

## Blood Donor Iron Mitigation Committee Forms

Executive Vice President and Chief Medical and Scientific Officer Ralph Vassallo, MD, FACP, of Blood Systems Inc., an ABC member center, will chair the newly-formed AABB Committee on Iron Management Among Blood Donors.

“Mounting evidence indicates that some blood donors are at risk of significant iron depletion that might have deleterious health consequences,” said Dr. Vassallo. “Certain subgroups are at particular risk, like frequent donors, women of childbearing potential, and young donors. Recently-reported studies have described the beneficial effects of several interventions designed to return donor iron stores to pre-donation levels. AABB’s Donor Health and Safety Committee developed Association Bulletin #17-02 based upon these data, which outlined updated and enhanced strategies to limit or prevent iron deficiency in blood donors. AABB is now convening a multidisciplinary risk-based decision making (RBDM) group to identify optimal approaches for blood collectors to reduce donors’ risks for and potential effects of iron deficiency, while ensuring an adequate supply of blood products to meet patient needs.”

Blood donor iron management programs have long been discussed and studied with no clear one-size fits all strategy or guidelines for centers to implement into practice. Some centers, like Héma-Québec and Indiana Blood Center, part of Versiti, have well-established programs that help replenish iron stores for women. Denmark also has a noteworthy iron management program based on an extensive two-year study, published in 2015 (Magnussen 2015) and from which an algorithm was produced helping the blood center determine the number of iron tablets and other educational materials needed to

prevent Danish blood donors from becoming iron depleted. Read more about these programs in the [ABC Newsletter #8](#). Many blood centers in the U.S. are now considering whether and how to replenish their blood donors’ iron stores or how best to encourage donors to do so.

After a Blood Products Advisory Committee meeting in November 2016, there was a renewed focus on iron depletion mitigation practices for donors. The committee discussed more recent research, including the REDS, STRIDE, and HEIRS studies, which established



that many donors may present with normal hemoglobin levels, but may still be iron depleted. A number of mitigation strategies were presented and discussed during the meeting, but the committee agreed blood centers should be left—for now—to determine the practical mitigation procedures.

ABC Chief Medical Officer Louis Katz, MD,—who is also on the AABB iron mitigation committee, suggested in an Our Space from [ABC Newsletter #40 2016](#), that blood centers should take up the responsibility of creating these programs before the Food and Drug

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## OUR SPACE

David Allen, President and CEO of Mississippi Blood Services

### One CEO's Thoughts on the Prospect of Federal Tort Reform

The topic of “tort reform” has been around for quite some time. It has been primarily a state issue. States have addressed this in varying degrees. For full disclosure, I have been involved in the tort reform effort in Mississippi for more than 15 years. At that time, states like West Virginia, Illinois, Louisiana, California, and yes, Mississippi, were considered fertile ground for lawsuits, because certain jurisdictions were considered “friendly” to the personal injury bar. Because of efforts from both the medical and business communities, frivolous and unfounded lawsuits have diminished significantly in Mississippi.

The American judicial system handles many types of cases, but probably the two most prominent facets are: the criminal justice system and the civil justice system. In my opinion, the biggest differences between these two are:

- In the criminal justice system, you have to have evidence of wrongdoing. The burden of proof of wrongdoing is on the prosecution. The defendant is “presumed innocent until proven guilty.”
- In the civil justice system, you can sue anyone for any reason. The plaintiff can claim aggrieved status against the defendant. And the defendant has to prove himself innocent.

It is that last point—“the defendant has to prove himself innocent”—that is at the root of tort reform. Even when the defendant in a civil lawsuit “wins,” it can come at a large cost. And that “cost” can be: how much was paid for legal defense, the financial loss the defendant incurred from lost time at work, the loss of reputation due to media hysteria and coverage from the lawsuit, etc.

After one presentation on the merits of tort reform I made to a large group of doctors, I had one physician come up to me afterwards and say, “David, I think I have the solution to our problem. If we could pass a law that required lawyers to use their so-called ‘expert medical witnesses,’ as their and their families’ personal physicians, this issue would go away in a hurry!”

The topic at hand is “medical liability.” The Hippocratic Oath states “*First do no harm.*” There are good doctors and bad doctors, just like there are good lawyers and bad lawyers. But I truly believe that the vast, vast majority of the medical community believes in and truly lives by the Hippocratic Oath.

Now the topic of “Federal Tort Reform” is in the news. Is this a good or bad thing?

If this was a truly fair and impartial world in which we lived, there would be no need for “reform” of our civil justice system. But as we all are witnessing daily, “fairness and impartiality” are becoming lost concepts in this country! No one involved in the tort reform effort should have a goal of seeking an advantage over the other guy. I trust that if and when federal tort reform is taken up, it is done so with the idea that neither side will have an unfair advantage over the other. Lady Justice is personified with a blindfold and scales, signifying that justice is both blind and impartial. She must be central to any judicial reform that is considered. ♦


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*This Our Space was, in part, a commentary on the Briefly Noted piece on [page 6](#).*

BLOOD DONOR IRON MITIGATION (continued from page 1)

Administration hands down regulations. While emphasizing iron replacement, Dr. Katz noted that a mixture of donor education, counseling, consent, longer interdonation intervals for high-risk donors, and proper assessment of iron stores will all be major elements of an effective blood donor iron management program going forward.

On March 16, 2017, AABB issued [Association Bulletin #17-02](#), which updated and enhanced strategies that blood centers could consider to address the risk of iron deficiency in donors. The new AABB committee will use an RBDM framework to explore the most appropriate response to this issue. The new committee's report will be presented to the AABB's Standards for Blood Bank and Transfusion Services' committee next year, with a target of early fall, and will advise on the need for standards to protect donors and patients, although in interim standard could be entertained by AABB, said Dr. Vassallo.

**Citation:** 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. 

**RESEARCH IN BRIEF**

**Vitamin K given intravenously to partially reverse the effects of warfarin in non-life-threatening bleeding episodes may be more appropriate than using four-factor, plasma or prothrombin complex concentrates (PCCs) to achieve hemostasis.** Patients on warfarin who need an urgent, non-life-threatening procedure, are often given vitamin K intravenously as well as supplemental PCC to achieve hemostasis. However, administration of four-factor PCCs is associated with exposure to tens of thousands of blood donors, allergic reactions, and a risk of thrombosis. Using an algorithm to emphasize the use of IV vitamin K in the patients, and a repeat test of the international normalized ratio (INR) within five hours, researchers at Roger Williams Hospital in Providence, R.I., noted of the 46 pre- and post-infusion INRs evaluated from 41 patients, the median INR decreased from 5.8 to 2.5 with a median dose of 5 mg after four hours post-infusion of vitamin K. The optimal dose of IV vitamin K still has not been determined, but with 5 mgs, a total of 27 of 46 (59 percent) post-infusion samples showed an INR of 2.5 or less.

**Citation:** Sahai T., Tavares M.F., and Sweeney J.D. Rapid response to intravenous vitamin K may obviate the need to transfuse prothrombin complex concentrates. *Transfusion*. May 19, 2017. DOI: 10.1111/trf.14166.

**In a study on post donation iron replacement for blood donors, researchers found participants were more likely to take the supplements if the blood center paid for them and gave them out.** In this Australian study, 1404 donors were entered into the READ group who were given educational materials and advised to take iron supplements in the form of ferrous sulfate or ferrous fumarate after their whole blood donations. Baseline ferritin samples were taken as well as follow-up samples if the donor returned. Questionnaires were also sent about three weeks after donation and resent anywhere from eight to 13 months later. The DIRECT study group had 768 participants and all the same criteria as the READ study, however, this group did not have to pay for their own iron pills, rather the blood center supplied and distributed them. The rate of those who took the supplementation was double in the DIRECT group, 88 percent versus 44 in the READ group. The READ group had a drop in median ferritin level from baseline to follow-up, whereas the DIRECT group had a rise, the same correlation was present for hemoglobin.

**Citation:** Pasricha S.R., Marks D.C., Salvin H., *et al.* Postdonation iron replacement for maintaining iron stores in female whole blood donors in routine donor practice: results of two feasibility studies in Australia. *Transfusion*. May 18, 2017. DOI: 10.1111/trf.14173.



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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 Advocates for More Work on HCPCS Codes on Members' Behalf**

ABC sent a joint letter with AABB and the American Red Cross (ARC) to Cynthia Hake, the Centers for Medicare and Medicaid Services (CMS) workgroup chair, and Tiffany Swygert, CMS acting director of the Division of Outpatient Care, Hospital and Ambulatory Policy Group. The letter was a follow-up to ABC's dedicated advocacy efforts that worked to establish separate codes for pathogen reduced platelet units and bacterial testing for platelets in the recent HCPCS quarterly update file. The letter commended CMS for listening to the blood community about the urgency of the situation and establishing the separate codes as well as for its timeliness in putting an effective date of July 1, 2017. However, ABC also relayed, along with AABB and ARC, that the description for the code pathogen tested (bacterial tested) platelets, Q9987, is too generic and confusing for providers. We requested additional clarification as to the appropriate use of the code and to have CMS modify the descriptor. We also asked the description for the pathogen reduction platelets code, Q9988, include apheresis platelets. While the rates for the codes have not been made public yet, ABC implores that CMS establishes appropriate and adequate payment rates for both Q9987 and Q9988. To read the letter in full, click [here](#).

### **Registration for the 2017 ABC Summer Meeting and Golf Tournament is Open**



ABC is excited to announce registration for the 2017 ABC Summer Meeting and Golf Tournament is now open. This year, the Summer Meeting will be held at the Renaissance Providence Downtown Hotel in Providence, R.I., from August 1 to 4. A Medical Directors Workshop; Scientific, Medical and Technical Forum; Business Forum; Members Meeting; and both Foundation for America's Blood Centers (FABC) and ABC board meetings will all be held during the summer meeting. The Rhode Island Blood Center is also hosting an evening of appetizers, beverages, and buffet stations while taking in the panoramic views of Providence from the rooftop Grand Ballroom in the historic Biltmore Hotel—a spectacular networking opportunity. This year will also include the 7<sup>th</sup> Annual Links for Life Tournament, an FABC fundraising event. More information on the meeting and golf tournament coming soon!

ABC Members may apply for a [Future Leader Scholarship](#), however, you must submit your application by June 9.

### **Access the 2017 ADRP Conference Presentations**

ADRP subscribers now have access to all of the 2017 ADRP Annual Conference presentations are accessible through the ABC Professional Institute (API) Learning Portal. For a complete list of all presentations, click [here](#). If you have not signed up to be an ADRP subscriber, here are a few incentives: free access to monthly webinars, discounts on ADRP Annual Conference registration, access to other ADRP educational resources in the subscriber only portal, and the monthly newsletter—The Drop. Take advantage of discounted pricing for ADRP annual subscriptions if you [act now](#). Right now ADRP is offering a \$20 discount on 2017 subscriptions, making the cost \$65 for non-ABC members (normally \$85) and \$45 for ABC members (normally \$65). [Join](#) ADRP today and connect, learn, and grow with blood professionals around the world. 💧



## Social Media Corner



**World Blood Donor Day** is on June 14, 2017. The World Health Organization (WHO) has created posters that centers can download off their website and use on social media and for marketing purposes. The focus of this year's campaign is on the millions of people affected by emergencies every year. The WHO highlights scenes from disasters, both man-made and natural, to highlight the need for blood transfusions as an essential component in emergency health care. This year's slogan is "What can you do? Give blood. Give now. Give often." For more on this campaign, click [here](#).

### RESEARCH IN BRIEF (continued from page 3)

#### **Can old dogs learn new tricks? Or....Way-cool blood stem cell science but don't sell the farm just yet.**

*By Jed Gorlin, MD, Medical Director and Vice President of Quality and Regulatory Affairs at Innovative Blood Resources.*

Two articles published online in the journal *Nature* report the establishment of cell lines created from other differentiated types of human or mouse cells. Via complex manipulations, investigators "reprogrammed" these cells to make all types of blood cells. While previous reports have documented the ability to create cultured red cells, these new reports show the ability to induce other cell types, such as skin cells, and clone them into induced pluripotent cells (iPS) or endothelial cells (the cells lining blood vessels) and then convert them into cells that could both self-perpetuate and make derivative cells of all hematopoietic types. The cells produced include myeloid cells (neutrophils, monocytes), red cells (erythrocytes), and both T and B lymphocytes that direct host immunity and make antibodies, respectively. One paper by the Boston Children's group, led by George Daley, MD, PhD, used human cells, created iPS cells having identified seven transcription factors (essentially molecular switches) essential to both engraftment, propagation, and ability to make all types of blood cells. by turning on and off of genes at the appropriate time. The derived cells are similar in many respects to adult blood stem cells, but they are not quite identical. The other group led by Cornell's Shahin Rafii, MD, used mouse endothelial cells to make a cell with somewhat greater molecular resemblance to adult mouse hematopoietic stem cells. The accompanying editorial by Ryohichi Sugimura, MD, PhD, describes in more scientific detail, the exact pathways each group used and their significance, to which I refer readers with interest in learning more about these papers.

These publications represent the finding of a scientific holy grail, as the ability to reprogram cells into "stem cells" (capable of serial re-engraftment) and making all types of blood cells had heretofore not been accomplished. They may, however, not be fully worth the hype that has already been published in the lay press with promises of "endless supplies of blood cells for patients with genetic defects or needing hematopoietic transplant." Specifically, allogeneic transplant (blood stem cells from other donors, related or not) subserve two functions in treating refractory leukemia or lymphoma. They replace bad cells that have been damaged by chemotherapy and radiotherapy treatments, but they also have a "graft vs. leukemia" or lymphoma effect, whereby the new immune system recognizes the cancer cells as foreign and help eliminate residual cancer cells. It is not at all clear that reprogrammed cells would have similar potency in fighting cancer cells.

The more immediate role for this sort of technology may be in correction of inborn or genetic errors, of cells of the hematopoietic lineage. These include many kinds of uncommon, but often fatal severe immune deficiencies, as well as defects in erythroid (sickle cell, thalassemia) or myeloid (chronic granulomatous disease) lines as just a few examples. Specifically, they may allow collection of cells from an infant or child

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RESEARCH IN BRIEF (continued from page 5)

with a genetic defect and repair of the specific genetic error with a newly identified series of gene editing tools such as CRISPR (which allow specific directed changes in target cell DNA sequences). These edited cells could then, theoretically be reintroduced into patient after conversion into hematopoietic stem cells using pathways identified by the published papers. This may be a preferable strategy to gene therapies tried to date that try to insert the correct gene with a promoter to make it work, just the right amount into host cells. The real and potential risks must be elucidated, and broad clinical applications are likely years away.

**Citations:** Lis R., Karrasch C.C., Poulos M.G., *et al.* Conversion of adult endothelium to immunocompetent haematopoietic stem cells. *Nature*. May 17, 2017. DOI: 10.1038/nature22326.

Guibentif C., and Göttgens B. Education for stem cells. *Nature*, May 17, 2017. DOI:10.1038/nature22496.

Sugimura R., Jha D.K., Han A., *et al.* Haematopoietic stem and progenitor cells from human pluripotent stem cells. *Nature*. May 17, 2017. DOI: 10.1038/nature22370.

Maxmen A., [Lab-grown blood stem cells produced at last.](#) *Nature*. May 17, 2017. ♠

**BRIEFLY NOTED**

**Medical malpractice liability reform is needed, but patients must be at the front and center of the design and implementation of such reforms, reads a perspective piece in the *NEJM*.** While the Department of Health and Human Services Secretary Tom Price, MD, has not announced any specific plans to revamp the medical malpractice system, he said in the past that lawsuit abuse and tort reform were major concerns of his. Looking back at a number of bills he sponsored in the House of Representatives, the authors of this perspective piece discussed what sort of medical liability reforms Sec. Price and House Republicans have proposed in the past. Some of the bills presented methods of tort reform that have been used unsuccessfully at the state level already e.g. “safe harbor” rules, which protect healthcare providers from lawsuits if they adhere to authoritative clinical practice guidelines. Others proposed in his past bills were more successful, including caps on economic damages awards. Still other approaches, like administration compensation to healthcare providers for safety improvements, are working abroad to lower costs and speed up resolution of claims in countries like New Zealand. While many agree reform is needed and some of the Republican-proposed methods could work, the details and their implementation are key in their success.

Please see the accompanying [Our Space](#), by President and CEO of Mississippi Blood Services David Allen.

**Citation:** Mello M.M., Kachalia A., Studdert D.M., *et al.* Medical Liability — Prospects for Federal Reform. *New England Journal of Medicine*. March 29, 2017. DOI: 10.1056/NEJMp1701174.

**The Blood Donation Ambivalence Survey may be a useful tool for measuring donor motivation and commitment toward donating blood.** Psychologists at Ohio University developed a 12 question survey to measure the intent and attitude of blood donors. In this trial, the survey was used in two groups with 500 participants in Study 1 and 895 in Study 2. Both showed a high level of commitment to donating blood in the future. The commitment and indecision showed the expected correlation with donor motivation, with commitment being stronger for those who had positive self-efficacy than for those with anxieties about blood donation. The Blood Donation Ambivalence Survey could be useful to determine if blood donors are likely to donate again as well as a screening device for prospective blood donors and research tool.

**Citation:** Fox K.R., Himawan L.K. and France C.R. The Blood Donation Ambivalence Survey: measuring conflicting attitudes about giving blood. *Transfusion Medicine*. May 18, 2017 online. DOI: 10.1111/tme.12426. ♠



## RECENT REVIEWS

**Restrictive transfusion is superior to liberal in gastrointestinal bleeding.** A review incorporating data from more than 1,900 patients in five studies finds that restrictive transfusion is associated with less transfusion, less re-bleeding, and lower mortality than liberal transfusion. The authors found five randomized controlled trials that met their prospective parameters and compared restrictive versus liberal red blood cell transfusion strategies for acute upper gastrointestinal bleeding. They recommend wider adoption of conservative transfusion for this indication.

**Citation:** Oduyayo A., Desborough M.J, Trivella M., *et al.* Restrictive versus liberal blood transfusion for gastrointestinal bleeding: a systematic review and meta-analysis of randomised controlled trials *The Lancet. Gastroenterology & Hepatology.* May 2017. DOI: 10.1016/S2468-1253(17)30054-7.

**The May 25<sup>th</sup> issue of *Blood* includes authoritative review articles on clinical platelet disorders.** The five manuscripts cover adult immune thrombocytopenia, thrombotic thrombocytopenic purpura, hemolytic-uremic syndrome and atypical hemolytic uremic syndrome, other thrombotic microangiopathies, heparin-induced thrombocytopenia, and hematopoietic transcription factor mutations in inherited platelet defects. They are introduced in an editorial comment.

**Citation:** López JA and Berliner N. Introduction to a series of reviews on clinical platelet disorders. *Blood.* April 17, 2017 pre-published online. DOI: <https://doi.org/10.1182/blood-2017-04-773507>. 



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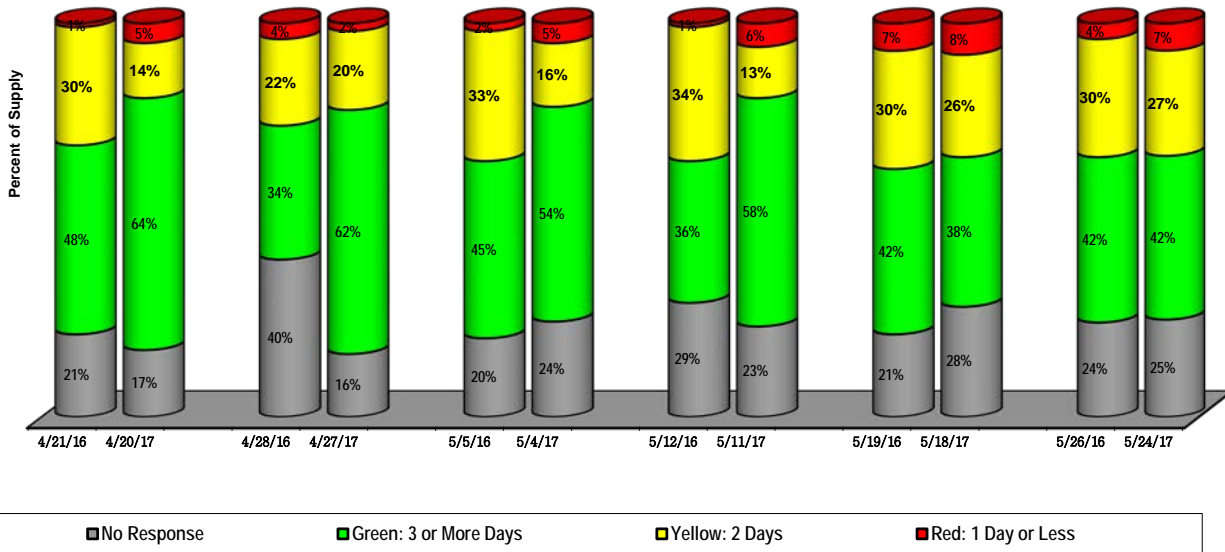
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**STOPLIGHT®: Status of the ABC Blood Supply, 2016 vs. 2017**



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

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## INFECTIOUS DISEASE UPDATES



**A fourth death from Ebola is likely in the Democratic Republic of Congo (DRC), the World Health Organization told Reuters on May 21.** Two deaths were confirmed via laboratory testing with an additional three more deaths awaiting results, along with this new probable case, said WHO's Congo spokesman Eugene Kabambi. A total of 37 people were reported as having hemorrhagic fever since early May in the DRC with another 416 being monitored closely after having contact with the sick. In the 2014 to 2015 Ebola outbreak in West African countries of Guinea, Liberia, and

Sierra Leone, a total of 28,616 cases were reported with [11,310 deaths](#). This current cluster does not qualify as an outbreak and the Centers for Disease Control and Prevention has not issued a travel advisory yet to the DRC. ABC will continue to keep our readers abreast of the latest developments as they happen. (Source: *Reuters*, [Fourth person in probable Ebola death in Congo: WHO](#), May 21, 2017)

**Impact of HIV pre-exposure prophylaxis (PrEP) on blood donors and blood safety?** The HIV nucleic acid testing (NAT) performed at blood centers could be falsely negative if applied to a donor taking HIV pre-exposure prophylaxis (PrEP) to prevent HIV infection. PrEP consists of taking antiviral drugs that suppress HIV replication. The drugs are highly effective, but not 100 percent, in preventing HIV infection. If they block or delay the HIV antibody response and suppress HIV RNA levels below the sensitivity of NAT, an infected donation might theoretically remain undetectable. The authors discuss alternative testing strategies and raise the issue of the appropriateness of adding a specific question about receipt of PrEP to the donor history questionnaire.

**Citation:** Seed C.R., Yang H., Lee J.F. Blood safety implications of donors using HIV pre-exposure prophylaxis. *Vox Sanguinis*. March 31, 2017. DOI: 10.1111/vox.12516. ♦

## WORD IN WASHINGTON

**President Trump detailed budget proposal was released last week contained substantial cuts to healthcare agencies, much like his March “skinny” budget plan.** The more detailed budget proposes deep cuts to Medicaid, the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), as well as the Agency for Healthcare Research and Quality. While scientists and physicians alike expressed their unhappiness in March with the proposed cuts, the more detailed budget, included cuts to NIH for \$26 billion—encompassing a \$4.47 billion cut to the National Cancer Institute and the elimination of the Fogarty International Center. The CDC would see a \$350 million cut (18 percent of its budget), and \$350 million cut from global health programs that include combating infectious disease outbreaks overseas. The Food and Drug Administration would also experience a cut of \$854 million (31 percent) and Medicaid would face a cut of \$610 billion over the next 10 years. Physician training programs would also see a \$403 million cut. The proposed budget is not binding and has been met with skepticism by many members of Congress from both parties, a point demonstrated earlier this month when they passed a bill increasing funding for NIH by \$2 billion over the next five months. (Source: STAT News, [Trump budget proposes massive cuts to Medicaid, science, and biomedical funding](#). May 22, 2017)

**The Centers for Disease Control and Prevention (CDC) have 700 vacant positions due to the Trump Administration’s hiring freeze, reports the Washington Post.** The hiring freeze was lifted in April, however, federal agencies were told to submit restructuring plans to cut costs by June 30. A number of agencies, the Department of Health and Human Services, the National Institutes of Health, the State Department and the Environmental Protection Agency have maintained the freeze as a means toward their restructures and cost-cutting. (Source: Washington Post, [Nearly 700 vacancies at CDC because of Trump administration’s hiring freeze](#). May 19, 2017)

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## WORD IN WASHINGTON (continued from page 9)

**The Government Accountability Office (GAO) made five recommendations to the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) in response to how they addressed the Zika outbreak.** After examining data, interviewing multiple sources, and evaluating the response of the FDA and CDC, the GAO produced a lengthy report on the Zika outbreak, its epidemiological effects, Zika incidences in the U.S., the Puerto Rico outbreak, and surveillance system. It found that the CDC had an overall positive image for its organization and dissemination of information to outside health agencies and organizations, however, lacked a strength in communication within the organization. The report went on to find other areas that were lacking within the organizations and made five recommendations toward strengthening their response for the next outbreak, including that the CDC establish a transparent process for providing test manufacturers access to diagnostic tests and that the FDA and CDC provide information to help ensure users of diagnostic tests can compare performance. To read the full report, click [here](#). ♦

**Millions left without healthcare.** The non-partisan Congressional Budget Office (CBO) announced the Republican-backed American Health Care Act (AHCA), the repeal of Affordable Care Act (ACA), would leave 23 million more people uninsured by 2026 (18.2 percent of U.S. residents under 65), if it became law. The CBO contrasted this figure to ACA, which if it continued in the present form by 2026 would leave 10 percent of Americans without insurance. (Source: NPR, [GOP Health Plan Would Leave 23 Million More Uninsured, Budget Office Says](#). May 24, 2017)

## MEMBER NEWS

**Representative visits the Central Jersey Blood Center (CJBC).** U.S. House Representative Chris Smith (R-N.J.) toured the CJBC earlier this month and discussed major issues affecting the nation's blood supply with executives at CJBC. The meeting was established after CJBC President and CEO Pascal George's participation in Advocacy Day, a part of the ABC Annual Conference. "It was refreshing to interact with a representative who shows such great interest in what is in essence a public good: the nation's blood supply," said Mr. George.



Rep. Smith, CJBC Business Development Manager Michael Leviton, and Mr. George.



**San Diego Blood Bank (SDBB) partnered with the San Diego Skateworld to host a blood drive in honor of the late Maryanne Tierney.** Ms. Tierney was a longtime North County resident, gold-medal artistic skater and a member of the SDBB Gallon Club—having donated 136 pints (17 gallons) to the SDBB. The third annual Maryanne Tierney Memorial Blood Drive was held in honor of the skater's birthday on May 21. Ms. Tierney continued to skate into her 70s until she was diagnosed with terminal cancer. Her daughter said Ms. Tierney wanted to be remembered as a blood donor and for others to give in her place. (Source: *The San Diego Union-Tribune*, [Blood drive in memory of gold medal skater](#). May 17, 2017)


**National Blood Collaborative (NBC) announced the addition of Stanford Blood Center (SBC), headquartered in Palo Alto, Calif., into its membership last week.** NBC is a national network of blood centers and worldwide provider of biological products to life sciences and pharmaceutical companies. "This exciting partnership with NBC will allow us to create a network of contacts nation-wide so that we can continue with our upward momentum of ingenuity and diversification," said Chief Executive Officer of SBC Harpreet Sandhu. "The collaboration will take our transfusion medicine continuum of care to the next level of efficiency and delivery." (Source: NBC press office) ♦



## COMPANY NEWS

**Terumo BCT announced the first patient was enrolled in their Mirasol platelets in plasma U.S. clinical trial (MIPLATE).** The study examines the clinical effectiveness of platelets in plasma treated with the pathogen reduction technology (PRT) system Mirasol (MIPLATE) versus standard apheresis platelets in plasma. MIPLATE, a multi-center, controlled, randomized and non-inferiority study, will take an estimated 3.5 years and will involve up to 15 hospitals, corresponding blood centers, and 556 patients. Eligible patients must have a platelet count of less than or equal to 10,000/ $\mu$ L and require at least two platelet transfusions. "This study is intended as a step towards improving transfusion therapy and transfusion safety in the U.S.," said Sherrill Slichter, MD, principal investigator from Bloodworks Northwest, an ABC member center, and lead investigator for the MIPLATE clinical trial. "We're excited to be a part of this study that hopefully will lead to measures that could further protect the nation's blood supply from certain complications and threats of blood transfusions."

**Correction:** Last week, we erroneously identified David Perez as Terumo president and chief executive officer. He is the Terumo BCT president and chief executive officer. The correction was promptly made and we regret the error.

**Grifols announced this week that European countries accepting products with the CE marking can now test for Zika virus using the Grifols Procleix Zika Virus Assay.** The CE marking comes from the French phrase "Conformité Européene"(European Conformity) and indicates that healthcare products with such marks are in adherence to European Union legislation regarding the health, safety and environmental protection of such products. The Procleix Zika Virus Assay from Grifols is already in use within the U.S. under an Investigational New Drug protocol since June 2016. "The CE marking of the Procleix Zika virus assay is a further step in our mission to support safer blood donations, the result of our passion for innovation and the role we play as market leaders in transfusion medicine," said Grifols Diagnostic Division President Carsten Schroeder, in a press release. (Source: [Grifols press release](#), May 23, 2017) 

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**Hotel Information**

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ABC is proud to sponsor this meeting in historic Omaha, Nebraska. We are bringing quality and technical professionals together and will provide both educational updates and an opportunity for networking. The value of different perspectives enriches this event and provides a platform for the discussion of issues that cross common boundaries.

*– Louis M. Katz, MD, CMO, America's Blood Centers*



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## CALENDAR

### 2017

June 1. **Webinar: HIPAA Texting and Emailing, Myths vs Realities.** 10 a.m. to 11 a.m. (PDT). [Register here](#).

June 6-7. **Integrating Human Factors into Medical Device Design Control and Beyond Workshop, Minneapolis, Minn.** More information and registration [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](mailto:meetings@americasblood.org).

June 13. **Webinar: CFR Part 11 and Annex 11 Compliance; Specifics Needed to Eliminate 483s.** 10 a.m. – 11 a.m. More information and registration [here](#).

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, FL.** 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](mailto: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](mailto:meetings@americasblood.org).

Sept. 18-19. **Public Workshop- Advancing the Development of Pediatric Therapeutics (ADEPT): Application of "Big Data" to Pediatric Safety Studies, Silver Spring, MD.** For more information, click [here](#).

Sept. 11-12. **IPFA/BCA 3<sup>rd</sup> Global Symposium on The Future for Blood and Plasma Donations, Atlanta, Ga.** [Registration is open](#).

Sept. 27-28. **Financial Management & IT Workshops, America's Blood Centers, Houston, Texas.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: [meetings@americasblood.org](mailto:meetings@americasblood.org).

Oct. 7-10. **AABB Annual Conference, San Diego, Calif.** More information and registration [here](#).

Nov. 7-8. **Transfusion Safety Officer & Patient Blood Management Seminars (Basic & Advanced Programs), Jacksonville, FL.** 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. **10<sup>th</sup> World Federation of Hemophilia Global Forum, Montreal, Canada.** For more information and to register, click [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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## 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 Lisa Spinelli at the ABC office. Phone: (202) 654-2982; fax: (202) 393-1282; e-mail: [lspinelli@americasblood.org](mailto:lspinelli@americasblood.org).

## POSITIONS

Also available on our [website](#)

**Chief Medical Officer.** The Oklahoma Blood Institute, a large, innovative and quickly growing regional blood center servicing Oklahoma, Arkansas, Texas and beyond, is seeking qualified candidates for the position of Chief Medical Officer (CMO). Successful candidates will need to be board certified/board eligible physicians with significant experience in hematology, transfusion medicine, cellular therapy or related fields. This position is ideal for visionary leaders who are also comfortable in a fast-paced, results-oriented professional environment. In this role, the CMO will lead multiple physicians and a large clinical staff and will guide multiple departments, encompassing, immunohematology (with hospital transfusion services responsibilities), therapeutic apheresis, cellular therapy, cord blood, "Be The Match" (registry and harvest), donor research, and other activities. If you are an outgoing, forward thinking doctor with these qualifications and are looking for a position that has direct impact on patient care and donor health we would like to hear from you. This is your opportunity to shape initiatives that will improve transfusion care, cell-based therapeutics, community health, and research infrastructure on regional, national and international levels. Visit [www.obi.org](http://www.obi.org) for a preview of your future. Please apply in confidence by emailing your CV to [jo-seph.mcneil@obi.org](mailto:jo-seph.mcneil@obi.org), or fax to (405) 278-3150.

**Immunohematology Reference Laboratory Specialist.** The Central California Blood Center, located in Fresno, is seeking an Immunohematology Reference Laboratory Clinical Laboratory expert. Full-time, Monday-Friday, day-shift and on call. This job includes but not limited to providing exceptional customer service to our hospitals by resolving intermediate to complex red cell antibody problems, finding compatible blood through local donor screening or networking with other blood centers IRBs and training and assessing other CLS to perform IRL testing. Additionally this job requires performance of other donor laboratory and component manufacturing tasks. The ideal candidate shall possess advanced IRL experience, great written and verbal communication skills, work expeditiously and utilize resources optimally to solve the complex patient cases. Strong working knowledge of pertinent safety, FDA regulations, and AABB standards is desired to insure regulatory compliance at all times. Qualified bachelor's degree and licensed in the state of California as a Clinical Lab Scientist, an

SBB a plus. Competitive pay and Benefit package. EOE/M/F/VET/Disability. Please click [here](#) to apply.

**Phlebotomy Supervisor – Commercial Driver's License (CDL).** The Institute for Transfusion Medicine (ITxM), Pittsburgh, Pa. The Phlebotomy Supervisor is responsible for daily on-site management of an assigned Mobile Unit or Community Donor Center (CDC) collection activities. The Float Supervisor functions in a leadership role coordinating, operating and evaluating blood drives and CDC's with Regional Manager. The Phlebotomy Supervisor provides back up support for screening and phlebotomy procedures, assists, coaches and monitors staff for compliance. The supervisor is responsible for monitoring technical compliance of all staff to ensure compliance and providing quality customer service. The ideal candidate must have Medical Assistant, Certified Medical Assistant, Registered Nurse, LPN, EMT, Phlebotomy certification or 1 year of phlebotomy experience, five years of relevant work experience, 1 year of supervisory or preceptor experience, and current CPR certification. Two years of experience in blood collections is preferred. Successful candidates must possess and maintain a valid Commercial Driver's License (CDL Class A or B). Must have one year CDL experience. Valid drivers' license and acceptable driving record consistent with company policy. Act 33/34/73 clearances must be obtained within 30 days of the start of employment. Competitive salary and excellent benefits. Apply directly to our website for consideration [www.itxm.org](http://www.itxm.org).

**Bio Equipment Specialist,** Virginia Blood Services (ITxM), Richmond, Va. The Bio Equipment Specialist is responsible for the Mobiles and Community Donor Centers Operations quality control for equipment tracking and maintenance, and annual equipment calibration. The specialist maintains accurate records related to equipment maintenance and annual calibrations, performs scheduled quality control (QC) on all required donor services equipment, reagents and labels in an accurate and timely manner, performs validation procedures on newly acquired donor services equipment, and assists with the development of corresponding Standard Operating Procedures (SOPs). The incumbent reviews and maintains accurate and organized QC records on all required donor

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**POSITIONS** (continued from page 13)

services equipment, keeps accurate spreadsheets of all equipment in donor services, and notifies management when cleanings/calibrations are due. The specialist repairs donor services equipment as required. Orders replacement parts as needed. Maintains accurate inventory of equipment parts. Maintains accurate servicing instructions in addition to service manuals, as needed. Maintains documentation of repair and returns repaired equipment back to operations in a timely manner. The ideal candidate must have a High School Diploma or equivalent. Two or four year technical degree preferred. Three years relevant work experience required. Three years equipment validation and maintenance experience preferred. Competitive hourly wage and excellent benefits. Apply directly to our website for consideration [www.itxm.org](http://www.itxm.org).

**Senior Director-Donor Recruitment (ITxM) Pittsburgh, PA.** This Senior Director of Donor Recruitment is responsible for developing and directing the district blood center's strategic donor recruitment and marketing plan to achieve annual collection goals. The Senior Director Donor Recruitment position is responsible for management oversight of the department including budget, staffing administration, and all mobile/fixed site recruitment. The Senior Director shall deliver the plans, resources and programs to achieve collection goals; identify and execute strategies for market development to increase blood collections; and maintain and build relationships with key decision makers and groups within the marketplace. The ideal candidate will have a bachelor's degree (M.S. or M.B.A. preferred), five years of sales management experience and five years supervisory experience with the ability to travel (25+ percent). Competitive salary and excellent benefits. The Senior Director can work from our offices in Pittsburgh, Penn., Richmond, Va. or Chicago, Ill. Candidates with sales experience working in blood bank industry, transfusion services, hospital services & health care industry are desired. Apply directly to our website for consideration [www.itxm.org](http://www.itxm.org).

**Director of Administrative Services.** Lifeline Blood Services is an independent blood center that has been serving the West Tennessee communities since 1947. Lifeline has an exciting role available for the person that likes to be challenged. The Director of Administrative Services is responsible for six staff members in three departments. This person will oversee the areas of human resources, information technology, facilities, and outsourced accounting. Successful candidates will have a bachelor's degree, master's degree preferred, contract negotiations skills, management experience, and accounting knowledge. For additional requirements and information please see job listing at [www.LIFE-LINEbloodserv.org](http://www.LIFE-LINEbloodserv.org). CV or resumes may be emailed to [Sheila.Bosley@lifelinebloodserv.org](mailto:Sheila.Bosley@lifelinebloodserv.org).

**Recruitment and Retention Manager (Charlotte, N.C.)** Come apply your blood banking and recruitment management experience in one of the fastest growing and best cities to live in the country! Community Blood Center of the Carolinas is seeking an experienced and analytical professional for the Recruitment and Retention Manager position in Charlotte, NC. The position is responsible for the development and direction of programs related to recruitment and retention of blood drive sponsors and donors, in order to meet the needs of patients and hospitals in our region. This position works closely with the Director of Marketing, Recruitment and Collections to ensure efficient operation of both center and mobile whole blood, red cell, plasma and platelet collection. Supervisory, sales and data analytic skills, as well as blood bank experience highly preferred. Essential functions include, 1) implementing departmental and organizational goals by using planning and strategic agility as the foundation for successful results in meeting objectives; 2) ensuring that qualified and adequately trained personnel are available, and that company personnel policies and standards are administered equitably and consistently; and 3) leading and managing group through further development and emphasis on team building concept. Incorporates integrity and trust within group through example of leadership. Applications should send a resume to Ben Pryor at [bpryor@cbcc.us](mailto:bpryor@cbcc.us) or apply online at [www.cbcc.us/careers](http://www.cbcc.us/careers).

**Reference Lab Supervisor.** OneBlood is currently recruiting for a Lab Supervisor in our Orlando AABB-Accredited Immunohematology Reference Laboratory. This position provides leadership and technical expertise, manages staff, and performs training and quality activities for the staff responsible for performing basic through advanced testing procedures on patient and/or donor samples. Applicants must have a bachelor's degree in medical technology, biological science or related scientific field from an accredited college or university. Three or more years in a clinical laboratory, preferably blood banking environment including one or more years' experience in supervision and management experience or an equivalent combination of education, certification, training and/or experience. Applicants are preferred to have SBB certification. Applicant must also have a valid and current Florida Clinical Laboratory Technologist license, or eligible, in Immunohematology or Blood Banking. To apply and view a complete Job Description of this position, go to [www.oneblood.org](http://www.oneblood.org) and click on the careers tab. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability. ♡