

Helping Protect and Replenish Iron Stores in Blood Donors

Blood donors, especially frequent blood donors, are at risk of becoming iron deficient. A Western-diet, high in iron-rich foods like red meat, is not enough to replenish the iron lost from donating blood. Blood centers are relying on the historical and faulty method of testing for iron depletion in their donors—hemoglobin levels—and not generally adopting long term mitigation methods.

“The science is incredibly clear, if regular donors become iron deficient, replacing iron solves it,” said Jed Gorlin, MD, medical director and vice president of quality and regulatory affairs at Innovative Blood Resources. “It’s not a scientific question, the studies have proven that, what we’re looking at now are practical ways of solving the situation.”

One independent blood center working on female donors’ iron issues is Indiana Blood Center (IBC). IBC’s [Iron for Women](#) program started in 2003 and focuses on menstruating women, 18 years and up. The blood center staff provides a fingerstick hemoglobin test and if the levels are lower than the 12.5 g/dL female donor threshold, the donor is deferred and given an educational brochure on iron loss and supplementation. These women are then sent supplements in the mail, a bottle of 118 pills, to be taken daily, and asked to come back to try to donate again at the end of 56 days. The blood center’s database allows a code to be placed on the donor record so staff can pull up a query of all the donors in this program and call them back for follow-up information and schedule appointments.

“It was complicated to get it started, but once it got started, it starting rolling,” said Linda White, director of clinical services at IBC. “These

women would try and try to donate for so many years, they actually wound up giving more than the average 1.6 donations per year. What the program tries to do is help us keep that appointment so there’s no loss of product.”

IBC is about to roll out their new iron program inclusive of men, 18 years and over, by mid-summer 2017. The new program will be called Iron for All, for all eligible donors with low hemoglobin and will



continue to provide these donors with educational materials and mailed iron supplements.

“It takes a long time to bring in new equipment for something like ferritin testing, but the next step is testing ferritin of some nature,” said Ms. White. Nevertheless, concentrating on donors with low hemoglobin levels misses the much larger population of iron depleted donors.

The Capital Region blood system of Denmark has set up an iron program through the work of Karin Magnussen, MD, that measures ferritin levels as well as hemoglobin. In a two-year study published in 2015 (Magnussen 2015), Dr. Magnussen

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OUR SPACE

ABC CEO Christine S. Zambricki, DNAP, CRNA, FAAN

Premium Essential

A fashionable shop in San Francisco prides itself as a purveyor of “Premium Essentials” with the tagline “Fewer, Better Things.” This phrase gives me pause to reflect on the nature of the premium essentials for ABC members. For this week’s “Our Space” I have whittled down recent ABC activities to highlight examples of “fewer, better things” that provide premium essentials to our blood centers.

Advocacy: Since the first session of the 15th Congress began last month...

- ABC sent welcome letters to all 535 Congressmen and women and included: a description of ABC key issues, a list of ABC member blood centers, and ABC’s contact information. I encourage every ABC member to [view these materials](#), borrow what you wish, and write letters of introduction to your Members of Congress.
- ABC participated in a face-to-face meeting with [Food and Drug Administration policy makers](#) to campaign for regulatory reform on numerous issues of importance to ABC members.
- ABC met with representatives from the Centers for Medicare and Medicaid Services (CMS) to request that an important error in the 2017 CMS Final Rule establishing HCPCS code P9072 be corrected. P9072 has been changed to consider pathogen reduced apheresis platelets and apheresis platelets tested for rapid detection of bacterial contamination to be clinically similar products. It is our position that these two approaches to product safety should be coded and reimbursed separately.

Data

- ABC Data Warehouse Proof of Concept will be presented for the first time at the ABC Member Meeting during the 55th ABC Annual meeting in Washington D.C.

Education

- Dr. Eamonn M. Ferguson, from the University of Nottingham, will present research at the ABC Annual Meeting that is both fascinating and compelling. His presentation and research supports a stratified medicine approach linking targeted recruitment strategies to donors’ motives at different points in their lives. To register for the meeting (member or non-member), email [Lori Beaston](#).
- The Foundation for America’s Blood Center will provide an elegant fundraising event at the top of the historic Hay-Adams Hotel. The cherry blossoms, view of the White House at twilight, classic Japanese entertainment, along with a rolling dinner and cocktails, will provide the perfect atmosphere for networking with colleagues and friends—and of course all for a good cause. Email [Jodi Zand](#) to register.
- ABC has worked hard to bring educational and relevant new courses to our members (free of charge) and to non-ABC members (for a nominal fee). Click on the links to access these excellent resources: [Introduction to the Blood Banking Industry](#) and the [ABC cGMP Training Video](#).

As we move toward a future of ABC member consolidation and change, ABC must reflect that reality. The implications that I see include upgrading ABC capabilities in delivering premium “essentials” like advocacy, SMT, data, and more enhanced educational opportunities for our members, while at the same time refocusing on fewer, better services for our members.

Christine S. Zambricki

czambricki@americasblood.org ♦



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

Don't Miss Your Chance to Make Your Voice Count on the Hill

Congressman John Shimkus (R-Ill.), a senior member of the House Energy and Commerce Committee, will join ABC to speak at the Advocacy Forum during the ABC Annual Meeting. The Advocacy Forum and breakfast will be on Tuesday, March 28, from 7 a.m. to 9 a.m., at the Ritz-Carlton (Pentagon City) in Arlington, Va. Immediately afterward, blood center advocates will meet face-to-face with their U.S. Senators and Representatives to discuss topics most pertinent to the blood center community, including the sustainability of the U.S. blood supply and supporting the safety and accessibility to blood products through regulatory reform.

Sign up today for Advocacy Day and ABC will work with you to schedule your congressional appointments and equip you with the necessary tools and materials for successful meetings. To sign up for Advocacy Day, email ABC Chief Administration Officer [Kate Fry](#).

Comments to Draft Guidance on Chagas Disease

ABC, AABB, and the ARC filed final joint comments last month in response to the Food and Drug Administration's draft guidance titled, "[Amendment to Guidance for Industry: Use of Serological Tests to Reduce the Risk of Transmission of *Trypanosoma cruzi* Infection in Whole Blood and Blood Components Intended for Transfusion.](#)" The comments were prepared as part of the AABB Donor History Task Force and Transfusion Transmitted Diseases Committee, of which representatives from ABC are members. The comments support a one-time testing without donor questioning for a history of Chagas. ABC members can read the comments in full [here](#).

ABC filed separate comments in addition to the joint comments. They requested reconsideration of the stringent reentry algorithm by which donors have to be tested and retested using expensive confirmatory assays before being allowed to donate. Read our separate comments [here](#).

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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)

America's Got Talent Season II Newest Contestant!



Mary Townsend, MD, senior medical director at Blood Systems, has thrown her cowgirl hat into the race! During her live performance in the inaugural season of ABC's Got Talent, the crowd went wild as Dr. Townsend stepped on stage, clad in cowgirl boots, and proceeded to entertain the crowd with a rousing trick-roping routine. Not one to let a foot fracture stop her, Dr. Townsend kept guests in a constant state of amazement as she worked her rope magic.



The Foundation for America's Blood Centers is honored that Dr. Townsend has agreed to come back with her rope for Season II! She promises new tricks if she makes into the top five contestants and to the live show in Washington, D.C.

Dr. Townsend's father was a rodeo announcer and she spent her summer from the age of 3 months through 18 years old traveling with her parents on the rodeo circuit. When she was just 3 years old, she would spend time with her brothers on these trips learning to trick rope and trick ride.

Dr. Townsend has been in blood banking for 26 years, with much of her career spent at Coffee Memorial Blood Center in Amarillo, Texas. She is currently the senior medical director at Blood Systems, where she has worked for six years. She has a passion for donors and patients, particularly for improving the donation experience. She has served on the AABB Uniform Donor History Questionnaire Task Force to help streamline the questionnaire for both donors and blood centers, on the AABB Donor Hemovigilance Committee to help address and reduce donor reactions, and on the Young Donor Adverse Reaction group, also to find ways to reduce adverse events in young donors. Dr. Townsend is also an active member of both the FABC and the ABC Board of Directors, and if we're lucky, we may see an encore performance of some board members, including ABC CEO Christine Zambricki, getting roped up by our favorite blood banking cowgirl!

To vote for Dr. Townsend's performance, click [here](#). To view all the contestants before casting your vote, click [here](#).

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We Welcome Your Letters

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



INSIDE ABC (continued from page 4)

Join us for the ABC SMT Journal Club Webinar

As part of the America's Blood Centers' Professional Institute (API) educational and professional development offerings, we are pleased to announce the first ABC SMT Journal Club Webinar of 2017! The webinar will be held on Monday, March 13, 2017, from 1 p.m. to 2 p.m. EDT.

During this webinar, members of the SMT Journal Club Committee will review three key scientific/medical articles and one editorial followed by open discussion by participants and article authors. The articles and editorial are as follows:

1. [A Large National Study of Ferritin Testing in Canadian Blood Donors](#)
2. [Effect of Short-Term vs. Long-Term Blood Storage on Mortality after Transfusion](#)
3. [Red Cell Exchange to Mitigate a Delayed Hemolytic Transfusion Reaction in a Patient Transfused With Incompatible Red Blood Cells](#)
4. [Red Cells — Aging Gracefully in the Blood Bank](#)

The presentations will be sent prior to the webinar to all registrants. For instructions on how to register, please click [here](#). You must be an ABC member to register. Registration is free. Participants are welcome to submit questions/comments in advance of the call. Please send to [Toni Mattoch](#). Please include, 1) Paper name or author, and 2) Your question.

We look forward to seeing you on there! ♦

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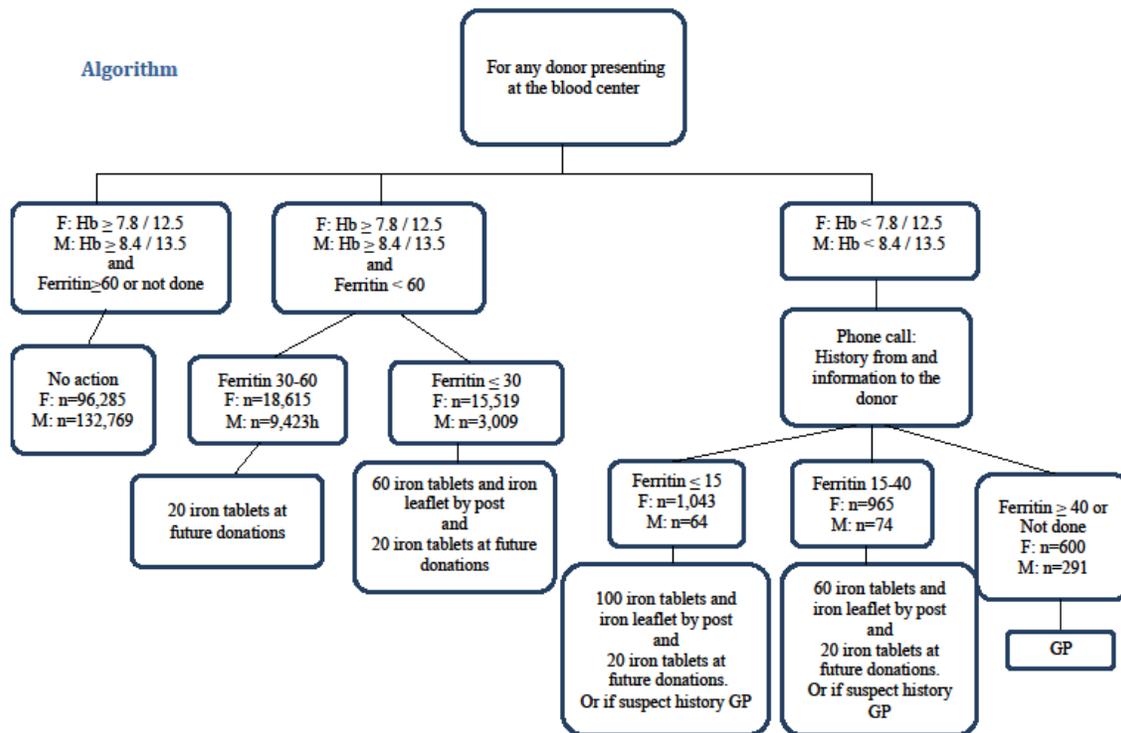


HELPING PROTECT AND REPLENISH IRON STORES (continued from page 1)

and Steen Ladelund reported on 62,981 repeat donors (those who donated two times or more during the 2-year period) and tested their hemoglobin regularly and ferritin levels at specific intervals—the first and every tenth donation.

“Before 2005 we were only using hemoglobin concentration, which is not a good predictor of iron levels. We were doing nothing other than excluding them as donors temporarily or permanently, and some of the female donors would be given iron tablets, but there were no algorithm.” said Dr. Magnussen.

The study produced the algorithm below that helps prevent Danish donors from iron depletion:



“Results from 2010, before we began the program, had 16 percent of donors with ferritin <15µg/L and in 2016 only 1.9 percent had ferritin <15µg/L,” said Dr. Magnussen. Now, Dr. Magnussen has a small team to help use the above algorithm with hemoglobin as well as ferritin testing to measure and mitigate iron levels in their donors. The algorithm is made to prevent iron deficiency when possible, and so that only the few donors with low hemoglobin or ferritin need handling.

The iron program in Denmark looks to be successfully implemented. But the manual methods they use in Denmark to test and respond to their donors with supplements, educational materials, and call-backs would not be acceptable for many blood centers in the U.S., said Dr. Gorlin, mostly due to the sheer volume of donors here. Other concerns for U.S. blood centers are the costs for supplying supplements and providing medical treatment, i.e. iron supplements, to donors whose medical histories are unknown.

“The mailings are not cheap, but the costs are far outweighed by the number of donations we receive from these women coming back,” said Ms. White.

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HELPING PROTECT AND REPLENISH IRON STORES (continued from page 6)

A study from Dr. Gorlin and ABC CMO Louis Katz, MD, last year in *Vox Sanguinis* showed mailing iron supplements to iron-deficient donors resulted in increased ferritin levels from 8.7 ng/mL to 24.2 ng/mL. Low dose iron supplements (19 to 38 mgs of elemental iron) can raise donors' levels enough to replenish what was lost and maintain their eligibility, concluded [a study from the National Institutes of Health in 2015](#).

Just changing the minimum interdonation interval to 12 weeks, suggested Dr. Gorlin, can help as well, however data from the “Hemochromatosis and Iron Overload Screening” (HEIRS) study demonstrates that in isolation it will not solve the problem, “but it might be a component” to the answer. He said, however, the real studies should be in *how* to mitigate the iron depletion—either using ferritin as the indicator, not hemoglobin, or beginning a much broader effort to provide and/or encourage donors to take extra iron.

“We need effectiveness studies comparing measuring ferritin levels of donors handing out iron supplements versus supplying vouchers (for iron supplements) versus educational material,” said Dr. Gorlin.

In one arm of the “Strategies to reduce iron deficiency in blood donors” STRIDE study, depleted participants (plasma ferritin was less than 26 ng/mL) were sent educational materials on taking an iron supplement or delaying their next donation for six months. The results of the study demonstrated ferritin levels rising to a mean of 31.2 ng/mL, nearly the same as the participants taking 18 mg or 36 mg iron supplement pills. Whether day-to-day donors will perform as well as motivated study participants is an unanswered question.

The Blood Products Advisory Committee met last November and was concerned about iron statuses, especially in women and teen donors. While blood centers have not historically banded together on this issue, the time for change is upon us and an appropriate response may allow us to avoid Food and Drug Administration (FDA) regulation of the issue.

“Few centers are doing anything, and the FDA is concerned,” warned Dr. Katz. “The FDA is going to do something if we do not.”

Citations: Magnussen K. and Ladelund S. Handling low hemoglobin and iron deficiency in a blood donor population: 2 years' experience. *Transfusion*. May 18, 2015. DOI: 10.1111/trf.13152.

Rigas A., Sørensen C., Pedersen O., et al. Predictors of Iron Levels in 14,737 Danish Blood Donors - Results From The Danish Blood-Donor Study. *Transfusion*. December 23, 2013 online. DOI: 10.1111/trf.12518.

Gorlin J., Katz L., et al. Prevalence of blood donor iron deficiency and feasibility ferritin-based iron replacement: a blood collection agency based study. *Vox Sanguinis*. March 2016. DOI: 10.1111/vox.12408.

Mast A.E., Bialkowski W., Bryant B.J., et al. A randomized, blinded, placebo-controlled trial of education and iron supplementation for mitigation of iron deficiency in regular blood donors. *Transfusion*. January 26, 2016. DOI: 10.1111/trf.13469. ♦

EDITOR'S NOTE

In [Newsletter #7](#), we mistakenly identified Mary Townsend, MD, as the regional medical director at Coffee Memorial Blood Center. She is actually the senior medical director at Blood Systems. In another title mishap, we accidentally identified Martin Grable as the President of ABC, whereas he is the President-Elect. Susan Rossmann, MD, is still the current president. The corrections were made and we regret the errors.

We also would like to clear up any potential misgivings about the headline “Right to Donate” in last week's newsletter. To donate is more of a privilege than any person's or persons' right. There is no right by law or otherwise for someone to donate blood or any blood products. ♦

LETTER TO THE EDITOR

Dear Editor,

We read with interest the “Our Space” opinion in the [February 24 Newsletter](#). We wish to clarify and correct statements regarding “operational and cost issues” of “POP” testing.

The Verax Platelet PGD Test is Food and Drug Administration (FDA) cleared for all platelets (PLTs) and may be used as a POI test in hospitals; it has also been adopted by blood centers. A preferable term for this device is “rapid test.” The test is performed on a sample from a segment; there is no PLT loss or degradation. Studies document PGD’s successful implementation with apheresis and whole blood-derived PLTs. Fifty hospitals using PGD implemented and performed the test with existing staff. Ninety-eight percent said PGD testing was easier or similar to other laboratory tests.

There is no requirement to repeat PGD testing daily. Vauthrin and colleagues implemented testing of all platelets (~3,000/year) and reported means of 1.15 and 1.18 tests/transfused platelet in 2014 and 2015 respectively.

As noted, PR PLTs are not approved for seven-day storage. The only technology available to extend platelet expiration to seven days is the PGD test, which has been cleared by the FDA as a “safety measure”-a designation required by the agency for seven-day storage. The “safety measure” claim was not awarded arbitrarily, but based on a clinical trial of more than 27,000 platelets. Two additional storage days has an effect on rates of discarded PLTs. Outdate rates in the US of 11 percent and 12.8 percent have been reported. A study published in 2010 observed a seven-day outdate rate of 1.55 percent among bacterially tested apheresis platelets. The outdate rate at the University of North Carolina Medical Center dropped from a 5-day stored platelet rate of 2.9 percent to 1.3 percent with a seven-day outdate. Dunbar reported the outdate rate at her institution decreased from 5 percent to 1 percent with the implementation of Day 6/7 PLTs. Seven-day storage increases PLT availability, reduces costs, and may afford blood collectors the ability to reduce weekend/holiday PLT collections. Reduced outdates also help assure the donor’s expectation that her/his donation will be used for patient care.

The author refers to costs of rapid testing, but not of PR. When bacterial culture was implemented in 2003, collection establishments raised the price of an apheresis PLT \$25 to \$30; comparable to the fully-loaded cost of a PGD test. Outdate reduction may cover the cost of PGD testing and provide additional savings.

Readers are referred to a recent report by Sorokin and Jacobson for a calculated cost comparison between PGD testing and PR. Regarding the time to perform the PGD test, Good and colleagues reported 24 samples could “easily” be PGD tested in one hour, with significant non-handling time. Minimum time necessary for one test was about 30 minutes, but hospitals test in batches to minimize the time per unit and to ensure tested units are available for stat requests

The author suggests the NHS procedure sampling larger volume, delaying culture could be used in the US to extend platelet dating. We find the SHOT reports are not adequate to quantify reduced risk from this practice; and one other report does not document clinically reduced risk compared to primary culture alone in the U.S.

CMS has designated the same payment code (P9072) for the PGD test as it has for PR resulting in equivalent reimbursement for outpatient platelet transfusion.

We appreciate the opportunity to comment.

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References available on request.

To read the full letter with references, click [here](#).



RESEARCH IN BRIEF

Two Italian trials suggest pathogen reduced platelets (PLTs), INTERCEPT and Mirasol, are associated with similar bleeding risks to those from untreated PLTs. The two randomized, controlled non-inferiority trials were conducted in parallel, comparing safety and efficacy of pathogen reduction-treated PLTs versus standard PLTs in patients with hematologic malignancy. All platelets were prepared from whole blood with the buffy-coat method and resuspended in 30 percent plasma and 70 percent platelet additive solution. The primary end-points were the percent risk difference over the control for World Health Organization Grade 2 or greater bleeding. The non-inferiority margin was set at a difference of 11 percent, assuming a 20 percent rate in controls. In the INTERCEPT trial, there were 113 treated patients (vs. 115 control) with a difference of 6.1 percent from control (upper one-sided 97.5 percent with a confidence limit (CL) of 19.2 percent). Of the 99 patients receiving Mirasol-treated PLTs, the difference was 4.1 percent (upper one-sided 97.5 percent, CL 18.4 percent). The differences in the two trials did not reach statistical significance, but the studies were underpowered due to truncation for fiscal reasons. Both trials showed that post-transfusion PLT count increments were significantly lower in treated vs. control patients. Unexpected reactions and adverse events were not reported. Mortality did not differ significantly between treated and control patients.

Citation: Rebeulla P., Vaglio S., Beccaria F., *et al.* Clinical effectiveness of platelets in additive solution treated with two commercial pathogen-reduction technologies. *Transfusion*. February 24, 2017 online. DOI:10.1111/trf.14042

Fibrinogen concentrate did not reduce intraoperative bleeding during high-risk cardiac surgery compared to placebo. In a randomized, placebo-controlled, double-blind clinical trial of 120 patients undergoing elective high-risk cardiac surgeries from February 2011 to January 2015, patients received fibrinogen concentrate (n=60) or placebo (n=60). Median blood loss in the fibrinogen group was 50mL (interquartile range [IQR], 29-100 mL) compared with 70 mL (IQR, 33-145 mL) in the control group with the absolute difference at 20 mL (95 percent confidence interval, -13 to 35 mL). Fibrinogen levels were higher in the infusion group only within the first 24 hours after surgery.

Citation: Bilecen S., de Groot J.A.H., Kalkman C.J., *et al.* Effect of Fibrinogen Concentrate on Intraoperative Blood Loss Among Patients With Intraoperative Bleeding During High-Risk Cardiac Surgery. *JAMA*. February 21, 2017. DOI: 10.1001/jama.2016.21037. 

BRIEFLY NOTED

An artificial red blood cell (RBC) product, called ErythroMer, is being developed at the Washington University School of Medicine in St. Louis. Allan Doctor, MD, is leading a project to produce ErythroMer from purified human hemoglobin coated in a synthetic polymer that helps it carry oxygen. The polymer coating is more able to release the oxygen than previous attempts in artificial RBCs. The product is freeze-dried, stored at room-temperature, unlike standard RBC units that require refrigeration, and mixed with sterile water to reconstitute. The use of such a product would be beneficial as a substitute in emergency situations like ambulances and battlefields, where the amount of blood needed isn't always available. (Source: [Washington School of Medicine press release](#), January 20, 2017)

AABB helps with Ebola guidance. [AABB's Donor History Questionnaire group has drafted and posted materials](#) to assist blood centers in adhering to the January 2017 Food and Drug Administration's guidance on handling Ebola virus outbreaks, "[Recommendations for Assessment of Blood Donor Eligibility, Donor Deferral and Blood Product Management in Response to Ebola Virus; Guidance for Industry](#)." The AABB website provides flowcharts, donor educational materials to evaluate donor risk for Ebola, and examples of language blood centers can use for donor educational materials and the donor questionnaire. There are also answers to frequently asked questions on the site.

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BRIEFLY NOTED (continued from page 9)

The Food and Drug administration (FDA) is seeking proposals for advanced research and development of regulatory science. Some of the areas about which blood centers and research institutes might be interested in submitting a proposal are: developing new tools and approaches to progress personalized medicine or assist in the conduct of clinical trials; developing assessment tools for novel therapies; and harnessing diverse datasets to create better outcomes for patients. The opportunities and requirements for the awards are [here](#). The solicitation will be open until awards are granted. For more information on these opportunities, contact [Lisa K. Yaw](#) with the Department of Health and Human Services, (240) 402-4018.

Sustainability of the blood supply. In an article to the [Medical Laboratory Observer magazine](#), Jerry Holmberg, PhD., director of scientific business development at pharmaceutical company Grifols, discussed the sustainability of the U.S. blood supply. Dr. Holmberg included a brief synopsis from the November 2016 meeting of the Department of Health and Human Services Advisory Committee on Blood and Tissue Safety and Availability (of which Dr. Holmberg is a past executive secretary), during which the RAND study was presented and critiqued. Dr. Holmberg suggested four areas of where the government can help in developing a more sustainable blood supply: 1) by recognizing the vital role of the private sector in developing new technologies for a safer blood supply; 2) reducing barriers toward innovation; 3) updating payment policies to blood centers for their supplies; and 4) encouraging a robust public/private partnerships to meet growing challenges. He also suggested a national blood policy addressing these areas as well as crisis responses and a hemovigilance program which would also help the sustainability of the industry. ♦

RECENT REVIEWS

Fresher not better. A new meta-analysis found fresher red blood cells (RBC) units for transfusion patients offered no significant reduction in overall in-hospital mortality over older RBCs. In a review of 14 randomized trials with over 26,300 patients, all-cause mortality was 12.8 percent of the 9,531 patients who received a fresher blood unit and 10.7 percent of the 16,843 patients who received older RBC units (risk ratio 1.04, 95 percent, confidence interval 0.98 to 1.12). The data were pulled from trials found in the Cochrane Library Central Register of Controlled Trials, MEDLINE, EMBASE, and CINAHL, and adhering to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Statement Standards.

Citation: Chai-Adisaksopha C., Alexander P.E., Guyatt G., *et al.* Mortality outcomes in patients transfused with fresher versus older red blood cells: a meta-analysis. *Vox Sanguinis*. DOI: 10.1111/vox.12495.

A review of the history of sickle cell disease (SCD) calls for more support and less stigmatizing of those with the disease. In this commentary, Keith Wailoo, PhD., professor at Princeton University, paints a picture of uncertainty and hurdles for those with SCD over the years. He describes the misdiagnoses of those with SCD in the past, and how they were thrust into the spotlight during the early 1970s amidst media coverage and President Nixon's promises for funding to study SCD. The controversies did not take long to bloom thereafter and even though antibiotics helped to prolong many SCD patients' lives, stigmas associated with the need to manage their pain with medication formed. Today's latest therapies, crizanlizumab and gene-therapy, are showing some promise. However, there is still only one cure for some SCD patients—bone marrow transplants—and with it comes inherent risks of graft-versus-host-disease, leaving patients with tough choices of trading one debilitating disease for another. As the search for the “magic bullet” continues, Dr. Wailoo calls on the public, and the health care community, to support these patients without prejudice and preconceived notions, and to treat them as individuals who deserve relief from their pain.

Citation: Wailoo K., Sickle Cell Disease — A History of Progress and Peril. *New England Journal of Medicine*. March 2, 2017. DOI: 10.1056/NEJMp1700101. ♦



REGULATORY NEWS

The Centers for Medicare and Medicaid released its annual health expenditure data and projections last week. The federal agency projected that health spending is projected to grow 1.2 percentage points faster than Gross Domestic Product (GDP) per year between 2016 and 2025. Hospitals will grow at an average rate of 5.5 percent per year between 2016 and 2025, compared to 4.9 percent for 2010 to 2015. Hospital price growth is also projected to rise from 0.9 percent in 2015 to an average rate of 2.4 percent for 2016 to 2025. Medicare spending is also projected to grow, at an average rate of 7.1 percent for the same time period. The most rapid projected growth is for the time period between 2020 and 2025 (7.6 percent) due to the aging baby boomer population and the reliance on Medicare services.

The next Blood Products Advisory Committee meeting is set for April 4 and 5, 2017. On the agenda for the meeting is to discuss the Recombinant Human Coagulation Factor IX, Glyco-PEGylated. In the afternoon, the Committee will hear an updated presentation on a summary of responses to [Docket FDA-2016-N-1502: Blood Donor Deferral Policy for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products](#). On April 5, the committee will hear overview presentations on the research programs in the Laboratory of Emerging Pathogens in the Division of Emerging Transfusion-Transmitted Diseases, Office of Blood Research and Review, Center for Biologics Evaluation and Research, FDA. For more information, click [here](#). ♦

INFECTIOUS DISEASES

Center for Disease Control and Prevention (CDC) researchers said a Zika vaccine could come as early as 2018. Updating the Advisory Committee for Immunization Practices (ACIP) members on vaccine development for Zika, the researchers discussed seven phase one trials for four different vaccines. Timelines of the vaccines were also discussed. A consultant for the Biomedical Advanced Research Development and Authority (BARDA) said that by 2018 BARDA hopes to build a dataset with one of two vaccine candidates, where they can deploy vaccines under the Food and Drug Administration's emergency use authorization for the continental U.S. and Puerto Rico, and included the possibility of one trial ending as soon as 2018. Some of the vaccines consist of viral nucleic acids (including DNA and mRNA) as well as purified inactivated whole virus. (Source: MedPageToday.com, [This Week in Zika: Vaccine Possible in 2018](#), February 24, 2017)

A small (phase 1) malaria vaccine study has shown promising results. A study of 93 participants, half of whom were given a live, attenuated *Plasmodium falciparum* vaccine strain intravenously with antimalarial drugs and the other half given a placebo, found no significant differences in adverse events between the two groups. Preliminary efficacy analysis demonstrated reduced infection in the vaccine group.

Citation: Sissoko M.S., Healy S.A., Katile A., *et al.* Safety and efficacy of PfSPZ Vaccine against *Plasmodium falciparum* via direct venous inoculation in healthy malaria-exposed adults in Mali: a randomised, double-blind phase 1 trial. *The Lancet*. February 15, 2017 online. DOI: [http://dx.doi.org/10.1016/S1473-3099\(17\)30104-4](http://dx.doi.org/10.1016/S1473-3099(17)30104-4). ♦

WORD IN WASHINGTON



Seema Verma advances. The Senate Finance Committee has approved (13 to 12) Seema Verma as the new head of the Centers for Medicare & Medicaid Services. A previous vote on Wednesday left Ms. Verma with a tie of 9 to 9 and 15 to 11 proxies, which do not count under committee rules. Ms. Verma's nomination will now go before the full Senate for a vote and is likely to pass. Read our previous write-up of Ms. Verma in [ABC Newsletter #6](#). (Source: FierceHealthCare, [Senate Finance Committee votes to advance Trump CMS pick Seema Verma](#), March 2, 2017) ♦



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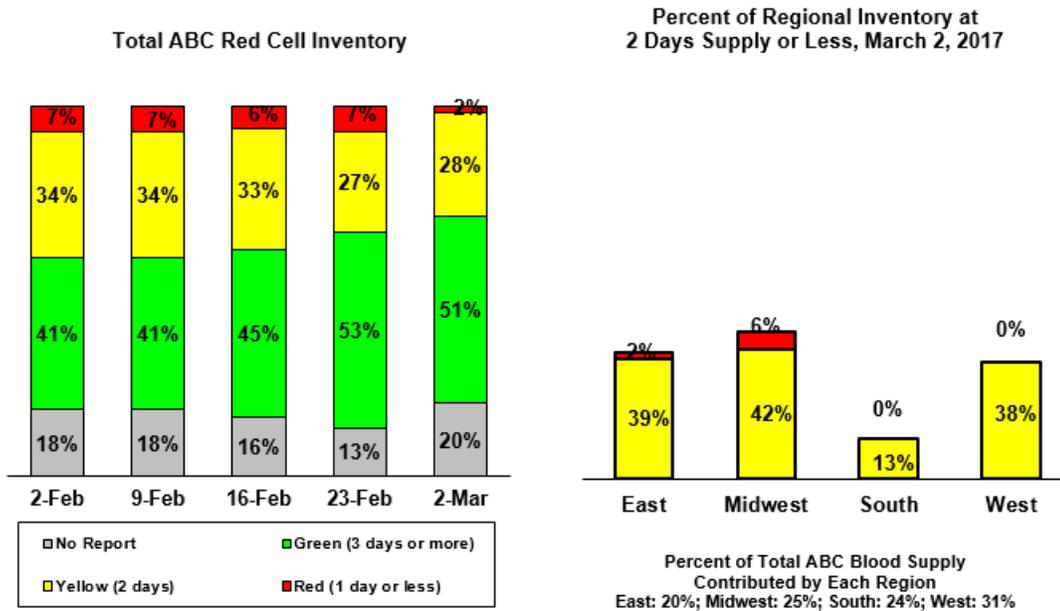
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STOPLIGHT®: Status of the ABC Blood Supply



Daily updates are available at:
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ATTN: Register and reserve hotel by TODAY, Friday, March 3, for the ABC Annual Meeting.



AMERICA'S BLOOD CENTERS

55th ANNUAL MEETING



March 24-28, 2017 – Washington, DC

"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

Meeting Schedule

Friday, March 24
 International Blood Safety Forum

Saturday, March 25
 Business Forum
 ABC Board Meeting

Sunday, March 26
 ABC Members Meeting
 SMT Forum & Celso Bianco Lectureship
 FABC Reception

Hotel Information
 Ritz-Carlton (Pentagon City)
 Hotel room rate: \$249 + tax
[Reserve](#) hotel by March 3

Monday, March 27
 Blood Center Leadership Forum
 20th Annual Awards of Excellence
 ABC's Got Talent Season II

Tuesday, March 28
 Advocacy Forum
 Capitol Hill Visits

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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PEOPLE



John Ferretti will be the next president and CEO of the Blood Bank of Delmarva (BBD). Mr. Ferretti, the immediate past Chairman of the Board of BBD, will replace Roy Roper, who announced last September his intentions to retire at the end of March.

“Following an extensive search for a new leader, we found the most qualified candidate was already part of the team overseeing the organization,” said BBD’s Board Vice-Chair Michael Franklin, President and CEO of Atlantic General Hospital. “John has the ability, knowledge, and expertise to continue to guide the Blood Bank of Delmarva’s transformation into the future.”

Mr. Ferretti brings to the position over 25 years of executive and entrepreneurial leadership experience as a performance-driven CEO, board director, and private investor. He is known for his ability to identify and spearhead profitable business opportunities, transform operational processes, and secure capital for manufacturing and technology companies. “I look forward to working with the BBD team and serving our Delmarva Community,” noted Mr. Ferretti.

In addition to his work with BBD, Mr. Ferretti serves on the boards of the Visiting Nurses Association of Christiana Care Health System and the American Red Cross Angel Fund. He received a Bachelor’s of Science in Mechanical Engineering from West Virginia University and his MBA from Monmouth College in New Jersey. Mr. Ferretti will officially begin his duties as President and CEO at BBD on April 1.

Brian Blase, PhD., will serve as Special Assistant to the President for Healthcare Policy. Mr. Blase was previously a senior research fellow with the Spending and Budget Initiative at the Mercatus Center at George Mason University. During that period, he researched the Affordable Care Act (ACA) and Medicaid, writing regular studies and commentaries. From 2011 through 2015, Mr. Blase worked as a senior health care staffer on Capitol Hill for both the House Committee on Oversight and Government Reform and the Senate Republican Policy Committee. (Source: Whitehouse Press Office [website](#)) ♦



GLOBAL NEWS

Mexico confirmed its first case of Zika-related microcephaly birth, and death. The child was born in November 2016, prematurely, and died upon birth. The Mexican government said it took some time to confirm the microcephaly. The *Aedes aegypti* and *Aedes albopictus* mosquitoes are both carriers for Zika and have been found in Mexico and California’s southern counties, which border Mexico. Mexico has now seen over [8,000 cases of Zika](#), both from travel and locally acquired. The Centers for Disease Control and Prevention have listed [five viremic blood donors](#) in California as of February 22 and the California Department of Public Health lists 505 travel-related cases, but [no local cases as of February 27](#). (Source: *Associated Press*, [Mexico confirms first case of Zika-related birth defect](#). February 3, 2017). ♦



CALENDAR

2017

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 and registration is available [online](#).

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 ♦

Director of Donor Recruitment. The Blood Connection (Greenville, SC) seeks qualified applicants for its Director of Donor Recruitment position. This position is responsible for developing and directing blood center's donor recruitment department/plans to achieve collection goals. Scope of responsibilities includes oversight of all mobile and fixed site recruitment (excluding automated). Requires the ability to oversee the daily operations, as well as strategically work toward the long-term goals. Must be able to facilitate all operational activities related to recruitment of donors and management of recruitment staff within the expected budgeted guidelines. Must be an effective leader and have the ability to adapt to change. Excellent salary and benefits including relocation package. Bachelor's degree required, demonstrated experience in sales/territory management skills, superb leadership and team building skills, excellent verbal and written communication and public speaking skills, computer literate. Prior blood center experience preferred. Five years related experience required with at least three years' supervisory experience. Successful candidate must demonstrate ability to work closely with Marketing and Collections Managers/Directors to facilitate efficient and effective blood drives. This position reports to VP Business Development/CTO. The Blood Connection (TBC) is an Equal Opportunity Employer. EEO/Minority/Female/Disability/Vets. To apply please go to <http://thebloodconnection.org/everify/>. ♦