

2018 #3

January 26, 2018

INSIDE:

Our Space:
Transfusing for Good Ends2
2017 Compensation and Benefits Survey Results Now Available.....4
Reminder: Complete ABC 2017 Service Fee Survey4
ABC 2018 Meetings & Workshops5
RESEARCH IN BRIEF5
RECENT REVIEWS6
BRIEFLY NOTED6
STOPLIGHT®: Status of America's Blood Centers' Blood Supply..7
REGULATORY NEWS....7
WORD IN WASHINGTON9
MEMBER NEWS.....10
GLOBAL NEWS10
COMPANY NEWS11
CALENDAR.....11
POSITIONS.....12

ABC Annual Meeting to Explore the Shifting Healthcare Landscape, Impact of Gene Editing, Disaster Response

America's Blood Centers' members, along with regulatory, government, healthcare professionals, and industry partners will convene at the Scottsdale Plaza Resort in sunny Scottsdale, Ariz. for the 56th ABC Annual Meeting from March 17th to 19th. The meeting provides individuals with opportunities to learn from one another, share best practices, stay updated with advances in transfusion medicine, and of course – network with fellow blood bankers and friends.



Cypress Court at the Scottsdale Plaza Resort

This year's meeting, co-hosted by Blood Systems, Inc., will feature the Opening Session, Scientific, Medical, Technical (SMT) Forum, Celso Bianco Lectureship, General Session, an "Evening at the Musical Instrument Museum," and the 21st Annual *Awards of Excellence*. Also, the AABB National Blood Foundation (NBF) Leadership Forum will take place on March 20th in Scottsdale with ABC Annual Meeting attendees receiving a \$100 discount on registration.

Opening Session

ABC President and Community Blood Center of the Carolinas President and CEO Martin Grable will kick things off by addressing the "State of the Association and Industry." He will examine the current challenges facing community blood centers along with ABC's response, and look at ways member blood centers and ABC can strengthen their work together in the future. Attendees will also hear a presentation that delves into the ways that blood centers can adapt in the changing healthcare landscape through "foster[ing] dialogue on changing the value paradigm in [the blood] industry, by "considering innovation concepts from other industries."

SMT Forum & Celso Bianco Lectureship

Following the ABC Members Meeting, the SMT Forum will update attendees on various emerging issues and scientific advances in transfusion medicine including

(continued on page 3)

**** Disclaimer: The opinions expressed in this editorial are the author's own and do not reflect the view(s) of ABC or the author's employer. ****



OUR SPACE

John Armitage, MD; ABC Board Member & Oklahoma Blood Institute CEO

Transfusing for Good Ends

My first awareness of transfusion came in the 1970s when my grandmother received blood during her terminal battle with multiple myeloma. After getting red blood cells (RBCs), “Nana” reported that the donation probably came from a teenager because she suddenly felt so much energy. The 10-year-old me did not know that such a physiological boost could, in fact, come from a donor of any age. What I did understand was that my Nana and Mum were once again able to go shopping, visit friends, get a hair styling, and enjoy a brief run of “good days.” These were the high points that helped sustain them through their difficult journey together.

While my family story is simply anecdotal fare, there is some, sparse data to show anemic, end-stage patients feel better after being transfused. For example, in the October 2017 issue of the *Journal of Palliative Care*, Timothy HM To, *et. al* noted that 78 percent of transfusions for 101 palliative care subjects in a prospective, international, multi-center study yielded improvement of anemia associated symptoms (fatigue, breathlessness, weakness, dizziness, etc.). Other publications show similar, positive outcomes, via assessments by both patients and care providers. Nicolas Chin-Yee, *et. al* in this month’s *Transfusion* summarize 13 studies of RBCs given palliatively, with subjective benefits noted for 69 percent (260/378) of patients aggregated from the five studies that deployed symptom assessment scales.

As Mr. Chin-Yee and colleagues state, better research is needed into the appropriate indications for transfusions in end-of-life scenarios. There are numerous confounding variables to adjust for, such as primary disease, co-morbidities, chemotherapy toxicities, caregiving setting, etc. Even with our industry’s passion for patient blood management and evidence-based medicine, this type of high quality research and the derivative understanding will be a major challenge. Sadly, in the U.S. this topic might never be fully investigated because transfusion reimbursement is extremely constrained for hospices and their patients have only the briefest time horizons to advocate for practice improvements.

Acknowledging that robust decision-making tools, such as prospective, randomized, controlled trials, are not going to appear in this field anytime soon does not mean the status quo is an appropriate default. As a minimal step forward, a consensus conference could establish a set of quality-of-life measures to better capture post-transfusion outcomes. This assessment tool should not only capture symptoms (perhaps incorporating elements of the validated FACT-F scale), but also social parameters such as patient visitations limited by fatigue, impositions required of family and friends for daily living, and activities occurring beyond the immediate care environment. If my Nana and existing data are any indication, when we begin to look systematically, we will find a world of good that we do now and the opportunity to do much more. john.armitage@obi.org

Citations: To, T.H.M., LeBlanc, T. W., Eastman, P., Neoh, K., Agar, M. R., To, L. B., Rowett, D., Vandersman, Z., and Currow, D.C. *Journal of Palliative Medicine*. 2017. 20(10): 1152-1157. <https://doi.org/10.1089/jpm.2017.0072>

Chin-Yee, N., Taylor, J., Rourke, K., Faig, D., Davis, A., Fergusson, D., and Saldenberg, E. Red blood cell transfusion in adult palliative care: a systematic review. *Transfusion*, 2017. 58: 233–241. [doi:10.1111/trf.14413](https://doi.org/10.1111/trf.14413) ♦

The ABC Newsletter (ISSN #1092-0412) is published by America’s Blood Centers® and distributed by e-mail. Contents and views expressed are not official statements of ABC or its Board of Directors. Copyright 2018 by America’s Blood Centers. Reproduction of the ABC Newsletter is forbidden unless permission is granted by the publisher. (ABC members need not obtain prior permission if proper credit is given.)

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

Chief Medical Officer: Louis Katz

Editor: Mack Benton

Subscriptions Manager: Leslie Maundy

Annual Subscription Rate: \$390

Send subscription queries to

lmaundy@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.



ABC 56th ANNUAL MEETING (continued from page 1)

the availability of gene editing technologies and their potential impact on future blood product usage, whole blood use, and prehospital transfusion. Jay Menitove, MD, clinical professor of pathology and laboratory medicine at Kansas University Medical Center will deliver this year’s Celso Bianco Lectureship on “Safety, Availability, and Sustainability of the U.S. Blood System,” which will identify the challenges sustaining a safe and adequate blood supply and potential options to ensure its future efficacy. The day will culminate with an “Evening at the [Musical Instrument Museum](#).” Attendees are invited to join ABC and hosts Blood Systems, Inc. for a networking event that will feature live music, a plated dinner, and tours of the world-renowned museum.

General Session

Monday’s General Session will feature firsthand accounts from three ABC member blood centers on the impact of disaster preparedness and their responses to respective disasters that made national headlines. Additionally, attendees will hear presentations on the need for blood centers to expand and diversify services for customers to increase value and keep pace trends in the changing healthcare environment. The meeting will end with the 21st Annual Awards of Excellence, which honors blood donation sponsors, corporations, and advocates that support the work community blood centers through their commitment to blood donation. [Registration](#) is open. Please make your hotel reservations by February 23rd to ensure best availability and the group rate. Contact [Leslie Maundy](#) for available sponsorship opportunities. ♦



AMERICA’S BLOOD CENTERS’

56TH ANNUAL MEETING

March 17-19, 2018 | Scottsdale, AZ

2018 ANNUAL MEETING SCHEDULE

Saturday, March 17	ABC Board Meeting Opening Session
Sunday, March 18	ABC Members Meeting SMT Forum & Celso Bianco Lectureship Host Event by Blood Systems
Monday, March 19	General Session 21st Annual Awards of Excellence
Tuesday, March 20	NBF Leadership Forum



Hotel Information
Scottsdale Plaza Resort
Hotel room rate:
\$219 Single/Double



For registration information, visit http://bit.ly/abc_annual_meeting.

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



Blood Systems — Dave Green, MSA, President and CEO
Blood Systems, Inc.



America’s Blood Centers
It’s About *Life*.

“ I look forward to welcoming America’s Blood Centers back to Scottsdale, where the organization began more than 55 years ago. Along with opportunities to discuss emerging issues in our field, the Annual Meeting is a great forum for exchanging ideas and developing collaborations. The more who attend – the greater the value to all involved! ”



America's Blood Centers®
It's About *Life*.

INSIDE ABC

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

2017 Compensation and Benefits Survey Results Now Available

The results from ABC's 2017 Compensation and Benefits survey are available. Highlights include current trends in compensation and benefit programs of ABC member blood centers, with data effective as of October 1, 2017, along with salary data collected in an individualized manner, rather than organizational averages. This methodology allows the survey to present data that is more accurate, detailed and far more reflective of the actual market. Thirty-six ABC member blood centers participated in the benefit survey, while 37 member blood centers participated in the compensation survey, which includes data representative of more than 10,500 employees and 67 positions. Participants can purchase the results for \$450. Non-participant pricing is \$900. This second-tier management survey was designed by Gallagher Surveys, in collaboration with ABC's Human Resources Committee. To place your order, please [e-mail](#) Annmarie Flaherty. For blood centers that have already ordered the survey, an e-mail with the results has been sent.

(Source: ABC [MCN 18-001](#))

Reminder: Complete ABC 2017 Service Fee Survey

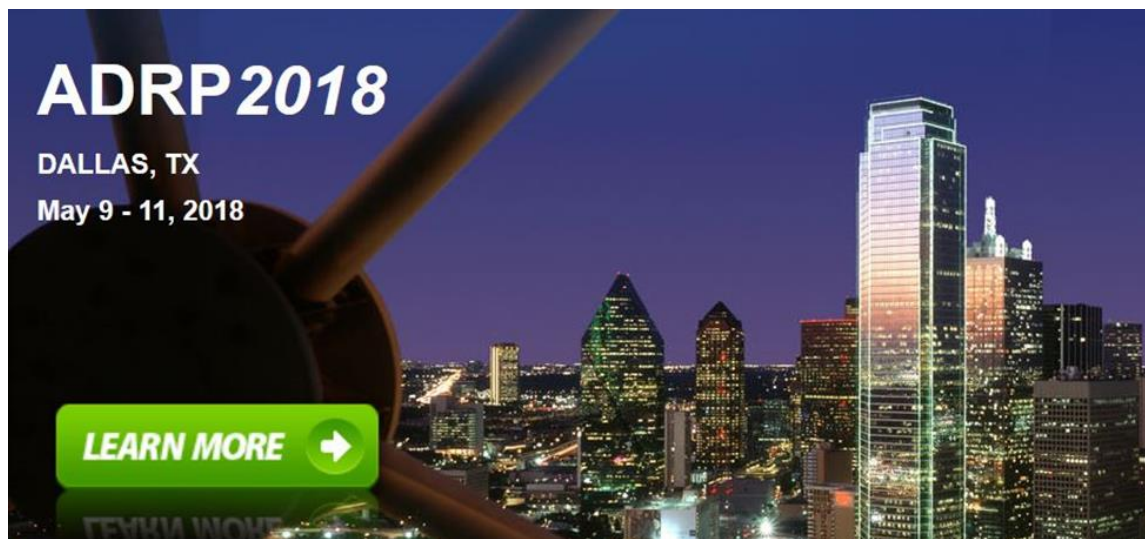
ABC is conducting its annual survey of member service fees. The results from this survey play a vital role in ABC's advocacy efforts to obtain better reimbursements for blood products on behalf of its member blood centers. The data in this report will only be reported in aggregate. No individual data from a member blood center will be displayed or shared. Please respond by January 31, 2018. Contact [Sameer Ughade](#) with any questions or to receive a link to the online survey distributed earlier this week. ♦

SAVE THE DATE

**ABC Quality Education presents
Process Improvement Test Cases—
Best Bang for Your Bucks Webinar**

February 20, 2017 at 3 PM ET

Additional details coming soon!



ABC 2018 Meetings & Workshops at a Glance

ABC 2018 Meetings & Workshops				
Meeting/Workshop	Dates	Location	Hotel/Hotel Rate	Registration Dates & Fees
Annual Meeting	March 17-19	Scottsdale, Ariz.	Scottsdale Plaza Resort, \$219/night	Register here by Feb. 23 \$760
Human Resources & Training/Development Workshop	May 8-10	Dallas, Texas	Fairmont Dallas, \$195/night	Mid-Feb. (Early Bird 2- or 3-day sessions) \$410/\$465; Mar. 1-Apr. 13 (Regular 2- or 3-day sessions) \$465/\$540
ADRP Annual Conference	May 9-11	Dallas, Texas	Fairmont Dallas, \$195/night	Register here now \$675
Medical Directors Workshop*	July 31 (precedes Summer Mtg)	Montreal, Québec*	Hotel Omni Mont-Royal, \$234 CAD /night	Mid-May -July 9 MD Workshop \$435 MD+Summer \$760
Summer Meeting*	August 1-2	Montreal, Québec*	Hotel Omni Mont-Royal, \$234 CAD /night	Mid-May -July 9 Summer \$655 Summer+MD \$760
<p>Notes:</p> <p>For the most up-to-date information on all events, members of ABC may check the calendar on ABC's Member Site.</p> <p>Non-members may attend all events; information will be updated on ABC's Public Site.</p> <p>* Non-Canadian residents will require passport for travel</p>				

RESEARCH IN BRIEF

Transfusion is not *causally* associated with necrotizing enterocolitis (NEC) according to a meta-analysis in the *Journal of Perinatal Medicine*. The published data statistically refute any purported casual association of transfusion with this severe neonatal syndrome, identified in up to 10 percent of preterm infants. In a formal review of the observational studies addressing this issue, no statistical association could be found. Whether the asserted association in those studies that found risk, is spurious due to unmeasured confounders, or risk reductions incumbent upon changes in transfusion practices in neonatology is not clear. The authors ask whether the severe anemia that is associated with the need for transfusion may be pathogenic. They cite the limited data in support of the hypothesis, enumerate ongoing randomized trials of conservative versus liberal transfusion that include NEC as a secondary outcome and that may be informative.

Citation: Garg, P., Pinotti, R., Lal, C.V. *et al.* Transfusion-associated necrotizing enterocolitis in preterm infants: an updated meta-analysis of observational data. *Journal of Perinatal Medicine*. 2017. <https://doi.org/10.1515/jpm-2017-0162>. 💧




RECENT REVIEWS

International experts from the blood community have provided a review about the current threat(s) posed to transfusion recipients by the transmissible spongiform encephalopathies Creutzfeldt-Jakob disease (CJD) and variant Creutzfeldt-Jakob disease (vCJD). Topics addressed include: the epidemiology of these two conditions, caused by infectious, misfolded cellular “prion” proteins; the data available on transfusion transmission; the impact of polymorphisms in the human prion protein gene sequences on their clinical expression; current interventions to reduce risk and an assessment of the impact of those measures; the prospects for and pitfalls of candidate prion detection assays; and a look into potential future developments with this unique coterie of pathogens. The inability to predict the probability of subsequent waves of vCJD, based on the presence of exposed “reservoir” populations and the unknown influence of sequence variants on its incubation period mean that “at least some precautionary measures will remain in place and continued surveillance is necessary” for the foreseeable future.

Citation: Seed, C.R., Hewitt, P.E., Dodd, R.Y. *et al.* Creutzfeldt-Jakob disease and blood transfusion safety. *Vox Sanguinis*. 2018. [doi: 10.1111/vox.12631](https://doi.org/10.1111/vox.12631).

The pathophysiology, epidemiology, diagnosis and management of hemorrhagic shock are reviewed in the *New England Journal of Medicine*. Regarding management, the increasing recognition of the importance of prehospital interventions is highlighted, including avoiding dilutional coagulopathy from crystalloid infusion and early evidence in combat venues of survival advantages associated with prehospital transfusions of red blood cells and plasma. After arrival to the hospital, the critical role of massive transfusion protocols that “mobilize universal donor blood products” to the bedside at “prespecified ratios,” in adequate time and volume is stressed. Appropriate ratios in different contexts are discussed briefly. Scoring systems to predict the need for massive transfusion are included in a supplementary appendix. Pharmacologic hemostasis is discussed in addition to definitive (generally surgical) control of the primary bleeding.

Citation: Cannon, J.W. Hemorrhagic shock. *New England Journal of Medicine*. 2018. [378:370-9](https://doi.org/10.1056/NEJMp1801000). 

BRIEFLY NOTED

AABB has requested feedback by the close of business March 30th on a reporting form for transfusion adverse reactions. The form is [available](#) in PDF format and intended for use by both hospitals and blood centers. Please send comments to hemovigilance@aabb.org using “Common transfusion reaction reporting form” as the subject.

(Source: AABB Announcement in *CAP TODAY*)

The Office of the Inspector General (OIG) at the U.S. Department of Health Human Services (HHS) [highlighted](#) cybersecurity vulnerabilities after penetration testing in a summary report for fiscal year 2016. The results found that four divisions across HHS “needed improvement to more effectively detect and prevent certain cyberattacks.” These divisions “generally” agreed with the OIG’s findings and indicated that corrective measures have been implemented though “not validated” by the OIG.

(Source: Office of the Inspector General Summary [Report](#) for Fiscal Year 2016)

Zipline, a California-based company that specializes in robotics, is using drones to deliver blood to 12 clinics in remote parts of Rwanda. According to recent figures in *The Guardian*, the company “has delivered more than 5,500 units of blood over the past year.” When blood is needed, a message is sent by Zipline through WhatsApp by medical personnel. Upon confirmation of the order, a drone that can reach

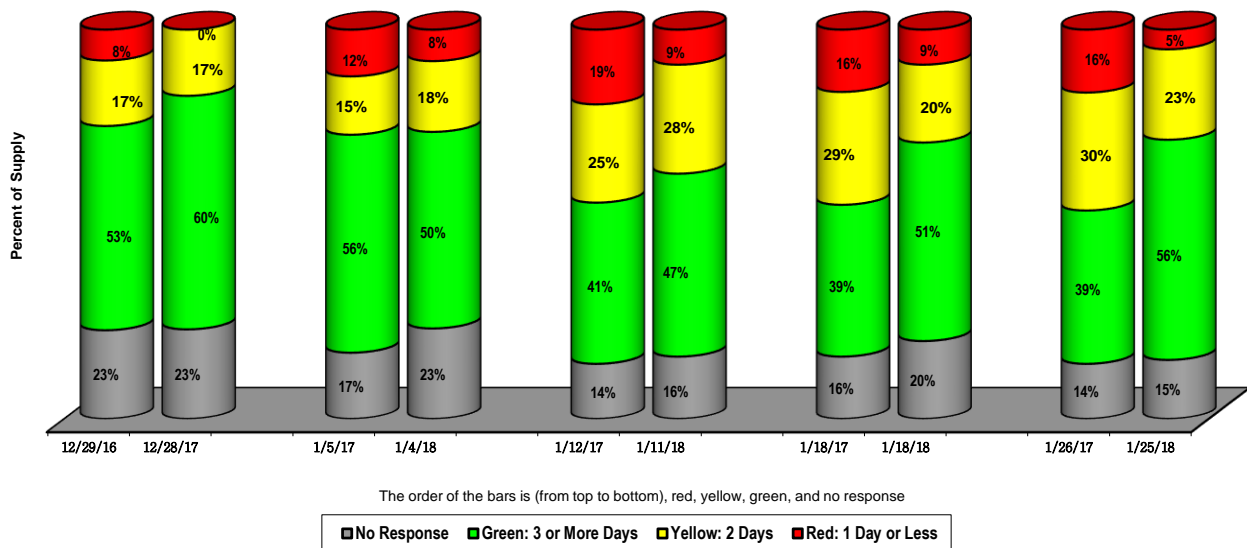
(continued on page 7)

BRIEFLY NOTED (continued from page 6)

speeds of 60 mph is dispatched. The clinics are alerted via text message when the drone is one minute away. The drone makes the delivery via a parachute in the designated drop-zone. “The ministry of health and Rwanda Biomedical Center are happy to use such innovative technology to reduce the average delivery time from four hours to less than 45 minutes, with quick and reliable delivery [of] blood products, said a Rwandan Health Ministry spokesman to *The Guardian*.” Zipline is looking to expand its services to Tanzania. “Some of the biggest, most powerful technology companies in the world are still trying to figure out how to do this. But east Africa is showing them all the way,” said Keller Rinaudo, Zipline CEO and co-founder. “The work in Rwanda has shown the world what’s possible when you make a national commitment to expand healthcare access with drones and help save lives.”

(Source: *The Guardian*, [‘Uber for blood’: how Rwandan delivery robots are saving lives](#), 1/2/18) 💧

STOPLIGHT®: Status of America’s Blood Centers’ Blood Supply



Daily updates are available at:

www.AmericasBlood.org

REGULATORY NEWS

The National Institutes of Health (NIH) revealed plans to award \$190 million to researchers as part of the [Somatic Cell Genome Editing Program](#) in a news release. Funding is subject to availability and will be dispersed over six years. “Genome editing technologies such as CRISPR/Cas9 are revolutionizing biomedical research,” said NIH Director Francis S. Collins, MD, PhD. “The focus of the Somatic Cell Genome Editing program is to dramatically accelerate the translation of these technologies to the clinic for treatment of as many genetic diseases as possible.” Announcements regarding funding opportunities are expected in the next month according to the release.

(Source: National Institutes of Health [News Release](#), 1/23/18)

(continued on page 8)

REGULATORY NEWS (continued from page 7)

The U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) published a guidance [agenda](#) for calendar year 2018. The guidance agenda outlines the guidance and draft guidance documents that CBER plans to publish throughout the year.

(Source: Center for Biologics Evaluation and Research [Announcement](#), 1/19/18)

The U.S. Food and Drug Administration (FDA) [announced](#) shelf life extensions for certain intravenous (IV) solutions due to the ongoing shortage in the U.S. caused by production delays from a leading manufacturer in the aftermath of Hurricane Maria disrupting operations on the island of Puerto Rico. A listing of the products and their extended expiration dates are [available](#).

(Source: U.S. Food and Drug Administration [Announcement](#))

FDA recently published its "[2018 Strategic Policy Roadmap](#)." Four priorities are identified including using innovation to improve healthcare and strengthening "tools for efficient risk management." FDA Commissioner Scott Gottlieb, MD addressed burdensome regulations and the promise of innovations such as gene and cellular therapies in his announcement of the roadmap: "[t]he work we do over the next few years will define how we advance many of these new and transformational technologies that will enable patients to benefit from platforms like gene and cell therapy, while addressing their novel risks and uncertainties. FDA will play an important role in leveraging science-based ways to improve the efficiency and predictability of the development process, while advancing our ability to make sure that new products have been carefully evaluated for safety. When it comes to new areas like regenerative medicine, gene therapy, and digital health, we will be responsible for fully establishing the contemporary regulatory approach for properly evaluating these products, and setting these guidelines in action. In some cases, it is going to require us to modernize our traditional approach to regulation to make sure that our policies are suited to novel challenges."

(Sources: U.S. Food and Drug Administration [Announcement](#), 1/11/18; Healthy Innovation, Safer Families: FDA's 2018 Strategic Policy [Roadmap](#))

FDA Commissioner Scott Gottlieb, MD issued a [statement](#) expressing the agency's commitment "to employing a least burdensome approach to device review in the wake of a U.S. Government Accountability Office (GAO) [report](#)." "[W]e've outlined some different pathways for manufacturers to engage the agency earlier in the development process. We have engaged in prior analysis of the factors that help predict regulatory success. We know from that research that very early engagement with the FDA, even preclinical meetings, can give product developers important assistance...As part of this commitment to modernize the agency's approach to medical device regulation, we announced our intention to propose an alternate approach to the traditional 510(k) clearance pathway, which will involve the use of modern, science-based consensus standards and FDA-developed performance criteria as a way to evaluate iterative changes in well-understood technologies." A [draft guidance](#) from FDA in December 2017 defined "least burdensome" and provided a framework for how FDA implements such an approach. The GAO report entitled "Evaluation is Needed to Assure Requests for Additional Information Follow a Least Burdensome Approach" recommended that Dr. Gottlieb and FDA create metrics to "evaluate the implementation of the least burdensome requirements."

(Source: U.S. Food and Drug Administration [Statement](#), 1/16/18; U.S. Government Accountability Office Report 12/15/17) ◆



Learn ♦ Grow ♦ Lead Shed Light on Your Future



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:

- Do you know exactly what you want employees to understand, think, and do in response to your communications?
- Are trust and commitment part of your team's DNA?
- Do you know what motivates your employees?



America's Blood Centers[®]
Professional Institute

Start Developing Your Skills Today

Log on at: www.americasblood.org/education

WORD IN WASHINGTON

The Senate voted in favor of confirming Alex Azar as secretary of the Department of Health and Human Services (HHS) on Wednesday. "An HHS veteran, Secretary Azar is uniquely equipped for this new role," said House Energy and Commerce Committee Chair Greg Walden (R-Ore.) and Health Subcommittee Chair Michael Burgess, MD (R-Texas) in a statement. "We are confident he has the understanding of the issues facing our broken health care system, and the skills and experience necessary to implement commonsense, patient-centered solutions. We look forward to working closely with Secretary Azar in our shared efforts to combat the opioid crisis, advance innovation, lower costs for consumers, and tackle other critical issues facing the country's health system." The former pharmaceutical executive and member of the George W. Bush Administration will fill the void left by the resignation of Tom Price, MD. Mr. Azar is expected to be sworn in by the end of the week according to the *Washington Post*.

(Sources: *The Washington Post*, Alex Azar confirmed by Senate as new head of Health and Human Services, 1/24/18; House Energy and Commerce Committee [Statement](#), 1/24/18)

(continued on page 10)

WORD IN WASHINGTON (continued from page 9)

President Trump signed a short-term spending bill funding the federal government through February 8th. The continuing resolution is a stopgap measure that brings an end to the government shutdown that began late last week and ended Monday night. “This shutdown didn’t need to happen,” said House Speaker Paul Ryan (R-Wis.). “There are no winners here today. This is not a moment to pat ourselves on the back. Not even close. We need to heed the lessons that just happened here.” The House and Senate will continue to work towards agreement on a bill to fund the government for the remainder of 2018. The current short-term legislation funds the Children’s Health Insurance Program (CHIP) for six more years and suspends the medical device tax for two years. ABC has advocated for the [repeal](#) of the controversial tax.

(Source: *Washington Examiner*, [Trump signs spending bill ending shutdown, government will reopen Tuesday](#), 1/22/18)

The Senate Health, Education, Labor and Pensions Committee held a second hearing to reauthorize the Pandemic and All-Hazards Preparedness Act (PAHPA). A recording of the hearing is [available](#), in addition to the [first hearing](#) that took place last week. PAHPA promotes hospital and public health emergency preparedness agreements and is scheduled to end on October 1st. “The law helps protect us from the full range of public health threats – from natural disasters to bioterror attacks to outbreaks of infectious diseases,” said Senator Lamar Alexander (R-Tenn.) “PAHPA provides a medical and public health preparedness framework that ensures we are ready and able to respond to public health threats, encourages research and development of medicines to protect Americans, and enables our hospitals and state and local health departments to be prepared to respond to public health emergencies.”

(Sources: Senate Health, Education, Labor and Pensions Committee [Hearing](#), 1/23/18; *The Chattanooga*, [Alexander says flu season highlights need for preparedness](#), 1/23/18) ♦

MEMBER NEWS

OneBlood (St. Petersburg, Fla.) and **Community Blood Center** (Dayton, Ohio) recently celebrated two of their respective donors reaching milestones. Gordon Hannaway, a Tampa, Fla. resident, hit the 100-gallon mark during a recent donation. He has been a blood donor for more than 40 years. “I am a number’s guy I tend to make goals and that has been a goal for some time,” said Mr. Hannaway to WFTS-TV. “Hopefully we can encourage others to do it.” Steve Woolwine celebrated his 100th blood donation. He has been a regular at Community Blood Center since the 1970s and began donating while serving in the U.S. Air Force. “I kept coming. Really, I [look] forward to it,” said Mr. Woolwine to the *Fairborn Daily Herald*. “I like to be as helpful as I can.”



Gordon Hannaway donates at OneBlood. Photo courtesy of WFTS-TV.

(Sources: WFTS-TV, [Tampa man donates more than 100 gallons of blood, saving countless lives](#), 1/22/18; *Fairborn Daily Herald*, [Fairborn man makes 100 blood donation](#), 1/22/18) ♦

GLOBAL NEWS

Taiwan may become the latest country to relax blood donation restrictions for men who have sex with other men (MSM). According to published reports, the Ministry of Health and Welfare (MOHW) plans to adopt

GLOBAL NEWS (continued from page 10)

a 5-year deferral period for MSM removing the current lifetime ban as early as May. *Taipei Times* reported that an official announcement may come next month, “if there are no strong objections” to altering the lifetime ban that has been in place for 28 years. This step could be the first towards “gradually” reducing the deferral down to one year according to *Taiwan News*.

(Sources: *Taipei Times*, [Ban on blood donation by gay men to eased](#), 1/23/18; *Taiwan News*, [Blood donation rules for gay men in Taiwan to be relaxed in May](#), 1/22/18) ♦

COMPANY NEWS

INTERCEPT pathogen-reduced red blood cells (RBCs) met clinical expectations in a major clinical trial of transfusion for chronic anemia according to a recent Cerus press release and investor relations conference call. Representatives of Cerus described the results of SPARC (A Randomized Controlled Study to Evaluate Efficacy and Safety of S-303 Treated Red Blood Cells in Subjects with Thalassemia Major Requiring Chronic RBC Transfusion) a randomized, double blind, crossover, non-inferiority comparison of amustaline-glutathione (S-303) treated RBCs in chronically transfused thalassemia patients in the European Union. Patients were randomized, underwent six transfusion episodes with their assigned red blood cell (RBC), and were then crossed over to the alternative. Eighty-one patients received 2,006 total units, 1,007 treated, and 999 control. Two to three units per transfusion episode were used, and the maximum number of treated cells received by a single patient was 18 units. The primary endpoint of hemoglobin consumption and secondary endpoints including formation of antibody specific to the test product, RBC antigen alloimmunization and the numbers and types of other adverse effects were non-inferior with INTERCEPT. Cerus intends to file for their Conformité Européenne (CE) mark in the second half of 2018 with these data and those from additional completed studies in acute anemia.

(Sources: Cerus [Press release](#), 1/23/18; Conference call [recording](#), 1/24/18) ♦

CALENDAR

Note to subscribers: Submissions for a free listing in this calendar (published in the last issue of each month) are welcome. Send information to Leslie Maundy by e-mail (лмаundy@americasblood.org) or by fax to (202) 393-1282. (For a more detailed announcement in the weekly “Meetings” section of the newsletter, please include program information.)

2018

Feb. 5-7. **14th Annual FDA and the Changing Paradigm for HCT/P Regulation, Alexandria, Va.** Register [here](#).

Feb. 21. **General Topics for Blood Bankers in Clinical Laboratory Medicine, Orlando, Fla.** For more information, contact [Nancy Benitez](#).

Mar. 17-19. **ABC Annual Meeting, America’s Blood Centers, Scottsdale, Ariz.** More details available [here](#).

Mar. 20. **National Blood Foundation Leadership Forum, Scottsdale, Ariz.** More details available [here](#).

Mar. 21-22. **IPFA 3rd Asia Workshop on Plasma Quality and Supply, Kuala Lumpur, Malaysia.** More details available [here](#).

May 8-10. **ABC Human Resources & Training/Development Workshop, America’s Blood Centers, Dallas, Texas.** More details available [here](#).

(continued on page 12)

CALENDAR (continued from page 11)

May 9-11. **ADRP Conference & Expo., Dallas, Texas.** More details [here](#).

May 15. **2018 NJABBP Spring Seminar & Annual Conference, Woodbridge, NJ.** [Join](#) NJABBP by March 15th to be eligible to receive benefits. More details available [here](#).

May 16-17. **IPFA/PEI 25th Workshop on “Surveillance and Screening of Blood-borne Pathogens,” Athens, Greece.** More details available [here](#). 💧

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC 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 Leslie Maundy at the ABC office. Phone: (202) 654-2917; fax: (202) 393-1282; e-mail: hmaundy@americasblood.org.

POSITIONS

Manager of Clinical Apheresis. Responsible for departmental goals, objectives, and managing daily operations/business activities. Meet the needs of hospital and clinical accounts to ensure excellent customer service and quality patient care. Responsible for staffing field assignments, performing procedures in the field to assist in training or as staffing indicates, and remaining competent in all procedures and equipment utilized. The manager is responsible for maintaining statistics, quality indicators of procedures and records of preventative or responsive maintenance, and quality control of supplies and equipment. Regular attendance during office hours. RN active licensure in the State of Texas, HP credentialing preferred. Five year's apheresis experience - three year's therapeutic/PBSC apheresis. Carter BloodCare (CBC) is an EEO/Affirmative Action employer. CBC provides equal employment opportunities (EEO) to all employees and applicants and will not discriminate due to an employee's or applicant's race, color, religion, sex, sexual orientation, gender identity, age, national origin, genetic, and veteran or disability status. In addition to federal law requirements, Carter BloodCare complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. For more information or to apply, please visit www.carterbloodcare.org. CBC is a Pro Disabled & Veteran Employer. We maintain a drug-free workplace and perform pre-employment substance abuse testing.

Assistant Vice President, Quality & Regulatory Affairs. Kentucky Blood Center, located in Lexington, Kentucky, is seeking a proactive professional to assist the Vice President, Quality & Regulatory Affairs (VPQRA) in coordination of institutional adherence to standards and guidelines issued by regulatory agencies and accrediting organizations by designing, implementing, and monitoring the quality assurance program plan. This position is responsible for assisting the VPQRA in regulatory oversight of quality and operational activities

to ensure KBC compliance with all regulations and standards issued by regulatory agencies and accrediting organizations, including AABB, FDA, CLIA, State, OSHA, NRC, EU, and Short-Supply Agreement requirements. Qualified applicants must have a Bachelors of Arts or Science, Medical Technologist MT(ASCP) or equivalent, and CQA(ASQ) or equivalent preferred. A minimum of seven years blood banking experience or demonstrate understanding of all federal, state and regulatory agency requirements/guidelines and five years' experience in management. Must have good communication skills, computer skills, and have the ability to perform and interpret statistical analyses and reports. Competitive salary, comprehensive benefits including health, dental, vision, life, STD, LTD, paid time off/holidays, EAP, and 401(k) retirement savings plan. Relocation provided. For more information or to apply online, please visit www.kybloodcenter.org. Drug-free and EOE/AAP.

Manufacturing and Hospital Services Manager. Kentucky Blood Center (KBC), located in Lexington, KY is seeking a resourceful, self-motivated individual to oversee Technical Services second shift blood component processing from receipt of units through distribution, including inventory management. The successful candidate will ensure excellent customer service is provided to all KBC blood component customers; ensure Quality System Essentials are implemented, audited, and in compliance within Technical Services; develop and monitor department budgets; and will ensure acceptable validation and implementation of new or revised processes, equipment, computer programs and SOPs. This is a second shift position, 2:00 pm – 10:30 pm. Bachelor of Arts or Science, Medical Technologist MT(ASCP) or Clinical Laboratory Sciences, or experience deemed

(continued on page 13)

POSITIONS (continued from page 12)

equivalent. Three years of management experience in an organization regulated by good manufacturing practices, FDA, AABB or equivalent. Two or more years' experience in a blood center managing blood components distribution, inventory, and customer relations preferred. Must have excellent leadership, problem solving, and communication skills. Competitive salary, comprehensive benefits including health, dental, vision, life, STD, LTD, paid time off/holidays, EAP, and 401(k) retirement savings plan. Relocation provided. For more information or to apply online, please visit www.kybloodcenter.org. Drug-free and EOE/AAP.

Vice President, Clinical Services Administration. Blood Systems, headquartered in Scottsdale Arizona, is one of the nation's largest comprehensive transfusion medicine organizations. Our blood centers provide blood, blood components and special services to patients in over 1,000 hospitals across the country. We are seeking a Vice President, Clinical Services Administration for the Corporate Division. This position is responsible for fostering enterprise-wide collaboration among Blood Systems' immunohematology reference and centralized transfusion clinical services, promoting cost-saving standardization and enacting approved changes to provide impeccable laboratory and transfusion services for the patients served by our hospital partners. The ideal candidate will have extensive supervisory experience in immunohematology. Experience: Eight years of related experience required, to include five years' supervisory experience. Knowledge/Education: Bachelor's degree required. Master's degree preferred. Knowledge of large system operations management including fiscal policies, human resource management, and strategic planning required. Knowledge of federal, state, and local regulations that affect business operations required. Licenses/Certifications: SBB or equivalent preferred. To view the job description and apply for this position, please click [here](#).

Human Resources (HR) Training Specialist (Greenville, SC). The Blood Connection (TBC) seeks qualified applicants for its Human Resources (HR) Training Specialist position. The role of the HR Training Specialist is to oversee all professional development and regulatory training within TBC. HR Training Specialist responsibilities include understanding regulatory training requirements and communicating with executives and managers to identify training needs and mapping out development plans for teams and individuals. The HR Training Specialist is responsible for managing, designing, developing, coordinating and facilitating all training programs. Bachelor's degree in education, human resources, or related field with four years training experience or a bachelor's degree in any field with eight years training experience preferred. This position reports to Vice President of Business and Administration/VPBOA. The Blood Connection is an EOE. EEO/Minority/Female/Disability/Vets. To apply please go to <http://thebloodconnection.org/verify/>.

Manager of Operations. The Blood Connection (TBC) seeks qualified applicants for its Manager of Operations position in Western North Carolina. This position is responsible for operational oversight of The Blood Connection's collections, and donor recruiting in the Western NC Region. Supervises staff in Western NC Region with guidance from the TBC Executive team. Monitors performance in the areas of productivity, proficiency, efficiency, and customer service. Advanced communications skills preferred with working knowledge of blood center practices, regulations, and equipment requirements. Must be an effective leader and have the ability to adapt to change. Excellent salary and benefits including relocation packages. Bachelor's degree required. Demonstrated experience in territory management skills, superb leadership and team building skills, excellent verbal and written communication and public speaking skills, computer literate. Five years related experience required with at least three years' supervisory experience. Successful candidate must demonstrate ability to work closely with Executive team to facilitate efficient and effective blood drives. This position reports to Executive Vice President Operations/COO. The Blood Connection (TBC) is an Equal Opportunity Employer. EEO/Minority/Female/Disability/Vets. To apply please go to <http://thebloodconnection.org/verify/>. 💧