



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2013 #18

May 17, 2013

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Study Supports Prophylactic Platelet Transfusion for Hematologic Cancer Patients

Patients with hematologic cancers, particularly those undergoing intensive chemotherapy, often develop thrombocytopenia and receive prophylactic platelet transfusions to prevent bleeding. Recent studies have suggested that lower platelet doses are appropriate and have questioned the value of prophylactic platelet transfusions. However, investigators of the Trial of Prophylactic Platelets (TOPPS) have published study results supporting prophylactic platelet transfusions as the standard of care to prevent bleeding in thrombocytopenic hematologic cancer patients.

Studies suggesting that platelet transfusions given in response to thrombocytopenia are as effective as prophylactic transfusions to reduce bleeding risk in patients with hematologic cancers have often analyzed the number of platelet transfusions or platelet counts as study outcomes, rather than clinical bleeding. The current study was a randomized, controlled trial to assess whether a policy of not using prophylactic transfusions would be as safe and effective as prophylaxis with regard to the frequency of bleeding. The results were published on May 9 in *The New England Journal of Medicine* (NEJM).

The researchers enrolled 600 patients at 14 centers in the UK and Australia between 2006 and 2011, randomizing them to either a prophylactic platelet transfusion or a no-prophylaxis group. The patients included were 16 years or older, were undergoing or about to undergo chemotherapy or stem-cell transplantation to treat a hematologic cancer, and were expected to have thrombocytopenia (platelet counts less than 10×10^9 per liter). The primary endpoint was World Health Organization (WHO) grade 2, 3, or 4 bleeding.

Bleeding of WHO grade 2, 3, or 4 occurred in 151 of 300 patients (50 percent) in the no-prophylaxis group, compared with 128 of 298 (43 percent) in the prophylaxis group (adjusted difference in proportions, 8.4 percentage points; 90 percent confidence interval, 1.7 to 15.2; $P = 0.06$ for noninferiority). The number of days with such bleeding episodes during follow-up was higher and the time to the first bleeding episode was significantly shorter in the no-prophylaxis group than in the prophylaxis group.

“The results of our study support the need for continued use of prophylaxis with platelet transfusion and show the benefit of such prophylaxis for reducing bleeding, as compared with no prophylaxis,” write the authors. The proportion of

(continued on page 3)



OUR SPACE

ABC Executive Vice President Louis Katz, MD

Advocacy Works – Sometimes More Quickly than Other Times

One year ago, an ABC member blood center applied for a variance from Food and Drug Administration labeling regulations requiring results on red blood cell (RBC) labels to be from samples collected “at the time of filling the ... blood container” and “on a specimen taken ... at the time of collection.” The center requested permission for inclusion of historical RBC phenotyping and genotyping on the integral labels of RBCs (i.e., the base label or attached tie tags). The rationale was that placing the label elsewhere would invite mistakes; also hospitals felt it wrong to pay for centers to repeat testing on well characterized donors. However, FDA interpreted the regulations as prohibiting the practice; so, historical results continue to be printed on packing slips and tie tags, unattached to phenotyped units, perverting the intent of current Good Manufacturing Practices (cGMPs).

In spring 2012, the issue was brought to the FDA Liaison Committee, consisting of AABB staff, officers, and committee chairs, with representatives from ABC, the American Red Cross, FDA, and College of American Pathologists. A working group was appointed to meet and return with a proposal, ably led by Becky See at AABB. The group included Ruth Sylvester and me, but more importantly, ABC subject-matter experts, Connie Westhoff (New York Blood Center) and Megan Delany (Puget Sound Blood Center). ABC centers were surveyed to describe current practices regarding historical results (serology and genotyping, licensed and unlicensed), especially their variability. The survey was reviewed with participation from FDA representatives, Jennifer Jones and Judy Ciaraldi, and in December, the issue was brought to FDA’s Blood Products Advisory Committee (BPAC).

There was consensus that integral labeling with historical results was an appropriate, important contribution both to patient safety and cost effectiveness. BPAC endorsed a definition of “historical” as tests on two or more distinct donations; maintenance of the linkage between the donor and results must be validated; and hospital transfusion services should not be required to repeat screenings. As the working group also recommended, BPAC agreed there is no reason to treat serological and molecular testing differently, and while licensed reagents are preferred, use of unlicensed, validated reagents should not prevent integral labeling.

After the BPAC meeting, the group finalized definitions and draft AABB standards regarding historical antigen labeling included in the proposed 29th *Standards for Blood Banks and Transfusion Services* (5.8.4 and 5.8.4.1), now published for comment. While FDA approval is not guaranteed, the agency’s participation provides grounds for optimism. Throughout the process, FDA recognized the importance of integral labeling as a quality issue, and contributed to what appears to be an excellent resolution of the issue – in only one year. Congrats and thanks to everyone involved.

lkatz@americasblood.org ♦

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

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Prophylactic Platelet Transfusion (continued from page 1)

patients who had bleeding events of WHO grade 2, 3, or 4 was reduced by 7 percent overall in the group that received prophylactic platelet transfusions.”

As expected, the number of platelet transfusions per patient was lower in the no-prophylaxis group than in the prophylactic transfusion group. “In my opinion, however, the reduction in the use of platelet transfusions does not justify subjecting patients to the increased bleeding risks associated with a therapeutic-only platelet-transfusion strategy in any category of patients with hypoproliferative thrombocytopenia,” writes Sherrill J. Slichter, MD, in an accompanying editorial.

Some experts are still not convinced that prophylactic platelet transfusions should be the standard of care, as many patients still experienced bleeding events with prophylactic transfusions. “With half the no-prophylaxis group experiencing no significant bleeding, it is clear that we transfuse many patients unnecessarily,” Andrew Leavitt, MD, from the University of California, San Francisco, told *Medscape*. “It is estimated that about two-thirds of the platelet transfusions are for prophylactic use, while approximately one-third are administered to treat bleeding.” Data from the US National Blood Collection and Utilization Survey Report show that there were just over 2 million platelet transfusions in the US in 2008.

ABC Executive Vice President Louis Katz, MD, agrees that there is overuse of platelets, but notes that Dr. Leavitt “neglects to tell us how to predict who will bleed and who will not,” making prophylaxis the preferred standard of care. “A real issue is that we may be using platelet doses 2-4 times higher than is needed, as suggested in the PLADO study,” adds Dr. Katz.

A pre-specified subgroup analysis showed similar rates of bleeding in the two study groups among patients undergoing autologous stem-cell transplantation, suggesting that future studies as to whether a strategy of no prophylactic platelet transfusions in these patients is effective and safe, write the authors.

Citations: Slichter SJ, *et al.* Dose of prophylactic platelet transfusions and prevention of hemorrhage. *N Engl J Med.* 2010;362:600-13.

Slichter SJ. Eliminate prophylactic platelet transfusions? *N Engl J Med.* 2013 May 9;368(19):1837-8.

Stanworth SJ, *et al.* A no-prophylaxis platelet-transfusion strategy for hematologic cancers. *N Engl J Med.* 2013 May 9;368(19):1771-80. ♦

ABC to Launch Redesigned Public Website Next Week

Next week, America’s Blood Centers will launch its newly redesigned public website, AmericasBlood.org, which is the online face of ABC and often the first place that members, donors, the media, and the general public go to look for information on blood donation and the association. With funding from the Foundation for America’s Blood Centers, ABC conducted a one-year process to revamp and update the website, making it more user-friendly, informative, modern, and interactive. See next week’s *Newsletter* for more details about the new website’s features!

The FABC Working for You – Spotlight on Iron Depletion and Replacement in Blood Donors Project

Over the last several years, the blood community has addressed how to manage and prevent iron depletion in blood donors. Screening for a low hemoglobin, meant to prevent making donors anemic following donation, is currently the most common reason for blood donor deferral in female donors, but recent studies have found that hemoglobin is actually a poor indicator of donor iron stores. Furthermore, research has shown that in frequent repeat blood donors 28 percent of female donors have absent iron stores, and 67 percent have iron deficient erythropoiesis – the rates are almost as high for male donors at 16 and 49 percent.

Memorial Blood Centers (MBC) and Mississippi Valley Regional Blood Center (MVRBC) are testing a possible solution to the blood donor iron management issue by conducting a study evaluating the feasibility of conducting ferritin screening (a more direct measure of donor iron stores) and providing iron replacement tablets to those found to have ferritin levels below a designated cutoff value.



Mississippi Valley
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In support of protecting blood donors from iron deficiency, the Foundation for America's Blood Centers (FABC) is continuing to fund MBC and MVRBC's research with a \$20,000 grant awarded this year, the second grant it has provided for this two-year project.



Led by Jed Gorlin, MD, MBC's medical director and vice president of Medical and Quality Affairs, the investigators seek to enroll 2,000 blood donors at higher risk for iron depletion, defined as a hemoglobin level of 12.0-13.0 g/dL for females and 12.5-13.5 g/dL for males. The donors' ferritin will be measured and those with low ferritin will be provided with iron replacement supplements. A small subset of study participants will also undergo zinc protoporphyrin point of care testing (another measure of iron deficiency) to compare it with ferritin values and to test whether this test is feasible in the blood center.

“This is not so much a research study – it's more of looking at the obvious. Many people become iron deficient from donating blood and iron replacement should make them less iron deficient,” said Dr. Gorlin. “What we really want to demonstrate here are two things – one is to show blood centers that we can do this [ferritin screening and iron replacement], and the other is to show that it really pays for itself by having donors who might have been deferred for low hemoglobin return to the blood center, hopefully with less risk of being deferred.”

MBC and MVRBC recently submitted some early results to be presented as an abstract at the AABB Annual Meeting and CTTXPO in Denver, Colo., in October. Of the first 41 donors enrolled as of May 3, 36 (90 percent) were found to be iron deficient based upon their ferritin measurement (≤ 20 ng/mL for women and ≤ 30 ng/mL for men). As it is early in the study, only four participants have returned for follow-up, however, all have returned no longer iron deficient, with ferritin (and hemoglobin) levels above the threshold.

Dr. Gorlin notes that the centers have really just started ramping up enrollment, and that they will have more concrete results as more donors are enrolled, emphasizing the importance of gaining the follow-up

(continued on page 5)

FABC Spotlight: Iron Depletion and Replacement Program (continued from page 4)

ferritin reading. Along with continuing enrollment, the next step at MVRBC is to add the small trial comparing ferritin results to the point of care assay for zinc protoporphyrin, he said.

“We would not have been able to convince our centers to support this commitment of resources without outside help from organizations like the FABC,” said Dr. Gorlin. 💧

Q&A with ABC's *Communications and Member Services Department* **America's Blood Centers' Staff Answers your Questions**

America's Blood Centers recently conducted its SEQualS assessment, a customer service survey that solicits feedback from member blood centers on ABC's activities. Through this assessment, members were able to pose questions to the ABC staff. Each ABC department will respond to these questions through this weekly Q&A column in the Newsletter.

Q: Where can member blood centers share and receive best practices for successful blood drive campaign elements?

*(*Please note: these resources are ONLY available to ABC members*)*

A: America's Blood Centers provides access to this information through the Communications and Donor Management Listserv and the SPYRRS (School Partnerships and Youth Recruitment Resource Sharing) e-Catalogue.

The Communications & Donor Management Listserv is a fast and easy way to begin a discussion thread, ask questions, share best practices, and find out the latest information on the issues that affect your daily work directly from industry peers. Additional information regarding the Listserv is available at: <http://members.americasblood.org/go.cfm?do=Page.View&pid=42>

The SPYRRS e-Catalogue was developed by the SPYRRS Task Force to assist ABC member blood centers in the areas of high school recruitment and school partnerships. Through a generous grant from the FABC, this e-Catalogue allows members to share best practices, programs, initiatives and resources that have been effective within their local markets. The tool also allows those who share best practices to browse submissions from other participating blood centers for replication at their own blood center.

If you wish to use this resource, either you or someone from your blood center must create a submission in order to access the e-Catalogue resources. If your blood center has not yet created a submission, you will be able to view the e-Catalogue, but not click on any of the resource links at: <http://members.americasblood.org/go.cfm?do=SPYRRS.List> 💧



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It's About *Life*.

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 Announces Recipients of Fund Development, Communications and Donor Management Workshop Scholarships

As previously announced, America's Blood Centers recently launched the ABC Specialty Workshop Scholarships Program, made possible by a grant from the Foundation for America's Blood Centers (see *ABC Newsletter*, 3/29/13). ABC has recently announced the recipients of the scholarships for the upcoming Fund Development, Communications, and Donor Management Workshop.

This program provides 28 scholarships to professionals from ABC's member blood centers to supplement the costs for attendance to an ABC Specialty Workshop during fiscal year 2014 (April 1, 2013 to March 31, 2014). The seven recipients of the scholarships for the upcoming workshop are:

- Cyndi Anderson Roberts, director of Fund Development, Cascade Regional Blood Services;
- Dan Desrochers, director of Marketing, Community Blood Bank of Northwest Pennsylvania & Western New York;
- Carola Enriquez, director of Community Development, Houchin Community Blood Bank;
- Lisa Hodges, donor recruitment coordinator, Gulf Coast Regional Blood Center;
- Lisa Lewick, manager of Donor Recruitment Area Reps, LifeStream;
- Lacey Wilson, public relations coordinator, Blood Assurance, Inc.; and
- Vicki Wolfe, communications manager, BloodSource.

ABC would like to congratulate all of the recipients! Scholarships are still available for the Medical Directors and Financial Management Workshops. Those interested may contact Abbey Nunes at anunes@americasblood.org with questions.

ABC Webinar to Tackle Disaster Communications

After the recent bombing at the Boston Marathon and the fertilizer plant explosion in West Texas just days later, many blood centers have had disaster preparedness and response on their minds (see *ABC Newsletter*, 4/26/13). ABC announced this week that it will hold a webinar on this pertinent topic, specifically regarding "Disaster Communications," on May 30 at 2 p.m. EDT.

The webinar will provide an overview of ABC's disaster response procedures and best practices on disaster/emergency communications to the public and donors, as well as a first-hand account from Carter BloodCare on how they handled the recent fertilizer plant explosion in Texas, which occurred within the center's service area.

More information can be found in MCN 13-074 at <http://members.americasblood.org/go.cfm?do=FileCenter.View&fid=4328>. Questions may be directed to Abbey Nunes at anunes@americasblood.org. ♦



BLUE PLATELET SPECIAL

Lauren Ward Larsen

Coincidence?

In the spring of 2000, my father-in-law, Rud, received a delivery of hay for the miniature donkeys that he and my mother-in-law raise on their rural property in Williamston, Mich. (to each his own, right?). The conversation between Rud and the hay guy went something like this – and, yes, I’m paraphrasing:

Rud: How’s it going?
 Hay Guy: Not so good. You?
 Rud: Not so good.
 Hay Guy: My daughter Jovonne is in the ICU.
 Rud: My daughter-in-law Lauren is in the ICU too.
 Hay Guy: Jovonne’s getting lots of blood transfusions.
 Rud: Lauren’s getting lots of blood transfusions too.
 Hay Guy: Good luck.
 Rud: You too.

Fast forward four years – I was in the middle of my six-year full-time speaking tour (thank you, Johnson & Johnson) and was emceeing a donor-recipient event in Jersey City, N.J. You know the drill: a volunteer blood or marrow donor is introduced to a patient whose life was saved by said blood or marrow – sort of transfusion medicine’s version of “The Dating Game” with everyone holding their breath for the moment the two people finally meet face to face. No matter how many times I’ve witnessed this sort of thing, I still cry like a big ole baby when it happens. And that night in Jersey City, when a single mother – attending with her parents and five-year-old daughter – was introduced to the man from New York whose marrow saved her life during a harrowing experience with leukemia, there wasn’t a dry eye in the banquet hall.

I hadn’t had time to meet the bone marrow recipient prior to the start of the program, so I simply followed the script I’d been given by New Jersey Blood Services, which mentioned that she and her family had flown in from Detroit. After the program ended and my duties as emcee were fulfilled, I made my way to her table to chat. It went something like this – again, I’m paraphrasing:

Me: So you’re from Detroit?
 Her: No, I actually grew up in a little town you’ve probably never heard of in central Michigan.
 Me: What town?
 Her: Williamston.
 Me: *Williamston?* As in: your-high-school-principal’s-name-was-Rud-Hoag Williamston?
 Her: Omigosh, yes! How’d you know that?

Jovonne and her parents and I laughed about what a small world it is, and I learned that her parents’ farm is right across the street from my in-laws’ home. Her father – aka “the hay guy” – shared with me the conversation he’d had with my father-in-law while delivering hay to their barn back when Jovonne and I were both very sick and not expected to live. “So you’re ‘that’ daughter-in-law,” he said, able to chuckle about it, now that Jovonne and I had survived our respective medical catastrophes.

During my family’s next visit to Michigan, my daughter, Clare, and Jovonne’s daughter, Kiley, hung out, played with Barbies, ate far too many cupcakes, and probably spent no time at all appreciating the “coincidence” that brought them together. But then again, the more I wander through this adventure called life, the more I believe that there are no coincidences, that the magic of synchronicity is everywhere if we only take the time to notice it.

Lauren Ward Larsen is the author of “Zuzu’s Petals: A True Story of Second Chances,” which shares her story of becoming a 200-pint blood recipient and the unexpected life that unfolded as a result. She is a former president of the FABC and can be reached at laurenwardlarsen@me.com, or via her website at www.laurenwardlarsen.com. ♦

ABC Seeks New CEO

America's Blood Centers, the largest network of non-profit community blood programs in North America, seeks a Chief Executive Officer to ensure the execution of the organization's mission and vision. Under the general direction of the President and Board of Directors, the CEO takes active and personal charge of the conduct of all America's Blood Centers' business, finances, and its employees. Working with the volunteer leadership, the CEO is responsible for the development of achievable organizational goals and objectives. Working with staff and volunteer committees, the CEO is responsible for turning those goals and objectives into effective programs and projects. He/she assures the prompt and effective implementation of policies, programs, and plans approved by the Board of Directors. Applicants must have 3 years experience in the not-for-profit environment and 10-plus years experience in senior management, with a preference of at least 5 in blood banking. Experience in national organizations is also highly desirable as well as an advanced degree in science, business, or the healthcare field. Excellent skills required in: business and financial management and decision making; written and oral communications; project and strategic planning, development and implementation; team leadership; issues management; and legislative advocacy and public policy analysis. Working knowledge of Microsoft Office Suite (i.e., Outlook, Word, Excel, Access) and Internet essential. Must be willing and able to travel, sometimes at short notice. Must live in the Washington, D.C. metropolitan area or willing to relocate. Excellent benefits package. To view full list of description of duties and responsibilities, visit <http://members.americasblood.org/go.cfm?do=FileCenter.Get&fid=4248>. To apply, send cover letter, résumé and salary history and expectations to America's Blood Centers, reference: CEO Search, to hr@americasblood.org by May 31, 2013.

BRIEFLY NOTED

The Department of Defense (DoD) has posted a grant award opportunity for bone marrow failure idea development. The grant is intended to support innovative ideas and high-impact approaches to bone marrow failure that improves the understanding and moves toward a cure for bone marrow failure disease. DoD notes that the award is designed to support new ideas, not ideas that are extensions of existing work. Proposed research studies should have a high probability of revealing new avenues of investigation. All applications must be received by Sept. 17. The grant award details can be found at <http://1.usa.gov/13m5Lqf>. (Source: Grants.gov announcement, 4/26/13) ♦

REGULATORY NEWS

The Food and Drug Administration has published the 2013 Advisory Committee Tentative Meetings calendar, including the Blood Products Advisory Committee (BPAC) meetings. According to the tentative calendar, BPAC will meet on Aug. 2, Oct. 31-Nov.1, and Dec. 3-4. FDA will continue to publish Federal Register notices 15 days in advance of each meeting, with the meeting location, agenda, and other details. The *ABC Newsletter* will include information from the formal Federal Register meeting announcements as they are published in the Meetings section. The tentative calendar can be accessed at <http://1.usa.gov/10z4CKr>. (Source: FDA Advisory Committee Tentative Meetings, 5/14/13) ♦



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REGISTRATION NOW OPEN

America's Blood Centers' Fund Development, Communications and Donor Management Workshop

San Antonio, TX - June 18-21, 2013

Hosted by



**South Texas
Blood & Tissue Center**

Negotiated hotel room rate: \$159 + tax (incl. free internet and fitness center access)
www.hotelvalencia-riverwalk.com

2013 Workshop Schedule

Fund Development topics: June 18-19

Communications topics: June 19-20

Donor Management topics: June 20-21

2013 Workshop Fees (early bird/regular)

2-day registration: \$375/\$425

3-day registration: \$440/\$490

4-day registration: \$490/\$540

Contact Lori Beaston at lbeaston@americasblood.org for registration information.

“South Texas Blood & Tissue Center is proud to support this year's Fund Development, Communications and Donor Management Workshop and is looking forward to welcoming ABC members from across the country to our vibrant city for a week of learning, sharing and networking. We hope to see you there!”

- Carmen Davila
Vice President of Corporate
Communications
South Texas Blood and Tissue Center

Sponsorship opportunities available.
Contact Abbey Nunes at
anunes@americasblood.org for details.



San Antonio International Airport (SAT) is served by all major US airlines, including discount carriers Southwest and AirTran. It offers non-stop service to/from 27 major and secondary US airports; check www.sanantonio.gov/aviation for more information.






GLOBAL NEWS

A recent article in *Science* highlights a comprehensive thalassemia prevention program being funded by the Chinese government, featuring population screening, prenatal diagnosis, and genetic research funding. Thalassemia is an incurable and potentially fatal blood disease, characterized by abnormal hemoglobin synthesis. It leads to severe anemia and other health complications, such as poor bone development. These patients require frequent blood transfusions to survive, as well as chelation therapy, which removes excess iron in the body caused by red blood cell transfusions. Roughly one in five people in the Guangxi Zhuang Autonomous Region of China carry a gene for one of the recessive thalassemia blood disorders; 5 percent of residents have a gene for β -thalassemia. To reduce the disease burden, the Chinese government has implemented the comprehensive prevention program. The goal is to do as well as a program in Cyprus that reduced β -thalassemia from 1 per 158 births in the 1970s to close to zero today. “We want to reach every couple,” said Zhang Xue, a medical geneticist at Peking Union Medical College and the Chinese Academy of Medical Sciences (CAMS) in Beijing, who is involved with the Chinese initiative. According to the provincial health department, Guangxi has slashed its rate of birth defects from 21.648 per 1,000 births in 2008 to 12.79 in 2011 – a drop which experts from the program attribute to the prevention program, under which 12,800 cases of severe thalassemia have been diagnosed *in utero*. Screening will ultimately be offered across southern China. And next year, Chinese researchers hope to start training doctors from Cambodia, Laos, and Vietnam with an eye toward replicating the program in Southeast Asia. The article is available to *Science* subscribers or for purchase at www.sciencemag.org/content/340/6133/677/F1.expansion.html. (Source: *Science*, 5/10/13)

GLOBAL NEWS (continued on page 10)

GLOBAL NEWS (continued from page 9)

The National Blood Authority of Australia recently published a notice that manufacturing costs will now be included on the label of all blood components. This initiative is part of the National Blood and Blood Product Wastage Reduction Strategy 2013-2017, announced earlier this month, which seeks to minimize blood and blood product wastage. The Australian Red Cross Blood Service will now include a cost indicator printed on the blood bag label. The aim of this initiative is to increase health provider awareness and appreciation of the costs associated with the provision of blood and blood products within Australia. It also supports awareness that blood is a precious resource given generously by donors, and should be managed with care, said the National Blood Authority. The agency noted that while blood donation is voluntary, the collection, processing, testing, and distribution of blood and blood products incurs significant costs. The costs printed on each blood component label is indicative of the costs for that component type. More information about this initiative

Collection Date 16 Apr 2013		EXPIRY DATE 28 May 2013 23:59
	Label # 1604011	
RED CELLS in SAG-M Leucocyte Depleted		
04390		060
Store at +2C to +6C Volume: 246 ml		Rh D NEGATIVE
Manufacturing cost \$345.45	TRANSFUSION INSTRUCTIONS 1 PROPERLY IDENTIFY INTENDED RECIPIENT 2 DO NOT USE IF CONTENTS SHOW VISIBLE SIGNS OF DETERIORATION	Donation tested and non-reactive for specified markers for HIV 1&2, hepatitis B&C, HTLV and syphilis. Collected and processed by Australian Red Cross Blood Service For more information Telephone 1300 13 60 13
	WARNING THIS PRODUCT MAY TRANSMIT INFECTIOUS AGENTS SEE CIRCULAR OF INFORMATION FOR CAUTIONS AND INSTRUCTIONS	

Above is an example of a "cost indicator" to be printed on blood bags in Australia, in the lower left hand corner highlighted in black.
Source: National Blood Authority website

along with the National Blood and Blood Product Wastage Reduction Strategy can be found at www.nba.gov.au/wastage/index.html. (Source: National Blood Authority of Australia, 5/14/13) ♦

INFECTIOUS DISEASE UPDATES

WEST NILE VIRUS

The Centers for Disease Control and Prevention released this week the final 2012 national surveillance data for West Nile virus (WNV) activity in the US. A total of 5,674 human cases of WNV, including 286 deaths, were reported to CDC from 48 states (excluding Alaska and Hawaii). Of all WNV disease cases reported, 2,873 (51 percent) were classified as neuroinvasive disease, the more serious type of WNV that causes meningitis, encephalitis, or acute flaccid paralysis. The dates of illness onset (when the patients' illness began) ranged from March through December 2012. The numbers of neuroinvasive, non-neuroinvasive, and total WNV disease cases reported in 2012 are the highest since 2003. The number of deaths is the highest since cases of WNV disease were first detected in the US in 1999. More information can be found at www.cdc.gov/westnile. According to AABB's WNV Biovigilance Network, 752 confirmed positive viremic donations were detected in 2012, with 32 that could not be concluded and 28 false-positives. More information is available at www.aabb.org/programs/biovigilance/Pages/wnv.aspx. (Sources: CDC press release, 5/14/13; AABB WNV Biovigilance Network, 5/16/13)

HIV

Poor results from two recent trials have suggested to researchers that an HIV vaccine may be further off than previously expected, according to an article published in *Science* on May 10. The first piece of bad

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INFECTIOUS DISEASE UPDATES (continued from page 10)

news came on April 22 when the board monitoring the largest HIV vaccine trial then underway recommended that investigators stop the trial. The monitoring board of the US-based study took an early look at the data and found that 41 vaccinated people had become infected with HIV, compared with 30 in the placebo group. After reviewing these results, the National Institute of Allergy and Infectious Diseases, which has invested \$77.2 million and 11 years in the study, ended the vaccinations in the trial known as HVTN 505. Researchers are now investigating whether the adenovirus vector used in the vaccine caused that particular vaccine regimen to put people at increased risk of acquiring HIV. The same “Ad5” vector was used in the STEP AIDS vaccine study, which was halted in 2007 after researchers in this study also found more infections in the vaccinated participants than in placebo recipients. *Science* has learned that a recently-completed follow-up analysis of a sister trial to STEP in South Africa, which also ended in 2007, has found a statistically significant link between Ad5 vaccine and the risk of HIV infection. These results have left researchers “scratching their heads” as to why more infections were seen in the vaccine arm, according to *Science*. The article suggests that in light of these failures and other difficulties in HIV vaccine development, researchers should investigate the root of these failed vaccines and explore other options. The *Science* article is available to subscribers or for purchase at www.sciencemag.org/content/340/6133/667.full. (Source: *Science*, 5/10/13)

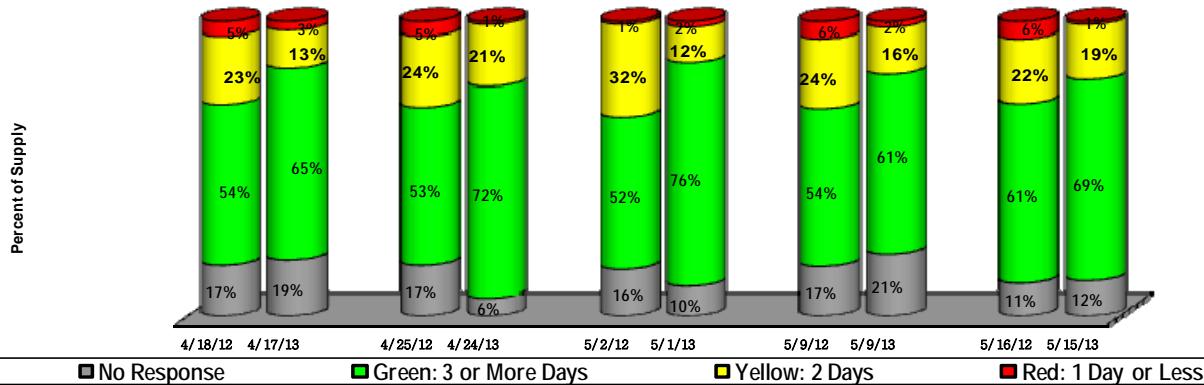
MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS (MERS-CoV)

After visiting Saudi Arabia this week, World Health Organization (WHO) officials have determined that the MERS-CoV can likely be passed from human to human. Since the beginning of May, Saudi officials have reported 21 patients in an outbreak primarily linked to a healthcare facility in the eastern Saudi city of Al-Hofuf. Nine patients have died. Due to the outbreak occurring in clusters within the healthcare facility and within families, WHO believes that human-to-human transmission is possible. On Thursday, two health workers were reported to have fallen ill with the novel coronavirus, acting as a reminder that healthcare workers caring for those with novel coronavirus “should take appropriate measures to decrease the risk of transmission of the virus to other patients and healthcare workers,” noted WHO. The virus has health officials concerned because it is reminiscent of the 2002-2003 outbreak of severe acute respiratory syndrome (SARS), in which several cases were traced to infections within healthcare facilities. Thus far, WHO reported there have been 40 lab confirmed cases of the infection with the novel virus since September 2012, including 20 deaths in six countries – France, Germany, Jordan, Qatar, Saudi Arabia, and the UK. The virus can cause coughing, fever, and pneumonia. WHO continues to post updates on its website at: www.who.int/csr/don/2013_05_15_ncov/en/. (Source: WHO update, 5/13/13; Reuters, 5/12/13) ♦

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 Betty Klinck 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.

STOPLIGHT®: Status of the ABC Blood Supply, 2012 vs. 2013



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

MEMBER NEWS

Miller-Keystone Blood Center will implement BIO-key’s TruDonor technology to enhance the security and convenience of positive donor identification, announced a BIO-key press release last week.

BIO-key is a company that produces fingerprint biometric identification solutions, advanced mobile credentialing, and positive patient identification technologies. “Miller-Keystone Blood Center is pleased to be working with BIO-key to help increase safety and convenience for our donors as they move through the registration process,” said J. Michael Lee, president and CEO of Hospital Central Services, Inc., Miller-Keystone’s parent organization. “The security of donor information is of the utmost importance to our blood center and the added benefits that will be realized at the time of registration will no doubt be appreciated by donors and staff alike. We looked at many options for achieving a positive, but streamlined, donor identification process, and feel that BIO-key is revolutionizing the way donors and patients will check in for years to come. This investment in technology will serve Miller-Keystone hospital clients and donors alike.” Miller-Keystone is one of six America’s Blood Centers member blood centers to implement the BIO-key TruDonor biometric fingerprint identification technology. More information is available in the press release at <http://mwne.ws/110p9au>. (Source: BIO-key press release, 5/16/13) ♦



PEOPLE

Peter J. Castagna, Jr., has been appointed the next president and CEO of Hospital Central Services, Inc. (HCSC), the parent organization of Miller-Keystone Blood Center, announced HCSC in a press release on Wednesday. Mr. Castagna succeeds J. Michael Lee, who will be retiring on July 1 after a 33-year tenure. Mr. Castagna has more than 25 years of experience in the healthcare support service and supply chain environment. He most recently served as the vice president of Health Systems for Thermo Fisher Scientific. Previous positions include chief operating officer of Verispan LLC, president for Acute Care with McKesson Medical Surgical, and eastern regional vice president for Owens and Minor. “HCSC’s board of directors was fortunate to interview a number



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PEOPLE (continued from page 12)

of qualified candidates for the CEO position,” said Everitt F. Binns, PhD, chairman of the board. “Peter’s education and experience clearly placed him at the top of the list, and we are confident that he is the right individual to lead HCSC and its affiliates on this next chapter in its history.” Mr. Castagna is a graduate of Montclair State College, N.J., with a bachelor’s degree in chemistry, and the Stillman School of Business at Seton Hall University with a master’s degree in business administration. He is also a member of the Health Industry Distributor Association (HIDA) and the HIDA Laboratory Council. Mr. Castagna will be joining the organization on June 3 and will assume the role of president and CEO on July 1, according to the release. (Source: HCSC press release, 5/15/13) ♦

MEETINGS**June 5-6 TENTATIVE HHS Advisory Committee on Blood and Tissue Safety and Availability Meeting**

The Department of Health and Human Services has announced a tentative date of June 5-6 for the next meeting of the Advisory Committee on Blood and Tissue Safety and Availability. The *Newsletter* will publish the meeting details as soon as HHS releases more information. HHS will publish additional meeting information at www.hhs.gov/ash/bloodsafety/advisorycommittee/.

July 8 AABB Public Workshop: Current Perspectives on TRALI Risk Reduction

AABB will hold a public workshop on TRALI risk reduction on July 8 from 8:30 a.m. to 5 p.m. at the Marriott North Bethesda Conference Center in Bethesda, Md. The workshop is scheduled to take place at the end of the comment period for the proposed 29th edition of *Standards for Blood Banks and Transfusion Services*, which includes additional TRALI risk reduction requirements. Feedback provided during the conference will be considered before the final standards are published. In addition to current perspectives on the pathogenesis and incidence of TRALI, speakers will highlight recent data from the US and Europe on TRALI incidence. Registration and more information about the agenda can be found at www.aabb.org/EVENTS/CONFERENCE/Pages/conf.aspx. ♦

Correction

In page two of last week’s *ABC Newsletter*, we published an “Our Space” column titled “Building a Strong Foundation” by Matt Granato. In this piece, Mr. Granato’s title was incorrectly listed as ABC’s “vice president of Administration and Communications.” His correct title is “executive vice president of Operations.” We apologize for this error and thank our readers who bring such issues to our attention.

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. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: mnorwood@americasblood.org.

POSITIONS AVAILABLE

Chief Operations Officer. Community Blood Center of the Carolinas, located in Charlotte, NC is seeking a COO to take overall leadership, operational responsibility for a growing blood center. Responsibilities include regulatory compliance in operations, prepare and monitoring multi-departmental budgets and objectives to insure fulfillment of goals; perform strategic and business planning for the overall expansion of services, products and regions. Our ideal candidate has at least five years experience in a technical lab or laboratory manufacturing setting, including at least five years of management experience, with a background in blood banking or other related pharmaceutical/biologics manufacturing facility. Lean manufacturing and inventory management a significant benefit. BA required, MT (ASCP) SBB or MBA is preferred. Drug Free Workplace/Equal Employment Opportunity Employer. Interested candidates should send their resume and salary requirements to cbccteam@cbcc.us.

Staff Physician. Carter BloodCare, a large community blood center in Texas, seeks a qualified physician to join their staff of four transfusion medicine physicians. This position reports to the Vice President of Medical and Technical Services (Chief Medical Officer). Responsibilities include rotating call with the other physicians and shared daily oversight of medical and technical issues of the blood center. Depending on experience and interest, the physician could have practice opportunities in therapeutic apheresis, HPC collections and processing, transfusion services, HLA laboratory, and a large IRL reference laboratory. Travel to other sites is required. Many opportunities for teaching residents and fellows exist. Clinical research opportunities abound. M.D. or D.O, Texas licensure eligible, must be board eligible or certified within two years. Fellowship or two years' experience in Transfusion Medicine required. Contact Laurie Sutor, MD at (817) 412-5601 or lsutor@carterbloodcare.org for more information.

Medical Technologist II (ASCP) – 2nd Shift. United Blood Services, a non-profit organization in sunny Scottsdale, Arizona seeks a Medical Technologist (ASCP) to work in the QC Laboratory on 2nd Shift. Responsibilities include: Quality control testing and high complexity testing on components produced from whole blood, platelet apheresis and apheresis red cell products; participates in technical investigative studies;

evaluates and participates in selection of new equipment and develops validation protocols in accordance with internal and external policies/regulations. Hours: 2nd Shift: 3pm-11:30 p.m. with varied days/rotating weekends. Requirements: bachelor's degree in a chemical, physical, biological, medical technology or clinical laboratory science (CLS) required. Certification as a Medical Technologist (MT) by a recognized certifying agency required or CLIA equivalent for high complexity testing required. SBB preferred. State licensure. Three years experience in a clinical laboratory setting required. Must be able to stand for long periods of time, bend, and lift up to 50lbs. Competitive benefits package! Position Closes: May 24, 2013 (Ref: 210-1001-2013-036) – Please send resume and salary history to United Blood Services, c/o: C. Maksinski, 6220 E. Oak St., Scottsdale, AZ 85257 or email: cmaksinski@bloodsystems.org or fax: (480) 675-5448. Drug Testing & Background checks required. EOE/M/F/D/V.

Assistant, Associate, or Co-Medical Director of Clinical Services at Stanford Medical School Blood Center. The Department of Pathology at Stanford University School of Medicine seeks a full-time physician clinician educator to serve as the assistant, associate or co-medical director of Clinical Services and Operations at the Stanford Blood Center (SBC). This position is in the Clinician Educator line, with the rank based on years of relevant experience. The ad in its entirety is available at: <http://stanford.io/112Sfx2>.

Chief Operating Officer of QualTex Laboratories-LA002. QualTex Laboratories, an affiliate of the South Texas Blood & Tissue Center (STBTC), screens millions of whole blood and plasma donations for infectious agents each year for biotechnology companies locally and across the globe. This global leader in the biotechnology area, is seeking a Chief Operating Officer (COO) who will report directly to the Chief Executive Officer. This key position will manage, supervise and coordinate the daily operations for QualTex Laboratories to ensure

POSITIONS (continued on page 15)

POSITIONS (continued from page 14)

an efficient, effective and financially sound organization. This individual will be responsible for creating a culture of continuous improvement in order to achieve and sustain performance excellence. The successful candidate will have a proven track record of providing leadership in the areas of strategic planning and strategy execution. Qualifications required include a bachelor's degree, fifteen years clinical laboratory, management, quality, customer operations, and/or related experience. Computer three years driving experience with a good driving record required. Texas Operators Driver's License and a US Passport are required. Certified MT (CLS) (SBB) or equivalent preferred. For information, contact Sandra Munoz at (800) 292-5534, Ext. 1544. To apply, e-mail résumé to sandra.munoz@bloodtissue.org or fax to (210) 731-5549.

Lab Technologist II – Consultation & Reference Lab (full-time) (Gulf Coast Regional Blood Center).

Scope of Responsibility: Under moderate supervision of Consultation Management, prepares special blood components and performs patient and donor tests. Essential duties and responsibilities: perform, interpret, and document compatibility testing, simple antibody identification, and donor serological testing; evaluate and process requests and patient samples per established guidelines; record, place and fill orders for antigen-negative red blood cells; monitor inventory of components; prepare washed and deglycerolized RBCs; perform quality control and preventative maintenance as assigned; prepare reagents; enter rare cell and serum samples into database; management retains the discretion to add to or change the duties of the position at any time. Education and Experience: MLT degree from an accredited college or university with certification (ASCP or equivalent) or; MLS new graduate eligible to take certification exam with certification obtained within six months of employment. Certificates, Licenses, Registrations: American Society of Clinical Pathologists (ASCP or equivalent certification); if new graduate, certification must be obtained within six months of employment. Please contact: Lori Pireu, Recruiter, lpireu@giveblood.org. Or apply online at: <http://giveblood.org/career>.

Director of Volunteer Services. The Blood & Tissue Center of Central Texas, located in Austin, is seeking an enthusiastic, self-starter to oversee our volunteer program. This position will develop, manage, and coordinate the volunteer activities to meet the needs of the organization, as well as maintain strong working relationships with the volunteer staff in order to retain their services. The director manages all volunteer recruitment efforts, works closely with management to identify volunteer opportunities, and selects volunteers for placement within the organization. Qualified candidates must have a high school diploma or equivalent; college degree preferred. Requires five to seven years of

experience working in a volunteer program. Prefer at least one year experience recruiting, scheduling, and supervising volunteers or high level administrative experience or the equivalent combination of education and experience. Must have excellent communication, presentation, and interpersonal skills. Ability to prioritize under changing conditions, manage multiple projects, and handle stressful situations is needed. Must be at least 21 years of age, have a valid Texas driver's license, proof of insurance, and an acceptable driving record. Please visit www.inyourhands.org to apply.

Director, Transfusion Services Laboratories. Recognized as a leader in transfusion medicine, Puget Sound Blood Center is seeking a transfusion services laboratory director to organize and direct laboratory activities at multiple sites, evaluate and implement tailored customer solutions, while balancing financial viability and commitment to the blood center's mission. Requirements include: MT(ASCP) SBB or equivalent experience with a minimum of six years of managerial experience in a Transfusion Service; experience managing an effective and comprehensive quality assurance program and laboratory information systems management; knowledge to create, review, and interpret financial and business documents; and experience in developing and meeting budgets. A successful candidate will manage projects and workforce through collaboration, communication with stakeholders, and ensure proper allocation of resources. Interested candidates should send their resume and cover letter to HumanResources@psbc.org. More information at www.psbc.org. Please indicate job number 6953 on all correspondence. EEO/AA

Manager – IRL (Community Blood Center of Greater Kansas City). Oversight in the Immunohematology IRL, including Platelet laboratory operations and personnel. Provide consultation to staff and clients. Duties: assess personnel competency/proficiency/adherence to guidelines/policies/procedures; conduct staff performance evaluations/assessments/oversee training; participate in recruitment/selection of employees; assure adequate continuing education opportunities for staff; preparation of annual department budgets/monthly budget variances; review and revision of applicable agreements/contracts with customer and suppliers; assure review of test results/worksheets/reports/bills/quality control/quality assurance records; assure review/approval patient records; provide continuing education presentations in-house and/or at profession meetings; review/maintain appropriate procedure/policy manuals; develop/validate/implement new procedure/policy manuals; develop/validate/implement new procedures; assure adequate staff coverage; assure maintenance of laboratory records/supplies/equipment/reagent inventory; assure fulfillment of CBC/IRL financial/quality goals; and participate in regional/national professional blood

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bank associations or be an active AABB or CAP assessor. Requirements: MT(ASCP) or equivalent, SBB preferred, antibody identification experience; ASQ Certification as CQA and/or CMQ/QE preferred; minimum five years IRL and/or transfusion service laboratory experience or equivalent and management experience. Skills and Knowledge: Advanced problem-solving skills, good verbal/written communication skills, customer service and time management. Please apply via our website: www.savealifenow.org. EEO/AA/M/F/D/V

Director of Donor Recruitment. Blood Bank of Hawaii is looking for a dynamic person to join our

management team and lead our statewide recruitment efforts to realize annual red blood cell distribution of 55,000. This position oversees a department of 18 telerecruiters and field representatives. Responsibilities include staff and performance management, training, budgeting, and strategic planning. The ideal candidate will demonstrate strong leadership and communications skills with five to ten years of blood bank and customer service experience. HemaspHERE and eDonor expertise preferred. We offer a competitive salary and excellent benefits. Please apply via our website: www.BBH.org. EOE ♡