



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2025 #10

March 24, 2025

**INSIDE:**

**Data from the 2023 NBCUS Available**

- ABC Announces *Act for Blood Program* .....2
- Hospitals Alerted of Potential Multicity Terror Threat .....3
- BRIEFLY NOTED .....3
- INFECTIOUS DISEASE UPDATES .....4
- 2025 Annual Meeting Presentations & Awards of Excellence Photos Are Available .....5
- ADRP Trends in Donor Relations Study Deadline Extension .....5
- March ADRP Webinar: "Positive Impacts of a Global Pandemic: What Changed?" Set for March 26th .....5
- ABC SMT Journal Club Webinar Scheduled for March 28<sup>th</sup> .....5
- Registration Opens for ABC WELC Webinar: "The Art of Facilitation and Listening: Unlocking Leadership Excellence" 6
- Register for the 2025 ADRP Annual Conference .....6
- WORD IN WASHINGTON .....6
- MEMBER NEWS .....6
- RESEARCH IN BRIEF .....7
- GLOBAL NEWS .....8
- COMPANY NEWS .....9
- CALENDAR .....10
- POSITIONS .....11

Findings from the 2023 National Blood Collection and Utilization Survey (NBCUS) have been [published](#) in *Transfusion*. The reported data represents 96 percent of community-based blood centers and 85.7 percent of transfusing hospitals. The study revealed that, “[n]ationally, transfusions declined slightly in 2023 (-4.0 percent) and since 2019 have fluctuated by 1 to 5 percent during the last three surveys. Continuing the trend observed from 2019 to 2021, the number of red blood cells (RBCs) distributed has remained stable.”

Specifically, the 2023 findings noted that, “11,586,000 (95 percent CI 11,180,000–11,991,000) units of whole blood and apheresis RBCs were collected, a 1.7 percent decrease compared with 2021. [The total number of,] transfused units of whole blood and RBCs decreased by 4.1 percent (10,764,000 vs. 10,328,000; 95 percent CI: 9,922,000–10,733,000), while autologous and directed allogeneic units transfused decreased by 50 percent and 70 percent, respectively. Outdated units of whole blood or RBCs increased by 13.8 percent from 2021 to 2023.”

Additional insights included that, “[o]verall, 2,618,000 platelet units were distributed in 2023, 3.6 percent higher than in 2021. Of these, 98 percent (2,557,000) were apheresis platelet collections. [While the] total number of platelet units transfused (2,220,000 units [95 percent CI: 2,040,000–2,400,000]) increased by 2.1 percent compared with 2021.”

The paper explained that, “the findings from this analysis of the 2023 NBCUS suggest a continued stabilization in the blood supply, consistent with the plateau observed during the 2019 and 2021 reports.” The authors stated that, “these findings suggest a new baseline for blood availability has been established in the U.S. The response rate for the 2023 NBCUS was the highest ever recorded, most notably among blood collectors in community-based and hospital-based collection centers adding to the precision of the findings described.”

The researchers hypothesized and attributed the stabilization to, “[b]lood collection establishments hav[ing] likely reached greater sustainability, as [evidenced] by less consolidation in recent years, primarily among community-based blood collectors. [The impact of consolidation of] blood establishments is further reflected in the proportion of blood collected by the five largest entities, which comprised 56.9 percent of all units collected in 2015 and increased to 66.3 percent in 2023.”

The study also noted that, “[a]lthough stable, blood collections (total available supply) have returned to pre-COVID-19 pandemic levels, and the gap between blood

(continued on page 2)

Data from the 2023 NBCUS Available (continued from page 1)

collection and transfusions widened, suggesting more robust elasticity in the blood supply nationally.” The authors feel that the decline in RBC transfusions, “support[s] the hypothesis of widening adoption of patient blood management and other clinical practices which lead to the conservation of blood component.”

Along with stabilization of blood transfusions and collections, the paper concluded that, “the 2023 NBCUS estimates suggest the U.S. blood supply was able to exceed demand on an aggregate, annualized, national level.”

**Citation:** McDavid, K., Lien, R., Ortiz, J.C., *et al.* “[Have we reached a new baseline for blood collection and transfusion in the United States? National Blood Collection and Utilization Survey, 2023.](#)” *Transfusion.*




## ABC Announces *Act for Blood* Program

During this month’s America’s Blood Centers (ABC) Annual Meeting, [Act for Blood](#) officially launched. This grassroots program aims to advance policies that support a strong and diverse blood supply. *Act for Blood* will equip stakeholders with the tools and knowledge they need to meaningfully engage in advocacy that can promote change at the state and federal level.



Building on ABC’s current advocacy efforts, *Act for Blood* includes the following initiatives that will expand and amplify the work of ABC on behalf of its member blood centers through the:

- [Advocacy Summit](#): taking place June 10<sup>th</sup>-11<sup>th</sup> in Washington, D.C., this event features a day full of training on year-round advocacy work followed by the opportunity to go to Capitol Hill and meet with lawmakers and staff. Registration opens this week;
- Congressional Champions: ABC will recognize members of Congress that have become champions for the blood supply and provide an opportunity for blood centers to present the award during their Capitol Hill visits as part of the Advocacy Summit;
- [Blood Advocacy Week](#): set for the week of June 9<sup>th</sup>, ABC’s annual Blood Advocacy Week will engage more than 80 external national partners and include the Advocacy Summit, a blood drive on Capitol Hill, and [letters to legislators](#) from blood advocates;
- Federal Advocacy Contacts: This program will create a network of point persons within each member blood center who are trained and ready to communicate effectively with members of Congress and their staff;
- Site Visit Program: This initiative facilitates direct engagement between community blood centers, local stakeholders, and policymakers by hosting legislators at community blood centers. It will provide firsthand exposure to the vital work of blood collection and distribution while fostering a deeper understanding among key decisionmakers of the challenges and opportunities facing community blood centers;
- [Grassroots Action Center](#): this portal allows all individuals to send a pre-written or customized message to policymakers on pressing blood-related issues; and
- Council of States: the hub for state-level advocacy efforts, through which ABC [tracks](#) relevant legislation across all 50 states and fosters proactive, coordinated action, and rapid response when needed.

[Contact us](#) with questions or for more information. 

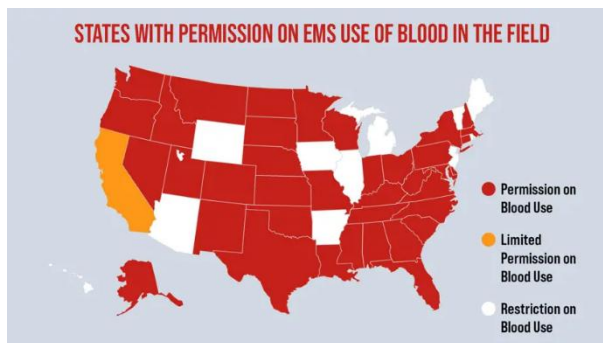
## Hospitals Alerted of Potential Multicity Terror Threat

The American Hospital Association (AHA) and Health-ISAC [published](#) a joint threat bulletin on March 20<sup>th</sup> titled “Potential Terror Threat Targeted at Health Sector.” According to the organizations, “a [post](#) on X with details related to the active planning of a coordinated, multi-city terrorist attack on U.S. health sector organizations.”

AHA and Health-ISAC are recommending that, “teams review security and emergency management plans and heighten staff awareness of the threat. Although the threat’s credibility cannot be verified at this time, physical security protocols and practices should be reviewed. Having a publicly visible security presence can help mitigate the risk of being a potential target. The post referencing the attacks states that the primary targets are mid-tier cities with low-security facilities. With the information claiming multiple simultaneous targets, they would likely select health sector facilities with visibly weak security and conduct prior planning to coordinate the attacks. It is common practice for individuals contemplating targeted acts of violence to conduct pre-attack surveillance and reconnaissance. Having a visible security presence can mitigate being chosen as a target during the planning phase of an attack.”

(Source: AHA and Health ISAC [Joint Bulletin](#), 3/20/25) 💧

### BRIEFLY NOTED



The American College of Surgeons [published](#) a bulletin on March 5<sup>th</sup> titled “Improving Access to Prehospital Blood May Save 10,000 Lives a Year.”

It provides a synopsis of whole blood and describes the benefits and challenges of prehospital blood transfusions and barriers to its widespread implementation, “The concerns about blood wastage — and with it the cost of each unit of lost blood — connect to broader challenges associated with the use of blood in prehospital settings. Key issues include the need to ensure that EMS agencies can receive re-

imbursement for prehospital transfusions, as well as the administrative challenges of developing new blood programs. Implementing a whole blood program on ambulances would entail revising regulations and laws on EMS scope of practice to permit paramedics to use blood, a step that must be taken in individual U.S. states...Funding for individual EMS agencies via city and state governments and philanthropic funding sources may ease the financial burden of blood implementation for individual EMS agencies. Second, the

(continued on page 4)

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ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognizes the continuous need for a safe and robust blood supply. ABC exists to advocate for laws and regulations recognizing the essential role that independent blood centers play in the health care system; promote partnerships, policies, and programs that increase awareness about the need for blood donation; and serve as a thought leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

#### America’s Blood Centers

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BRIEFLY NOTED (continued from page 3)

U.S. Centers for Medicaid & Medicare Services (CMS) can definitively update federal regulations to include reimbursement for blood usage on ambulances, a solution that would extend to all EMS agencies nationwide.” In addition to describing ongoing advocacy efforts, the article also explains the potential promise of what universal access to prehospital blood transfusions could possibly achieve. A video accompanying the bulletin is also [available](#).

(Source: ACS [Bulletin](#), 3/5/25) 💧

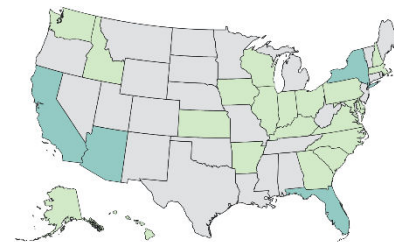
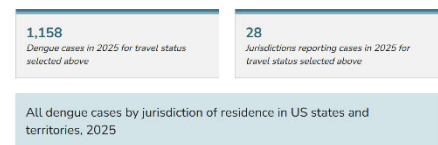
**INFECTIOUS DISEASE UPDATES****DENGUE**

The Centers for Disease Control and Prevention (CDC) has [published](#) a Health Alert Network (HAN) Health Update regarding dengue virus infections and, “updates to testing recommendations in the U.S.” According to the agency communication, “[dengue activity](#) remains high in some parts of the U.S. and globally, with many countries reporting higher-than-usual number of [dengue cases](#) in 2024 and 2025. Healthcare providers, public health departments, and the public are urged to continue to take steps to prevent, detect, diagnose, and respond to dengue as described in the [June 2024 HAN Health Advisory \(CDCHAN-00511\)](#) on dengue in the U.S.. Updates include:

- [d]engue virus (DENV) transmission remains high in the Americas region, including in the U.S. territories of Puerto Rico and the U.S. Virgin Islands. Spring and summer travel coincide with the peak season for dengue in many countries, increasing the risk of both travel-associated and locally acquired cases in the United States;
- [u]se the CDC DENV-1-4 real time reverse transcriptase polymerase chain reaction (RT-PCR) assay when dengue is the most likely diagnosis;
- [n]ew resources are available for public health professionals including a job aid for reviewing medical records and [guidance](#) for investigating and responding to dengue cases in non-endemic areas of the U.S.”

Dengue is a mosquito-borne disease with documented transfusion-associated cases though currently, no U.S. Food and Drug Administration-licensed blood donor screening test is available. “Approximately one in four DENV infections are symptomatic. Infection with any DENV serotype can cause severe illness, particularly in infants aged  $\leq 1$ -year, pregnant women, adults aged  $\geq 65$  years, people with certain medical conditions, and people with previous DENV infections. Globally, dengue cases have increased substantially in the last five years, with the most pronounced increases occurring in the Americas.”

(Source: CDC HAN [Health Update](#), 3/18/25) 💧





**America's Blood Centers®**  
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 staffs only, unless otherwise specified.*

### **2025 Annual Meeting Presentations & Awards of Excellence Photos Are Available**

America's Blood Centers (ABC) thanks its member blood centers, attendees, sponsors, and speakers for making the 2025 Annual Meeting a success! All presentations that we can share are available on the meeting platform/app under each session. You may also access them on your computer [here](#). Additionally, we congratulate all recipients, and nominating blood centers, of this year's ABC [Awards of Excellence](#). Photos are available [here](#).

Finally, take a [look](#) at all the [great accomplishments and our collective impact](#) during this fiscal year, which ends March 31<sup>st</sup>. We extend our deepest gratitude to all members, strategic partners, allies, and donors who have played an instrumental role in propelling the mission of ABC forward.

### **ADRP Trends in Donor Relations Study Deadline Extension**

The [ADRP Trends in Donor Relations Study](#) submission deadline has been extended until April 4<sup>th</sup>. This survey is a strategic tool for blood centers to evaluate and benchmark the performance of collection and recruitment operations and marketing strategies with your domestic and international peers. It streamlines and combines the previous ADRP Recruitment and Collections Survey and the ADRP Marketing Survey. ADRP is partnering with a third-party company, Dynamic Benchmarking, to improve the data collection and reporting experience. The confidentiality of your data and the information shared in this report is a top priority of ADRP and will only be disseminated in the aggregate and in accordance with anti-trust regulations. A key feature of the reporting platform is the ability to view how your operations compare to others using several dynamic filters, including blood center location, collection levels, and employee count. Only blood centers that participate in the survey will have access to this information. Participation in the study is open to all blood centers. Survey responses must be completed by the April 4<sup>th</sup> deadline. Please only submit one response per blood center. [Contact us](#) with questions.

### **March ADRP Webinar: "Positive Impacts of a Global Pandemic: What Changed?" Set for March 26th**

[Registration](#) is open for the March 26<sup>th</sup> webinar at 1 p.m. EDT titled "[Positive Impacts of a Global Pandemic: What Changed?](#)" Hear Vitalant's Stephanie Radenz and LifeServe Blood Center's Danielle West discuss the significant changes and innovation implemented at their centers in the wake of the global pandemic, including adjustments to supply chains, the importance of a diversified vendor plan, pilot concepts with pseudo fixed sites for donor collections, and the benefits of virtual blood drives.

### **ABC SMT Journal Club Webinar Scheduled for March 28<sup>th</sup>**

Registration is open for the next ABC Scientific, Medical, and Technical (SMT) Journal Club Webinar taking place on March 28<sup>th</sup> at 1 p.m. EDT. The webinar is free to all ABC members. An email announcement

(continued on page 6)

## INSIDE ABC (continued from page 5)

with a registration link and the articles to be reviewed can be found [here](#). A Continuing Medical Education (CME) credit (1.0) is now offered for all ABC SMT Journal Club webinars.

### **Registration Opens for ABC WELC Webinar: “The Art of Facilitation and Listening: Unlocking Leadership Excellence”**

Registration is now open for the ABC Women’s Executive Leadership Community (WELC) Webinar: “The Art of Facilitation and Listening: Unlocking Leadership Excellence.” This virtual event will take place on April 9<sup>th</sup> from 1-2 p.m. EDT and feature Lowell Aplebaum, EdD, FASAE, CAE, CPF, a facilitation expert at Vista Cova Inc. An email announcement with a link to registration is available [here](#) to ABC members. In today’s fast-paced and collaborative work environments, effective facilitation, and intentional listening are essential skills for leaders. This interactive session will explore how leaders can foster trust, guide productive discussions, and create inclusive spaces where diverse perspectives are heard and valued. Attendees will gain practical tools to enhance their facilitation techniques and develop deeper listening habits, empowering them to lead with purpose and strengthen their teams. Don't miss this opportunity to elevate your professional development and position yourself for success in the ever-evolving business landscape.

### **Register for the 2025 ADRP Annual Conference**

[Register now](#) for the [2025 ADRP Annual Conference](#) in Oklahoma City, Oklahoma, from May 6th to 8th at the Omni Oklahoma City Hotel. Remember to [book your hotel room](#) by April 11th for the discounted rate. This conference offers a chance to learn about industry trends, share ideas, and connect with other donor recruitment, donor services, collections, marketing, and communications professionals. Join more than 400 of your peers by participating in pre-conference workshops, attending compelling educational sessions, engaging in roundtable discussions, and exploring an expansive exhibit hall filled with innovative solutions. [Seize this extraordinary opportunity](#) to learn, share, and grow within the blood community. 💧

## **WORD IN WASHINGTON**

**Sens. Thom Tillis (R-N.C.) and Mark Kelly (D-Ariz.) recently [introduced](#) the bipartisan “Preserving Life-saving Access to Specialty Medicines in America (PLASMA) Act (S.694).** According to a [news release](#), the legislation aims to, “ensure individuals with rare diseases and immunodeficiencies have access to necessary plasma-based medicines. [The PLASMA Act] would include plasma-derived medicines in a phase-in process for the Part D redesign the Inflation Reduction Act already has in place for other drugs Congress recognized as unique. Beginning in 2031, manufacturers would pay the full rebate amount following annual rebate increases, protecting vulnerable beneficiaries’ supply of plasma-derived medicines, and avoiding skyrocketing costs for patients.”

(Sources: [S.694](#), 2/24/25; Sen. Thom Tillis [News Release](#), 2/25/25) 💧

## **MEMBER NEWS**

**Our Blood Institute** has [joined](#) Velico Inc.’s Blood Center Education Program (BCEP) to explore the potential integration of spray dried plasma production into its, “blood component production operations and [to] provide critical feedback on the commissioning and operational aspects of the system.” OBI President and Chief Executive Officer (CEO) John Armitage, MD stated in the news release, “[s]aving lives is the core of our mission at OBI. We understand that ‘every second counts’ when treating heavily



(continued on page 7)

## MEMBER NEWS (continued from page 6)

bleeding patients. We are honored help advance this groundbreaking technology, which has the potential to transform emergency medical response for EMS agencies, the military and others who save lives in the field before hospital care is accessible.” Velico President and CEO Richard Meehan added, “[t]his partnership underscores a shared commitment to innovation, education, and improved emergency preparedness in the critical field of prehospital blood transfusion. Velico’s point of injury, Frontline ODP™ is expected to add resiliency to the U.S. blood supply and be a life-saving addition to the emergency medical services patient toolkit.”

(Source: OBI & Velico Inc. [News Release](#), 2/26/25) ♦

## RESEARCH IN BRIEF

**Platelet Transfusion Practices During Pediatric ECMO.** A [study](#) in *Vox Sanguinis* was conducted to examine, “platelet transfusion practices in p[e]diatric veno-arterial extracorporeal membrane oxygenation (VA-ECMO) patients.” The researchers noted that, “[t]he survey targeted p[e]diatric ECMO providers who had completed their subspecialty training.” The paper explained that, “[s]ix clinical scenarios were presented with variation in age and bleeding risk. [For each scenario,] the respondent was asked at what platelet count they would transfuse platelets. [Respondents were also asked] about the presence of written hospital platelet transfusion guidelines for patients on ECMO.” The authors stated that, “[t]o assess what factors were most important when making the decision to transfuse, the respondents were asked to select one factor, with options including hospital platelet transfusion guideline, international (ELSO) guideline or clinical judgement. [Targeted respondents were p[e]diatric ECMO providers at 10 sites, participating in the ECSTATIC trial. [The overall response rate] was 56 percent (114 of 204).” The researchers noted that, “66 percent (68 of 103) were p[e]diatric intensivists... In the non-bleeding scenarios, the median platelet transfusion threshold was  $50 \times 10^9/L$  (IQR 43; 75) in children and  $70 \times 10^9/L$  (IQR 50; 85) in neonates ( $p < 0.001$ ). In the minimal bleeding scenarios, the median platelet transfusion threshold was  $75 \times 10^9/L$  (IQR 50; 99) in children and  $75 \times 10^9/L$  (IQR 50; 100) in neonates ( $p=0.07$ ). In the resolved severe bleeding scenarios, the median platelet transfusion threshold was  $75 \times 10^9/L$  (IQR 50; 100) in children and  $80 \times 10^9/L$  (IQR 50; 100) in neonates ( $p=0.002$ ).” The survey found that, “[o]verall, 59 percent of responses (385 of 653) to the scenarios were very uncertain or uncertain about the transfusion threshold. [While the level] of certainty was not associated with a specific scenario ( $p=0.96$ ), it was associated with the sites ( $p < 0.001$ ), as site one had the highest certainty that its responses were associated with better outcomes. Seventy-four percent (78 of 106) of respondents reported that their hospital had written transfusion guidelines.” The paper also noted that, “when asked about the most important factor in deciding whether to transfuse platelets, 85 percent (88 of 103) cited clinical judgement, 10 percent (10 of 103) referenced the International ELSO guidelines, and six percent (6 of 103) pointed to their hospital guidelines.” The authors concluded that, “[t]his survey highlights significant variability in platelet transfusion thresholds among p[e]diatric ECMO providers, with clinical judgement playing a dominant role in decision-making. The lack of strong, evidence-based guidelines contributes to inconsistencies in practice, underscoring the urgent need for standardized transfusion protocols.”

**Citation:** Ingle, T., Simms, B., Bain, J., Bembea, M.M., Cholette, J.M., Chegondi, M., *et al.* “[Platelet transfusion stated practices among neonatal and paediatric veno-arterial extracorporeal membrane oxygenation providers: A survey.](#)” *Vox Sanguinis*. 2025.

Contributed by Richard Gammon, MD ♦

## GLOBAL NEWS

The World Health Organization (WHO) has [published](#) a document titled “**Guidance on implementing patient blood management (PBM) to improve global blood health status.**” The agency described the guidance as being designed to, “facilitate the global implementation of PBM [using] the ‘8-model’, a structured pathway for complex and comprehensive system implementation in large sectors including national health care systems [segmented into] three phases: preparing the national/jurisdictional health care system for PBM, conducting PBM pilot projects, and rolling out PBM nationally/jurisdictionally.” The guidance document also includes toolkits that, “provide practical strategies and resources for managing iron deficiency, an[em]ia, blood loss and coagulopathy, ensuring comprehensive care across diverse health care settings.”

(Source: WHO “[Guidance on implementing patient blood management \(PBM\) to improve global blood health status](#),” 3/18/25)

Bavarian Nordic A/S has [received](#) marketing authorization in Europe from the European Commission (EC) for a **chikungunya vaccine (Vimkunya®) for use in individuals 12 years of age and older.** According to the company, “[t]he approval, valid in all European Union (EU) member states, as well as in Iceland, Liechtenstein, and Norway, [and] marks the second approval of (Vimkunya®), following the approval by the U.S. Food and Drug Administration (FDA) earlier this [year]. The single-dose virus-like particle marketing authorization comes in the wake of a positive recommendation by, “the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA) in January 2025 and was based on results from two phase III clinical trials which enrolled more than 3,500 healthy individuals 12 years of age and older. The studies met their primary endpoints, with results showing that 21 days after vaccination, the vaccine induced neutralizing antibodies in up to 97.8 percent of the vaccinated individuals and demonstrated a rapid immune response starting to develop within one week.” Additionally Bavarian Nordic [announced](#) that the, “United Kingdom (UK) Medicines and Healthcare products Regulatory Agency (MHRA) has validated [its] marketing authorization application and accepted [it for] review.”

(Sources: Bavarian Nordic A/S News Releases, [2/28/25](#); [3/7/25](#))

The EMA and Heads of Medicines Agencies (HMA) have [published](#) a communication alerting the public to the, “**dangers of unregulated advanced therapy medicinal products (ATMPs) offered to patients in the EU.**” The communication describes ATMPs as, “medicinal products that are based on genes, tissues, or cells [and explained that] a number of individuals, companies and clinics have been marketing unregulated ATMPs directly to patients, often when there is little or no evidence that the products work or are safe. Some of the unregulated products in the EU are sold as dendritic cell therapies, which use a type of immune cell (dendritic cell) to attack cancer cells. Authorities are warning the public that unregulated products could put patients at risk, causing serious side effects while not providing benefits to patients. Additionally, unregulated ATMPs present significant quality-related risks due to the lack of strict oversight and regulatory compliance in the manufacturing process, which can lead to contamination, inconsistent product composition, and improper storage. Patients may also face substantial financial costs and emotional distress from ineffective or harmful treatments. It is important that patients are only offered ATMPs, including dendritic cell therapies, that have been authori[z]ed or approved by a regulator. Authorities across the EU are working together to clamp down on those supplying unregulated ATMPs.”

(Source: EMA & HMA [Communication](#), 3/13/25)◆



## COMPANY NEWS

**Orca Bio** has [announced](#) positive results from a phase III trial of its investigational allogeneic T-cell immunotherapy candidate. The company recently issued a news release stating the investigational immunotherapy for individuals with acute myeloid leukemia (AML), acute lymphoblastic leukemia (ALL), high-risk myelodysplastic syndrome (MDS) and mixed-phenotype acute leukemia (MPAL), “met the primary endpoint of a statistically significant improvement in survival free of moderate-to-severe chronic graft versus host disease (cGvHD) with Orca-T. At one year, the rate for patients who received Orca-T was 78 percent compared to 38 percent for patients who received a conventional allogeneic hematopoietic stem cell transplant (alloHSCT). Patients in the Orca-T group achieved an estimated overall survival (OS) of 94 percent compared to 83 percent in the alloHSCT arm at one year. [Additionally, an] interim analysis of the secondary endpoint of OS was 94 percent (95 percent CI: 86 percent, 97 percent) in the Orca-T arm and 83 percent (95 percent CI: 73 percent, 90 percent) in the alloHSCT arm (HR 0.49; p=0.11823). An additional secondary endpoint of cumulative incidence of moderate-to-severe cGvHD was 13 percent (95 percent CI: 5 percent, 23 percent) and 44 percent (95 percent CI: 31 percent, 56 percent) in the Orca-T and alloHSCT arms, respectively (HR 0.19; p<0.00002). Exploratory endpoints at one year include the rate of relapse-free survival which was 76 percent and 74 percent in the Orca-T and alloHSCT arms, respectively (HR 0.80, p=0.49). The cumulative incidence of non-relapse mortality was 3 percent in the Orca-T arm and 13 percent in the alloHSCT arm. Additionally, the cumulative incidence of Grade 3 or 4 acute GvHD was 6 percent and 17 percent in the Orca-T and alloHSCT arms, respectively. No new safety issues were identified with Orca-T. Grade  $\geq 4$  infections per CTCAE scoring were noted in 6 percent and 10 percent of patients in the Orca-T and alloHSCT arms, respectively.” The investigational immunotherapy candidate was developed, “using highly purified regulatory T-cells, hematopoietic stem cells and conventional T-cells derived from peripheral blood from either related or unrelated matched donors.

(Source: Orca Bio [News Release](#), 3/17/25)

**KaloCyte** and **Scorpius Holdings, Inc.** have [partnered](#) to optimize “manufacturing efficiencies” for KaloCyte’s artificial red blood cell (RBC) substitute “ErythroMer™.” According to a news release, the companies are also, “evaluating opportunities to establish a commercial-scale manufacturing agreement.” ErythroMer™ is, “a bioengineered [and] can be freeze-dried for long-term storage and is envisioned for pre-hospital treatment of traumatic hemorrhage when stored blood is unavailable or undesirable. ErythroMer™ is a universal option for all blood types.”

(Source: Scorpius Holdings, Inc. [News Release](#), 1/22/25)

**AstraZeneca** and the **Coalition for Epidemic Preparedness Innovations (CEPI)** are [collaborating](#), “to advance a type of antibody that could significantly reduce costs compared to existing monoclonal antibodies and increase global access to antibody-driven disease prevention solutions during an emerging infectious disease outbreak.” The antibody called “Variable Heavy domain of a Heavy chain -only antibody” (VHH) aims to target, “four pandemic influenza virus strains — H1, H3, H5 and H7 — capable of attaching to multiple parts of the virus, known as a multi-specific molecule, potentially increasing the chance of protection.” The news release explained that, “[t]he multi-specific VHH will also be engineered to offer long-lasting protection against infection. Once proof-of-concept has been established for an antibody targeting influenza, the technology could potentially be used to tackle a range of future infectious disease outbreaks. A VHH is part of an antibody, found in animals like camels, llamas, and some sharks, that recogni[z]es a pathogen and triggers an immune response. Unlike conventional antibodies, which must pair with a light chain to form a complete antibody capable of fighting off a virus, VHHs are able to work on their own. This means VHHs are much smaller and more amenable to being incorporated into multi-specific molecules. As a result, they are easier and cheaper to produce than existing monoclonal antibodies, ultimately making them more accessible.”

(Source: CEPI [News Release](#), 3/20/25) ◆

## CALENDAR

**Note to subscribers:** Submissions for a free listing in this calendar (published weekly) are welcome. Send information to [newsletter@americasblood.org](mailto:newsletter@americasblood.org). (For a more detailed announcement in the weekly "Meetings" section of the newsletter, please include program information.)

### 2025

Mar. 26. **ADRP Webinar: "Positive Impacts of a Global Pandemic: What Changed?"** [Registration](#) is open. More information is available [here](#).

Mar. 28. **ABC Scientific, Medical, and Technical (SMT) Journal Club Spring Webinar.** More information and a link to registration are available to ABC members [here](#).

April. 9. **ABC Women's Executive Leadership Community (WELC) Webinar: The Art of Facilitation and Listening: Unlocking Leadership Excellence.** More information and a link to registration are available to ABC members [here](#).

May 6-8. **2025 ADRP Annual Conference. Oklahoma City, Okla.** [Registration](#) is open. More information available [here](#).

May 14-15. **International Plasma and Fractionation Association (IPFA)/Paul-Ehrlich Institut[e] (PEI) 30<sup>th</sup> International Workshop on Surveillance and Screening of Blood-borne Pathogens. Heidelberg, Germany.** [Registration](#) is open. More information available [here](#).

May 20-21. **International Plasma Protein Congress. Warsaw, Poland.** More information is coming soon.

June 1-4. **International Society of Blood Transfusion (ISBT) 35<sup>th</sup> Regional Congress. Milan, Italy.** [Registration](#) is open. More information available [here](#).

June 10-11. **ABC Advocacy Workshop. Washington, D.C.** More information is coming soon.

June 25-26. **HHS ODP TBDAIC Community Engagement Meeting (Hybrid). Portland, Maine.** More information is coming soon.

Sept. 10. **FDA CBER Office of Blood Research and Review (OBRR) Public Webinar: FDA Review of Biologics License Applications for Blood and Source Plasma (Virtual).** More information is coming soon.

Sept. 24-25. **2025 ADRP Master Class: "Building Brighter Experiences: Empowering Customers, Engaging Employees (Virtual).** More information is coming soon.

Oct. 12-15. **American Association of Tissue Banks (AATB) Annual Meeting. Atlanta, Ga.** More information is coming soon.

Oct. 25-28. **AABB Annual Meeting. San Diego, Calif.** More information is coming soon.

Oct. 26-29. **Blood 2025 and the ISBT 36<sup>th</sup> Regional Congress. Perth, Australia.** More information available [here](#).

Nov. 17-20. **American Society for Clinical Pathology (ASCP) Annual Meeting. Atlanta, Ga.** [Registration](#) is open. More information available [here](#). 💧

## CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC 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, e-mail: [newsletter@americasblood.org](mailto:newsletter@americasblood.org)

## POSITIONS

**Executive Director – Enterprise IT Applications.** Join us at New York Blood Center Enterprises (NYBCe). The Executive Director - Enterprise IT Applications opportunity provides leadership and strategic oversight for the enterprise portfolio of software application solutions, including Solutions analysis and recommendations, Development and planning, Configuration and maintenance, Testing and quality assurance, Deployment and implementation, and Ongoing maintenance and life cycle management. Serves as a member of enterprise IT leadership for the ongoing strategic direction, monitoring, evaluation, and quality assurance of enterprise IT applications. Responsibilities: Strategic IT Leadership & Governance, **Enterprise IT Application Management, Project & Vendor Management, IT Team Leadership & Development, Operational Support & Quality Assurance.** **Education:** Bachelor's degree in computer science, information systems or related field. **Experience:** 10 years of IT leadership experience in enterprise software applications, preferably in healthcare or a related industry. Proven experience in project management, vendor negotiations, and IT governance. Prior experience managing supervisory/managerial teams. **Locations:** Candidates must be able to report into one of the following NYBCe locations: Rye, New York; Kansas City, Missouri; St. Paul, Minnesota; Providence, Rhode Island, and Newark, Delaware. For applicants who will perform this position in New York City or Westchester County, the proposed annual salary is \$225,000.00p/yr. to \$245,000.00p/yr. Please click [here](#) to view the full job description and apply.

**Vice President, CFO.** LifeStream Blood Bank, headquartered in San Bernardino, California, an independent blood center serving 80 hospitals in six counties in Southern California is seeking a VP, CFO. Reporting to the President/CEO, the preferred candidate is one who has demonstrated successful leadership in other blood centers or healthcare related organizations. The successful candidate must possess strong strategic planning skills to navigate a competitive environment and strong interpersonal and communication skills to develop strong business partner relationships as well as within the organization. The CFO is directly responsible for all financial systems and functions of the organization and ensures legal and regulatory compliance for all accounting and financial reporting functions. The CFO participates as a member of the organization's Leadership and Executive Teams. Minimum seven years' progressive management experience is required. Bachelor's Degree in accounting or other business-related field required with CPA and/or MBA or other relevant specialty preferred. Experience in not-for-profit healthcare setting; strong experience managing contracts, and good working knowledge and relationship with industry trade associations is preferred. Competitive salary, relocation package and excellent benefits. Please submit cover letter, resume and salary requirements to Judy Taylor, VP Human Resources at [taylorju@LStream.org](mailto:taylorju@LStream.org), and/or to submit your application

click here: [APPLY HERE](#). The deadline for applications is **March 28, 2025**.

**Vice President of Technical Operations (Oklahoma City, OK).** Our Blood Institute (OBI) is looking for a **Vice President of Technical Operations** who will provide strategic planning, operational management, budgeting, and leadership to the OBI and provide technical and leadership support to the Testing Lab, Quality Control Lab, Manufacturing Operations, Logistics/Inventory Management, and Technical Operations Systems departments. Overseeing the day-to-day operations, implementing business plans, managing the department's P&L, and fostering high performance, customer-oriented culture. Successful applicants must have a Bachelor of Science degree in Medical Technology and a Master's degree is strongly preferred. Position requires ASCP certification as a Medical Technologist. Position requires a minimum of ten years progressive management in a related medical industry. **Salary Range:** Competitive salary with excellent benefits package including health, dental, vision, and life insurance, 401(k), paid time off, and holiday pay. **How to apply:** <https://obi.org/about/careers/>

**Medical Technologist.** Join Suncoast Blood Centers – Where Every Drop Saves Lives! Sarasota, FL. We're looking for a passionate and skilled Medical Technician (Blood Banking) to be part of our mission-driven team! You'll play a vital role in blood collection, processing, compatibility testing, and transfusion services—all while ensuring top safety and compliance standards. For 75+ years, Suncoast Blood Centers has been a lifeline for our community, delivering lifesaving blood products with dedication and care. We offer amazing benefits, generous PTO, and a sign-on bonus! Make a difference—apply today! To apply: [Careers - SunCoast Blood Centers](#)

**Vice President of Operations.** LifeSouth Community Blood Centers is currently looking for a highly driven individual with outstanding leadership, communication, and interpersonal skills to join our Executive Team as Vice President of Operations. This is a senior leadership role who reports directly to the Chief Operating Officer and is responsible for overseeing and driving the operational effectiveness of LifeSouth Community Blood Centers across a multi-state footprint set by executive leadership. In this position you will develop, implement, and lead strategic initiatives to enhance blood donations, blood processing, and blood distribution while ensuring operational efficiency and compliance with regulatory standards. This position is also responsible for maintaining optimal staffing ratios, overseeing training programs, and ensuring continuous operational growth and innovation. Join our team and help us continue our dedication to making sure blood is there when you or your family is in

(continued on page 12)

POSITIONS (continued from page 11)

need. Visit our careers page to learn more about this position, and [apply here!](#)

**Chief Medical Officer (CMO).** Carter BloodCare seeks a dynamic **Chief Medical Officer (CMO)** to lead medical and technical operations and ensure excellence in transfusion medicine, cellular therapy, and donor care. As a key executive team member, the CMO will drive innovation, compliance, and strategic growth. **Why Carter BloodCare?** Mission-Driven Work: Your leadership directly impacts patients in need. Executive Leadership: Collaborate with the CEO and executive team to shape policies and strategy. Industry Influence: Represent Carter BloodCare as a thought leader in transfusion medicine. Growth & Innovation: Lead research initiatives and partnerships with medical institutions. **Key Responsibilities:** Oversee medical services, ensuring safety, compliance, and quality. Act as CLIA Lab Director for high and moderate-complexity testing labs. Serve as one of the medical and scientific faces of Carter BloodCare. Lead and mentor Medical Directors, fostering a culture of excellence. Guide organizational strategy and budgeting. Advance clinical research, academic collaborations, and medical education initiatives. **What We're Looking For:** M.D. or D.O. (or equivalent) with board certification in transfusion medicine or a related field. Eligibility for a Texas medical license and willingness to obtain additional state licenses as needed. 7+ years of experience in blood banking/transfusion medicine or related field. 3+ years of leadership experience. **Apply today:** [www.carterbloodcare.org/careers](http://www.carterbloodcare.org/careers)

**Associate Medical Director/Medical Director (Versiti Blood Center of Ohio).** Serve as the physician face of Versiti and Versiti Ohio, translating complex medical issues to educate other physicians, support staff and the public. Opportunities in educational initiatives and clinical/applied research are available within Versiti and with our affiliated health systems. As part of the Versiti physician team you will have the opportunity to participate in clinical research projects with investigators at our world-renowned diagnostic laboratory and blood research institute. Joining our Medical Science Institute transfusion medicine physician team will provide you with a uniquely diverse and collaborative experience. Requirements: MD or DO Degree. Board certified/eligible in Blood Banking/Transfusion Medicine. At least three years of experience in blood center/transfusion medicine practice preferred. Licensed or eligible for an Ohio and Indiana; other state licenses may be required. Driver's License in good standing. Please click [here](#) to read the full job description and apply. 💧