

Converting Donors into Doubles Can Help Centers Save

The National Blood Collection and Utilization Survey was recently published in the journal *Transfusion* (see the [Research in Brief](#) section of this newsletter); and while the data presented was from 2015, the survey results confirm a continuing decline in blood product utilization and prices—as many centers will say they are experiencing. However, some data suggests a slight increase in demand for platelets due to aging populations, a rise in transplantation, and their use in treating hematological malignancies with aggressive myelotoxic therapy (Estcourt L.J. 2014). To keep up with the annual demand of [2.2 million platelet doses](#), blood centers have historically turned to apheresis collections that allow double or triple collections from a single session, equivalent to 10 to 18 whole blood derived platelet units.

However, recruiting apheresis platelet—and especially double or triple—donors can be challenging. The time needed for a donation is considerably longer than for whole blood, which runs about 15 to 20 minutes in the donor chair, to over an hour for a single plateletpheresis donation. And if a collection is a double or triple, the time in the chair is about two hours, noted Lisa Kendall, apheresis coordinator at Indiana Blood Center (IBC), Versiti. The long donation time poses challenges for blood centers in recruiting and retaining apheresis platelet donors. However, collecting double or triple plateletpheresis products can be a cost-effective—and even cost-saving during a time when blood centers are contending with numerous standards and guidances.

“The new AABB TRALI mitigation standards have diminished the pool of female platelet donors. Since (larger) males are more commonly able to donate multiple platelet products, the change in acceptable minimum hemoglobin

cutoff for males has also diminished our collections,” said Michael Wilson, director of Donor Collections, Collections Training, and Donor Communications with Carter BloodCare. Mr. Wilson also noted the impact of recent standards have affected his center’s platelet donor base.

The Food and Drug Administration’s (FDA) draft guidance, “Bacterial Risk Control Strategies for Blood Collection Establishments and Transfusion Services to Enhance the Safety and Availability of Platelets for Transfusion,” have both the



collection and transfusion sides of the blood community concerned about the future adequacy of the platelet supply. The draft includes options for secondary bacterial testing on platelets on day four or five as an alternative to pathogen reduction that some in hospital transfusion services feel are burdensome and not appropriate from a risk benefit standpoint. Additionally, while pathogen reduction technology (PRT) can pose a cost-savings to a platelet collection service over time, there is no PRT yet for triples. The absence of PRT for triples and tight guard bands mean that half of platelets do not qualify, therefore other bacterial

(continued on page 3)

Issue #22
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INSIDE:

Our Space:

Education Investment— Keep it on the Table and Make it Count!.....	2
Top Five Reasons to Register For the ABC Summer Meeting	4
ABC Meets With Representative Frank Pallone.....	5
ABC Invited Congress to Take Part in World Blood Donor Day.....	6
World Blood Donor Day Celebrated Across the Globe	6
15 TH INTERNATIONAL CORD BLOOD SYMPOSIUM.....	9
RESEARCH IN BRIEF..	10
INVITED COMMENTARY	11
RECENT REVIEWS	13
BRIEFLY NOTED	14
INFECTIOUS DISEASE UPDATES.....	14
STOPLIGHT®: Status of the ABC Blood Supply	16
PEOPLE	17
WORD IN WASHINGTON	17
MEMBER NEWS	17
COMPANY NEWS.. Error! Bookmark not defined.	
GLOBAL NEWS.....	19
CALENDAR	19
CLASSIFIED ADVERTISING	20
POSITIONS	20



OUR SPACE

Toni Mattoch, ABC Director of Quality Services

Education Investment—Keep it on the Table and Make it Count!

Whether you watched proudly as a loved-one graduated or you participated in a conference, workshop, or other training program, education has been front and center in our lives over the past two months. When we reflect on education in the workplace, we tend to weigh the tangible and intangible reasons to invest in employee growth and education. Last week in Omaha, Neb., 81 attendees from ABC member centers participated in the very successful ABC Technical and Quality (TD/QA) Workshop.

This workshop, which focuses on the latest in innovations, process improvements, and hot topics in the blood banking industry, is known for the educational opportunity it provides blood center technical and quality directors to learn from each other and share ideas on solutions to common challenges. Education at the workshop is not only through traditional classroom-style presentations and lively discussions at the roundtables or during breaks or lunch, but also by being a first-time speaker, a session moderator, or a workshop Foundation for America's Blood Centers (FABC) scholarship awardee to name a few.

“This is what ABC does. The organization brings a unique value to the industry through workshops like this,” said Martin Grable, President and CEO of Community Blood Center of the Carolinas and President of ABC. The educational success of the workshop would not have been possible without the dedication of the ABC TD and QA Workshop Planning Committee, great speakers, dedicated sponsors Mediware and BD Biosciences, FABC, the enthusiastic attendees, and their blood centers. Adding additional member value, ABC collaborated with Blood Centers of America (BCA) to hold the BCA Quality Networking Conference in conjunction with the workshop for the first time.

However, during these very challenging fiscal times, blood centers have limited or can no longer fully support education opportunities for their employees—especially in-person meetings. With the invaluable impact of education on our daily lives, how can we *not* make this critical investment? This investment pays off for the employee and manager. Understanding what the employee will take away from the training and setting expectations of how that learning will be applied back at work now, and in the future, is how to make the most of your investment.

Without education, we cannot make informed decisions. How can we be advocates without being educated about the stance we are supporting whether locally or in Washington, D.C.? Blood centers invest in equipment, new technology, and infrastructure. What about the employees who run that equipment, and select and validate that new technology, and those who work in those redesigned laboratories? We need to continue investing in employee education. Investment today creates the knowledgeable workforce we need now and in the future to sustain blood centers.

Education investment needs to be a part of your blood center planning, whether it is for 2017 or beyond. ABC has a number of educational offerings remaining for 2017—the most pressing being the ABC Summer Meeting in Providence, R.I. Be sure to check our website for additional upcoming educational opportunities. Derek Bok, former Harvard University President, said it best, “If you think education is expensive, try ignorance”.

TMattoch@americasblood.org 

CONVERTING DONORS INTO DOUBLES (continued from page 1)

interventions are needed and can be expensive alternatives for blood centers. ABC, AABB, and the American Red Cross have commented extensively on the guidance, requesting significant changes, and consideration of an approach such as that in use in the U.K. and Québec, where primary culture processes are adjusted to increase their sensitivity, in return for 7-day platelet dating. The American Hospital Association has recently submitted critical comments in response to member concerns to the FDA as well.

Beginning last summer, U.S. blood centers have incurred additional costs of an estimated \$137 million by the Centers for Disease Control and Prevention (see last week's [Newsletter](#)), for Zika screening. A renewed focus on efficiencies like double and triple platelet collections may help protect a strained platelet supply.

Ms. Kendall explained that IBC began a program two months ago that is showing growth and financial value. "We piloted a recruitment model at our Greenwood location with much success," she said. If a repeat donor has a platelet count on their registration form enabling them to be a plateletpheresis donor, they immediately begin the talk about becoming a platelet donor. "If the donor does not have a count listed, the staff will draw a tube and test their platelet count to see if they qualify immediately (using the Sysmex PochH-100i). If the donor is a female and not TRALI tested, staff will send the tube for testing and schedule a follow-up appointment after the results are available. Once we have the donors' platelet count we will program their information into the Trima machine to see what the optimal procedure is for the donor. If they are eligible for a split product (double or triple) we will proceed with platelets. If they are only eligible for a single, we will select either a red cell or plasma donation. After a 60-day trial, our Greenwood Donor Center staff recruited 17 brand new platelet donors to the program with a result of 53 products. Many of those donors have donated two, three, and four times since they were recruited."

Ms. Kendall noted they are making plans to formalize this pilot process in all their centers. This method of qualifying double or triple platelet donors could lead to major cost-savings for IBC as it could lead to the end of their purple-top program. A purple top program is a method of identifying plateletpheresis donors used at many blood centers, in which the center staff identifies potential platelet donors from their whole blood records, takes a blood sample for centralized testing, and then must make a second contact for recruitment to plateletpheresis. The process can take weeks.

Another way blood centers are identifying double and triple donors is to take apheresis instrumentation on mobile drives. Last year, [ABC Newsletter #31](#) described how Bloodworks Northwest in Seattle was reaching their one-year anniversary of the launch of their mobile apheresis program.

"We just started our mobile apheresis program last summer," said Joe Ferrara, program manager for donor engagement at Bloodworks Northwest in Seattle. "By giving donors in rural areas a chance to donate double red cells, platelets, or plasma at a local blood drive instead of driving to a donor center, we've seen increases in first time apheresis donations. When we started the program last summer, it was limited to the Seattle metro area, with only 30 or 40 mobile apheresis donors per month. Since expanding our program to include rural areas that are far from donor centers, we are aiming for 100 platelet donors per month now."

Other blood centers, like LifeStream, are using consulting groups to develop algorithms from data in their donor database. These algorithms help to identify the best matches for potential plateletpheresis donors. During a 10 week project that LifeStream launched with Branch Consulting and Analytics, over 350 new platelet donors were added to the system, said Stephanie Nunez-Leos, former director of donor recruitment—some of these converting into double or triple platelet donors. Branch is now in talks with a number of other ABC member centers.

By deploying innovative techniques to convert more donors into double or triple platelet donors, blood centers can help to protect their platelet inventories, and increase efficiency and their revenue. ♦



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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.

Top Five Reasons to Register for the ABC Summer Meeting



5. **Location** – There is no better time to visit Providence than during the summertime. Steeped in American history, take time to visit one of the many historic New England-style farms in the area, or the John Brown House museum and step into the world of 18th century wealth and power. The ABC Summer Meeting hotel, the Renaissance Providence Downtown Hotel, contains its own remarkable history as it was once a Masonic Temple. The neoclassical architecture has long been admired by its patrons and meticulously renewed to encompass the artistic elegance with reminders of years past. It is considered one of the most monumental neo-classical buildings in Rhode Island and perfectly situated in the heart of the capitol center, close to the Rhode Island Capitol building.

4. **The Business Forum** will be packed with informative and interactive break-out sessions to discuss iron mitigation plans and implementation. Speakers will discourse on finding key areas of common ground between hospitals and blood centers, and contract negotiations with hospitals.

3. You will not want to miss the **Scientific, Medical, and Technical Committee's** selection of speakers and topics! Hot topics will be discussed on young donor reactions, pediatric transfusion thresholds, iron mitigation, hemoglobin measurements, cellular and gene therapy sessions, and the role of a blood center medical director during crises. An SMT Committee lunch will be held along with discussions on unique morbidity and mortality case studies.

(continued on page 5)

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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.

America's Blood Centers

President: Martin Grable

Editor: Lisa Spinelli

Subscriptions Manager: Trudy Thompson

Annual Subscription Rate: \$390

Send subscription queries to

TThompson@americasblood.org

America's Blood Centers

725 15th St. NW, Suite 700, Washington, DC 20005

Phone: (202) 393-5725

Send news tips to newsletter@americasblood.org.



INSIDE ABC (continued from page 4)



2. Hosted by Rhode Island Blood Center, a **cocktail networking reception** will take place in the beautiful Grand Ballroom of the Providence Biltmore. Located in the heart of downtown, the Providence Biltmore was designed by the celebrated firm Warren and Wetmore, the architects behind New York City's Grand Central Station. The building debuted to widespread acclaim in 1922 and quickly became the tourist and social center of Providence. The Grand Ballroom's 17th floor location offers magnificent views of downtown Providence, including the Rhode Island State House. The Providence Biltmore is within walking distance from the Renaissance Hotel.

1. Gain a unique inside look into the hospital point of view with **American Hospital Association (AHA) Regional Executive Jack Barry**. Mr. Barry will be explaining the key issues and challenges facing U.S. hospitals today. He will share recommendations on areas of common ground between the community blood center and hospitals, and how we can work together with AHA and ABC to make a positive impact, e.g. better reimbursement on blood products, regulatory issues, etc.



ABC Meets With Representative Frank Pallone



ABC Chief Administrative Officer Kate Fry (pictured left) and Foundation for America's Blood Centers (FABC) President and Central Jersey Blood Center (CJBC) CEO Pascal George greeted, and donated with, Representative Frank Pallone (D-N.J.) (pictured right) at CJBC. The three, along with CJBC Director of Donor Relations Michael Leviton, met with Rep. Pallone to discuss advocacy issues related to the blood industry, including health programs that affect a safe and sustainable blood supply. Rep. Pallone is serving his 15th term in the House of Representatives and is the Ranking Member of the House Energy and Commerce Committee, which has jurisdiction over issues pertaining to energy, environment, health care, commerce, and telecommunications.

(continued on page 6)



INSIDE ABC (continued from page 5)

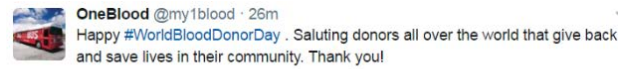
ABC Invited Congress to Take Part in World Blood Donor Day

ABC sent out a letter to all communications and health staff on Capitol Hill this week to notify them about World Blood Donor Day (WBDD). In the letter, ABC invited the members of Congress to recognize the importance of blood donations in their local communities by supporting [World Blood Donor Day](#) and gave them information regarding how important sustaining a safe and ample blood supply is during the summer months and all year long.

ABC listed a number of ways in which Congressmen and women could help this year, including connecting with local blood centers from their districts and states, promoting donations on WBDD via their social media channels; and learning more about public policy issues facing the blood industry through our advocacy page on our website.

World Blood Donor Day Celebrated Across the Globe

Blood centers and people across the globe took part in the World Health Organization’s (WHO) World Blood Donor Day on June 14, 2017. The event is an annual occurrence and gives a chance for those in the blood industry to raise awareness for the need of a safe and sustainable blood supply across the world. This year the focus was on emergency needs for blood. The WHO noted on their site that in the last 10 years, disasters (both man-made and natural) have caused more than 1 million deaths, and affected 250 million more people—many of whom have needed blood transfusions. The campaign ran to inform the public that while giving blood is always welcome, giving blood before a disaster strikes helps those victims in need during an emergency. Here are some of the social media posts from across the world.



(continued on page 7)



INSIDE ABC (continued from page 6)



World Blood Donor Day, 14 June 2017

What can you do? Give blood. Give now. Give often

Every year, on 14 June, Somali Blood Donation Volunteers Forum celebrate World Blood Donor Day (WBDD) with MoH, WHO and Other Somali Professional Doctors.... See More



Zamboanga City joins the celebration of World Blood Donor Day (WBDD), an event aimed to drum up awareness on the need for safe blood and blood products as well as to recognize efforts of blood donors for their life-saving gifts of blood. Spearheaded by the CHO in partnership with the DOH, the activity was held at the Cullianan covered court and was graced by Mayor Beng Climaco Wednesday morning. (photo credits: Joey Bautista)



WORLD BLOOD DONOR DAY #WBDD
Big Day Celebrated Bigger!
Day 2
Thank You #Karachi for #Zabardast Response
Give Blood...Give Now... Give Often



INSIDE ABC (continued from page 9)

Welsh Ambulance @WelshAmbulance · Jun 14
 Every single person can help others in emergency situations by giving the valuable gift of blood #WorldBloodDonorDay #WAST

Don't wait until disaster strikes!
Give blood.
Give now.
Give often.

World Blood Donor Day
 What can you do? One blood. One time. One often. 14 JUNE 2017

2 60 58

Cristiano Ronaldo @Cristiano · Jun 13
 Excited...tomorrow is #WorldBloodDonorDay! Be 'also' the one 🙌!
 #BETHE1Donor #WorldBloodDonorDay



AMERICA'S BLOOD CENTERS'
55TH SUMMER MEETING
 August 1-4, 2017 – Providence, RI

HIGHLIGHTS

- Common Ground: The Impact of Reimbursement**
Jack Berry, American Hospital Association's Regional Executive
- Customers & Negotiations: Building Relationships**
Andrea Coleman, Former Hospital CEO and VP with VHA West Coast
- Pediatric Transfusion Thresholds Update**
Steven Sloan, Blood Bank Medical Director, Children's Hospital Boston
- Iron Mitigation at Blood Centers**
Ralph Vassallo, EVP / Chief Medical & Scientific Officer, Blood Systems
- *Members Meeting (ABC Members only)**
- Links for Life Golf Tournament (Warwick Country Club)**

“ All of us at the Rhode Island Blood Center look forward to hosting our ABC colleagues, family and friends at the ABC Summer Meeting in August. New England, and Rhode Island in particular, are beautiful places to visit in the summer. We hope you have some extra time and can take the opportunity to see what Rhode Island has to offer this August. ”

– Larry Smith, President & CEO,
 Rhode Island Blood Center

Hotel Information

Renaissance Providence Downtown
 Hotel room rate: \$169 + tax



Registration is now open,
 visit www.bit.ly/abc_meetings
 The Future Leader Scholarship will be available upon registration.

For sponsorship opportunities, please contact
 Leslie Maundy at lmaundy@americasblood.org.



15TH INTERNATIONAL CORD BLOOD SYMPOSIUM

By LeeAnn Weitekamp, MD, vice president of Medical Services at Michigan Blood (Versiti)

The encouraging sentiments of the review article (listed in [Recent Reviews](#)) were echoed in the transplant portion of the 15th International Cord Blood Symposium held in San Diego, June 8 to 10, 2017. The Symposium was opened by John Wagner, MD, executive medical director of the Pediatric Bone Marrow Transplantation Center with the University of Minnesota Masonic Children's Hospital, who provided data on expansion technologies and stated "We've solved the engraftment problem!" He is now using SR1 (Stem Regen 1 from Magenta) expansion of a single cord blood unit and seeing 100 percent engraftment at 12 days. He is also working on adding expanded T-regulatory cells for graft versus host (GVH) prophylaxis and is getting a four to five fold reduction in GVH disease.

Hal Broxmeyer, PhD, co-Leader of the Program on Hematopoiesis, Malignant Hematology, and Immunology at the Indiana University Simon Cancer Center, discussed bench research that aims to improve collection, expansion, and homing of stem cells. He emphasized the importance of continued focus on translational research to bring innovation from the bench to the clinic. Omar Aljittawi, MBBS, associate professor of Hematology/Oncology at the University of Rochester's Wilmot Cancer Institute, discussed the use of hyperbaric oxygen to inhibit the erythropoietin effect on stem cells to prevent them from pushing toward erythrocytic differentiation and resulting in a more balanced production of precursor cells. Shahin Rafii, MD, professor of Genetic Medicine at Weill Cornell Medical College, discussed the vascular niche being the "guardian" of hematopoietic stem cells (HSCs) and growing stem cells on endothelial cells *ex vivo* to provide a "niche environment" for expanded growth compared to the patient's environment that is destroyed by chemo and radiation therapy. Guy Sauvageau, MD, PhD, and Sandra Cohen, MD, both with the University of Montreal, discussed the use of UM171 to enhance stem cell expansion in a safe, effective and automatable platform. Suhag Parikh, MBBS, Associate Professor of Pediatrics and Member of the Duke Cancer Institute with Duke University School of Medicine, discussed the additional barriers to cord blood transplant for sickle cell disease (hyper reactive marrow, alloimmunization and an immunocompetent host) requiring aids to engraftment. They performed a trial using NiCord Nicotinamide from Gamida Cell expanded cells and found a mean neutrophil engraftment of seven days and event free survival of 78 percent. Yvonne Joyce Bryson, MD, professor of Pediatrics and Chief of Pediatric Infectious Diseases at the David Geffen School of Medicine at UCLA, discussed transplantation of a CCR5delta32/32 homozygote cord (found in 1 percent of Caucasians that confers resistance to the wild type HIV) that was used to cure an HIV-positive, leukemic patient (the 'Berlin' patient) of both diseases. A typing project has found 250 cords in the U.S. with the homozygous mutation. Mitchell Cairo, MD, chief of pediatric hematology, oncology and stem cell transplantation at the Maria Fareri Children's Hospital at Westchester Medical Center, discussed promising safety and efficacy of Human Placental-Derived Stem Cells which comes from a perfusate of the placenta and are given four hours before transplant to serve as a bridge covering the period of delayed engraftment with a cord blood transplant.

The National Marrow Donor Program held a breakout session for challenging case studies in cord blood processing. The family banking (private cord banking) breakout session discussed the current quality of their cords equaling that of public banks and their current transparency with families if units do not meet expectations. The pitfalls of "marketing" were discussed. The need for high doses and multiple aliquots for future use was also mentioned. Issues of harmonizing cord blood/tissue quality specifications, regulations, technology transfer, intellectual property, commercialization and the development of standards were discussed as well.

Haywood Brown, MD, F. Bayard Carter professor of Obstetrics and Gynecology at Duke University School of Medicine and the incoming president of the American Congress of Obstetricians and Gynecologists (ACOG), discussed the recent ACOG recommendation of "...at least 30 to 60 seconds..." of delayed cord blood clamping. Delayed cord clamping has proven to be of benefit for preterm infants and cord banks want

(continued on page 10)

CORD BLOOD SYMPOSIUM (continued from page 9)

to do what is best for the baby. However, cord banks have seen significant drops in collection volumes for full-term infants due to the obstetricians' expanded interpretation to all babies for more than 60 seconds. Dr. Brown stated that anything beyond 60 seconds was "delayed-delayed" clamping and he would look into removing the 'at least' from the recommendation.

Time devoted to the regenerative potential of cord blood and tissue was significantly increased at this year's Symposium, reflecting the changes in the industry and advances in cellular therapies. Other noteworthy discussions included those from Joanne Kurtzberg, MD, professor of pediatrics and chief scientific officer with the Robertson Clinical and Translational Cell Therapy Program at the Duke Center for Autism and Brain Development. In addition to her landmark work in treating inherited metabolic disorders like Krabbe and Hunter and Hurler diseases, Dr. Kurtzberg has extended her work in cord blood transplant to acquired brain injuries like Hypoxic Ischemic Encephalopathy (HIE), cerebral palsy, and autism.

The Symposium demonstrated that the cord blood banking industry is finding new ways to stabilize its role in the treatment of hematologic malignancies and is finding new niches in personalized and generic cell therapies and regenerative medicine. ♦

RESEARCH IN BRIEF

Use of "balanced" massive transfusion protocols for non-trauma patients may not accrue the benefits seen with trauma. For the last decade, numerous trauma studies have associated massive transfusion using higher ratios of fresh frozen plasma (FFP) or platelet (PLT) units to red blood cell (RBC) units with increased survival. This retrospective study asks whether patients in non-trauma settings benefit from higher ratios (e.g. greater than 1:2). The analysis of 601 massively transfused patients in non-trauma settings from 2011 to 2015 at the University of Pittsburgh, separated the patients into those given higher ratio transfusions and those given lower ratios. Higher FFP to RBC unit ratios were not associated with significant differences in 30-day mortality. Higher PLT to RBC ratios were associated with lower 48-hour mortality rates, but not with improved 30-day mortality.

Citation: Etchill E.W., Myers S.P., McDaniel L.M., et al. Should All Massively Transfused Patients Be Treated Equally? An Analysis of Massive Transfusion Ratios in the Nontrauma Setting, *Critical Care Medicine*. May, 23, 2017. DOI: 10.1097/CCM.0000000000002498.

The 2015 National Blood Collection and Utilization Survey confirms a continued decline in blood collection and transfusion from 2013 to 2015 in the U.S. The Centers for Disease Control and Prevention (CDC) survey collected responses from 102 hospital-based blood centers and 72 non-hospital centers and utilization data from 2,138 facilities. Declines of 11.6 percent in the collection of red blood cells and 13.9 percent in RBC transfusion were reported. Platelets declined by 0.5 percent for collection and 13.1 percent for transfusions. Plasma distribution fell by 14.4 percent from 2013 with 24.8 percent fewer transfusions. Outdates for platelets, plasma and cryoprecipitate components increased by 1.2 percent. Donor deferrals were down from 15.5 percent to 14.3 percent; however, approximately 2 million less people presented to donate. Hemoglobin levels and medical conditions (high blood pressure, etc.) were the top reasons for deferrals. The findings suggest the financial burden of maintaining a blood surplus is primarily borne by the blood centers. The prices paid per unit decreased significantly, with leukoreduced red blood cells (RBCs) falling from \$221 to \$211, and platelets by \$16 per unit. The clinical settings of transfusion changed, with surgical transfusion falling 41.5 percent. An editorial by Jay Menitove, MD, chair of the Advisory Committee on Blood and Tissue Safety and Availability, noted there is a "stochastic rather than

(continued on page 11)

RESEARCH IN BRIEF (continued from page 10)

a systematic decision- making process” at the federal agency level for what processes are universally mandated—Zika testing, and which are not—leukoreduction of RBC units. He said “long-term impact of unregulated, competitively driven, lower revenues portend uncertainty” and he noted that more timely data (less than two years old) is needed to make lasting decisions as to the sustainability of the blood industry.

Citations: Ellingson K.D., Sapiano M.R.P., Haass K.A., *et al.* Continued decline in blood collection in the United States—2015. *Transfusion*. June 7, 2017. DOI: 10.1111/trf.14165.

Sapiano M.R.P., Savinkina A.A., Ellingson K.D., *et al.* Supplemental findings from the National Blood Collection and Utilization Surveys, 2013 and 2015. *Transfusion*. June 7, 2017. DOI: 10.1111/trf.14168.

Menitove J.E. What is it all about? *Transfusion*. June 7, 2017. DOI: 10.1111/trf.14177. ♦

INVITED COMMENTARY

By Jed Gorlin, medical director and vice president of Medical and Quality Affairs for Innovative Blood Resources

As a physician one can't be against risk-based decision making. All medical decisions involve the weighing of relative risks vs. benefits, although we are increasingly asked to balance cost vs. benefit. For blood transfusion, this latter equation is even more baffling, given that benefits largely accrue to donors and patients, but costs accrue to blood centers and our hospital customers, who view us solely as a cost center. The inevitable result is that hospitals have no economic incentive—and indeed have frank disincentive—to invest in any but the most immediate safety initiatives or those that come as regulatory imperatives.

Switching from an MD to an MBA perspective, I am acutely aware that the human brain is far from rational and often driven by brain stem reflexes (fear, lust, hunger). I attended the Canadian workshop on risk-based decision making and was intrigued by the presentation from Journalism Professor David Ropeik from the Harvard Extension School on how risk is perceived. His book “How Risky Is It, Really?” does a phenomenal job explaining why our perception of risk is based more on fear than evidence. Chalk it up to evolution, but having instant and instinctive reactions to perceived threats has probably contributed to the survival of the species.

A TV advertisement for stool softeners shows some ethereal scene, not a toilet, as marketers are exquisitely aware that they are NOT selling to your rationale self, but rather to wants, needs, and fears. As a reader of *Consumer Reports* magazine, I wince at evaluations of Jeeps. During my bachelor days I was a proud owner of a Jeep Wrangler, which I drove all summer with cloth doors and probably should have been killed. Alas, we are far more tolerant of risks under our control or that we actively choose (driving a Jeep, contact sports) than those imposed upon us. In truth, what Murray's and others' statistics reveal is that worldwide, not just in the developed world, major contributors to chronic illness include:

- Lack of exercise and sedentary lifestyle
- Excess weight/poor diet
- Smoking
- Alcohol

Yet Americans, for example, fear radon, vaccines, and the dentist, etc. Fukushima confirms that nuclear reactor-produced electricity is a real and tangible risk; and yet, few worry about the emissions from coal-generated electricity—the pollution from which (both from coal mining and burning) is responsible for far more morbidity and mortality than nuclear power.

(continued on page 12)

INVITED COMMENTARY (continued from page 11)

We ignore public perception at our own peril. The public and media react poorly when a negative event happens and their default position is to assign blame or create fear, because that generates viewers. Many blood center fiascos were less about actual measurable risk than public perception that those in charge did not “do all possible” to mitigate risk. Our colleague, Jean-Pierre Allain, director of the French Blood Establishment (EFS), the national blood program, spent time in jail on the claim that he delayed implementation of HIV screening in France in 1985 for several months while awaiting the French-developed HIV blood screening assay, as opposed to implementing the U.S. assay, which was developed from French patient samples! While this was considered a “major national scandal with tens of thousands affected,” it is more likely that this decision affected no more than a few dozen.

Given public and regulatory imperatives to act, it is worth considering the breadth of what those actions may be. I raise mitigation of transfusion-transmitted Zika infection as an example. Specifically, Canadian Blood Services and Héma-Québec in Canada actively and overtly used risk-based decision making to inform their Zika strategies. They chose a 21-day travel-deferral based on calculations of risk, the likelihood of exposures, and their great distance from epicenters with no threat of autochthonous cases. Furthermore, the number of Canadian travelers to Zika areas may be far less than the U.S. Department of Health and Human Services, and the Food and Drug Administration, faced with public clamor over “bad babies,” as ABC Chief Medical Officer Louis Katz, MD, is wont to observe, clearly felt the mandate to act in a particularly precautionary way given local transmission in Florida, widespread prevalence in the U.S. territory of Puerto Rico, the presence of the vector mosquito in southern tier U.S. states, and alleged transfusion transmissions in Brazil. While we can quibble with the lack of communication with stakeholders (like us!) as well as unilateral development of timelines, I suspect many of us would have recommended initiation of donor screening while awaiting more solid evidence of transfusion risk or a permanent solution, such as pathogen inactivation.

This gets us to the point: the current debate about depletion of blood donor iron stores. Editorials by Merlyn Sayers, MBBCh, PhD, and Alan Mast, MD, raised issues germane to both the risk-based decision making and precautionary principle ways of viewing this issue. Incontrovertible facts (and not alternative facts) observed in the REDS studies (including RISE, HEIRS, STRIDE, CHILL) and supported by multiple other international studies include:

- Virtually all repeat blood donors (females $\geq 2x/yr$ and males $\geq 3x/yr$) have low iron stores, and premenopausal female donors are at higher risk for low iron stores, especially teenage females.
- The U.S. is about to be the ONLY country that allows females to donate six times per year
- Iron replacement, even at multivitamins + Fe dose (19 mg) protect iron stores
- Those receiving iron replacement restore much of their iron stores within ~8 weeks but those not receiving iron require six months or more to get back to baseline levels of hemoglobin and ferritin.

The rub—knowing that our donors have low iron stores exacerbated by frequent donation is far from knowing which intervention, or even if any intervention is needed, yields superior outcomes, or even what those outcome measures should be. Dr. Sayers asked, “What exactly is the clinical impact of those low iron stores?” Whether limiting donations for some or all donors, or supporting iron stores by providing iron pills or offering vouchers, remain unanswered questions. AABB Bulletin 17-02 is non-directive, but suggests consideration of either interventions targeted to high-risk donor cohorts, and/or interventions directed at all donors. While our international survey showed a strong correlation between the permissible frequency of donation and donor deferral rates, multiple publications from non-U.S. sites with 12 week minimum intervals document that a longer interval mitigates, but by no means eliminates depletion of iron stores.

(continued on page 13)

INVITED COMMENTARY (continued from page 12)

That said, we would be wise to act as advocates for our donor base and pursue further inquiry into properly balancing these options, as opposed to being perceived as ignoring the issues raised. If we fail to address the impact blood collection agencies have on donor iron stores, we risk losing the confidence of our greatest asset, our donor supply. Limiting donation frequency to all female or younger donors—either by adjusting donor interval or, like Canada, limiting total annual donations for females—has the advantage of a mitigation strategy that affects all of the targeted intervention group. In contrast, screening for low ferritin and/or iron replacement by voucher or dispensing pills has the advantage of a direct intervention, but with no assurance of compliance. Specifically, dispensing vouchers requires the donor to actively pursue going to the pharmacy, obtaining the replacement doses, and actually complying by taking the replacement for the given period. While actively dispensing iron saves the donor the trip to the pharmacy, it might put the collection agency in the legal framework of “practice of medicine” with all the attendant risks that may go along with that role.

Blood collection agencies are under “active surveillance” by the regulator, but we agree on the necessity of comparative effectiveness studies to assess which of these or other alternatives best mitigate depletion of iron stores and are operationally feasible in the context of an adequate blood supply. In the meantime, we have yet to determine which interventions in which populations achieve the best outcomes for both better protection of donor iron stores as well as decreased rates of donor deferral. In conclusion, my response to the question of which to choose: risk-based decision making vs. the precautionary principle? The answer is a resounding: “Yes!” (Sources: How Risky Is It, Really, by David Ropeik; *New York Times*, France Convents 3 in Case of H.I.V.-Tainted Blood, 1992)

Citations: Goldman M., Magnussen K., Gorlin J., et al. International Forum regarding practices related to donor haemoglobin and iron. *Vox Sanguinis*. August 26, 2016. DOI: 10.1111/vox.12431.

Mast A.E. Putting donor health first in strategies to mitigate donor iron deficiency. *Transfusion*. March 14, 2017. DOI: 10.1111/trf.14074.

Sayers M. To Fe or not to Fe? *Transfusion*. February 14, 2017. DOI: 10.1111/trf.14002. 

RECENT REVIEWS

By LeeAnn Weitekamp, MD, vice president of Medical Services at Michigan Blood (Versiti)


A review in Bone Marrow Transplantation discussed the history of cord blood transplantation and examined current challenges and future prospects. The article acknowledged the ground-breaking work of Hal Broxmeyer, MD, which set the stage for the first cord blood transplant in 1988. Although more than 35,000 cord blood transplants have happened worldwide, the usage has slowed in the last few years due to their high cost, issues with delayed cord engraftment and the emergence of haploidentical “traditional” marrow and peripheral blood stem cell transplants. Cord blood offers a graft source for those without a traditional matched sibling or unrelated adult donor. Being more forgiving of HLA mismatch, less graft-vs-host disease is noted when comparing cord to peripheral blood stem cell transplants. In addition, the reduced relapse rate with cord vs. adult donors has made cord an attractive graft source. However, delayed engraftment and slower immune reconstitution have resulted in an increase in early transplant-related mortality, primarily due to post-transplant infections.

Along with greater cord blood acquisition fees, the additional cost of supportive care results in higher costs of care in the first 100 days post cord blood transplant. The field has promising results in mitigating this delay by using a high-dose cord, multiple cords, or co-infusion of a product expanded (30 to 250 fold) with

(continued on page 14)

RECENT REVIEWS (continued from page 13)


Notch, NiCord, SR1 or Mesenchymal Stem Cells. Times to neutrophil recovery have been reduced from roughly 25 days to 1,116 days while maintaining excellent disease free survivals over 80 percent at one year and remaining relatively stable over five years. The article highlights a recent single institution report of 582 patients with acute leukemia or myelodysplasia comparing cord blood with adult HLA matched or HLA mismatched, unrelated donor graft sources. In the group with minimal residual disease at the time of transplant, the unrelated, mismatched donors had a significantly greater risk of mortality and the HLA matched group had a trend toward greater mortality than cord blood transplants. Both groups with unrelated adult transplants had a significantly greater risk of relapse compared to cord transplants. Although there was a trend toward improved survival and reduced relapse in the patients without residual disease at the time of cord transplant, it did not reach significance. Improved supportive care, improved HLA selection, higher cell dosages and expansion enhancements have improved engraftment and reduced early transplant-related mortality. The article suggested cord blood transplant is the first choice in patients with minimal residual disease or at high risk of relapse.

Citation: Dahlberg A. and Milano F. Cord Blood Transplantation: rewind to fast forward. *Bone Marrow Transplantation*. June 2017. DOI: 10.1038/bmt.2016.336. 

BRIEFLY NOTED

Researchers in Australia report preclinical animal evidence that a novel agent is effective for highly aggressive acute myeloid leukemia (AML). Treatment for AML has not evolved much in the last few decades. Hematopoietic stem cell transplantation has been added to chemotherapy in recent years, but come with high risks of infection and other morbidities. Researchers at the John Curtin School of Medical Research at Australian National University have reported successful treatment in mice using a novel inhibitor of RNA polymerase I (Pol I) transcription factor, CX. Continuous CX-5461 administration significantly delayed disease progression and prolonged survival compared to standard treatment with cytarabine/doxorubicin. A phase one/two clinical trial is underway in Canada for the treatment of patients with solid tumors.

Citation: Hein N., Cameron D.P., Hannan K.M., *et al.* Inhibition of Pol I transcription treats murine and human AML by targeting the leukemia-initiating cell population. *Blood*. May 25, 2017. DOI: <https://doi.org/10.1182/blood-2016-05-718171>.

The Food and Drug Administration (FDA) is accepting Commissioner's Fellowship Program applications for their Class of 2017. The FDA's Commissioner's Fellowship Program is a two-year fellowship during which "outstanding health care professionals, scientists, and engineers" receive regulatory science training and innovative research on targeted issues under the mentorship of an FDA senior scientist. The deadline for the initial application is July 7, 2017, with letters of recommendations due by July 20. The program starts in November. (Source: [FDA website](#)) 

INFECTIOUS DISEASE UPDATES

Asymptomatic Brazilian blood donors seropositive for *Trypanosoma cruzi* (Chagas disease) are more than twice as likely to die compared to seronegative donors. In a four year (1996 to 2000) retrospective cohort study of 2,842 seropositive and 5,684 seronegative blood donors, cross referenced with the Brazilian national mortality information system, Anti-T. *Cruzi* seropositive donors had a 2.3 times increased risk of death (95 percent confidence interval [CI], 1.8–3.0) compared to seronegative.

(continued on page 15)



INFECTIOUS DISEASES (continued from page 14)

Citation: Capuani L., Bierrenbach A.L., Pereira Alencar A., *et al.* Mortality among blood donors seropositive and seronegative for Chagas disease (1996–2000) in São Paulo, Brazil: A death certificate linkage study. *PLoS Neglected Tropical Diseases*. May 18, 2017. DOI: <https://doi.org/10.1371/journal.pntd.0005542>.

A phase one/two clinical trial of a chikungunya virus vaccine is enrolling adult participants in the U.S. Chikungunya is transmitted to humans by mosquitoes and has been identified in over 60 countries in Asia, Africa, Europe, and the Americas, according to [the World Health Organization](#). While rarely fatal, the virus can cause debilitating joint pain, rash, nausea, muscle pain, and fatigue. A vaccine trial sponsored by the National Institute of Allergy and Infectious Diseases (NIAID) will test the immunogenicity and safety of the vaccine named MV-CHIKV, developed by Themis Bioscience of Vienna, Austria. This is a measles virus modified vaccine to produce chikungunya virus proteins. A phase one trial already concluded in Austria, with a phase-two trial currently underway. The U.S. trials will be held at the University of Iowa in Iowa City; Baylor College of Medicine in Houston; and Emory University in Atlanta. NIAID seeks to enroll 180 healthy participants between 18 and 45 years old. (Source: [NIAID press release](#), June 5, 2017)♦

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This Month's Featured API Resources

- 1. Jerry Haarmann Leadership Program**
 Six courses on leading teams

“This course gave me many ideas on how to work with the team in my department as well as working with other teams outside my department.”

- API pilot participant
- 2. Strategic Leadership Program**
 Six courses on change management and communication challenges

Effective Leadership: How Do You Rate?

Check your leadership effectiveness by answering yes or no to the following questions:

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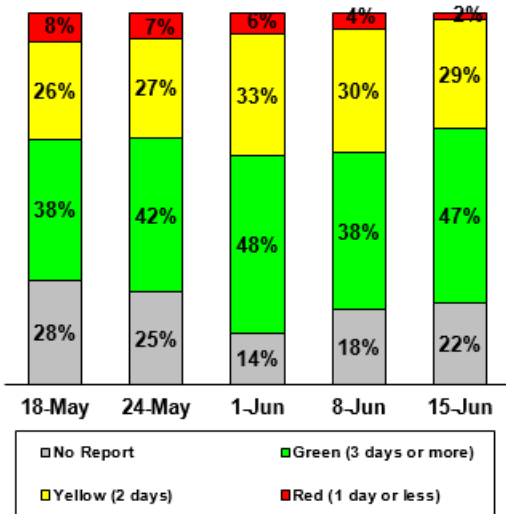
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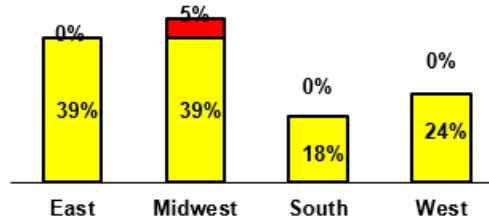


STOPLIGHT®: Status of the ABC Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, June 15, 2017



Percent of Total ABC Blood Supply Contributed by Each Region
 East: 20%; Midwest: 25%; South: 24%; West: 31%

Daily updates are available at:
www.AmericasBlood.org

7th Annual Links for Life Golf Tournament



Warwick Country Club

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THE FOUNDATION FOR AMERICA'S BLOOD CENTERS



PEOPLE



Jeanne Linden, MD, MPH, director of the Blood and Tissue Resources Program at the New York State Department of Health, has retired after 30 years in that position. Dr. Linden's last day was May 30, 2017. She was actively engaged with the blood community, including ABC, during

her tenure, and was a consistent advocate for laboratory and clinical excellence and patient safety. She is succeeded by Derek Symula, PhD.



Matthew Kuehnert, MD, is the new medical director at the **Musculoskeletal Transplant Foundation (MTF)**, a large U.S. tissue bank. Dr. Kuehnert, the former director of the Office of Blood, Organ, and Other Tissue Safety at the Centers for Disease Control and Prevention, is a globally recognized expert in blood, organ, and tissue transfusion and transplantation. He replaces

David Gocke, MD, who is retiring after serving as MTF's medical director for 30 years. Dr. Kuehnert is the recipient of the AABB President's Award, the Association of Organ Procurement Organizations Executive Director's Award for organ safety, and the George W. Hyatt Memorial Award for tissue safety. He has co-authored more than 100 peer-reviewed articles, Morbidity and Mortality Weekly Reports, and book chapters.

"I am proud to join MTF, a worldwide leader in innovation, research and quality in tissue banking," he said in a press release. "After 20 years at the CDC working to prevent infectious disease transmission through transfusion and transplantation, my focus as medical director of MTF will be to ensure patient safety for tissue recipients while maximizing the benefits of these life-saving and life-enhancing procedures." (Source: [MTF press release](#), June 13, 2017) ♦

MEMBER NEWS



A Shared Smile. Vice President of Regional Operations & Business Development at Carter BloodCare and Rotarian B.J. Smith, and Rotarian blood donor John Tabor met up at the Rotary International Convention in Atlanta. Mr. Smith was at the convention representing the Rotarian action group, the Global Networking for Blood Donation. ♦

WORD IN WASHINGTON

Senate Republicans have drafted an initial health care bill, but are not releasing it publically just yet. The Republican Senate leaders aim to get a vote on the bill before the July 4th Congressional recess, but it needs to be sent to the Congressional Budget Office (CBO) for analysis before it can be voted upon. The American Health Care Act (AHCA) was passed through the CBO in May and the CBO analysis determined an additional 23 million Americans would become uninsured by 2026 if the AHCA passed. The Senate Republican bill text is not being made public and it is not going through regular Senate committee processes, notes Fortune magazine. In contrast, the Affordable Care Act went through an entire year of meetings and about 100 hearings before being voted upon. (Source: [Fortune, The Senate Is Finalizing a Health Care Bill But You're Not Allowed to See It](#). June 12, 2017) ♦



MEMBER NEWS (continued from page 17)



Angel (Pulse Survivor), Susan Forbes (OneBlood), Ilka (Pulse Survivor), Jeff (Pulse Survivor), Vee (Pulse Survivor), Lauren Rowe (Lifeline Narrator), Pat Michaels (OneBlood)

Monday, June 12, marked one year since the Pulse nightclub tragedy occurred in Orlando, Florida. As dozens of remembrance blood drives were held throughout OneBlood's service area, the blood center also debuted its documentary called, *Lifeline – The Untold Story of Saving the Pulse Survivors*. The premiere of the OneBlood production was held at the Dr. Phillips Center for the Performing Arts, in Orlando. *Lifeline* reveals the behind-the-scenes story of what it took to save the Pulse survivors and the vital role blood donors played. Susan Forbes, Vice President of Marketing and Communications for OneBlood who also served as Director and Executive Producer of the film, says the story was designed to

raise awareness about the need for a ready blood supply throughout the country and why people cannot wait for a tragedy to donate blood. The documentary features five of the Pulse survivors, all of whom required blood transfusions, as well as doctors from Orlando Regional Medical Center who describe the vital role blood donation played in saving so many of the survivors' lives, as well as the third-shift team at OneBlood that was responsible for getting additional blood to the trauma center because the supply was being used so quickly. The film also includes an emotional reunion when the survivors come face-to-face with the blood donors who helped save their lives. Several television stations in Florida have already signed-on to air the documentary. The story debuted in Jacksonville on June 11. Tampa, Sarasota, Tallahassee, Pensacola and West Palm Beach will run the story in the coming weeks and additional stations are also anticipated to air the story. Efforts are also underway for the story to be seen nationally. "*Lifeline* is the nation's story and shows why a ready blood supply in every city is so vital," said Ms. Forbes. (Source: OneBlood press office)



The Rhode Island Blood Center (RIBC) launched a new public service campaign called "Help Someone Else." The full tagline is, "Help Someone Else. Become a Donor." By using humor and a loveable character named "Mr. Someone Else," the campaign works to entice local donors to come out and help Someone Else. In the campaign videos, [Mr. Someone Else](#) is singlehandedly sustaining the entire Rhode Island blood supply by giving over 200 donations a day, every day, or roughly 75,000 donations a year—the same number of donations RIBC requires to meet the needs of the hospitals and patients they serve. When blood donors come out, they are helping Someone Else. The campaign

launches with a video and web introduction to Mr. Someone Else at helpsomeoneelse.org. More marketing aspects will be rolled out in the coming months, including an active social media presence, radio commercials, a billboard, educational print ads, and local appearances by "Mr. Someone Else" himself. As people become familiar with Mr. Someone Else, there will be an option to text him to let him know when you are going to help out and a hashtag of #IHelpedSomeoneElse on stickers to encourage donors to spread the word via social media. The creative concept for the campaign was created by Rhode Island-based advertising agency Nail Communications. For an introduction to Someone Else, visit helpsomeoneelse.org. For more information on becoming a donor and the donor rewards program, visit ribc.org. (Source: [Rhode Island Blood Center press release](#), June 8, 2017) ♦

Grifols and Beckman Coulter Inc. enter into an exclusive distribution agreement. Grifols, a global healthcare company, and Beckman Coulter Inc., a provider of diagnostics solutions, have entered into an exclusive, long-term agreement for the global distribution of Grifols' hemostasis instruments, reagents, and consumables. "Grifols continues to execute its strategy in growing the Specialty Diagnostics line. Our hemostasis product line complements Beckman Coulter's broad portfolio of products and services for the core laboratory," said Carsten Schroeder, Grifols President of Diagnostic Commercial Operations. Beckman Coulter and Grifols anticipate first commercializing systems under this distribution agreement in Europe in early 2018. (Source: [Grifols press release](#), June 12, 2017) ♦

GLOBAL NEWS

The International Plasma and Fractionation Association (IPFA) and the Paul-Ehrlich-Institute (PEI) held their 24th IPFA/PEI Workshop on "Surveillance and Screening of Blood-borne Pathogens," in Zagreb, Croatia. The meeting, held in May, drew 180 delegates from 27 countries to consider current policies, strategies, and future initiatives to sustain a safe and cost-effective blood supply across the world. Highlights from IPFA's workshop included a focus on insights into the potential power of national and international blood transfusion databases for wider public health goals and personalized medicine; a session on hepatitis E donor screening; a hot topics session, which included information on a variant Creutzfeldt-Jakob Disease form ongoing studies in the U.K. and malaria/Babesia testing strategies; pathogen inactivation and the impact on the industry and blood products; and advances in HIV curative medicine. Next year's workshop is scheduled for Athens, Greece, in May 2018. (Source: [IPFA website](#)) ♦

CALENDAR

2017

June 17-21. **27th Regional Congress of the ISBT, Copenhagen, Denmark.** Click [here](#) to register for the event.

June 20. **eCast: Babesia: Managing Lookbacks, Recalls, and Coordination with Clinicians.** 2 p.m. – 3:30 p.m. (EDT). More information and registration [here](#).

July 26. **Transfusion Safety Officer & Patient Blood Management Seminars (Advanced Program), Ft. Lauderdale, FL.** If you are interested in taking part in one of these new and engaging programs, please contact: [Cathy Shea](#), Executive Assistant or call (727) 568-1151.

Aug. 1-4. **Summer Meeting, MD Workshop & Golf Tournament, America's Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; Register [here](#) or e-mail: meetings@americasblood.org.

Aug. 4. **Board Meeting, America's Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

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

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

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

CALENDAR (continued from page 19)

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

Nov. 7-8. **Transfusion Safety Officer & Patient Blood Management Seminars (Basic & Advanced Programs), Jacksonville, FL.** If you are interested in taking part in one of these new and engaging programs, please contact: [Cathy Shea](#), Executive Assistant or call (727) 568-1151.

Nov. 8-10. **10th World Federation of Hemophilia Global Forum, Montreal, Canada.** For more information and to register, click [here](#). ♦

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: \$139 per placement for *ABC Newsletter* subscribers and \$279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, contact Lisa Spinelli at the ABC office. Phone: (202) 654-2982; fax: (202) 393-1282; e-mail: lsinelli@americasblood.org.

POSITIONS

More openings available on our [website](#)

Chief Executive Officer. The Alliance for Community Transfusion Services (ACTS), a collaborative of 11 self-directed independent blood centers formally organized as a nonprofit LLC in 2012, is seeking qualified candidates for the position of Chief Executive Officer (CEO). Qualifications include a bachelor's degree (master's degree preferred) in Business Administration or related field; a demonstrated track record of high-level management with progressively increasing responsibilities and at least ten years cumulative experience preferably in blood banking or related health services; experience in health delivery systems or association management also a plus. Proven team leader with demonstrated ability to inspire and guide members to make decisions based on consensus and desired outcomes. The CEO is responsible for day-to-day management of ACTS operations, committees and employees and/or contracted professionals. Responsibilities include planning, administration and coordination of all collaborative activities of ACTS in accordance with the policies, goals and objectives established by the member centers. The CEO also serves as the spokesperson for ACTS ensuring that its values, mission, and objectives are represented in its relationships and communications. Please apply by emailing your CV to chad.douglas@lifeshare.org.

Director, Donor Recruitment. LifeStream (San Bernardino, CA) located 60 miles east of Los Angeles and 50 miles west of Palm Springs seeks qualified applicants for its Director, Donor Recruitment position. This position is responsible for developing and directing the blood center's donor recruitment department/plans to achieve collection goals. Scope of responsibilities includes oversight of all mobile and fixed site recruitment. Requires

the ability to oversee the daily operations, as well as strategically work toward the long term goals. Must be able to facilitate all operational activities related to recruitment of donors and management of recruitment staff within the expected budget guidelines. Must be an effective leader and have the ability to adapt to change. Excellent salary (with bonus program) and benefits including relocation package. Bachelor's degree required. Demonstrated experience in sales/territory management skills, strong leadership and team building skills, excellent verbal and written communication and public speaking skills and computer literacy. Prior blood center experience preferred. Minimum three years management experience. Successful candidate must demonstrate ability to work closely with Marketing and Collections Managers/Directors to facilitate efficient and effective blood drives. This position reports to the Vice President/Operations. LifeStream is an Equal Opportunity Employer, M/F/D/V. Apply online at <https://www.lstream.org>.

Medical Technologists Needed! OneBlood is currently recruiting for Medical Technologists to work in our Reference and Compatibility Laboratories in Florida. These positions perform basic through advanced testing procedures 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

(continued on page 21)

POSITIONS (continued from page 20)

Technologist license, or eligible, in Immunohematology or Blood Banking. To apply and view a complete job description of these positions, go to www.oneblood.org and click on the Careers tab. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.

Associate Medical Director. Michigan Blood is seeking a Transfusion Medicine board certified or eligible physician; fellowship trained in Transfusion Medicine to serve as Associate Medical Director. Michigan Blood is an independent, nonprofit blood bank that provides blood for 75 hospitals throughout Michigan and also offers related services including a stem cell (marrow) program, therapeutic apheresis, DNA tissue-typing, transfusion medicine consultations, immunohematology reference lab and a public cord blood bank. Michigan Blood is part of Versiti, a strategic affiliation of healthcare organizations with expertise in blood collection, transfusion and transplantation medicine, stem cell and cellular therapies, hematology, oncology, genomics and more. Michigan Blood is located in Grand Rapids, Michigan. Grand Rapids is the second largest city in Michigan and the metropolitan area has a population of about 1.3 million. The community fosters a unique blend of big city excitement with a small town feel. For more about the position, please visit the [website](#). Please email CV to [Melissa Manley](mailto:Melissa.Manley@oneblood.org).

Therapeutic Apheresis Nurses. If you are looking for a challenging, yet rewarding career, OneBlood is currently recruiting for Therapeutic Apheresis Nurses (RN) to perform clinical apheresis procedures in various hospitals around Florida. Applicants must have an associate's degree from an accredited college or university and one year of related experience; or an equivalent combination of education, training and/or experience. Applicants must also have a current and valid Florida RN license, current BLS CPR certification, and a valid and clear driver's license. To apply and view a complete job description of these positions, go to www.oneblood.org and click on the **Careers** tab. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability. 📍