for up to 15 days. The Food and Drug Administration recently approved the use of three-day 4-degree-Celsius stored apheresis platelets for actively bleeding patients. Trauma surgeons have suggested that the optimal transfusion support for actively bleeding patients may be a 1:1:1 ratio of red cells, plasma, and platelets. Therefore, one reason to give component therapy to these patients – rather than WB – may be because of poor post-transfusion survival of platelets stored at 4 degrees Celsius. However, for trauma/surgical patients, even shortened platelet survivals may be sufficient to allow surgical repair of the injury. Sherrill J. Slichter, MD, of Bloodworks Northwest, and colleagues presented data on the post-storage viability of platelets stored at 4 degree Celsius beyond three days. Normal subjects donated a unit of WB that was stored at 4 degrees Celsius either for 12 days with mixing only at the end of storage or for 10, 15, or 22 days with end-over-end rotation of the whole blood throughout storage. After storage, a platelet concentrate was prepared from the WB using standard procedures. At the end of WB storage, the donor donated a 40 ml blood sample from which fresh platelets were prepared. Serial post-transfusion blood samples were collected to determine stored vs. fresh platelet recoveries and survivals. The data suggest that platelets stored as WB at 4 degrees Celsius for up to 15 days may provide similar post-storage platelet viability as platelet concentrates or apheresis platelets stored for three days or less. Previous studies of such platelets showed recoveries of 40 ± 5 percent and survivals of 1.0 ± 0.1 days. “Red

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RESEARCH IN BRIEF (continued from page 10)

cells and plasma derived from citrate phosphate double dextrose (CP2D) WB stored for 21 days are already licensed. Therefore, for actively bleeding patients who need all three components (red cells, plasma, and platelets), WB stored for up to 15 days may provide effective quantities of all the needed components,” conclude the authors.

Citation: Slichter SJ, *et al.* In vivo viability of platelets stored in whole blood at 4°C. ASH 2015; Abstract 2338. 💧

BRIEFLY NOTED

The American Society of Clinical Pathology (ASCP) Board of Certification is seeking blood center lab tech responses in a survey to analyze tasks performed by medical laboratory technologists, other technologists, and scientists working in laboratories. The survey results will be used to determine the content of the following certification examinations and ensure that these exams are current and valid:

- Medical Laboratory Technician, MLT(ASCP);
- Medical Laboratory Scientist, MLS(ASCP);
- Technologist in Blood Banking, BB(ASCP);
- Specialist in Blood Banking, SBB(ASCP);
- Technologist in Chemistry, C(ASCP);
- Specialist in Chemistry, SC(ASCP);
- Technologist in Hematology, H(ASCP);
- Specialist in Hematology, SH(ASCP);
- Technologist in Microbiology, M(ASCP); and
- Specialist in Microbiology, SM(ASCP).

The survey includes a list of tasks that subject matter experts have determined are applicable to the job. The survey asks respondents to review these tasks and answer whether or not they perform them, and also to assess the level of background knowledge they have or need for each task. The survey can be accessed [here](#). It must be completed by midnight PT, **Dec. 14**. 💧

REGULATORY NEWS

The Occupational Safety and Health Administration (OSHA) is seeking [public comment](#) on an updated version of its voluntary Safety and Health Program Management Guidelines, first published in 1989. The guidelines are intended to help employers establish safety and health plans at their workplaces. Key principles include finding and fixing hazards before they cause injury or illness, and making sure that workers have a voice in safety and health. The [updated guidelines](#), which include illustrations, tools and resources, should be particularly helpful to small- and medium-sized businesses, according to the agency. The guidelines also address ways in which multiple employers at the same worksite can coordinate efforts to make sure all workers are protected equally. Public comments will be accepted at [regulations.gov](#) until Feb. 15. For more information, see the [news release](#). (Source: OSHA website, 12/4/15)

REGULATORY NEWS (continued on page 12)

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For More Information - Margie Boraz - T: 404.328.5148 - margie@macopharmausa.com

REGULATORY NEWS (continued from page 11)

The Food and Drug Administration granted 510(k) approval to Terumo BCT for a new anticoagulant connector to be used with the Trima Accel apheresis system to ensure that the luer lock is not compatible with any other connection on the set to avoid misconnections. This approval provides a solution to a longtime safety risk whereby the misconnection of anticoagulant in place of saline during an apheresis procedure can injure the donor. Infusion of citrate-based anticoagulant due to such an error resulted in the death of a French blood donor in 2009. "Terumo BCT has proactively changed the Anticoagulant (AC) connector on the Trima Accel disposable blood tubing sets from a standard spike to a specialized luer that is not compatible with any other connection on the set to avoid misconnections," stated the 510(k) summary document. More information can be found in the [summary](#) and in the approval [letter](#). America's Blood Centers, as a part of the Alliance of Blood Operators, supported an international harmonization effort for a number of years to develop a solution to this issue; an international collaborative published a [white paper](#) on the issue in 2013. (Source: FDA approval documents, 10/13/15)

The U.S. Food and Drug Administration cleared the use of the XSTAT 30 wound dressing, an expandable, multi-sponge dressing used to control severe, life-threatening bleeding from wounds in areas that a tourniquet cannot be placed (like the groin or armpit) while in battlefield and civilian trauma settings, the agency announced Dec. 7. The clearance expands the device's indications from use by the military only to use in adults and adolescents in the general population. Early control of severe bleeding may prevent shock and may be life-saving, stated FDA. According to the U.S. Army Institute of Surgical Research, 30 to 40 percent of civilian deaths by traumatic injury are the result of hemorrhaging. Of those deaths, 33 to 56 percent occur before the patient reaches a hospital. XSTAT 30 is cleared for use in patients at high risk for immediate, life-threatening, and severe hemorrhagic shock and non-compressible junctional wounds, when definitive care at an emergency care facility cannot be achieved within minutes. XSTAT 30 is not indicated for use in certain parts of the chest, abdomen, pelvis, or tissue above the collarbone. The dressing can be used for up to four hours, which could allow time for the patient to receive surgical care. More information can be found in the [press release](#). (Source: FDA press release, 12/7/15)

REGULATORY NEWS (continued on page 13)



SAVE THE DATE



54th Annual Meeting

March 12-14, 2016 – Jacksonville, FL

Sponsored by



Hyatt Regency Jacksonville Riverfront

Negotiated hotel room rate: \$179 + tax

http://bit.ly/jax_hyatt

2016 Annual Meeting Schedule

Saturday, March 12: Business Forum

Sunday, March 13: ABC Members Meeting
SMT Forum
Host Event by OneBlood
(*off-site event*)

Monday, March 14: Blood Center Leadership Forum
19th Annual Awards of Excellence
& Casino Night

The Annual Meeting provides a chance for us to learn, discuss and decide important issues for ABC, as well as meet old and new friends. In this time of rapid change in our arena, it is particularly important for us to stay in touch with what is going on in the field, and to keep ABC responsive to the needs of our members.

Susan Rossmann, M.D., Ph.D.
ABC President

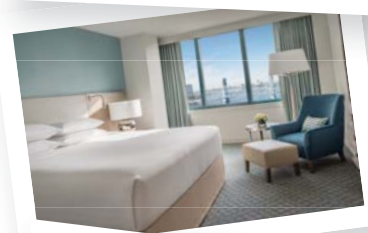
Future Leader Scholarship Program

Supported by the FABC, these scholarships offer non-C-suite blood center executives the opportunity to advance professionally by attending the ABC Annual Meeting. Details available upon registration.

Registration Fees

ABC Annual Meeting: \$725
Non-members (non-vendor), contact Lori Beaston at lbeaston@americasblood.org for invitation, registration fees and additional information.

Sponsorship opportunities available.
Contact Jodi Zand at jzand@americasblood.org for details.



Jacksonville International Airport (JAX) is served by most major airlines. Visit www.flyjax.com.

REGULATORY NEWS

The Food and Drug Administration approved on Dec. 8 Vonvendi, von Willebrand factor (Recombinant), for use in adults 18 years of age and older who have von Willebrand disease (VWD).

Vonvendi is the first FDA-approved recombinant von Willebrand factor, and is approved for the on-demand (as needed) treatment and control of bleeding episodes in adults diagnosed with VWD. VWD is the most common inherited bleeding disorder, affecting approximately 1 percent of the U.S. population. Men and women are equally affected by VWD, which is caused by a deficiency or defect in von Willebrand factor, a protein that is critical for normal blood clotting. Patients with VWD can develop severe bleeding from the nose, gums, and intestines, as well as into muscles and joints. Women with VWD may have heavy menstrual periods lasting longer than average and may experience excessive bleeding after childbirth. The safety and efficacy of Vonvendi were evaluated in two clinical trials of 69 adult participants with VWD. These trials demonstrated that Vonvendi was safe and effective for the on-demand treatment and control of bleeding episodes from a variety of different sites in the body, according to the FDA press release. No safety concerns were identified in the trials. The most common adverse reaction observed was generalized pruritus (itching). More information can be found in the approval [document](#). (Source: FDA press release, 12/8/15) 💧



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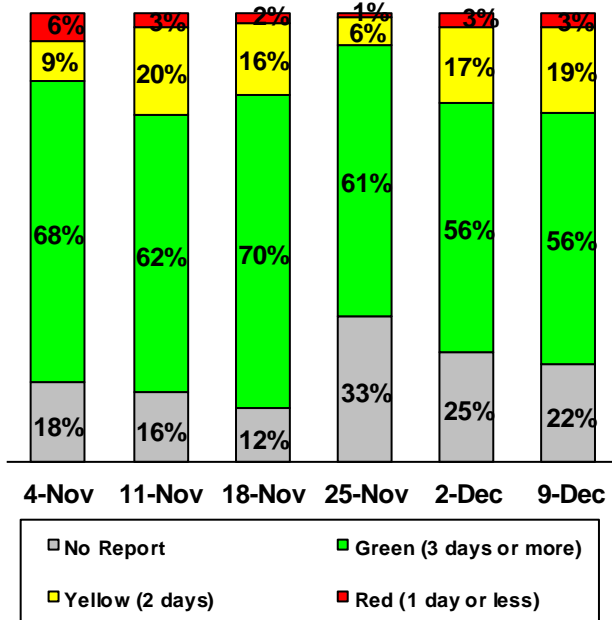
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THE WORD IN WASHINGTON

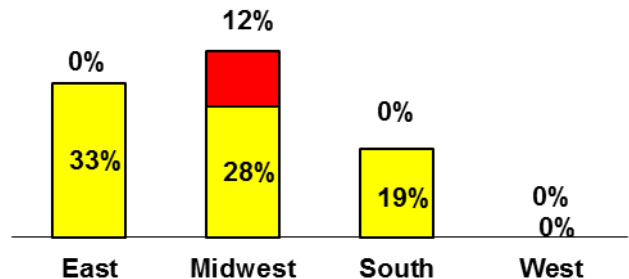
The House of Representatives Committee on Energy & Commerce Health Subcommittee held a hearing on Nov. 17 to obtain testimony from officials at the Food and Drug Administration and the Centers for Medicare and Medicaid Services (CMS) on the issue of Laboratory Developed Test (LDT) oversight. Testifying on behalf of the FDA was the Center for Devices and Radiological Health (CDRH) Director Jeffrey Shuren, MD, JD. Representing CMS was Deputy Administrator Patrick Conway, MD. Both spoke to the different regulatory roles each agency has with regard to oversight of LDTs. Prior to the hearing, FDA released a [report](#) that detailed 20 case studies of LDTs that the agency claimed either harmed or could have harmed patients. FDA argued that these LDTs had satisfied the CLIA requirements, including documenting analytical validity, but not clinical validity, as proposed by the FDA in its October 2014 draft guidance. During the hearing, FDA and CMS supported the regulatory framework proposed by FDA in October 2014. In addition, CMS agreed that it lacks the technical expertise to provide premarket review or assess LDT clinical validity, as would be required under FDA’s LDT oversight plans. A video of the testimony can be viewed and written copy can be requested here [here](#). America’s Blood Centers joined AABB and the American Red Cross in joint comments on the [draft guidance](#) to the agency on Feb. 2. In their comments, the three blood organizations emphasized that the long-standing use of traditional LDTs in blood centers to identify compatible blood, as well as the close relationship between blood centers and transfusion services, should continue to either be exempt from the regulation or regulated with enforcement discretion. The comments can be viewed here. (Source: ASCP ePolicy news, 12/7/15) 💧

STOPLIGHT®: Status of America’s Blood Centers’ Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, Dec. 9 2015



Percent of Total ABC Blood Supply Contributed by Each Region
 East: 20%; Midwest: 25%; South: 24%; West: 31%

Daily updates are available at:
www.AmericasBlood.org

MEMBER NEWS

Community Blood Center, Appleton, Wis.; Mississippi Valley Regional Blood Center, Davenport Iowa; and Shepard Community Blood Center, Augusta, Ga. all announced over the last week that they have entered into agreements with Cerus Corp. for the use of its Intercept Blood System for platelets and plasma. Intercept is currently the only pathogen reduction system approved in the U.S. to reduce the risk of transfusion-transmissible infectious agents in the blood supply. These blood centers join a handful of other ABC member centers who have signed on with Cerus to use Intercept. More information can be found in the press releases for [Community Blood Center](#), [Mississippi Valley Regional Blood Center](#), and [Shepard Community Blood Center](#). (Sources: Cerus press releases, 12/1/15, 12/4/15, 12/7/15)

The University of Delaware (UD), supported by Blood Bank of Delmarva, Newark, Del., took first place for the fifth consecutive year in the 14th annual Colonial Athletic Association (CAA) Blood Challenge, which overall resulted in 1,776 productive units of blood that were collected from 1,735 donors on CAA campuses. Over the 14-year history of this event, the CAA Blood Challenge has resulted in 43,607 productive units of blood. “The CAA Blood Challenge is annually one of the most important community service projects that is conducted on our campuses,” CAA Commissioner Tom Yeager said. “Giving blood, especially during the holiday season, has a positive impact on the lives of thousands of people. We sincerely appreciate the efforts of the students, faculty and administrators who were involved in making the Blood Challenge a big success again this year.” “On behalf of the entire University of Delaware community, we are excited to capture our fifth straight Colonial Athletic Association Blood Challenge title,” said University of Delaware Director of Athletics Eric Ziady. “Blue Hens fans and our UD students stepped up once again at a crucial time to give their time and help save lives. We salute all of them for their efforts and for embracing this event and we give special thanks to everyone from the Blood Bank who worked so hard to make this possible. We at Delaware are proud to once again lead the way in this important initiative.” Making this the university’s ninth first-place win overall, the university and Blood Bank of Delmarva teamed up to attract 573 donors. “Once again, University of Delaware and the Blood Bank of Delmarva have proven that collaboration, commitment, and having fun can help to save lives,” said Roy Roper, president and CEO of the Blood Bank. “BBD is proud to partner with UD in this our fifth straight CAA Blood Challenge win, and we applaud the students, administrators and faculty involved in this lifesaving effort. As we enter the winter and holiday season, the blood donations from this year’s challenge will help us supply our hospitals and their patients with the life-saving gift of blood, and that’s a win for everyone.” The CAA Blood Challenge was developed by the conference presidents as a fun way to emphasize the critical importance of donating blood. Each CAA institution worked with its local blood service center and designated one day during the fall term to conduct a campus-wide blood drive. Student groups, faculty, staff and alumni were all encouraged to participate. Commissioner Yeager will present the University of Delaware with an award in recognition of its outstanding achievement during a basketball game this winter. (Source: CAA press release, 12/3/15) 💧



PEOPLE

Shelly Park was named on Dec. 8 the new CEO of the Australian Red Cross Blood Service, and will begin the role by March 7, 2016. The blood service's chair, David Hamill, MD, welcomed Ms. Park to the role and said the board believed she was best positioned to lead the blood service as it continued its progress to becoming a leading-edge organization. "For the past eight years Shelly has been the Chief Executive of Monash Health (previously Southern Health), a health service which provides a comprehensive range of primary, secondary and tertiary health care services to a population of over one million people in the south-east of Melbourne across 40 care locations," Dr. Hamill said. "Over this period Shelly has repositioned Monash Health to be recognized as one of the leading health services in Australia achieving international recognition as one of only four Academic Health Science Centers in Australia." Prior to her current role, Ms. Park was the executive director of Monash Medical Center at Southern Health and executive director of Jessie McPherson Private Hospital. Her previous positions have also included general manager of Medical and Surgical Services at Christchurch Hospital (New Zealand), and general manager of the Princess Margaret Hospital in Canterbury, New Zealand. Dr. Hamill also thanks outgoing CEO Jennifer Williams for her outstanding service since 2009. "I wish to take this opportunity to recognize and thank Jennifer Williams, who will be finishing up when Shelly starts in early March 2016, for her invaluable contributions over seven years as chief executive," said Dr. Hamill. "During this time Jennifer has transformed the operations of the Blood Service, provided strong leadership and direction, and the organization is now positioned as one of the top performing blood services internationally."💧

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 Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: lnorwood@americasblood.org.

POSITIONS AVAILABLE

Vice President of Blood Services. Unyts, Western New York's only Organ, Eye, Tissue and Community Blood Donation Center has an immediate opening for a vice president of Blood Services. This executive leadership position will oversee donor recruitment, collections, component processing and distribution; is accountable for all blood clinical and operational objectives and will ensure strategic plan is met and, with the appropriate credentials, will also serve as the Medical Director for Blood Services. Maintain and cultivate supportive relationships within the regional health care sector and the community. In addition to oversight of daily operational functions, this position tracks and trends key performance indicators, quality metrics and financials and takes appropriate action to ensure business viability. Bachelor's degree with seven-10 years of related experience or a combination of equivalent experience and education or MD with NYS certificates of qualification, SBB preferred. Successful development and execution of strategic objectives. Demonstrable success utilizing technical and interpersonal skills to building teams to drive for operational success in challenging and highly regulated environments. Demonstrable success with

implementing and sustaining process improvement. Five years progressive senior leadership experience required. Experience managing donor recruitment, donor services, component manufacturing, and product management distribution strongly desired. Please apply online at www.unyts.org/about/careers/.

Hospital Relations Manager. LifeStream, a Southern California blood center serving 80 hospitals with 200,000 blood products annually, is searching for a Hospital Relations Manager. Serves as technical resource for customer transfusion services: answering questions, providing training, and other support related to LifeStream's products and services. Also is a primary customer service contact, working to improve services, resolve any service issues, and build stronger relationships with customers. Promotes LifeStream's programs. Ensures excellent service is provided to hospitals and other customers. Four-year bachelor's degree (BA or BS) in biological sciences or medical related discipline,

(continued on page 17)

POSITIONS (continued from page 16)

with MT(ASCP) or equivalent desirable. SBB desirable. Minimum four years' experience in blood banking or five years in hospital laboratory with transfusion service experience, (or equivalent). Must have exceptional interpersonal communicative skills developed and cultivated through extensive managerial and customer service experience. Current California driver's license required. LifeStream has an excellent compensation & benefits plan. For further information and to apply online please visit: www.LStream.org. Or fax cover letter, resume and salary history to (909) 386-6813. LifeStream is an Equal Opportunity Employer, M/F/D/V. Job Number: IN-4232655793

Vice President National Blood Contracting (Blood Centers of America). Reporting directly to the CEO responsible for developing the strategy and sales plan for a national blood contracting portfolio serving over 50 member centers. Other responsibilities include managing the blood resource sharing program and serving on the AABB Inter-organizational Task Force on Disaster Planning and Acts of Terrorism. The vice president is responsible for the management of hospital RFP process and supports the entire RFP and sales process including assessment of potential customers, implementation for new customers, and post-implementation reviews. The vice president ensures customer requirements for products and service are met and are consistent with company policies and procedures. We seek an individual with five to ten years' experience in healthcare or hospital business development with demonstrable success in execution of strategic sales plans focused in the area of blood or blood products and contract negotiation with large integrated delivery networks. Interested candidates should forward letter of interest and resume to jilvento@bca.coop.

Director of IT. Blood Bank of Hawaii (BBH) is seeking a dynamic and strategic leader as its director of IT. This position oversees the Information Technology department in which the primary areas include enterprise system, infrastructure, network administration, and project management. The director of IT is responsible

for overall leadership, vision, strategic planning and management of the IT department and will serve on the senior management team. This role will help establish department standards and maintain a high level of timely execution. The director of IT will foster a quality and responsive technology environment that is based on planning, collaboration, transparency, and effective partnerships with the organization's leadership and staff. Experienced in the delivery of technology solutions and deep understanding of business requirements. Ability to analyze and take action on key performance indicators (KPIs). Prior success building collaborative business partner relationships. Program and project management experience. Demonstrated influencing and negotiation abilities. Experience working in a regulated environment preferred. Bachelor's degree in Computer Science or related field. Ten (10) plus years of experience within Information Technology. Five (5) plus year's relevant experience in supervising or managing a team of IT professionals. Please visit our website at www.BBH.org to complete an online application.

Lab Supervisor -- \$1,000 sign-on bonus. Are you a Lab Supervisor interested in performing advanced techniques in blood banking and being at the forefront of transfusion medicine for an accredited immunohematology reference laboratory? Come lead our dynamic team in assisting area hospitals in saving lives by performing routine transfusion service testing, complex antibody identification and molecular genotyping. Position requires intermediate to advance immunohematology knowledge and experience of resolving discrepant serologic patient results, SBB certification and a LA MT CLS license. The Blood Center pays a competitive starting wage and full benefits package including paid holidays and health, dental, and life insurance on date of hire, vacation after one year, and an employer contributed retirement plan. If you meet the above qualifications and would like to work for an organization that cares about its employees and the community please apply for the Reference Lab Supervisor position online at www.thebloodcenter.org. ♦