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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2025 #35 **November 10, 2025**

INSIDE:

The "Perceived Value" of Transfusion Access & Hospice Services in Blood Cancer Patients Explored

Expanding access to blood transfusions within the Medicare hospice program is a priority of America's Blood Centers' advocacy efforts and Advocacy Agenda. A paper published this month in *JAMA Open Network*, "aimed to characterize the importance that patients with advanced hematologic cancers place on traditional hospice services (e.g, visiting nurse services) and nontraditional services (e.g, transfusions).

The researchers "hypothesized" that patients would find access to transfusions more valuable than traditional hospice services. They developed a survey to test their hypothesis, "including previously published and validated instruments, and new questions, including a best-worst scaling (BWS) experiment section, developed by [their] research team."

Patients with blood cancers who were eligible for participation in the study were 18 years of age or older and had, "two or more outpatient visits to the cancer center, and a physician-estimated prognosis of six months or less. [The researchers examined the participants'] perspectives regarding quality of life (QOL) and the importance they placed on services (routine hospice services and other services) in maintaining their QOL during the final phase of their illness." The authors noted that the primary outcome of the study was, "the importance placed on supportive services (hospice and nonhospice) [as they] targeted [the] recruitment of 200 participants to ensure sufficient numbers to determine the importance of each service. [They also] conducted an exploratory analysis comparing the importance scores between participants who received more than one transfusion in the 30 days prior to survey completion versus those who did not."

The study found that, "[p]atients considered access to blood transfusions to have the highest importance by BWS (mean SIS, 20.53 [95 percent CI, 19.42-21.63]). [Additionally, the authors noted] in an exploratory analysis of the SIS based on transfusion dependence, [that] transfusion access remained the most important service to individuals who received more than one transfusion in the 30 days prior to survey completion (mean SIS, 24.70 [95 percent CI, 23.36-26.04]), while it was the second-most important service after telemedicine to participants who received one or fewer transfusions in the 30 days prior to survey completion (mean SIS, 18.70 [95 percent CI, 17.32-20.08]) with a mean SIS difference of 5.94 (95 percent CI, 4.01-7.87; $P < .001$)."

(continued on page 2)

"Perceived Value" of Transfusion Access & Hospice Services in Blood Cancer Patients (continued from page 1)

The researchers further explained that in this study, "access to blood transfusions had the greatest importance relative to routine services provided in hospice. Transfusion access was perceived as the most important service even among both distinct groups of patients identified by latent class analysis. [The high value that] the participants with limited life expectancy placed on transfusion access [suggested to the authors] that this factor likely plays a crucial role in decision-making regarding hospice enrollment. They [explained that] our finding that transfusion access had the highest importance relative to other hospice services for the whole cohort, and more so for patients who were transfusion dependent, suggests that it is a salient factor for patients with blood cancers when faced with the decision of enrolling in hospice."

The paper concluded that, "[g]iven that the majority of hospices in the U.S. do not provide transfusion access, patients with blood cancers are faced with the impossible choice of preserving access to palliative transfusions versus accessing quality home-based hospice care. This dichotomy between transfusion access and hospice care may contribute to the low rate of hospice use in this population. Our findings underscore the need to develop and test novel hospice delivery models that combine palliative transfusions with routine hospice services to effectively alleviate discomfort and optimize the QOL of patients with blood cancers near the EOL."

Limitations of the study acknowledged by the authors were, "our study population was recruited from two urban tertiary cancer centers with limited diversity with respect to race and ethnicity and socioeconomic status, which may limit the generalizability of our findings. Second, although we aimed to assemble a cohort of patients who were potentially hospice eligible by using a modified surprise question to ascertain a life expectancy of six months or less, this is admittedly an imperfect measure, given the inherently unpredictable disease trajectory of hematologic cancers; [and although] we obtained a robust response rate despite the difficulty of recruiting patients in the latter phase of their illness, our survey may have been subject to nonresponse and participation bias."

Citation: Raman, H.S., Cronin, A.M., Huntington, S.F., *et al*. "Perceived Value of Transfusion Access and Hospice Services Among Patients With Blood Cancers." *JAMA Network Open*. 2025. ♦

Randomized Trial Findings of Liberal Versus Restrictive Post-operative Transfusion Strategy in High-risk Cardiac Patients Reported in *JAMA*

Researchers in *JAMA* reported on the results of a, "parallel, single-blind, randomized clinical superiority trial at 16 Veterans Affairs Medical Centers in the U.S. [that examined whether] the risk of death or major ischemic events within 90 days after randomization following a liberal transfusion strategy (transfusion trigger at hemoglobin level <10g/dL) is lower than the risk following a restrictive transfusion strategy (transfusion trigger at hemoglobin level <7g/dL) among patients at high cardiac risk who had undergone major vascular or general surgery operations and developed postoperative anemia."

The Transfusion Trigger after Operations in High Cardiac Risk Patients (TOP) trial was funded by the U.S. Department of Veteran Affairs Office of Research and Development with the primary outcome of, "a composite of all-cause death or major ischemic events (myocardial infarction, coronary revascularization, acute kidney failure, or ischemic stroke) within 90 days of randomization. [Secondary outcomes were] infectious and cardiac complications other than myocardial infarction within 90 days of randomization. Infectious complications were surgical site infections, pneumonia, and sepsis. Cardiac complications were new cardiac arrhythmias necessitating pharmacological or other treatment, new or worsening heart failure, and cardiac arrest not resulting in death."

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TOP Trial Findings of Liberal Versus Restrictive Post-operative Transfusion Strategy in Cardiac Patients Reported in *JAMA* (continued from page 2)

Liberal group transfusion strategies were, "transfusion [required] at a rate of one unit of packed red blood cells if the initial hemoglobin value was greater than or equal to 8.5 g/dL, two units of packed red blood cells if the hemoglobin value was greater than or equal to 7.5g/dL but less than 8.5g/dL, and three units of packed red blood cells if the hemoglobin value was less than 7.5g/dL. In the restrictive group, transfusion was required at a rate of one unit of packed red blood cells if the hemoglobin value was greater than or equal to 5.5g/dL but less than 7g/dL, and two units of packed red blood cells if the hemoglobin value was less than 5.5g/dL. Hemoglobin was maintained at 10g/dL or higher for the liberal group and at 7g/dL or higher for the restrictive group until discharge or 30 days after randomization."

The study enrolled patients from February 2018 to March 2023 as 1,424 were randomized (mean age, 69.9 [SD, 7.9] years; 1,393 male [97.8 percent]; 268 Black [18.8 percent]; 58 Hispanic [4.1 percent]; and 1071 White [75.2 percent]) and were included in the analysis cohort." The researchers found that the, "90-day composite of all-cause death, myocardial infarction, coronary revascularization, acute renal failure, or ischemic stroke occurred in 61 patients (9.1 percent) in the liberal group compared with 71 (10.1 percent) in the restrictive group (RR, 0.90; 95 percent CI, 0.65-1.24;). Death at 90 days was similar across groups: 31 of 670 (4.6 percent) in the liberal group and 33 of 700 (4.7 percent) in the restrictive group. Coronary revascularization occurred in 8 of 643 (1.2 percent) in the liberal group and 13 of 688 (1.9 percent) in the restrictive group. Acute kidney failure rates were higher in the restrictive (14 of 671 [2.1 percent]) group than in the liberal group (11 of 644 [1.7 percent]) but were not statistically significantly different." Additionally, the paper explained that, "[t]he 90-day composite of non–myocardial infarction cardiac complications (new cardiac arrhythmias, heart failure, and nonfatal cardiac arrest) at 90 days was significantly lower in the liberal group (38 of 647 [5.9 percent]) than in the restrictive group (67 of 678 [9.9 percent]) the unadjusted RR was 0.59 (99 percent CI, 0.36-0.98). In the adjusted model, the risk of cardiac events without myocardial infarction was 42 percent lower in the liberal group (adjusted RR, 0.58; 99 percent CI, 0.28-0.89)."

The authors concluded that, "[n]o significant differences were observed in the primary composite outcome, most secondary outcomes, or prespecified subgroup analyses for age and cardiac risk level. However, compared with the liberal group, more patients in the restrictive group developed cardiac complications other than myocardial infarction (9.9 percent vs 5.9 percent)." Limitations of the study were, "clinicians could not be blinded to the treatment allocation; the event rate was lower than anticipated, reducing the power of the trial to detect a statistically significant difference in the primary end point; [and] the trial was conducted within the Veterans Affairs health care system and thus enrolled a predominantly male population."

Citation: Kougias, P., Sharath, S.E., Shan, M. *et al*. "Liberal or Restrictive Postoperative Transfusion in Patients at High Cardiac Risk The TOP Randomized Clinical Trial." *JAMA*. 2025. ♦

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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.

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WORD IN WASHINGTON

The Centers for Medicare & Medicaid Services (CMS) has published the Calendar Year 2026 Medicare Physician Fee Schedule (PFS) Final Rule. It takes effect on or after January 1st, 2026, and finalizes increased pay for physicians. Of note in the rule, "[a]s required by statute, beginning in calendar year 2026, there will be two separate conversion factors: one for qualifying alternative payment model (APM) participants (QPs) and one for physicians and practitioners who are not QPs." Those who are QPs will receive a pay increase of 3.77 percent, while physicians and practitioners who are not QPs will receive an increase of 3.26 percent. Additionally, while CMS is, "finalizing continuation of the existing bundled payment policy for CAR T-cell therapies and extending it to autologous cell-based immunotherapy and gene therapy, such that preparatory procedures for patient-specific cell or tissue procurement required for manufacturing are included in the product payment, [CMS is] not finalizing the proposal [to require] their inclusion in the average sales price beginning January 1st, 2026."

(Source: CMS Announcement, 10/31/25)

The Advanced Research Projects Agency for Health (ARPA-H), an agency within the U.S. Department of Health and Human Services (HHS), recently announced a new funding opportunity to spark innovative biomanufacturing for advanced therapies. According to an agency announcement, the funds will come from the agency's Genetic Medicines and Individualized Manufacturing for Everyone (GIVE) program, [which] aims to unleash U.S. biomanufacturing technology for genetic medicines by bringing state-of-the-art production closer to the point of care. The program envisions a distributed manufacturing process combined with automated quality assurance. Locally manufactured medicines can be delivered faster and cost less without compromising quality. Alternative approaches that align with the program's vision, timeline, and ambitious expectations are also welcome. GIVE's results may streamline research and development efforts for new products, unlocking a new treatment paradigm and business model." Additionally, the announcement explained that, "ARPA-H seeks to engage bold thinkers with revolutionary ideas and anticipates that teaming will be necessary to achieve the goals of GIVE. Prospective proposers are encouraged to form teams with varied technical and operational expertise to submit a research proposal. Other Transactions Agreements (OTAs) (not procurement contracts, grants, or cooperative agreements) under this innovative solutions opening (ISO) are anticipated. Investments will depend on the quality of the proposals received. Learn more about GIVE [here], including information about the ISO solicitation and Proposers' Day registration.

(Source: ARPA-H Announcement, 9/25/25)

PEOPLE

Western Kentucky Regional Blood Center (WKRBC) Chief Executive Officer (CEO) **Janet Istre Howard** will retire in January 2026 , according to a report from the Paxton Media Group. Her career at the organization spans 45 years. According to the article, "[d]uring Ms. Howard's leadership, the center has achieved numerous milestones, including receiving the National Merit Award from the Association for the Advancement of Blood & Biotherapies (AABB) for its education program with Beaver Dam Elementary School; expanding services to 11 medical facilities across the state; developing and advocating for House Bill 139, which allows 16-year-olds to donate blood with parental consent; and completing infrastructure upgrades such as a new website, text alert system, and facility expansion. Ms. Howard also became the first woman at WKRBC to reach both the 10-Gallon Donor (80 donations) and Century Donor (100 donations) milestones. In April 2025, she was honored as one of 10 alumni at Brescia University's inaugural Laurel Awards."

(Source: Paxton Media Group, "Leaving the Lab: CEO Howard to retire after 45 years with Blood Center, 11/5/25)

MEMBER NEWS

A new bill has been introduced that will make **Héma-Québec** responsible for, "coordinating organ donation and transplantation for the province of Québec." In the November 5th announcement, Caroline Banville, chair of Héma-Québec's Board of Directors, stated, "[t]his decision reflects the government's confidence in Héma-Québec, while recognizing the vital contribution of other organizations involved. The transfer of responsibilities related to organ donation, which has until now been under the capable management of the Transplant Québec team, will undoubtedly create greater synergy among the various stakeholders in the gift-of-life chain — all to the benefit of the population." Nathalie Fagnan, president and chief executive officer of Héma-Québec, added in the news release, "[w]e will review the situation with our teams, those at Transplant Québec, and our partners across the network, and will submit a plan to the government that places patients, donors, and their families as our top priority. We firmly believe that continuity of services to the public is essential and non-negotiable. We intend to approach this transition carefully, in close collaboration with healthcare professionals. Moreover, given the expertise and long-standing experience of Transplant Québec's staff in this critical area of health care, we are confident that the success of this initiative will rely on their smooth and respectful integration into Héma-Québec's team." The organization previously, "successfully took on the management of human tissue donation in 2001 and became the sole distributor of human tissues in December 2024. Over the years, it has also assumed responsibility for the Public Cord Blood Bank (2004), the Stem Cell Donor Registry (2013), and the Public Mothers' Milk Bank (2014). Should the bill be adopted, Héma-Québec will fully assume this new responsibility and will continue to work closely with specialists and partners in the health network, as it has always done."

(Source: Québec Government News Release, 11/5/25)

Versiti recently announced that the expansion of the Versiti Blood Research Institute (VBRI) has reached the halfway point as of October 14th. A blood center news release noted that, "[t]he 79,000-square-foot addition will fundamentally reshape our capacity to pursue the breakthroughs that patients and families urgently need. This expansion will double our research infrastructure, welcome approximately 100 new team members, including some 20 principal investigators, and strengthen our position as a leader in blood health innovation and lifesaving research. With completion anticipated in the fourth quarter of 2026, this facility will accelerate the collaborative science that transforms understanding into healing."

(Source: Versiti News Release, 10/14/25)

ARUP Laboratories and the University of Utah's (the U) Division of Medical Laboratory Sciences (MLS) recently held a ribbon-cutting ceremony to mark the official opening of the Advanced Practice Clinical Laboratory Training Center (APL). According to an announcement, "[t]he new lab is designed to address a critical nationwide shortage of clinical laboratory scientists and serve as a model for workforce development across the country. With an aging workforce, fewer training programs, and increased demand for laboratory services, the need for these highly trained professionals is growing. [Two students,] Natalie Dow, MLS Student of the Year 2025 and an ARUP employee, and Megan Hedrick, MLS Student of the Year 2024, made the celebratory cut while Tracy George, MD, ARUP chief scientific officer and Innovation Business Unit president, and Diana Wilkins, PhD, MS, MLS(ASCP), division chief, Medical Laboratory Sciences, and C. Scott and Dorothy E. Watkins Endowed Professor of Pathology, Spencer Fox Eccles School of Medicine at the U, held the ends of red ribbon." The APL is expected to, "double the number of clinical laboratory scientists trained at the U, with the goal of reaching 80 graduates annually."

(Source: ARUP Laboratories Announcement, 9/30/25)

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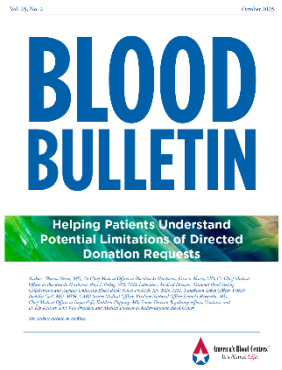
INSIDE ABC

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

October *Blood Bulletin* Available



The latest edition of *Blood Bulletin*, titled "Helping Patients Understand Potential Limitations of Directed Donation Requests" has been published. This issue of *Blood Bulletin* was written by: Teresa Nester, MD, Co-Chief Medical Officer at Bloodworks Northwest; Kirsten Alcorn, MD, Co-Chief Medical Officer at Bloodworks Northwest; Roni J. Bollag, MD, PhD, Laboratory Medical Director, National Blood Testing Collaborative and Augusta University Blood Bank; Nanci Fredrich, RN, BSN, MM, Transfusion Safety Officer, Versiti; Ruchika Goel, MD, MPH, CABP, Senior Medical Officer, Vitalant National Office; Daniela Hermelin, MD, Chief Medical Officer at ImpactLife; Kathleen Hopping, MS, Senior Director Regulatory Affairs, Vitalant; and D. Kip Kuttner, DO, Vice President and Medical Director at Miller-Keystone Blood Center. The authors of this publication disclose no conflicts. *Blood Bulletin* is reviewed and edited by the America's Blood Center (ABC) Scientific, Medical, and Technical Publications Committee.

Still Time to Register for the *Rise & Lead Workshop* November 13th-14th

Registration is open for the ABC 2025 ABC Women's Executive Leadership Community (WELC) *Rise & Lead Workshop* taking place November 13th-14th in San Antonio, Texas at the Westin Riverwalk. Check out the schedule as this workshop is designed for women in leadership positions, emerging leaders, and professionals seeking personal and career growth. It also welcomes individuals who want to cultivate diverse perspectives. Attendees will engage in an intimate, engaging, and interactive environment focused on networking, mentorship, and meaningful discussions on leadership and growth. Please contact us with questions.

Rise & Lead
A WOMEN'S LEADERSHIP WORKSHOP

ABC Board of Directors Call for Nominations Closes Friday

ABC is currently accepting nominations for the ABC Board of Directors for terms starting April 1st, 2026. Individuals may self-nominate or nominate other ABC members by Friday, November 14th. Please contact us with questions.

Workforce Trends Survey Report Available

ABC has published the 2025 Workforce Trends Survey Report. This resource offers deep insights into compensation, benefits, human resources policies, turnover and retention rates, and workforce trends specific to blood centers. Those ABC member blood centers who participated in the Workforce Trends Survey can purchase the report at a discounted price (code required and has been emailed to authorized individuals) of $450 while non-participating blood centers can purchase the report at the full price of $900. This survey combines the previous Compensation & Benefits and Employee Turnover & Retention surveys. Please contact us with questions.

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INSIDE ABC (continued from 6)

2025 International Showcase Takes Place on November 12th

Registration is open for the 2025 ADRP International Showcase and complimentary for all blood center staff! This virtual event will take place on Wednesday, November 12th at 1 p.m. EST and includes blood community professionals worldwide taking part in our annual forum to share, connect, and learn from each other! A recording of this event will be made available to all registrants. Hear speakers such as Pilar Cordoba, director of Marketing and Communications at Banc de Sang i Teixits in Catalonia, Spain presenting "*From Pixels to Purpose: Augmented Reality as a Game-changer for Blood Donation in Catalonia*." This presentation will highlight how an innovative campaign used augmented reality (AR) to boost blood donation during a traditionally low-donation period. By combining technology with Catalonia's cultural symbol of human towers, the initiative redefined blood donation as a collective act of solidarity integrating AR experiences, digital channels, and street activations to engage donors emotionally and visually. The result? Increased donor participation, stronger social engagement, and a lasting sense of belonging among participants. Additional topics and speakers this year include:

- "*The Making of a Customer Service Program*" by Catherine Boisvert, Advisor of Customer Experience at Héma-Québec;
- "*Using Social Media to Enhance PR*" by Jennifer Wilson, Head of Donor Marketing and Engagement at the Scottish National Blood Transfusion Service; and
- "*How to Start Working on the Plasma Donor Journey?*" by Michele Barth, National Manager of Donor Experience at the French Blood Establishment (EFS).

GLOBAL NEWS

A review published in *Transfusion Medicine*, "focu[s]es on West Nile virus (WNV), Usutu virus (USUV), Dengue virus (DENV) and Tick-Borne Encephalitis virus (TBEV)" and their potential as threats to blood supply in the United Kingdom (UK) and throughout northern Europe." The authors noted that the review specifically, "discusses the clinical significance, geographical spread and current and future considerations around the threats posed by these emerging infections to blood safety in the UK and beyond. Donor selection, the approach to screening, and the risk of infection via organ transplant are considered different from the risk of blood transfusion-transmitted infections." They explained that, "[c]urrent deferral and selective testing measures must be actively reviewed in response to the potential establishment of WNV, USUV, TBEV and DENV circulation in the UK or elsewhere in Europe." The review concludes that, "blood services in the UK and elsewhere in Europe have the unenviable task of maximizing blood safety, in this case through protecting recipients from arbovirus infections while at the same time maintaining the blood supply and controlling costs of screening and component processing; measures taken must lie within acceptable boundaries for cost-effectiveness. These factors crucially depend on future incidences of arbovirus infections in the UK and elsewhere, the extent to which risk factors for infection can be identified to enable deferral or selective testing, and the effectiveness and costs of (nucleic acid test (NAT) screening and pathogen reduction. At a time of rapid change in climate and distributions of viruses and vectors, as well as changes in societal expectations of blood safety, these are all very much moving goalposts. Testing and prevention strategies adopted by the blood services will require ongoing and proactive review to ensure the longer-term safety of transfusion."

Citation: Rajendra, P., Shannah Secret, S., Brailsford, S.T., *et al*. "A blood safety perspective on emerging arboviral infections in the United Kingdom." *Transfusion*. 2025.

A paper in *The Brazilian Journal of Infectious Diseases* titled "Blood safety and epidemiological trends of blood-borne infections in Brazil: A retrospective analysis" describes the, "prevalence of donor unsuitability due to[infectious diseases] and examined potential influences on the profile of blood-borne infections among healthy blood donors in the region." The researchers explained that, "[t]he study period covered donations made between 2014 and 2021, totaling 600,001 donors. The infectious diseases analyzed in this study were those subject to mandatory testing in Brazil according to Ministry of Health regulations: HBV, HCV, HIV, HTLV, *T. cruzi* and *T. pallidum*." The study found that, "Syphilis was the infection with the highest prevalence (2.13 percent), with the highest prevalence in 2014 (2.42 percent), and the lowest in 2019 (1.95 percent). Hepatitis B was the second most prevalent infection at 1.54 percent, peaking in 2017 (1.78 percent) and reaching its lowest in 2020 (1.28 percent). HTLV was the least prevalent infection (0.23 percent), with the highest prevalence in 2019 (0.43 percent) and the lowest in 2021 (0.16 percent). Other infections exhibited the following prevalence rates were identified: (i) *T. cruzi* (0.36 percent), with the highest prevalence (1.49 percent) in 2017 and lowest (0.08 percent) in 2019; (ii) HCV (0.26 percent), with 0.56 percent in 2014 and 0.11 percent in 2019; and (iii) HIV (0.44 percent), with the highest prevalence in 2021 (0.8 percent) and lowest in 2019 (0.32 percent). Among donors deferred due to HTLV, a higher prevalence was identified among female blood donation candidates (0.3 percent), widowed (0.4 percent), mixed-race (0.4 percent), with incomplete elementary education (0.4 percent), and first-time donors (0.3 percent). No age group differences were observed. The association analysis revealed a higher likelihood of deferral among single (OR = 1.24; $p < 0.05$), widowed (OR = 1.92; $p < 0.05$), mixed race (OR = 1.37; $p < 0.05$), Black (OR= 1.24; $p<0.05$), and first-time donors (OR = 1.33; $p < 0.05$). For donors deferred due to HIV infection, there was no difference in prevalence between the sexes (0.4 percent), with the most prevalent age group being 17–20 years old (0.9 percent), with a higher frequency among single individuals (0.5 percent), those without education (0.7 percent), and indigenous individuals (0.7 percent). A higher chance of being deferred was observed among single individuals (OR = 1.24; $p < 0.05$) and Black individuals (OR = 1.39; $p < 0.05$). First-time donors and those who completed higher education had a lower chance of being deferred. Among donors deferred due to HBV infection, the distribution between sexes was equal

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GLOBAL NEWS (continued from 8)

(1.5 percent), with the most prevalent age group being those over 65-years (2.4 percent). Among the blood donation candidates, 49.4 percent were single, 2.3 percent were black, 3.7 percent were illiterate, and 2.3 percent were first-time donors. There was a higher chance of being deferred among widowed (OR = 1.58; p <0.05), black (OR = 1.90; p <0.05), and new donors (OR = 1.89; p <0.05)." The researchers concluded that, "it is imperative not only to encourage and promote blood donation, but also to consider the eco-epidemiological profile. This involves testing for infectious agents mandated by current legislation as well as pathogens endemic to different regions of Brazil that could potentially be transmitted by an infected donor via blood and its derivatives."

Citation: Cunha, R.G., Sampaio de Lemos, E.R., and de Amorim Filho, L. *et al*. "Blood safety and epidemiological trends of blood-borne infections in Brazil: A retrospective analysis." *The Brazilian Journal of Infectious Diseases*. 2025

COMPANY NEWS

The U.S. Food and Drug Administration (FDA) has approved a request from **Roche Diagnostics** to supplement is biologics license application (BLA), "for Elecsys HTLV-I/II for an addition to the Intended Use of this device for testing serum specimens to screen cadaveric (non-heart-beating) donors." According to the BLA, "[t]he Elecsys HTLV-I/II is an *in vitro* immunoassay for the qualitative detection of antibodies to HTLV-I and HTLV-II in human serum and plasma. Elecsys HTLV-I/II is intended to screen individual human donors, including volunteer donors of whole blood and blood components. The assay is also intended to be used to screen organ, tissue, and cell donors. [It is not intended for use] on cord blood specimens."

(Source: FDA Letter 10/29/25)

GeneVentiv Therapeutics, Inc. recently announced that it held a successful INTERACT meeting with the U.S. Food and Drug Administration (FDA) regarding its investigational gene therapy to treat hemophilia A with or without inhibitors. A news release explained that GeneVentiv Therapeutics anticipates completing an investigational new drug application (IND) submission later this year as the company, "will continue to engage with regulatory authorities as it advances the investigational gene therapy (GENV-HEM) through IND-enabling studies. [GENV-HEM, is an] AAV-based gene therapy expressing activated Factor V, designed as a one-time treatment for patients with hemophilia A"

(Source: GeneVentiv Therapeutics, Inc. News Release, 10/29/25)

CALENDAR

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

2025

Nov. 12. **2025 ADRP International Showcase.** Registration is open. More information is available here.

Nov. 13-14. **2025 America's Blood Centers (ABC) Women's Executive Leadership Community (WELC) *Rise & Lead Workshop*.** Registration is open. More information available here.

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CALENDAR (continued from 9)

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

2026

Feb. 11-12. **4th Biennial International Plasma and Fractionation Association (IPFA) & EBA Symposium on Plasma Collection and Supply. Leuven, Belgium**. Registration is open. More information is available here.

Mar. 9-12. **2026 ABC Annual Meeting. Tucson, Ariz.** More information is coming soon.

May 14-16. **2026 ADRP Annual Conference. Minneapolis, Minn.** More information is coming soon.

June 8-9. **2026 ABC Advocacy Workshop. Washington, D.C.** More information is coming soon.

Oct. 4-7. **American Association of Tissue Banks (AATB) Annual Meeting. San Francisco, Calf.** More information available here.

Oct. 17-19. **Association for the Advancement of Blood & Biotherapies (AABB) Annual Meeting. Atlanta, Ga.** More information is coming soon.

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

POSITIONS

Laboratory Testing Manager (Fresno, CA). The Laboratory Testing Manager will assist in managing and maintaining the day-to-day activities of all Laboratory Testing, including staff assets. The Laboratory Testing Manager will need to use their experience and judgment to ensure all quality control mechanisms in the laboratory comply with blood bank cGMP, FDA, CLIA, California Department of Health, and AABB regulations and standards. Must be comfortable in a fast-paced, dynamic team environment. The testing manager will report directly to the Director of Hospital Services and will collaborate with teams across the organization to ensure Laboratory Testing excellence in supplying and distributing safe blood products with the utmost quality and fiscal integrity. Persons filling this position are responsible for the oversight of outsourced testing, product quality control testing, and patient testing. Please click here to view the full job description and apply. **The deadline to apply is Friday, December 12, 2025.**

Quality Assurance and Compliance Specialist (San Diego Blood Bank). Make a Difference in Patients' Lives as a Quality Assurance and Compliance Specialist. The San Diego Blood Bank is seeking a Quality Assurance and Compliance Specialist II who will participate in maintaining a Quality Management System that supports the manufacture of FDA-regulated biologic blood, cell, and tissue products and other related regulatory activities. The Specialist ensures that the performance and quality of products conform to established standards and regulatory requirements. Reports to: Manager, Quality and Regulatory Affairs. Ideal candidates possess a bachelor's degree and at least four (4) years of experience in a Quality Assurance or Regulatory Affairs role that includes participation in FDA and State site inspections, experience with GMP requirements, application of quality assurance principles, and healthcare compliance within the biologics/pharmaceutical industry. **Click HERE for the full job description and to apply.**

Regional Director – Donor Operations. OneBlood seeks an experienced leader to direct all donor blood collection operations in Jacksonville, FL, ensuring compliance with regulatory and accreditation standards. This position oversees managers and supervisors, drives recruitment and collection goals, and works across departments to maintain a safe, sufficient blood supply. Responsibilities include improving operational processes, managing budgets and resources, and contributing to strategic planning to meet regional blood demands. **Qualifications:** Bachelor's degree required and 10+ years of management experience in a related field (or equivalent combination of education and experience). Strong leadership, analytical, and communication skills. Ability to travel up to 50 percent. We offer competitive salary,

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medical, dental, vision, life, and short/long-term disability programs to qualified employees. Paid time off (PTO and a 403b program are also available. Join our life saving Mission and apply here.

Associate Medical Director/Medical Director. 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.

Medical Laboratory Scientist – Transfusion Services (ARUP Laboratories, Salt Lake City, UT). ARUP Laboratories is seeking two Medical Laboratory Scientists to join our Transfusion Services team. Our Transfusion team is dedicated to delivering exceptional patient care by meeting the transfusion needs of University of Utah Hospitals and Clinics, as well as Huntsman Cancer Institute. Our mission is to ensure the right blood product reaches the right patient, at the right time, for the right reason. As a Level 1 trauma center, the University of Utah Hospital also provides solid organ and bone marrow transplants and serves as the burn center for the Mountain West. Our testing capabilities include type and screens, crossmatches, antibody identification using both manual and automated methods, and neonatal testing. This department offers a dynamic and fast-paced environment with diverse immunohematology experiences. Team members collaborate closely with residents, medical directors, and patient care teams and work in close proximity to patients. Schedules we have open are: On/7-Off B week 10:00 PM – 8:30 AM & 7-On/7-Off A week 8:00 PM – 6:30 AM with training schedule of Monday – Friday, 8:00 AM – 4:30 PM. Posting numbers are: MEDIC01276 & MEDIC021408 located on our careers page at www.aruplab.com/careers.

Medical Technologists Needed for IRL! OneBlood is currently recruiting for Medical Technologists to work in our Immunohematology Reference Lab in Ft. Lauderdale, Florida. This position will perform basic through advanced serologic testing on patient and/or donor samples and interpret results in accordance with regulatory guidelines and organizational policies and procedures. Applicants must have a bachelor's degree in a biological science or related scientific field from an accredited college or university or an equivalent combination of education, certification, training, and/or experience. Applicants must also have a valid and current Florida Clinical Laboratory Technologist license, or eligible, in Immunohematology or Blood Banking. To apply and view a complete Job Description of these positions, go to Inc. www.oneblood.org and click on the Careers tab.

Quality Supervisor: Blood Bank and Transfusion Services (ARUP Laboratories, Salt Lake City, UT). ARUP Laboratories is seeking a results-driven Quality Supervisor to lead quality initiatives and provide regulatory expertise within our Donor Services. As a national nonprofit and academic reference laboratory, ARUP is at the forefront of diagnostic medicine. We are FDA, CAP, CLIA-, and ISO 15189-certified, with over 40 years of experience delivering exceptional quality and service. This is a unique opportunity to oversee and enhance quality systems in transfusion medicine. The Quality Supervisor will drive implementation of quality processes, standardization efforts, and best practices across the division. Key Responsibilities: Lead and coordinate quality initiatives for Donor Services and Transfusion Services. Support internal and external audits, risk assessments, and continuous improvement efforts. Serve as a liaison between ARUP and University of Utah staff to address quality issues and lead CAPA (Corrective and Preventive Actions). Oversee staff development, performance management, and promotions. What We're Looking For: Strong leadership and communication skills. Experience in donor services and/or transfusion services. A passion for quality and a commitment to organizational excellence. Interested candidates can apply at https://www.aruplab.com/careers.

Cell Therapy Technologist (Carter BloodCare). The Cellular Therapy Technologist (CTT) participates in activities in the Cellular Therapy Laboratory. These activities include, but may not be limited to, cellular therapy (CT) processing, performing and troubleshooting quality control of reagents and equipment, participating in educational instruction of students and new employees, familiarity and full compliance with all CT and general laboratory regulations, and participating in design and implementation of new methodology for processing CT products. A CTT ensures daily operations within the department meet and follow all established guidelines and provide excellence in service and patient care. Ability to work a flexible schedule, long and/or odd hours with little notice. Regular full-time attendance is required during normal working hours. This position requires a valid driver's license. Education: MT (ASCP), MLS (ASCP)

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or equivalent, or eligible with certification obtained within 90 days of hire. Bachelor of Science Degree in Clinical Laboratory Science, Medical Laboratory Science, Medical Technology, or a related field in laboratory science. Experience: Minimum of one year of experience as an MT/MLS. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search for job Cell Therapy Tech or Cell Therapy Technologist (MLS).

Manager of Product Quality Control (Carter BloodCare). The Manager of Product Quality Control will be responsible for all Product Quality Control related activities of the blood center. These activities may include, but are not limited to, equipment/instrument maintenance and quality control, product testing, review of testing results, review of donor center activities, as related to Product Quality Control testing, training, and education of Product Quality Control testing staff. The Manager will monitor budget and other administrative activities for the department, as assigned by the Technical Director. Additionally, the position will be actively involved in strategic planning and collaborating with other blood centers on projects and other corporate initiatives. The Manager will report to the Technical Director. Regular full-time attendance is required during normal working hours. **Education:** Bachelor of Science Degree, or related field. MT (ASCP), MLS (ASCP) or equivalent. **Experience:** Minimum three (3) years general laboratory experience required. Minimum one (1) year of blood banking, required. Minimum one (1) year of supervisory experience, preferred. Previous management experience, preferred. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search for job Manager of Product Quality Control (MLS).

Senior Manager of Technical Operations (Carter BloodCare). The Senior Manager of Technical Operations (SMTO) provides leadership and oversight across Distribution/Hospital Services, Product Quality Control (PQC), Component Production, and Testing and Labeling departments in North, East, and Central Texas. The SMTO serves as a key operational leader with delegated authority from the Technical Director, ensuring continuity of operations, consistency of processes, and compliance with all regulatory standards. The SMTO directly supervises managers across all departments and locations, guiding daily operations, hiring, and developing staff, managing training programs, and ensuring high performance standards. In partnership with the Technical Director, the SMTO leads the implementation of departmental procedures, validations, and regulatory requirements. Periodic travel between assigned work areas in North, East and Central Texas is required. **Education:** Bachelor of Science Degree or related field. MT (ASCP), MLS (ASCP) or equivalent. **Experience:** Minimum of four (4) years of experience in blood bank management or supervisory position with an emphasis on inventory management and hospital services. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search for job Senior Manager of Technical Operations (MLS).

Medical Director (Miller-Keystone Blood Center (MKBC)). Are you a mission-driven leader seeking to integrate patient care with public health while improving work-life balance? Join MKBC, where we save lives daily by supplying blood to hospitals across Pennsylvania (PA) and New Jersey (NJ). As **Medical Director**, you'll lead clinical oversight for transfusion medicine and ensure the safety, quality, and regulatory compliance of our blood services. You'll guide donor eligibility, review protocols, supervise lab operations, advise on complex medical issues, and collaborate with hospitals and public health partners. You'll also support staff education, represent MKBC in professional forums, and provide executive leadership to promote excellence and innovation. **Requirements:** M.D. or D.O. with Board Certification in Clinical Pathology, Internal Medicine, or Hematology. Board Certified or Eligible in Transfusion Medicine. Five to seven plus years in healthcare with a focus in blood banking. Medical licensure in PA & NJ. Strong knowledge of AABB, FDA, CLIA, and cGMP standards. **Benefits include:** Medical/Dental/Vision, FSA, Life Insurance, Disability, PTO, Retirement Plan & more. Make a lasting impact—apply today to join our lifesaving mission and see the full position description here https://hcsc.isolvedhire.com/jobs/1583606.