

Due to the shortened week, this newsletter is slightly abbreviated

Issue #7
February 24, 2017

Right to Donate: Concerns and Accommodations for Transgender Donors

Transgender people are those who are assigned a birth gender but identify as a different sex. Being transgender does not mean the person is a homosexual. Gender identity is a personally held sense of self, not necessarily tied to one's sexual preference. Transgender individuals may or may not be transsexual, which refers to whether the transgender person is going or has gone through sexual reassignment via hormone replacement therapy and/or surgery.

Some estimates have put the transgender population in the US at about 700,000 (Gates, 2011), with [other sources going up as high as 1.4 million](#).

“As the stigma so many of this nation's transgender people have faced for so long is beginning to diminish, it *seems* reasonable to expect that more individuals (including blood donors) will be willing to identify as transgender,” said Christopher Gresens, MD, CMO at Blood Centers of the Pacific, BloodSource, and United Blood Services.

A survey from the AABB Donor History Task Force went out to member blood centers last year and found that most (58.5 percent) of the blood centers who participated in the survey are allowing transgender people to donate blood and blood products, 12.3 percent are not, and 25 percent are only allowing them to donate under special circumstances, e.g., after individual risks are assessed with no male-to-male (MSM) sexual contact in the last 12 months. Yet, many centers (39.5 percent) are allowing the donor to self-designate their gender as allowed by the Food and Drug Administration (FDA), and 28.9 percent are screening transgender men as

women (those who were born as female are being screened as such even though they identify as a male).

Part of the risks associated with transgender donors relates to concern about an increased risk of transfusion related acute lung injury (TRALI) from transgender males and an increased risk of HIV infection amongst transgender females. TRALI is still the number one



cause of transfusion-related deaths in America. Women who have birthed more than one child are more likely to carry antibodies to human leukocyte antigens (HLA) that may cause about half of TRALI cases, and deferred from donating plasma and platelets. If a transgender male self-identifies as male, but has previously had children, he might not be deferred and pose a serious risk as a donor.

“We ask every donor, ‘Have you ever been pregnant?’ It sounds weird, but if it's a transgender male, they may answer yes. We don't want to miss anyone,” said Mary Townsend, MD, senior medical director at Blood Systems. “Some other centers don't do anything, they think the risk is quite small; and it's probably true but we didn't want to take a chance.

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OUR SPACE

Martin Grable

ABC President & CEO of Community Blood Centers of the Carolinas

I've Seen the Light; I Think it's a Train

It's no surprise to find "Bacterial Risk Control Strategies for Blood Collection Establishments and Transfusion Services to *Enhance the Safety and Availability of Platelets for Transfusion*" [emphasis added] on top of the 2017 CBER guidance agenda. It was good to see "Implementation of Pathogen-Reduction (PR) Measures to Reduce the Risks of Transfusion-Transmissible Infections in Transfused Platelets and Plasma" at number two. Our blood center implemented platelet PR nearly a year ago and we've been watching the guidance carefully; but what I thought was a light at the end of the tunnel turns out to be a train bearing down on us all.

Few may see these issues in their entirety; least of all hospitals. Informed opinion has them unaware and unprepared. Many blood centers have been preoccupied with other pressing concerns and may also be missing the impacts.

Most of us using PR hoped to perfect the process while awaiting approval of triple collections. Triple processing and 7-day dating is not on the immediate horizon, and there are issues with guard bands that make 100 percent PR aspirational today. As a result, PR is not a panacea for the operational and cost issues plaguing point-of-issue (POI) bacterial testing for hospitals.

POI testing will likely be required for platelets transfused on day four or five and most platelets are transfused on day four and five. It will be expensive, more than any other test routinely performed. If the platelet unit isn't transfused on day four, repeat it on day five and daily out to, potentially, day seven. A positive result, if thought to be false, would require an additional two serially negative tests before release.

POI must not be confused with a just before issue test. After sample prep and a 20 minute incubation, test results can take up to another 40 minutes making the test less than ideal for stat platelet requests. The test is approved for use within 24 hours prior to transfusion of platelets, including pre-storage pooled platelets but only four hours for platelets pooled in the transfusion service.

The anticipated guidance likely breaks the consignment business model used by many blood centers and will not be enthusiastically embraced by hospitals. Hospitals may try to return late day three products to avoid the labor and expense of testing. Centers' ability to find a home for these platelets may be impossible. Centers would be unable to rotate stock to maximize use, which would increase outdates and result in short supply. The disruption associated with operational, cost, and overall availability issues are significant and many.

The regulator, hospitals, transfusion community and our members need to understand that light at the end of the tunnel before we get hit by the train. Should we consider more carefully the NHS Blood and Transplant model (delayed, large volume culture with seven-day dating) until PR gets sorted out? I welcome your comments and input. ♦

mgrable@cbcc.us



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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 Supports Repealing the Medical Device Tax

This week ABC sent letters to Congress in support of repealing the medical device tax. ABC specifically sent letters to [Senator Orrin Hatch \(R-Utah\)](#) and [Senator Amy Klobuchar \(D-Minn.\)](#) as well as [Representatives Erik Paulsen \(R-Minn.\)](#) and [Ron Kind \(D-Wisc.\)](#) to offer support for the Medical Device Access and Innovation Protection Act (S. 108) and Protect Medical Innovation Act of 2017 (HR 184). These bills would repeal the excise tax on manufacturers, suppliers, and importers of medical devices—also known as the medical device tax.

In the letters, we discussed how non-profit blood centers, like our member centers, purchase \$1.5 billion worth of medical devices annually, including blood bags, apheresis machines, centrifuges, computer systems, etc. This equipment is necessary to meet the Food and Drug Administration testing protocols and regulatory requirements to ensure the safety of the blood supply. A rough calculation suggests that the tax could cost blood centers some \$11.5 million a year, if passed directly onto customers by manufacturers.

In a fiscal environment that is already constrained for community-based, non-profit institutions, an added tax would compromise blood centers' continued efforts to ensure the safety and integrity of the nation's blood supply. This tax would force blood centers to consider which safety measures to prioritize, and may force centers to eliminate certain critical measures entirely.

(continued on page 4)

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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 (continued from page 3)

Join the FABC for a Delectable and Entertaining Soiree



Nothing beats D.C. in the spring time. Warm weather, tourists everywhere and of course, the famous cherry blossoms. So far the forecast claims the cherry blossoms will be at prime peak during mid- to late-March, just in time for the ABC Annual Meeting. The blossoms are just one of the reasons why you can't miss the FABC reception at the Hay-Adams hotel on Sunday, March 26. The reception will be held at the Top of the Hay at the Hay-Adams, a historic D.C. hotel offering rooftop panoramic views of the nation's capital. One of the most breathtaking views from the hotel is of the White House—which can be enjoyed from inside the room through a multitude of French doors and windows or through the wraparound outdoor balcony.

In 1912, the Mayor of Tokyo, Japan, donated 3,000 cherry trees to the city of Washington, D.C. Each year, Washington hosts a large celebration in honor of this historical donation and the friendship between the two countries. To learn more about the history, click [here](#).

The FABC will highlight the history and culture of this historic gift with a performance by Yuriko Gandolfo who will be performing the koto, a traditional Japanese string instrument. Ms. Gandolfo has studied koto, a 13-string zither, since 1988 and has performed privately and with the Washington Toho Koto Society in such venues as the Embassy of Japan, Kennedy Center, Smithsonian Institution, International Monetary Fund, World Bank, National Endowment of the Arts, just to name a few. The koto is rooted in Japanese culture and creates an evocative and distinctive sound.

Guests will enjoy elegant food and cocktails, including a custom cherry blossom-themed drink while enjoying the entertainment and views as well as the company of friends and colleagues. Tickets are \$200 per person and can be purchased by contacting [Lori Beaston](#). (As a reminder, the ABC Awards of Excellence and ABC's Got Talent Show are included with your meeting registration this year.) Cocktail attire is recommended—you may even consider adding a splash of pink to complement the theme. Transportation will be provided to and from the ABC Meeting hotel, the Ritz-Carlton in Pentagon City.

We hope to see you at the Top of the Hay. All proceeds will benefit the Foundation for America's Blood Centers.

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INSIDE ABC (continued from page 4)

ABC's Got Talent Season II, New Contestant

ABC's Got Talent Season II is excited to announce our second contestant—Chief Operating Officer at Medic Regional Blood Center and Regional Director for LifeSource Eva Quinley!

Having been in blood banking for over 40 years, Ms. Quinley feels blood banking is a part of who she is. You may have recently witnessed her return appearance in the remake of the cGMP training video that was funded by the FABC and released by ABC.



One thing Ms. Quinley has been doing just a little longer than blood banking is singing. She's been singing since she could speak, mostly in church, with her first solo performance of "Amazing Grace" at age 10. A few years ago, she was told that "Amazing Grace" also blends well with the tune of The Animals' hit "The House of the Rising Sun." Ms. Quinley tried and agreed the words were a good fit. In the video above she sings a moving acapella version in her entry for ABC's Got Talent II.

When Eva's not singing, or saving lives through blood banking, she can be found cheering on the UT Volunteers and doting on the most precious thing of all in her life—her grandchildren, who lovingly call her Oma.

[Watch her video and make sure to vote by donating for her](#) today!

The FABC would love to see your talent (or someone's talent that you know) shine through as well! To participate, simply send a video, no more than four minutes long, to [Jodi Zand](#). Good luck to Ms. Quinley and all the contestants! ♦

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and to register today!



Candidates: ABC Chief Medical Officer

Dear Colleagues,

Dr. Louis Katz' retirement from ABC and return to MVRBC is on track for August 2017. The next six months will allow a careful and detailed search for his replacement. So that an optimal transition will occur, I would like to enlist your efforts to identify candidates to fill this important position. If you personally are interested in learning more about this opportunity, or know of other highly qualified colleagues that you believe should be considered, please communicate this interest to me at czambricki@americasblood.org. All communication will be held in the strictest of confidence.

The ABC Chief Medical Officer is responsible for implementing strategies and tactics, consistent with the best scientific and medical evidence and regulatory requirements, that support ABC's mission, maintain our values, and realize our vision. The CMO works as part of the ABC Senior Executive Team to communicate ABC's issues to members, regulators, legislators, and external groups and mobilizes ABC members and professional staff to achieve the strategic goals of the organization. The CMO serves as a public advocate for ABC, maximizing the organization's public presence as a national leader in shaping the future of blood banking, transfusion medicine, and cell therapies.

Sincerely,

Christine Zambricki, ABC CEO

Cell: 248.885.1502

Office: 202.654.2902

Editor's Note

Last week we incorrectly stated that the Board of Directors nominees were picked at the board retreat, this was not the case. Also in the same article, it was stated that the nominees were for Fiscal Year 2018 and 2019, the correct fiscal year was just 2018. Corrections have been made to the issue and we regret the errors.

We Welcome Your Articles

We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,100 words. While ABC cannot pay for freelance pieces, the writer's name and title will be included at the end of the story, brief news item, or commentary. If proposing a story, please write a few paragraphs describing the idea and sources of information you will use, your present job and background, and your qualifications for writing on the topic. ABC staff cannot guarantee all stories will be published, and all outside writing will be subject to editing for style, clarity, brevity, and good taste. Please submit ideas and manuscripts to ABC Publications Editor Lisa Spinelli at newsletter@americasblood.org. You will be sent a writer's guide that provides information on style conventions, story structure, deadlines, etc.



RIGHT TO DONATE (continued from page 1)

Every blood center regardless is faced with this conundrum, ‘What do you do to catch donors who might be a high risk for TRALI?’”

Louis Katz, MD, ABC chief medical officer, estimated that if there are 700,000 transgender males, if all had been pregnant and they donate at a rate of 5 percent annually, with the rate of TRALI in active surveillance at one in 10,000 of which half are mediated by alloantibodies, he would expect <10 cases annually associated with transgender donors based on rates that of TRALI seen from infusion of plasma containing components from unselected women in studies before mitigation efforts were started.

The Centers for Disease Control and Prevention (CDC) notes that among the 3.3 million HIV testing events reported to the CDC in 2013, [the highest rates of newly identified HIV-positive persons were among transgender persons](#). And about 22 percent of transgender females are positive for HIV, however, studies listed on the CDC site imply many transgender people do not know their HIV status. “The risk of nucleic-acid and antibody testing missing a case of HIV from a transgender donor who is not identifying herself as formerly male and has had sex with another male is very low as attested to by the rarity of transfusion-transmitted HIV in the U.S.,” said Dr. Katz.

“I think we need to separate out how we identify titles versus behavior. When we talk about MSM, it’s not an identity, that’s what people come up with to categorize basically men who are biologically male and identify as male and have sex with other men,” said Beryl Koblin, Ph.D. head of the Laboratory of Infectious Disease Prevention at New York Blood Center (NYBC). “And the question is always if the individual (donor) is engaging in behavior that is at risk for acquiring HIV, same thing for transgender people.”

Some centers ask all the female and male-associated donor history questions to be sure they have touched on all the issues for all donors. This can become cumbersome and time consuming and still miss one important issue – the correct total blood volume (TBV). When determining this figure for a male donor who happens to be transgender and does not let the collection person know this, the incorrect determination of TBV could lead to an error in calculating anticoagulation infusion rate, volume process, and replacement volume.

“Double red cells collections have big differences for height and weight between males and females,” said Debra Kessler, director of special services at NYBC. “And that’s true for other apheresis collections as well. We want to find out what their birth gender are for medical issues, but we really want to be accommodating to how they identify themselves for HIV risk screening.”

The Food and Drug Administration (FDA) has provided some guidance on transgender issues. The guidance to defer MSM up to a year after sexual contact for the heightened risk of HIV only applies to a portion of the transgender population and in December 2015 “Guidance for Industry on Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products,” that reads, “In the context of the donor history questionnaire, FDA recommends that male or female gender be taken to be self-identified and self-reported.”

And many blood centers are doing just that. “Certainly we would prefer that the historical information provided by our donors were both flawless *and* maximally relevant. We recognize, however, that no system is perfect and therefore have to be satisfied in doing the best we can with the donor feedback that we obtain – always in compliance with all applicable regulatory requirements,” said Dr. Gresens.

BloodSource’s BECS allows for three gender identifications: male, female and transgender. Many BECS, however, do not or cannot accommodate transgender as an identity option just yet. Another major issue with some BECS is if a donor donated previously as a female and came back as a male, the profile cannot be updated to reflect their change in identity. And if a staff member creates a new profile for the donor, the previous record cannot be linked to the new profile.

(continued on page 8)

RIGHT TO DONATE (continued from page 7)

One area in which blood centers have a lot of control is cultural changes. Blood centers can partner with local or national organizations that can help with sensitivity training and educational workshops for staff members as well as non-judgement and deferring with dignity courses. Blood centers can make quick changes as well, like how NYBC installed gender neutral bathrooms or how BloodSource trained staff to ask a donor or potential donor for their pronoun preferences.

“Transgender donors offer some special challenges to us as blood bankers. Knowing how to deal with these donors and deal with them fairly, giving them the opportunity to donate if they qualify, while still providing safe blood is a special challenge,” said Dr. Townsend. 💧

RESEARCH IN BRIEF

Despite multiple efforts to diversify the blood donor population, most donors are still white. In a 10-year (between 2006 and 2015) retrospective analysis of donor information from eight large blood collectors in 17 different states, there were 24.9 million red blood cell (RBC) units collected. White donors still made up 70.7 to 73.9 percent of allogeneic donations and 76.3 to 80.2 percent of RBC units annually. Modestly decreasing numbers of donors, collections, and donated RBC units came from white donors over time. Hispanic donors increased in their proportion during the study, and blacks decreased slightly. Asian, American Indian or Alaska Native, and Native Hawaiian or other Pacific Islander ethnic groups were also considered in the study. All of the centers in the study used a variety of minority recruitment programs to try to diversify the blood supply. However, the gap between the demographics of the country and the donor population persists.

Citation: Yazer M.H., Delaney M., Germain M., *et al.* Trends in U.S. minority red blood cell unit donations. *Transfusion*. February 16, 2017. DOI: 10.1111/trf.14039.

Massively transfused patients receiving platelet concentrates (PCs) treated with amotosalen/UVA-light did not have more adverse events or longer hospital stays. In 2013, the University Hospital, Innsbruck (UHI) implemented universal pathogen reduction for all platelet concentrates using amotosalen/UVA-light (Cerus' INTERCEPT blood system). In a retrospective study of 306 patients who had massive transfusions (MT), the mean ratio of red blood cell to platelets to plasma on the day of the MT was close to 1:1:1 and overall, in-hospital mortality (pre-implementation = 27.6 percent vs. post-implementation = 24.0 percent) and median time to discharge (pre-implementation = 27 vs. post-implementation = 23 days) did not change, except for cardiac and vascular surgery patients receiving treated platelets who were discharged slightly earlier. Researchers recognize that the single institution design and size of the study were limitations along with selection bias.

Citation: Nussbaumer W., Amato M., Schennach H., *et al.* Patient outcomes and amotosalen/UVA-treated platelet utilization in massively transfused patients. *Vox Sanguinis*. February 15, 2017. DOI: 10.1111/vox.12489.

Red blood cells (RBC) treated with amustaline (S-303) pathogen reduction (PR) meet the Food and Drug Administration's (FDA) criteria for post-transfusion recovery. S-303-treated RBC have met FDA criteria for post-transfusion survival and recovery in a study from Cerus and ABC members, BloodCenter of Wisconsin and Hoxworth Blood Center.

Citation: Cancelas J.A., Gottschall J.L., Rugg N., *et al.* Red blood cell concentrates treated with the amustaline (S-303) pathogen reduction system and stored for 35 days retain post-transfusion viability: results of a two-centre study. *Vox Sanguinis*. February 21, 2017. DOI: 10.1111/vox.12500. 💧



BRIEFLY NOTED

In a JAMA commentary, two doctors noted a number of concerns they have with the “21st Century Cures Act” and those who will be overseeing its implementation. Some of the most concerning aspects is that approvals for new drugs and devices will be more observational and less subject to rigorous testing. The authors noted that “real-world evidence” and not randomized clinical trials will be more heavily relied upon by the Food and Drug Administration’s (FDA) reviewers. The legislation also allows reviewers to approve new indications for existing drugs based on data summaries alone. The Act doesn’t formally change the need for pharmaceutical companies and medical device manufacturers to provide evidence on safety and efficacy of their products, they said, but the emphasis is on speed and not science. Of extreme concern to the authors as well were the two possible choices for the new FDA commissioner, one of whom is said to have proposed approving drugs rapidly as long as they provide no immediate toxicity and then letting efficacy be determined “in the marketplace.” The authors concluded that the new leadership at FDA and the Department of Health and Human Services, along with the “21st Century Cures Act,” could be a very dangerous combination that could become risky to patients.

Citation: Kesselheim A.S. and Avorn J. New “21st Century Cures” Legislation: Speed and Ease vs. Science. JAMA. January 5, 2017 online. DOI: 10.1001/jama.2016.20640.

California Democratic state legislators introduced a bill (SB 239) to decriminalize donating blood or having unprotected sex if one is knowingly HIV-positive. In California, more than 800 people were charged and arrested under HIV criminalization statutes between 1988 and 2014. The bill sponsors said that while behaviors trying to cause harm to another individual by spreading infectious diseases is wrong and illegal, singling out HIV/AIDS patients is discriminatory and rooted in homophobia. Colorado recently repealed two HIV criminalization statutes. (Sources: *STAT News*, [California looks to roll back penalties for HIV transmission](#). February 13, 2017; *The Hill*, [HIV bill in CA could decrease stigma and discrimination](#). February 16, 2017) ♦

INFECTIOUS DISEASES

The Centers for Disease Control and Prevention will have to retest hundreds of specimens for Zika. The director of the Washington, D.C., Public Health Laboratory found an error in the lab’s Zika testing procedure which resulted in at least two false negatives for Zika so far. Another 409 specimens given to the lab from July 14 to December 14, 2016 will also have to be retested; 294 of the samples were from pregnant women. The false negatives could be especially problematic for women deciding whether or not to terminate pregnancies. (Source: *Forbes*, [Zika Testing Mistakes Require Re-Testing of Over 400 Specimens](#). February 17, 2017) ♦

WORD IN WASHINGTON



Rep. John Michael "Mick" Mulvaney (R-S.C.) was approved to become the new director of the Office of Management and Budget.

The U.S. Senate approved Rep. Mulvaney last week along party lines (51-49) with Sen. John McCain (R-Ariz.) being the only republican to vote against Rep. Mulvaney. Rep. Mulvaney, who had served on the House Financial Services and Oversight and Government Reform committees, is an advocate for limited government. He opposes overspending of the federal budget, even for natural disaster relief, if money cannot be shifted from other areas to account for the costs. Democrats voted against Mulvaney, who rose to office through the Tea Party movement, due to the Representative’s support of drastically reducing Social Security and Medicare programs. The Republicans are in favor of him and his record for cutting down excess spending. (Source: *Washington Post*, [Senate confirms Rep. Mick Mulvaney as Trump’s budget chief](#). February 16, 2017) ♦



**ABC's
Got Talent**

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Season II is Here

MARCH 27, 2017

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"The 2016 ADRP Conference was a perfect blend of Recruitment & Collections content. To hear leaders in our industry from around the world share best practices was priceless.

—Pamela B. Rascon, Director, Community Resources, Shepard Community Blood Center, GA

**May 1-3, 2017
Chicago, Illinois**

Subscribers Registration: \$550

Hotel Rate for ADRP: \$199/night

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Illinois 60605, USA

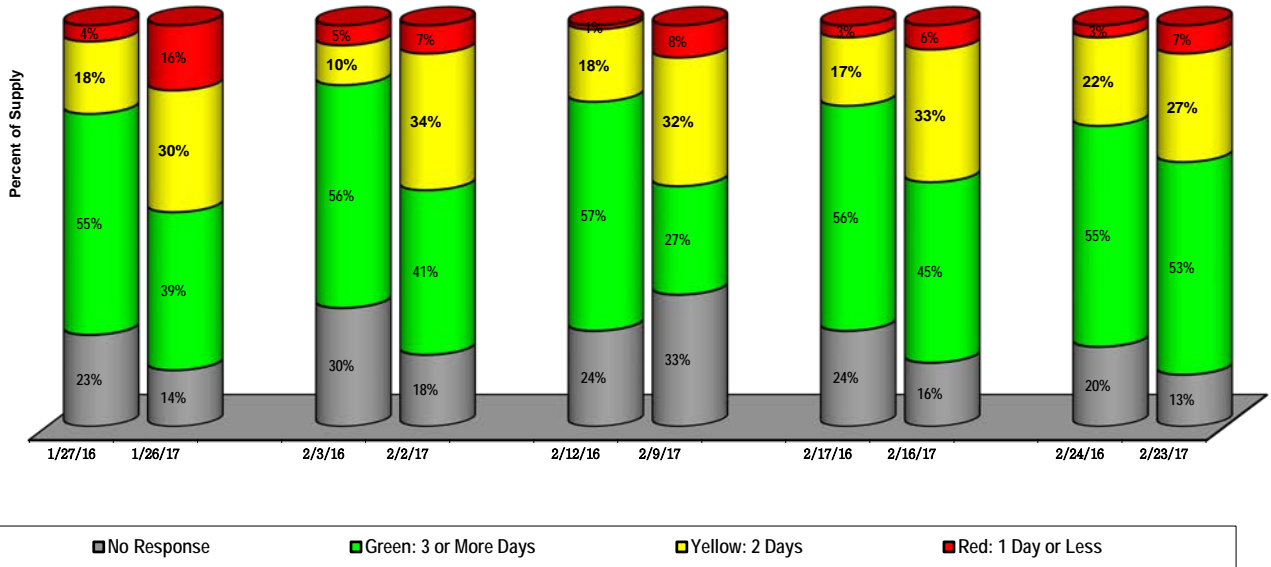
[Reserve Room Online](#)



adrp.org/annual-conference



STOPLIGHT®: Status of the ABC Blood Supply, 2016 vs. 2017



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

ATTN: Register and reserve hotel by next Friday, March 3, for the ABC Annual Meeting.



AMERICA'S BLOOD CENTERS

55th ANNUAL MEETING



March 24-28, 2017 – Washington, DC

Future Leader Scholarship Program (Funded by FABC)
Details available upon registration.

Registration Fees (Member/Non-member)
Annual Meeting: \$975 / \$1,605
International Blood Safety Forum (Friday only): \$275 / \$275
International Blood Safety Forum & Business Forum (Fri & Sat only): \$410 / \$410
Business Forum through Advocacy Forum (Sat through Tue): \$760 / \$1,330
Registration opens early December. For questions, contact [Lori Beaston](#).

Sponsorship Opportunities
For questions or to learn more about sponsorship opportunities, contact [Jodi Zand](#).



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Meeting Schedule

<p>Friday, March 24 International Blood Safety Forum</p> <p>Saturday, March 25 Business Forum ABC Board Meeting</p> <p>Sunday, March 26 ABC Members Meeting SMT Forum & Celso Bianco Lectureship FABC Reception</p>	<p>Monday, March 27 Blood Center Leadership Forum 20th Annual Awards of Excellence ABC's Got Talent Season II</p> <p>Tuesday, March 28 Advocacy Forum Capitol Hill Visits</p>
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Hotel Information
Ritz-Carlton (Pentagon City)
Hotel room rate: \$249 + tax
[Reserve](#) hotel by March 3

"The 2017 ABC Annual Meeting in Washington, DC is the premier place for industry leaders to experience peer-to-peer collaboration and networking, exclusive educational events and the opportunity to be an advocate for your blood center on Capitol Hill."

— Christine Zambricki, Chief Executive Officer, America's Blood Centers



MEMBER NEWS



ABC member center Bonfils has special delivery men. On occasion, Wyoming Highway Patrol Lieutenant Tim Romig and other troopers help the local blood center by delivering blood to hospital patients in need. Sometimes troopers will participate in multiple relays on a single day, answering the call even during extremely turbulent weather. For example, Lt. Romig made a 26-mile trip from United Blood Services in Cheyenne to the Albany County line, where he met another trooper, in about 18 minutes. (Source: [K2Radio.com](#), [State Troopers Make Lifesaving 'Blood Runs' Across Wyoming](#). February 16, 2017) ♦

GLOBAL NEWS

Blood donations in Japan are decreasing as aging population increases. The Japanese Red Cross Society and Hiroshima University performed simulation studies and found blood donations in Japan are expected to decrease from 5.26 million units to 4.77 million from 2012 to 2025. Two reasons for the decrease are that Japan's donor population is aging and patients who typically need blood in Japan are those over 50 years old (84.8 percent) and that population size is growing. (Source: [International Blood Plasma News](#), January 2017) ♦

COMPANY NEWS

AdvaMed is lobbying for the medical device tax repeal. In their weekly newsletter last week, Advamed wrote that Congress should make "permanent repeal of the medical device tax its 'next logical step.'" Scott Whitaker, president and CEO of AdvaMed, and Lisa Johnson, CEO of BioForward, were quoted in the piece noting that the tax has stifled growth and innovation for medical technology companies and limited research opportunities.

Biogen will be splitting off Bioverativ, their hemophilia business line. The rare disease pharmaceutical company Biogen's board of directors approved the separation in December. Bioverativ manufactures ELOCTATE, an extended half-life recombinant factor VIII product, and Alprolix, factor IX product. "For every two shares of Biogen common stock held of record as of the close of business on January 17, 2017, Biogen shareholders will receive one share of Bioverativ common stock," read [their press release](#). ♦

MARK YOUR CALENDAR!

ABC SMT Journal Club Webinar
Monday, March 13
1 to 2 p.m. EST

Details to come!



CALENDAR

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.

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

April 6. **FDA Public Workshop: Emerging Tick-Borne Diseases and Blood Safety, Bethesda, Md.** For more information, click [here](#).

Apr. 18-19. **Heart of America Association of Blood Banks (HAABB) 50th Annual Spring Meeting, Kansas City, Mo.** For more information and to register, go to <http://www.haabb.org>.

Apr. 18-19. **Transfusion Safety Officer & Patient Blood Management Seminars (Basic & Advanced Programs), St. Petersburg, Fla.** If you are interested in taking part in one of these new and engaging programs, please contact: [Cathy Shea](#), Executive Assistant or call (727) 568-1151.

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](#).

May 17-19. **Cellular Therapies and Transfusion Medicine in Trauma and Critical Care-Looking Towards the Future, San Francisco, Calif.** Presented by Blood Systems, Blood Systems Research Institute, and the University of California San Francisco. For more information, or to register, click [here](#).

June 6-8. **Technical & Quality Workshop, America's Blood Centers, Omaha, Neb.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

June 17-21. **27th Regional Congress of the ISBT, Copenhagen, Denmark.** Click [here](#) to register for the event.

July 26. **Transfusion Safety Officer & Patient Blood Management Seminars (Advanced Program), Ft. Lauderdale, Fla.** If you are interested in taking part in one of these new and engaging programs, please contact: [Cathy Shea](#), Executive Assistant or call (727) 568-1151.

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. 4. **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 is now open.](#)

Nov. 7-8. **Transfusion Safety Officer & Patient Blood Management Seminars (Basic & Advanced Programs), Jacksonville, Fla.** If you are interested in taking part in one of these new and engaging programs, please contact: [Cathy Shea](#), Executive Assistant or call (727) 568-1151.

Nov. 8-10. **10th World Federation of Hemophilia Global Forum, Montreal, Canada** For more information and to register, click [here](#). ♦



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

Also available on our [website](#)

Chief Medical Officer. Hoxworth Blood Center seeks a Chief Medical Officer to be responsible for the medical activities of Hoxworth, oversight of the operation of the Transfusion Service, and maintains service relations with 30 other hospitals in the Cincinnati area. The position accomplishes this through a respectful, constructive and collaborative style, guided by local, state and national regulations and the objectives of Hoxworth Blood Center and the University of Cincinnati College Of Medicine. The position provides medical oversight, regulatory expertise and leadership to ensure the delivery, potency, purity and safety of blood/cell services and products. This position requires an active Unrestricted Ohio Medical License (or eligibility to obtain the license). Apply online to <https://jobs.uc.edu> (Req ID# 15461). Visit our website at www.hoxworth.org. Hoxworth Blood Center is dedicated to the promotion of research and education in transfusion medicine and cell therapies. The University of Cincinnati is an affirmative action/equal opportunity employer/M/F/Vet/Disabled ♦