

Changing Recruitment Messaging Using Evidence-based Research

Issue #23
June 23, 2017

In recruiting blood donors, the messaging used can go beyond a recruitment campaign and become an entire framework for how blood centers communicate with their local community. But to ensure this outreach is done properly, blood centers should apply the scientific method to the content design of their messaging, much in the same manner they would the medical side of the business, said Eamonn Ferguson, PhD, professor of Psychology at the University of Nottingham, U.K., who presented on this topic at the 2017 ABC Annual Meeting in Washington, D.C.

“We have to run experiments—use the clinical trials model to identify if we have the correct ‘active ingredients’ in our message to influence behavior, and to check that these active ingredients do not have any side effect” said Dr. Ferguson. “At a blood center, physicians would not prescribe a drug that was not licensed, but people do it in public health for messaging all the time, without checking if the ‘active ingredient’ in their message has any negative side-effects.”

A number of studies, and donor feedback, have shown negative associations with images of needles and blood bags—these images do not entice potential donors to donate blood. For New York Blood Center (NYBC), photos of sick children did not perform as well as displays with healthy children thanking a donor for their blood. Donors would prefer to see positive end-results of their lifesaving gifts and joyful images rather than images depicting the process of donating, blood, or transfusions. This type of change in imagery is due to a change in perception underlying motivations that, perhaps, the donors are not even aware of if you were to ask them outright.

Asking a simple survey question, “why do you donate blood?,” might not get at the crux of why some donors are more likely to donate than others. For some blood centers like NYBC, information sourcing has helped shape their recruitment and marketing communications strategy.. Four years ago, NYBC changed their digital and print recruitment campaigns and imagery to reflect this change in messaging after information garnered provided the data on what images worked best.



Eamonn Ferguson

In the last few years, a number of blood centers have greatly shifted their messaging in an effort to attract new, younger donors to their sites. There is an international effort (see the [Sanquin article Newsletter #37 2016](#)) to align marketing and recruitment material(s) with reduced anxiety about donating, show a connection to recipients, and captivate first-time donors enough to make them want to come back again.

And while there have been some blood centers that do test their theories before overhauling communication strategies,

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OUR SPACE

Martin Grable
ABC President & CEO of Community Blood Centers of the Carolinas

The Data Conundrum

Chair of the Advisory Committee on Blood and Tissue Safety and Availability, Dr. Jay Menitove's editorial in this month's *Transfusion* Supplement is a must read for all of us in the blood community. While highlighting blood collection and utilization trend lines that are disconcerting, he more importantly points to the 2 year delay in having these data as our greatest weakness. Dr. Menitove notes that while the "NBCUS (National Blood Collection and Utilization Survey) reports are a great start, we need timely data more than ever."

In today's world of "big data" and analytics, which would seem a small challenge, but a cascading confluence of complicating factors have made overcoming it elusive.

The movement from at-need surveys to routine longitudinal data collection in ABC's membership began almost simultaneously in 2007 with the Automated Inventory Management I & II (AIM) projects and the ABC Data Warehouse. Launched on small budgets, these projects were followed by the recession of 2008 to 2009, healthcare reform in 2010, and the earnest pursuit of patient blood management that are driving transfusion rates, blood utilization, and blood pricing down simultaneously. Reduced blood center margins have led to blood center consolidation that only increases concerns that some blood centers have had about data sharing. This serial progression over ten years has thwarted good efforts, not yet realized.

Finding the resources for the fundamental infrastructure to collect, compile, and analyze the data remains an issue. At the same time, the need for data to model and address the availability and sustainability of the blood supply, risk-based decision making framework, and policy making decisions at the current speed of change has never been greater—and requires near real time data, not surveys. This conundrum is solvable.

I believe there is greater appreciation and growing alignment within the broad blood community on this issue, but if data is essential to our mission, we must work together to identify the funding to redouble the effort in the near term to establish a more enduring and robust long term solution, now.

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

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CHANGING RECRUITMENT MESSAGING (continued from page 1)

many blood centers do not, noted Dr. Ferguson. Some of the experiments and studies that Dr. Ferguson has run regarding donor recruitment messaging have shown that donors, compared to non-donors, are more likely to endorse preferences for trust and fairness, reciprocity, and feelings of ‘warm-glow.’ His work also shows that blood donation may also work as a sexual signaling.

If surveyed, many donors have said they give blood to help others. But Dr. Ferguson’s work went beyond using survey questions and put these altruistic ideologies to the test using behavioral data derived from economic games. Results from these behavioral games show donor motivations reflect warm-glow sensitivity to others unfairness. This work suggests that interventions that ask the questions, “Would you accept a blood transfusion to save *your* life?” and then asking the potential donor if they would give blood to save another person’s life, should be a powerful recruitment tool.

A number of donors have emotional connections and want to donate because someone they know needed a blood transfusion. Yet even among these donors, there is still an overall sense of fairness (giving because others give) and getting back what one gives—at least potentially—seemed very salient, with “warm-glow,” which is important for retaining blood donors.

What is this warm glow? Warm glow is the positive feeling associate with the act of giving, noted Dr. Ferguson. But that positive feeling can be amplified with a special attention toward customer service. A good relationship between the donor and center’s staff, along with personal touches like comfortable chairs and staff attentiveness—in essence outstanding customer service—on top of the notion of having done something truly extraordinary for someone else, can amplify that warm glow in donors and retain them for years to come.

Another motivating factor, perhaps subliminal, in the studies Dr. Ferguson ran showed that blood donors are driven by sexual signaling. If blood donors were childless, and within their reproductive years, they were more likely to talk about being a blood donor.

“We signal our genetic worth,” said Dr. Ferguson. “Blood donors are physically healthier, free of sexually transmitted diseases, physically strong enough to sustain losing blood, and nice—and these all signal the person’s quality as a potential mate. People joke about first dates at donor centers...but if you allow the donor to display they donated blood, a badge, a t-shirt—but not something they can go buy—some official thing that could act as a signal they are a blood donor... if you could display something on social media, this may reinforce sustained donor behavior.”

While Dr. Ferguson’s studies on donor recruitment and motivations related to altruism have been published in a number of journals over the years, he warns they are akin to phase one trials. The next phase studies need to be conducted. He cautions that using recruitment materials before the messaging has been tested in a randomized controlled trial could be problematic as unrecognized side effects may be present.

“Some centers go straight to recruitment material without doing the research,” he said. “Do an initial set of small scale studies to see if it works. Many centers have a theoretically good idea and say, ‘That sounds like a good idea!’ and then they try it. But why does it sound like a good idea? How do you test it? Put it into the best format, test it, and make sure no bad or negative side effects exist, then scale up.”

Testing your recruitment messaging using a clinical trial methodology will take extra time, but will be more likely to be successful than running with an idea with no evidence, noted Dr. Ferguson.

Citations: Evans R. and Ferguson E. Defining and measuring blood donor altruism: a theoretical approach from biology, economics and psychology. *Vox Sanguinis*. October 9, 2013. DOI: 10.1111/vox.12080.

Ferguson E. Mechanism of altruism approach to blood donor recruitment and retention: a review and future directions. *Transfusion Medicine*. August 27, 2015. DOI: 10.1111/tme.12233. ♦



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

Submit your Grant Proposal, Deadline Approaching!

The deadline to submit a proposal for a Foundation for America's Blood Centers (FABC) member grant is fast approaching! All proposals must be in by Friday, June 30, to be considered for fiscal year 2018 grant.

The FABC is committed to helping ABC members, individually and collectively, achieve their missions. These grants help support member programs and initiatives that work toward ensuring a safe and adequate blood supply. Each research grant has a maximum ask of \$20,000 and must be classified under one of the following topics: iron depletion mitigation; adverse reactions in young donors; donor health, safety, and management (the new Louis Katz, MD, Research Grant); or other—which must meet other criteria. For more on the criteria, objectives, and to apply, please click [here](#).

A review committee will make a decision on funding no later than Friday, July 31, 2017. The applicant(s) will be notified of the status of the proposal within four weeks after a decision has been made. Funds will be awarded prior to September 15, 2017. If you have any questions, contact ABC Manager of Partnerships and Events [Leslie Maundy](#).

Farewell to Rachelle Fondaw



It is with a heavy heart that we announce the departure of ABC Director of Education and Grants Rachelle Fondaw. Ms. Fondaw joined ABC in 2015 and has worked tirelessly to launch the ABC Professional Institute's Learning Portal, which now has over 670 users and offers over 60 courses, many of which provide continuing education credits. She also led the development and launch of ABC's "Introduction to the Blood Banking Industry" course—a member requested program to help fill the gap with new employees, volunteers, and board members to educate them on the blood banking industry. She also instilled discipline into the curriculum development for ABC workshops and meetings. "I am so grateful for the opportunity to work with such a passionate, professional, and high-performing team at America's Blood Centers. Working with and serving our members to fulfill such a meaningful mission has been an honor," said Ms. Fondaw. Her new role takes her not too far away from ABC headquarters to be the chief learning officer at the Society for Maternal-Fetal Medicine. We wish her all the best in her latest endeavors.

ADRP Calls for Volunteers

ADRP, an international division of ABC, has long been committed to providing education and networking opportunities to blood banking professionals. ADRP is a volunteer-led organization and depends on the vast knowledge and experience of its global subscribers to champion and forge excellence within the blood donation industry.

When you donate your professional skills to ADRP, you become part of a group dedicated to advancing blood banking worldwide. As a volunteer, you can serve on a committee, present at the ADRP conference, or share knowledge in a webinar. Committees meet once per month via teleconference. Current volunteer opportunities are available in the following committees: conference, outreach, and global programs. ADRP is also seeking volunteers to lead and enter ideas for webinars to help ADRP grow their resource library. For more information on these volunteer opportunities, email [Steve Bolton](#), executive director at ADRP. ♦



SAVE THE DATE!
ABC SMT Journal Club Webinar
Date: July 25, 2017
Time: 12:00 to 1:00 p.m. EDT

The following articles and editorial (attached) will be presented and discussed:

- Obstetrics and gynecology physician knowledge of Rh immune globulin prophylaxis
- Encouraging single-unit transfusions: a superior patient blood management strategy?
- Single-unit transfusions and hemoglobin trigger: relative impact on red cell utilization
- Storage medium of platelet transfusions and the risk of transfusion-transmitted bacterial infections

Registration information coming soon!

CORRECTION: Last week, we erroneously included in our top article for the week that AABB and the American Red Cross supported a request that the Food and Drug Administration consider the U.K. model for seven-day dating of platelets. In fact they did not.

AABB's Bacterial Contamination working group submitted comments to the docket regarding the FDA's March 2016 draft recommendations in [Bacterial Risk Control Strategies for Blood Collection Establishments and Transfusion Services to Enhance the Safety and Availability of Platelets for Transfusion; Draft Guidance for Industry](#). The comments finalized by the working group were submitted based on a consensus position that purposefully did **not** include a request for "... 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 seven-day platelet dating." The correction has been made and we regret the error.



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)

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.

“ 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





America's Blood Centers®
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ABC Technical and Quality Workshop in Omaha, Neb.

By ABC Director of Quality Services Toni Mattoch



ABC Scholarship winners: Pamela Starks, Alexandra Pike, Tina Larragoitiy, Zachary Eblen, Kim Ruechel, Adam Summers, and Eric Longacre

The 2017 ABC Technical and Quality Workshop drew employees from more than 80 employees from ABC member blood centers this year. Attendees heard presentations from experts on current issues, best practices, and programs, and participated in round table discussions. Topics spanned a broad range: pathogen reduction, use of whole blood, cybersecurity, and social media and its impact on quality assurance. The workshop also featured several robust roundtable discussions and networking opportunities, where attendees shared experiences and common challenges in areas like managing group O inventories and electronic record management.

The event kicked off on June 5 with an evening welcome reception for the attendees. The ABC Technical Directors Workshop opened the next morning to the first of a series of sessions on hot topics for the blood industry. Jill Alberigo, director of Laboratory and Special Services at Rhode Island Blood Center, discussed HLA testing options for blood centers as well as corresponding Blood Establishment Computer Systems controls; Ms. Alberigo also emphasized the importance of a communication strategy with collection staff. Another important aspect of HLA Testing is the needed proficiency testing, which was described next by Tayla Graff, testing supervisor at Indiana Blood Center (Versiti). Pete Lux, director of Donor Services at Mississippi Valley Regional Blood Center, ended the session with a presentation on “Replacing Platelet Donors Lost to HLA Testing.”

The session on pathogen inactivation (PI) of platelets opened with a very insightful and timely talk by Donna Strauss, executive director of Core Operations at New York Blood Center. Ms Strauss highlighted the implementation challenges for their apheresis platelet procedures and their effect on predicating inventory. Her key take home message was that predicted throughput prior to implementation is theoretical and will not necessarily predict observed throughput in platelet production. They continue to work to make PI work in their operation.

Mike McMahon, director of Technical Services at Shepard Community Blood Center, discussed the challenges he has encountered from his hospital customers, who view PI as too expensive for platelets given the current reimbursement structure. They consider bacterial contamination as a rare event that doesn't justify the cost of PI implementation. Current reimbursement for CMV negative, irradiated platelets is the same as PI platelets.

Elan Weiner, associate director of Deployment for Cerus Corporation then reviewed efforts to help Intercept users optimize the collection and processing procedures to maximize PI of all apheresis platelet

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ABC TECHNICAL AND QUALITY WORKSHOP (continued from page 6)

collections. Mr. Weiner announced that Cerus is currently working on a licensure submission to allow treatment of large doubles and triples. Additionally, Cerus is investing in resources to assist blood centers by improving efficiencies to offset the impact of PI processes.

A lively discussion followed the informative presentations and continued into an unscheduled round table discussion of the topic.

The afternoon session opened with another hot topic: “Titering Anti-A in Blood Products.” Elaine Sugasawara, technical services director at Stanford Blood Center, shared her center’s experiences with performing ABO antibody titers on platelets in order to support the hospital’s transfusion needs. Jovona Powelson, director of Laboratories at Community Blood Center (Kansas City), followed with a presentation on her center’s strategy in “Anti-A Titering in Group O Platelets.” The TD Workshop ended the day with roundtable discussions on a variety of topics: Managing Group O Inventories, Staffing Challenges, and Managing Adult Sickle Cell Anemia Patients.

The following day was the Joint Session day and began with an eye-opening presentation on the “Sustainability of the Blood Supply” by ABC President and CEO of Community Blood Center of the Carolinas Martin Grable. Other talks delivered by Alicia Prichard, senior vice president of Biologics at OneBlood, New York Blood Center’s Executive Director of Core Operations Donna Strauss along with Christine Driscoll, director of Regulatory Affairs at NYBC; and Eric Longacre, assistant director of Quality Assurance at Sheppard Community Blood Center focused on the many wide-ranging challenges to inventory in 2016, including the Haemonetics bag recall, the Final Rule, Zika, and TRALI.

In the session “Initiatives to Grow Inventory and Meet Customer Needs”, Kathy Geist, vice president of Donor Services at Innovative Blood Resources (IBR), and Karen Hendryk, donor recruitment manager at Stanford Blood Center, presented their blood centers’ innovative programs in response to the inventory challenges. “Whole Blood-What’s Old is New Again,” the final session for the morning, was presented from the donor center perspective by Roxanne Tata, senior corporate director of Quality at Blood Systems, Inc., followed by Mark Yazer, MD, associate professor of Pathology at the University of Pittsburgh, sharing the hospital perspective.

David Wellis, PhD, CEO of San Diego Blood Bank, presented an afternoon talk on “Blood Center Diversification into Research” and was followed by Stephanie Carpenter, senior director of Quality at Blood Systems, Inc./Bonfils Blood Center, with “Quality Oversight of Research Activities.” Jed Gorlin, MD, medical director and vice president of Quality and Regulatory Affairs at Innovative Blood Resources, followed with an update on current initiatives in iron mitigation as well as a review of an FABC funded study to test the practicality of various approaches. The importance of cybersecurity for all who work in the blood center was shared by Lynne Briggs, vice president and chief information officer at Versiti. Rachelle Fondaw, director of Education and Grants at ABC, wrapped up the afternoon with an update on the ABC Professional Institute and all the educational opportunities available for ABC members. Attendees then went on to evening events starting with an attendee joint reception.

The Quality Workshop day opened with the session “Integration of Social Media into Quality” and David Nelmark, Partner at Minneapolis-based law firm Gislason & Hunter LLP, presented this thought-provoking topic on the legal pitfalls of social media. Michelle Westbay, lead Marketing and Communications member at Virginia Blood Services, offered the blood center marketing perspective and her center’s process for interacting with the Quality Department. Experiences from the QA department were shared by Galen Kline, quality director of Blood Operations at Heartland Blood Centers (Versiti), and Matthew Audette, quality assurance manager at LifeSouth Community Blood Centers. Both presented eye-opening case studies which

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ABC TECHNICAL AND QUALITY WORKSHOP (continued from page 7)

highlighted the need for blood centers to closely review their social media and how quality interacts with communications and responds to social media posts.

The next session, "Drowning in Paper! Electronic Records as a Life Preserver," focused on several blood centers strategies for adopting electronic records and sometimes challenging journeys from manual to electronic processes. Jane Miller, quality assurance director at Sheppard Community Blood Center, shared a small blood center's experience transitioning toward electronic records. Beth Hughes, director of Quality Assurance at Indiana Blood Center (Versiti), and Meg McElligott, vice president of Quality Support Services at BloodCenter of Wisconsin (Versiti) gave a joint talk on the challenges of integrating four document control systems and transitioning to a document system in the cloud. The session concluded with a talk from Patrick Farley, application administrator Lead at ITxM, on a large center's transition with an emphasis on the need for user and senior management buy-in. The attendees then broke into round table discussions of electronic record challenges to wrap up the morning sessions.

The afternoon session discussed process improvements and began with a thought-provoking talk from Margaret Hannan, director of Quality Systems at Blood Bank of Delmarva, on process improvement and change management and her project successes by utilizing a project management office model. The next talk by Gwen Jones, director of Process Improvement at ITxM, discussed how using a Kaizen event, short duration improvement projects with a specific aim for improvement, could provide sustainable process improvements. To end the session, Jeanette Bray, process improvement manager at Community Blood Center (Kansas City) and Jeff Schuh, operational excellence manager at Blood Systems, Inc., discussed the seven tools used in process improvement and walked the audience through a process map.

The workshop concluded with lively discussions and information sharing on three subjects: external inspection trends, social media and QA, and transgender issues. Blood Centers of America (BCA) provided a lovely reception at the historic Flatiron Café at the end of the day. The next day, BCA members gathered for the BCA QA Networking Conference to discuss a wide range of hot topics.

ABC would like to thank all of the speakers, attendees, and our sponsors, Medidata and BD, for making this workshop a great success. And the attendees agreed, "The ABC team is fantastic. Excellent with both planning and execution. For me, day three by far had the most value and relevance. This workshop is far more valuable to me than most other industry meetings," noted one attendee. Another attendee wrote, "Really like this workshop. Small enough to network easily. Focused on blood centers only." 💧

RESEARCH IN BRIEF

Implementation of point-of-care (POC) hemostatic testing, within the context of a simple, integrated transfusion algorithm, associated with reduced red blood cell (RBC) and platelet (PLT) transfusions and major bleeding during cardiac surgery. Cardiac surgery is frequently complicated by coagulopathy or major bleeding. Point-of-care hemostatic testing has faster turnaround times than laboratory-based tests, and is increasingly being used to guide therapy in bleeding patients over conventional tests. In this multicenter, cluster randomized controlled trial of 7,402 patients in 12 Canadian hospitals from October 2014 to May 2015, a transfusion algorithm and the POC assays, ROTEM (Rotation Thromboelastometry; TEM International GmbH, Mississauga, ON) and PlateletWorks (Helena Laboratories, Beaumont, Texas) were studied. There was a significant reduction in RBC transfusions (RR 0.91 95 percent confidence interval [CI], 0.85–0.98), PLT transfusion (RR, 0.77; 95percent CI, 0.68–0.87), and major bleeding (RR, 0.83; 95 percent CI, 0.72–0.94) using the algorithm with POC testing. Overall, there was a 16 percent reduction in units of allogeneic blood products transfused. The intervention did not affect complication rates or duration


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RESEARCH IN BRIEF (continued from page 8)

of hospitalization. Limitations included no transition period between phases of the study and a limited exposure to the intervention in hospitals participating late in the study.


Citation: Karkouti K., Callum J., Wijeyesundera D.N., *et al.* Point-of-Care Hemostatic Testing in Cardiac Surgery: A Stepped-Wedge Clustered Randomized Controlled Trial, *Circulation*. October 18, 2016. DOI: <https://doi.org/10.1161/CIRCULATIONAHA.116.023956>.

Results from retrospective multicenter study support the practice of using thawed group A plasma for initial resuscitation of trauma patients with unknown ABO group. This study examined data from 17 level-one and two trauma centers and reviewed the 24-hour and in-hospital mortality rates among B and AB recipients compared to A recipients transfused after at least one unit of A plasma. Of the participants, 76 percent of the hospitals did not perform anti-B titration on the group A plasma, but the titer was frequently less than 50 among those centers that did test. There were no significant differences in patient age, sex, or the Trauma Injury Severity Score (TRISS) or probability of survival between the study groups, supporting the use of A plasma for untyped patients undergoing trauma resuscitation.

Citation Dunbar N.M. and Yazer M.H. Safety of the use of group A plasma in trauma: the STAT study, *Transfusion*. June 8, 2017 online. DOI: 10.1111/trf.14139. 

RECENT REVIEWS

A report on the Challenges of and Opportunities for Cellular Therapies workshop, held by the National Academies of Sciences, Engineering, and Medicine in October 2016, is now available for free download and review. Cellular therapies are being investigated for the potential to cure type 1 diabetes, degenerative diseases, restoring vision, and many other applications. This workshop was convened to examine the science underpinning these approaches proposed to generate, repair, or replace tissues; highlight the challenges, successes and lessons learned with regenerative therapies; and discuss next steps. The workshop covered skin and musculoskeletal tissues, hematologic and immunologic applications, neurological and ophthalmological, cardiovascular, lung, and renal tissue. Animal models were seen as imperfect, but potentially useful; refining standards of evidence and endpoints in trials. The report gives an in-depth review of each cell type and the interrelated challenges and opportunities that exist among them. The Workshop recognized the conundrum of using accelerated approval pathways, while maintaining a strict adherence to quality and clinical benefit for patients.

Citation: Markowitz-Shulman A., Hammers-Forstag E., Addie S., *et al.* Exploring the State of the Science in the Field of Regenerative Medicine: Challenges of and Opportunities for Cellular Therapies: Proceedings of a Workshop. DOI: 10.17226/24671. 

BRIEFLY NOTED

Evidence for the value of novel therapeutic agents receiving accelerated Food and Drug Administration (FDA) approval has major limitations. A big push is occurring from pharmaceutical and practicing physicians to have the FDA approve novel therapeutic agents faster—especially cancer drugs. In a review of all novel therapeutic agents receiving accelerated approval from ClinicalTrials.gov from 2000 to 2013, a retrospective analysis shows only one-third of the thousands of trials reported on the 37 agents receiving accelerated approval were randomized controlled trials, the gold standard for clinical evidence. Less than half of these studies evaluated the effectiveness of these agents, rather they use these agents as a “back-

BRIEFLY NOTED (continued from page 9)

ground” treatment included in both arms of the trials analyzed. The authors conclude that most clinical studies including these agents are small and nonrandomized, and about a third are conducted in unapproved areas, typically concurrently with those conducted in approved areas. Most randomized trials, including these therapeutic agents, are not designed to directly evaluate their clinical benefits, but to incorporate them as standard treatment.

Citation: Naci H., Wouters O.J., Gupta R., *et al.* Timing and Characteristics of Cumulative Evidence Available on Novel Therapeutic Agents Receiving Food and Drug Administration Accelerated Approval. *Milbank Quarterly*, Vol. 95, No. 2, 2017 (pp. 261-290).

Global Healing released their 2016 Annual Report. In their report, they discuss their activities and accomplishments in Vietnam, Haiti, Honduras, the Republic of Georgia, along with other global and regional initiatives. The report highlighted a featured volunteer, Dr. María Castellanos, who spent a month in the Roatán Volunteer Pediatric Clinic in Honduras. ABC Director of Regulatory Services Ruth Sylvester was listed for her work in Georgia, along with sponsors for each project and the nonprofit’s financials. (Source: [Global Healing 2016 Annual Report](#)).

Physician demand continues to grow as the number of physicians continues to decline, reads a report from the Association of American Medical Colleges (AAMC). By 2025 there will be a shortfall between 14,900 and 35,600 primary care physicians and 37,400 to 60,300 specialists. Reasons for the projected shortfalls include the number of physicians retiring—37 percent are between 55 and 75 years old. (Source: AAMC, [The Complexities of Physician Supply and Demand: Projections from 2014 to 2025: 2016 Update](#))

June 15 marked the 350th anniversary of the first blood transfusion. Jean-Baptiste Denis performed the first recorded blood transfusion to a 15-year-old French boy from a live sheep donor. The boy lived and was likely given negligible amounts of the sheep’s blood as no adverse effects were noted. The second transfusion was performed on a 34-year-old “madman” named Antoine Mauroy from a living calf. The man also survived but had a febrile reaction. He appeared to be “less mad” after transfusion but was found dead after several days—likely poisoned, some speculate by his wife in retaliation for his beatings and in return money from doctors who felt transfusions were against God’s will. There were many trials (quite literally) and tribulations for transfusion medicine to become the common practice it is today. (Sources: *Blood Work: A Tale Of Medicine And Murder In The Scientific Revolution*, Holly Tucker; *Smithsonian Magazine*, [50 Years Ago, A Doctor Performed the First Human Blood Transfusion. A Sheep Was Involved](#), June 15, 2017)

Shortage of chimeric antigen receptor (CAR-T) cells. Insufficient CAR-T cells are being generated to meet the demand for the experimental cancer therapy. Data suggest that CAR-T therapy is especially effective for hematologic cancers like B cell acute lymphoblastic leukemia, with 90 percent remission rate in some studies (Turtle *et al.*). But the therapy is still under clinical investigation and generating the cells is a time-consuming, hands-on process. The demand is spurring competition, and manufacturing capacity is being built. If the Food and Drug Administration begins approving the therapy soon for certain cancers, the demand could surge and create an even bigger shortage. (Source: *Science*, [For experimental cancer therapy, a struggle to ensure supply keeps up with demand](#), June 13, 2017)

Citation: Turtle CJ, Hanafi LA, Berger C, *et al.* CD19 CAR-T cells of defined CD4+:CD8+ composition in adult B cell ALL patients. *Journal of Clinical Investigation*. June 1, 2016. DOI: 10.1172/JCI85309.

The Stop the Bleed campaign of the American College of Surgeons Committee on Trauma and the Hartford Consensus has picked up renewed momentum in the last few months. This project is aimed

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BRIEFLY NOTED (continued from page 10)

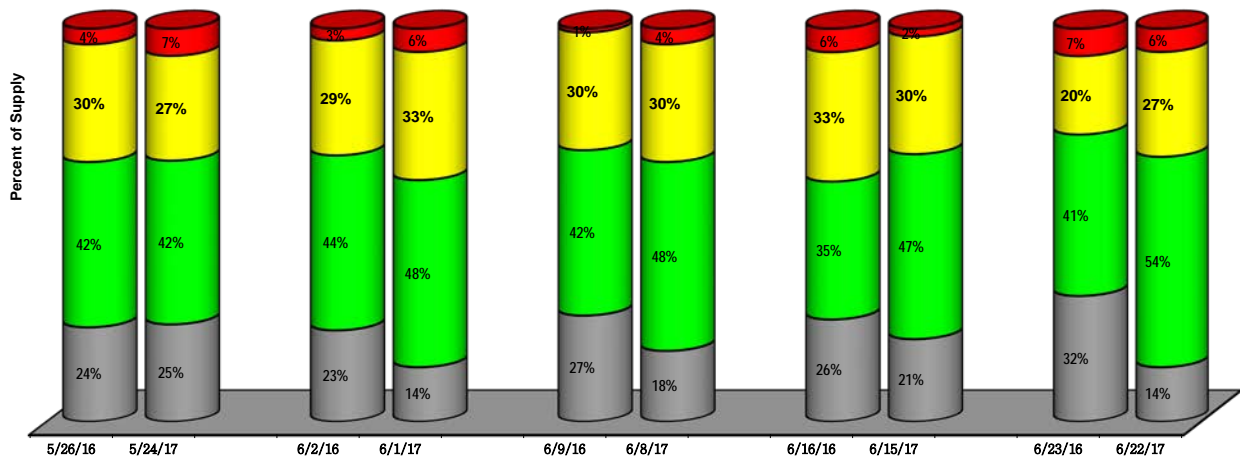
at providing resources to allow bystanders to save lives in emergencies involving serious bleeding.

Following terrorist attacks in Europe and the shooting outside Washington, D.C., last week, a number of areas have started providing training through the campaign. Rep. Mo Brooks (R-Ala.) helped to save a Capitol Hill staffer’s life by using his belt as a tourniquet. Law enforcement agencies, universities, hospitals, and schools across the country are taking part in providing training. Kits are available [here](#) for purchase. (Source: [Bleeding Counts site](#)) ♦

INFECTIOUS DISEASE UPDATES

West Nile Virus (WNV) reports are trickling in from across the country. From California to Tennessee, reports on WNV infecting humans are being published across the country. At least one potentially fatal case of an 8-year-old boy in Jackson County, Mo., was reported in May and at least one person hospitalized in Los Angeles County, Calif. The Centers for Disease Control and Prevention (CDC) [confirmed 2,038 cases in 2016](#), with 275 potential viremic blood donors. There are as yet no public statistics from the CDC on WNV cases in 2017. (Sources: *Los Angeles Times*, [L.A. County reports 2017's first case of West Nile virus](#), June 16, 2017; Associated Press, [South Dakota Has 1st Human West Nile Virus Case of the Year](#), June 14, 2017). ♦

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



■ No Response ■ Green: 3 or More Days ■ Yellow: 2 Days ■ Red: 1 Day or Less

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



WORD IN WASHINGTON

Following House passage of Obamacare repeal legislation last month, Senate Republicans released their own plan last Thursday. The proposal was immediately met with trepidation from some members of their own party, citing various policy and procedural concerns, clouding its future prospects. Four Republican Senators, Sen. Rand Paul (R-Ky.), Mike Lee (R-Utah), Ted Cruz (R-Texas) and Ron Johnson (R-Wis.) released a statement announcing they do not support the bill. All Democrats are expected to vote against the legislation. Republicans can only afford to have two members of their party defect if they hope to pass the bill, leaving Senate Majority Leader Mitch McConnell (R-Ky.) some work to do to achieve his goal of voting on the proposed legislation as early as this week.

The bill would allow states to cut many health services required under the Affordable Care Act (ACA), such as maternity care, emergency services, and mental health treatment. The bill would also cut taxes and alters tax credits given to people who pay for their own health insurance as well as gutting ACA mandates that everyone be covered. The American Hospital Association has already announced their disapproval with the plan in a statement from their President and CEO Rick Pollack. "From the onset of this debate, America's hospitals and health systems have been guided by a set of key principles that would protect coverage for Americans. Unfortunately, the draft bill under discussion in the Senate moves in the opposite direction, particularly for our most vulnerable patients...We urge the Senate to go back to the drawing board and develop legislation that continues to provide coverage to all Americans who currently have it." (Sources: Fox News, [Senate GOP Unveils ObamaCare Repeal Bill](#), June 22, 2017; New York Times, [Senate Health Care Bill Includes Deep Cuts to Medicaid](#), June 22, 2017)

As part of the continuing congressional work related to development of a fiscal year 2018 budget, the Senate's health appropriations subcommittee met on Thursday, June 22. The subcommittee discussed the FY2018 Budget Request for the National Institutes of Health, including the National Heart, Lung, and Blood Institute and the National Institute of Allergy and Infectious Diseases. Subcommittee Chairman Roy Blunt (R-Mo.) started the hearing by expressing his opposition to the drastic cuts to NIH funding included in the President's proposed budget, expressing skepticism that such cuts would be included in the final budget approved by Congress. Chairman Blunt was joined in this view by other Senators from both sides of the aisle. The proposed reduction would cut \$5.8 billion (18 percent) of the NIH budget for fiscal year 2018, and include an elimination of the Fogarty International Center, a research center that studies HIV/AIDS, Ebola, and other global health crises. (Source: *The Hill*, [GOP senator slams proposed NIH cuts: 'No one should have to defend' them](#), June 22, 2017.



Vice President Mike Pence and members of Congress from both political parties joined together on Capitol Hill last week to donate blood in honor of Representative Steve Scalise (R-La.). Rep. Scalise was shot along with two Capitol Hill police officers, a staff member, and lobbyist near Washington, D.C. during a baseball game practice. ABC member LifeShare Blood Center also hosted a blood drive at the Louisiana State Capitol (See [Member News](#)) in honor of Rep. Scalise.

"LifeShare would like to send our thoughts and prayers to the family of Steve Scalise. We appreciate those generous donors who donated beforehand so that the blood was there when he needed it. We want to do the same for our community," said Stephanie Duplessis, manager of the LifeShare Blood Center in Baton Rouge. 📌



PEOPLE



Christopher Staub, MT (ASCP) SBB, will be the new president and chief executive officer of Central California Blood Center (CCBC). Mr. Staub will succeed Dean Eller, effective August 1, 2017.

Mr. Staub brings 30 years of leadership to the CCBC, with diverse scientific, business, and management experience in blood banking and health care. He is actively involved in blood banking associations and serves on the ABC Board of Directors. Mr. Staub came to the CCBC in January 2016 as chief operations officer. In 18 months, he began leading innovative and progressive changes to benefit patients, area hospitals and transfusion services, blood donors, and internal personnel. His scientific and technical background, coupled with his administrative and leadership experience, made Mr. Staub the right person to

lead the CCBC in challenging times for healthcare and blood services providers, noted a press release on his promotion. (Source: CCBC press office email)



Rob Van Tuyle and Dirk Johnson. The Blood Systems Inc. (BSI) Board of Directors has appointed leaders from its existing executive team to two top leadership roles. Previously the president of Blood Services West Division, Rob Van Tuyle will now serve as Blood Services president for all divisions, a position left vacant by Dave R. Green's promotion to BSI president and CEO in May. As Blood Services president, Mr. Van Tuyle will guide Blood Systems' largest operating division to lead the industry in the delivery of blood-related services. He will lead more than 3,500 employees serving approximately 1,000 hospitals across 28 states. Van Tuyle has more than 20 years of experience in executive management with public, private and nonprofit organizations, and 10 years of public accounting experience.

"Mr. Van Tuyle led BloodSource's merger with Blood Systems and subsequently BSI's West Division and I was impressed by his track record of innovation, his respect for employees, and his ability to bring people and organizations together," said Blood Systems President Dave Green. "He is a visionary thinker, with a solid grounding in the discipline of sound business management."



Dirk Johnson, previously BSI's Blood Services president of the Southwest Division, has been appointed to a new position: executive vice president for Blood Services operations. In this role, which reports directly to Mr. Van Tuyle, Mr. Johnson will lead the systems and teams that support Blood Services' operational success. "I worked closely with Mr. Johnson for the past year and he has a keen understanding of the essential behind-the-scenes work and how it elevates organizational success," said Mr. Green.

Like Mr. Van Tuyle, Mr. Johnson started his blood banking career at BloodSource. With more than 15 years at the Sacramento-based blood center, he oversaw functions and operations throughout the organization, culminating in five years as chief operating officer. He later served as COO at QualTex Laboratories, an independent testing laboratory for blood and plasma products. He joined BSI from ProGuide, a management consulting firm, nearly a year ago.

"When you already have strong leaders in your organization, it's a win-win to offer them the opportunity to continue to build the momentum they've had a hand in establishing," Mr. Green said. "There's no doubt this leadership team will lead us confidently toward our vision."

Van Tuyle and Johnson transitioned to their new roles on June 11. An internal search is underway for their successors. 💧



MEMBER NEWS



Hoxworth Blood Center is processing blood and collecting plasma from a black rhino for the Cincinnati Zoo. The Zoo requested the plasma collection from 12-year-old Faru, a black rhino and father-to-be, in case the mother Seyia rejects the calf, due in July, and it has to be hand-raised by zoo attendants. The plasma would be used to boost the calf's immune system. Adult black rhinos can weigh as much as 3,000 pounds (1,360 kilograms). Newborns weigh as much as 120 pounds (54 kilograms). (Source: [Cincinnati Zoo blog](#), June 16, 2017)

Bloodworks Northwest positions lab services for growth. Growing and expanding its specialized lab testing services to support Northwest organ and tissue transplantation centers will be a strategic focus for Bloodworks Northwest in the next several years.

“Excellence in lab services is part of our core mission, and healthcare providers depend on our labs to deliver the best possible care to their patients,” said James P. AuBuchon, MD, president and chief executive officer. “We are moving to position Bloodworks as a leading, independent source for complex testing that provides critical healthcare support—not just for blood donors and hospitals, but also for organ, cornea, tissue, stem cell and cord blood transplantation and banking throughout the Northwest region.”

Mark Destree will become vice president for Lab Services—overseeing multiple labs including donor testing, transfusion services, and specialized testing labs for hemostasis, immunogenetics, platelet immunology, and immunoematology reference. Mr. Destree joined Bloodworks in 2005, and helped to create new relationships and customers for lab testing services.

Effective June 15, 2017, Bloodworks and Creative Testing Solutions (CTS) jointly decided to end a lab management agreement implemented in 2013 at the Bloodworks Renton facility. “We decided to divest our membership and ownership interest in CTS so that we can explore other strategic partnerships and business opportunities,” Mr. AuBuchon said. “CTS will continue to serve as our designated back-up for lab testing in the event of a major emergency or service disruption, and will continue to perform our confirmatory and parvovirus testing.”

Bloodworks labs also partner with universities and with public and private researchers and institutions on clinical trials. “The healthcare impact of our labs is nationwide and beyond,” AuBuchon noted. (Source: Bloodworks Northwest press office)



LifeShare Blood Center held an invitation-only blood drive in honor of Congressman Steve Scalise (R-La.). The blood drive was held on June 16 by invitation-only from the Office of the Speaker, La. House of Representatives and held at the state Capitol in honor of Rep. Scalise, who was shot on June 14 while practicing for a baseball game with staff members near Washington, D.C. The blood drive captured media attention around the New Orleans region and contributed 71 blood products to the supply. Among those who attended was Governor of Louisiana Jon Bel Edwards (pictured to the left), who visited the drive to conduct media interviews and thank blood donors, and then returned in the afternoon to donate blood himself. 📌



CALENDAR

2017

July 26. **Transfusion Safety Officer & Patient Blood Management Seminars (Advanced Program), Ft. Lauderdale, Fla.** 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.

July 31-Aug. 1. **The Center for Medicare and Medicaid Services (CMS) Advisory Panel on Clinical Diagnostic Laboratory Tests annual public meeting, Baltimore, Md.** For more information and registration click [here](#).

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.

Sept. 28. **36th Annual Immunohematology and Blood Transfusion Symposium, Bethesda, Md.** Advance registration is encouraged. Contact [Karen Byrne](#) or click [here](#).

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](#). ♦

7th Annual Links for Life Golf Tournament

 *Warwick Country Club*

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08.03.2017

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 **THE FOUNDATION FOR
AMERICA'S BLOOD CENTERS**



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

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.

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. 💧