



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2016 #10

March 28, 2016

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FDA Issues Revised Draft Guidance for Pathogen Reduced Platelets

On March 15, the Food and Drug Administration (FDA) released a revised [draft guidance](#) “Bacterial Risk Control Strategies for Blood Collection Establishments and Transfusion Services to Enhance the Safety and Availability of Platelets for Transfusion” that grants approval for the blood community to utilize pathogen reduction technology (PRT) on apheresis platelets within 24 hours of collection in addition to primary and secondary testing strategies, as well as a description of the route to extended platelet storage. [Comments](#) are due June 13. This [draft guidance](#) replaces the December 2014 draft guidance on bacterial testing of platelets.

Bacterial contamination of platelets is an important cause of serious transfusion-related morbidity and mortality in the U.S. Currently, the Intercept Blood System from Cerus Corp. is the only system approved by the FDA for PRT in the U.S. It received FDA approval in December 2014 for use on platelets and plasma and its labeling has recently been expanded for use on platelets collected with the Trima apheresis platform in wide use in the U.S. and for platelets collected in 100 percent plasma. It has been used on platelets and plasma in Europe since 2002. (Source: FDA Draft Guidance, 3/15/16) ♦

ABC Members Approve Bylaws Revisions at 54th Annual Meeting in Jacksonville

More than 150 professionals from ABC member blood centers and industry partners met in Jacksonville, Fla. March 12-14 at the Hyatt Regency Jacksonville Riverfront during ABC’s 54th Annual Meeting, hosted by OneBlood. ABC members voted in favor of revisions to the bylaws that reflect the changing environment facing community blood centers. These revisions included adjusting the definition of an active ABC member, approval for the Association for Donor Recruitment Professionals (ADRP) to potentially become a division of ABC to reduce the duplication of conferences while providing additional value and educational offerings; and a new member dues model and voting methodology as outlined in a February [webinar](#) for ABC members prior to the Annual Meeting.

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OUR SPACE

James P. AuBuchon, MD, FCAP, FRCP(Edin) President and CEO, Bloodworks Northwest

Why Are We in This Game?

Healthcare professionals work in an enviable situation where they know that what they do saves lives. The intrinsic value of their efforts is undeniable. All of us in transfusion medicine share the motivation and joy of knowing our efforts are irreplaceable. This applies not only to physicians, technologists, and nurses but also to recruiters, clerks, receptionists, drivers, the rest of our field: we save lives daily. With this as our mission, why do we have such trouble taking actions that enhance recipient safety? We look at the decisions made in the early 1980s as the threat from HIV was recognized, claim that we have learned much and will respond to new threats with greater wisdom. But have we - are we? What are our true motivations?

Platelets provide critical hemostatic capability in support of much modern healthcare. We have been discussing, cataloging, and expressing concern about their risk of bacterial contamination for over two decades. During that time, we have made some progress and have reduced the frequency of fatal events but remain far from anyone's definition of the finish line with one in every 1,000 – 2,000 units still containing bacteria. This lack of sterility, even due to a minimally pathogenic organism, can spell morbidity, even mortality (usually never to be linked back to the contaminated unit) to a neutropenic immunosuppressed recipient. Licensure of the first pathogen reduction process in the U.S. offers reliable means to create sterile platelet components. The Food and Drug Administration's action last week broadening that approval to the apheresis platform most widely used in the U.S. and the most common storage medium (plasma) should simplify adoption of pathogen-reduced platelets as the standard-of-care. Coming simultaneously with the threat of Zika virus, it provides a proactive means for its interdiction not afforded by secondary testing for bacterial contamination.

The low level of interest in pathogen inactivation continues to astound me. Let's call a spade a spade: it's about money. Blood centers don't have any, and hospitals don't want to give up any. Remember, the alternatives to providing bacterially safer platelets, secondary testing in one form or another, will also cost money, pose additional logistic hurdles to overcome, and be less effective. In what other field of medicine would we tolerate lack of sterility of a parenteral drug? In what other field would we say, "I'll do it when they make me" instead of when we can improve patient safety through available means? Why do we reach for excuses instead of implementing safety improvements that are amply documented to advance safety while maintaining efficacy? Must we re-learn the lessons of the 1980s, or will we remember why we chose this field and what makes it special? It's all about saving lives.

JimA@bloodworksnw.org 

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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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Annual Meeting Jacksonville (continued from page 1)

Additionally, members approved a new slate of officers for the upcoming fiscal year with Susan Rossmann, MD, PhD, chief medical officer at Gulf Coast Regional Blood Center, continuing her term as president accompanied by Martin Grable, president and CEO of Community Blood Center of the Carolinas to serve as president-elect, Diane Merkt, chief administration and chief compliance officer at the Institute for Transfusion Medicine, to become vice president, and Rob Purvis, vice president of Customer Service of New York Blood Center as secretary.

Annual Meeting Review. The 54th Annual Meeting featured a robust agenda to provide ABC members with the latest news regarding regulations, trends, innovations, and research in blood banking. Attendees received firsthand feedback on the benefits and challenges regarding the implementation of pathogen reduction technology, as well as an update on the Rand Corp. study to assess the sustainability of the U.S. blood supply model in hopes of allowing blood centers to proactively find solutions to maintaining a safe and adequate blood supply for donors and patients. This study, a collaborative effort incorporating ABC, AABB, the American Red Cross, and other blood community experts funded by the U.S. Department of Health and Human Services, is the initial step toward making recommendations and policy to support a sustainable blood supply. A more in-depth review of the Business Forum and the Blood Center Leadership Forum will be available in the next edition of the *ABC Newsletter*.



Harvey Alter, MD (left) and Celso Bianco, MD (right) prior to the Celso Bianco, MD Lecture.

The Blood Center Leadership Forum capped off its session for both business- and science-minded members with a presentation by Walter “Sunny” Dzik, MD, this year’s recipient of the Thomas F. Zuck Lifetime Achievement Award, nominated by Jed Gorlin, MD, MBA, medical director and vice president of quality and regulatory affairs at Innovative Blood Resources. Dr. Dzik is an associate professor of pathology at Harvard Medical School and co-director of the transfusion service at Massachusetts General Hospital. He presented a lecture entitled “Stored Blood is OK,” in which he reviewed the literature on the red blood cell (RBC) storage lesion and previous clinical trials comparing younger and older RBCs. Dr. Dzik then presented the results of a seminal clinical trial in Uganda, with colleagues from Canada and Uganda, designed to assess the clinical impact on the storage age of blood. Two-hundred ninety children (most suffering from malaria), with lactic acidosis, who were profoundly anemic (mean hemoglobin 3.7 g/dL) requiring transfusion were randomized to fresher (median age 8 days) or older RBCs (median age 32 days). A variety of clinical and laboratory parameters were followed, most critically the response to transfusion of lactic acid levels that are a more direct measure of the efficacy of oxygenation in the tissues than used in other major trials.

No significant differences were found between the recipients of fresher or older red cells. This is perhaps the strongest clinical evidence to date that the age of RBCs at transfusion is not relevant to oxygen delivery by transfused RBCs, the primary indication for transfusion, and that changes in the management of blood bank inventories in the developed world, where anemia of this degree is rarely encountered, are not justified.

The Scientific, Medical, Technical (SMT) Forum featured the Celso Bianco, MD Lecture delivered by Harvey J. Alter, MD, distinguished NIH investigator and Chief, Infectious Diseases Section Associate Director of Research for the Department of Transfusion Medicine at the National Institutes of Health

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Annual Meeting Jacksonville (continued from page 3)

Clinical Center. He addressed the topic “Transfusion recipient safety in the era of value-based care: are there limits?” Dr. Alter described our journey from the 1960s when only syphilis testing was used to the present, when the rates of the “classic” transfusion-transmitted infections, hepatitis B and C and HIV are so low that we model rather than measure them. He closed with a reminder of the moral imperative of practitioners of transfusion medicine to advocate for continuous safety improvement. Dr. Alter deemed this especially relevant given the recent availability of effective, albeit expensive, processes to inactivate residual known, emerging and future pathogens in blood and components. The responsibility for cost and risk benefit analyses was seen to reside in a much broader stakeholder community, while our focus should be more squarely on making transfusion safer.

The appropriate approach to both collection and transfusion of granulocytes remains controversial. Jeffrey McCullough, MD, a professor in the department of laboratory medicine at the University of Minnesota addressed the topic “granulocyte transfusion, best practices after resolving infection in people with Neutropenia (RING).” Dr. McCullough briefly reviewed the history of granulocyte transfusion, data supporting the safety of donor stimulation with granulocyte-colony stimulating factor (G-CSF) with an emphasis on donor aneuploidy, and the results of the RING study itself. Using the prespecified primary endpoints, the study did not show clinical efficacy of granulocyte transfusion. While the RING study as executed was not definitive, there is data of great relevance from the trial that should be useful in decision-making by blood collectors and clinicians. Dr. McCullough noted that RING results are somewhat confounded by the failure of some sites to collect the prespecified numbers of granulocytes for transfusion, as well as by the slow accrual. The reasons for not reaching dose targets are being further investigated. When results are analyzed by the dose of cells actually transfused, a positive efficacy signal is found. Such dose dependence highlights the need for centers producing granulocytes and clinicians transfusing them to use optimal G-CSF stimulation if the component is to be offered.

Alan Mast MD, PhD, senior investigator from ABC member Versiti (BloodCenter of Wisconsin) reviewed the impact of blood donation on donor iron stores, while describing the mitigating iron deficiency in donors including results from the strategies to reduce iron deficiency (STRIDE) study. Half of male and fully two-thirds of female donors demonstrate iron deficient erythropoiesis. The clinical impacts of iron depletion short of anemia were discussed, from pica and restless leg syndrome and, perhaps of greater concern, cognitive abnormalities. Data from STRIDE demonstrates that iron replacement at a dose of 19 mg of elemental iron for 60 days and simple donor education are associated with equivalent repletion of iron stores and that collection facilities need to actively address donor iron repletion moving forward.

Buffy coat platelets—the wave of the future was the topic covered by Dana Devine, PhD, chief medical and scientific officer at Canadian Blood Services (CBS). In the U.S., apheresis platelets constitute more than 80 percent of the platelet supply, with attendant issues of donor recruitment and commitment, instrumentation, and training. In other countries, buffy coat platelets from whole blood are becoming more prevalent, often displacing apheresis, but are not an approved product in the U.S. Dr. Devine described the process of CBS’ (where 70 percent of platelet doses are from whole blood) transition to buffy coat platelets, and most particularly their advantages over platelet-rich plasma platelets. These included equivalent or superior in vitro characteristics, the ability to manufacture them after an overnight hold, improving operational efficiency and consistency, higher yields allowing use of smaller pools for transfusion, the ability to pool in plasma from a single male donor for transfusion-related acute lung injury (TRALI) mitigation, and an improved yield of plasma for further manufacture. It was apparent from the CBS experience that an approved process for manufacture of buffy coat platelets in the U.S. has the potential to move platelet production away from resource intensive apheresis, while potentially improving margins, preserving clinical value, and improving organizational efficiencies. ABC Chief Medical Officer Louis Katz, MD ended the SMT Forum with a “hot topics” session in which he reviewed issues surrounding Zika virus and transfusion medicine. 💧



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. ♦

ABC Thanks Board Members for Their Service

Three members of the ABC Board of Directors have completed their terms. Bob Scanlon, Jim Decker, DHA, FACHE, and Dave Green are rotating off the board. ABC would like to thank them for volunteering their service throughout the years in assisting ABC to fulfill its mission of helping member blood centers serve their communities.



Bob Scanlon, MBA
Chief Executive Officer
Blood Bank of Alaska



Jim Decker, DHA, FACHE
Chief Executive Officer
MEDIC Regional Blood Center



Dave Green
President, Blood Centers Division
Blood Systems, Inc.

ABC HR Committee Announces Employee Turnover & Retention Survey

ABC's Human Resources Committee is pleased to launch the annual Employee Turnover and Retention Survey for calendar year 2015. We would like to achieve a 100 percent response rate and are asking all ABC member blood centers to participate in completing this survey to ensure that this will be a valuable tool for the entire membership. Survey results will be reported in the aggregate and made available on ABC's member website (click [here](#) for calendar year 2014 survey results). Additional information and a link to the survey are available to ABC Members in [MCN 16-033](#).

ABC Annual Meeting Event Photos: OneBlood Reception, ABC & FABC Awards of Excellence, and FABC Casino Night

OneBlood, host of ABC's 54th Annual Meeting, greeted guests with a welcoming reception at The River Club located at the top of the Wells Fargo Center on March 13. Attendees were treated to a great view along with the opportunity to relax and network with their peers. The 19th Annual *Awards of Excellence* and the Foundation for America's Blood Centers (FABC) Casino Night, "Rolling on the River" took place the following evening. Award winners, their guests, nominating blood centers, industry partners, and meeting attendees alike were on hand to celebrate and try their hand at blackjack, roulette, poker, and craps tables

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INSIDE ABC (continued from page 5)

for a chance to win fun prizes. For \$25, guests could purchase \$10,000 in chips to try their luck or demonstrate their skills. Incept's Billie Johnson, vice president of client results walked away as the "Rolling on the River" winner with \$504,000 worth of chips. Photos from the events will soon be available on the ABC's [flickr](#) page, but here are a few to hold you over in the meantime.



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INSIDE ABC (continued from page 6)

ABC Names Scholarship Awardees for Human Resources and Employee Training and Development Workshop

America's Blood Centers recently announced six winners of scholarships to attend the ABC Human Resources and Employee Training and Development Workshop. The ABC Scholarship Program, made possible by a grant from the Foundation for America's Blood Centers, provides scholarships to ABC member blood center professionals to support costs for attendance to an ABC Specialty Workshop or Meeting.

ABC would like to congratulate the following six recipients of scholarships:

- **Randell Douglas**, Manager of Corporate Training, Mississippi Blood Services
- **Deana Fatovic**, Human Resources Manager, Community Blood Services (Paramus, NJ)
- **Tracie Kingsland**, Director of Human Resources, Blood Bank of Alaska
- **Cam Mahon**, Training & Development Manager, BloodSource
- **Jennifer Martinez**, Quality & Safety Supervisor, Coastal Bend Blood Center
- **Roberta Pope**, Human Resource Generalist, Miller-Keystone Blood Center

Questions regarding the ABC Scholarship Program may be directed to [Leslie Maundy](#). 💧



REGISTRATION NOW OPEN



America's Blood Centers' Human Resources & Employee Training/Development Workshop

San Antonio, TX – April 26-28, 2016

Hosted by  **South Texas Blood & Tissue Center**

Marriott Plaza San Antonio
Negotiated hotel room rate: \$149 + tax*
www.marriott.com/hotels/travel/satpl-marriott-plaza-san-antonio/
***Group rate available through April 1.**

2016 Workshop Schedule
 Human Resources topics: April 26
 Joint HR & Employee Training/Development topics: April 27
 Employee Training/Development topics: April 28

2016 Workshop Fees (early bird/regular)
 2-day registration: \$410/\$465
 3-day registration: \$485/\$540

South Texas Blood & Tissue Center is excited to host ABC members in San Antonio for the 2016 Human Resources & Training/Development Workshop. We look forward to a dynamic exchange of new ideas and best practices from across the country. I hope to see you in San Antonio in April! ☺

Linda Myers, Chief Executive Officer
 South Texas Blood & Tissue Center

Sponsorship opportunities available. Contact Leslie Maundy at Imaundy@americasblood.org for details.

The America's Blood Centers Professional Institute Scholarship Program offers scholarship opportunities to ABC members to cover the cost of registration fees and help with travel expenses. Application form and details will be made available once registration opens.







San Antonio International Airport (SAT) is served by all major US airlines, including discount carrier Southwest. It offers non-stop service to/from 27 major and secondary US airports; check www.sanantonio.gov/SAT for more information.

RESEARCH IN BRIEF

Since the functional outcomes in patients undergoing surgical hip fracture repair (FOCUS) trial was published in 2011, restrictive transfusion triggers in patients undergoing total hip arthroplasty (THA) have been considered generally safe. However, post-operative care in elective THA is changing, with increasing use of “fast-track” strategies (in which patients undergoing elective THA are mobilized within hours after surgery and discharged within two to three days). A new study evaluates whether lower hemoglobin levels impact mobility and quality of life outcomes in fast-track THA patients. The authors designed a prospective cohort study involving 122 patients undergoing standard fast-track THA at two hospitals in Denmark in 2012 and 2013. The two groups were divided solely by hemoglobin levels at discharge, comparing those discharged with hemoglobin of less than 10 g/dL with those above 10 g/dL. The primary outcome was performance on the six-minute walk test (6MWT) at two weeks post-surgery, but the study also analyzed 24-hour mobility during the first six days after discharge, quality of life score (QoL) at one week post-surgery, and performance on the “timed up-and-go” (TUG) test. Only a very weak, “clinically irrelevant” but statistically significant correlation between lower discharge hemoglobin levels and decreased performance on the 6MWT and 24 hour mobility was identified, and none was seen between the groups for QoL or TUG results. The authors conclude that moderate postoperative anemia does not have a significant impact on mobility outcomes in these aggressively managed THA patients. This study did not attempt to address the question of whether fast-track THA patients can be managed using a restrictive transfusion trigger, nor did it include patients with severe postoperative anemia (hemoglobin less than 7.5 g/dL).

Citation: Jans Ø, Bandholm T, Kurbegovic S, et al. Postoperative anemia and early functional outcomes after fast-track hip arthroplasty: a prospective cohort study. *Transfusion*. 2016. Early View (published online 04 March 2016)

Contributed by D. Joe Chaffin, MD, Chief Medical Officer, LifeStream

Investigators at the University of Vermont, Johns Hopkins, and the National Institutes of Health have reported a human challenge model using a dengue challenge strain of low pathogenicity to test a live, attenuated tetravalent vaccine and to estimate vaccine efficacy in advance of large controlled trials. Twenty-one vaccine recipients and 20 placebo recipients were challenged with dengue virus six months after immunization. All vaccine recipients were protected from viremia, rash, and neutropenia. One hundred percent of placebo vaccines develop viremia, 80 percent a rash, and 20 percent neutropenia. The authors conclude that their human challenge model may speed vaccine development by eliminating poor vaccine candidates from further study before starting large, complex and expensive efficacy trials. Transfusion-transmitted dengue has been a concern in the blood community for some time, and an effective vaccine might reduce the need for other safety interventions.

Citation: Kirkpatrick BD, Whitehead SS, et al. The live attenuated dengue vaccine TV003 elicits complete protection against dengue in a human challenge model. *Science Translational Medicine*. 2016. 8(330):330ra36. DOI: 10.1126/scitranslmed.aaf1517.

Living kidney donation has been seen as a possible method to reduce the shortage of kidneys available for transplantation. Survey research published in the *Journal of the American Medical Association (JAMA) Surgery* shows that most U.S. voters see living donation in a positive light and that a majority (≥ 60 percent of “willing donors”) would be more likely to donate a kidney if \$50,000 were offered as compensation beyond direct costs to the donor. Recognizing concern that compensation might be seen as reducing altruism, and may be viewed as coercive, the authors found a statistically significant inverse correlation of agreement with the principle of compensation with increasing income levels. They cite a paucity of evidence from clinical trials on the impact of payment on organ availability and outcomes and suggest that

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RESEARCH IN BRIEF (continued from page 8)

current “laws and regulations prohibiting donor compensation should be modified to allow pilot studies of financial incentives for living kidney donors.” The results of such studies would be the foundation for evidence-based policies. The ethical issues involved in compensated donation were not materially addressed in the data presented or the discussion.

Citation: Peters TG, Fisher JS, Gish RG, Howard RJ. Views of U.S. voters on compensating living kidney donors. *JAMA Surg.* 2016. Doi: 10.1001/jamasurg.2016.0065. Published online 23 March 2016. ♠

BRIEFLY NOTED

The 2015 National Blood Collection and Utilization Survey (NBCUS) conducted by the Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services (HHS) was launched on March 9. The survey results are used to generate national estimates of blood collection and transfusion to understand current and project future blood needs. Inside the federal government, the data accumulated are of particular use to the Centers for Medicare and Medicaid Services, the Food and Drug Administration, the Health Resources and Services Administration, and the National Institutes of Health, in addition to HHS and CDC. For the blood community, the data are critical in advocacy efforts. “From where I am sitting, it is critical that 100 percent of ABC centers respond,” said Louis Katz MD, ABC chief medical officer. CDC distributed an email invitation to each ABC member which contains their unique web-link to the survey. The link will take you to the 2015 NBCUS Portal Page where your responses can be entered. There are three sections: (A) general information, (B) blood collection, processing, and testing, and (C) blood transfusion. If you have questions regarding the survey, contact [Koo Chung](mailto:koochung@americasblood.org) (404-498-0730) or [Dr. Sridhar Basavaraju](mailto:sridhar.basavaraju@americasblood.org) (404-498-0729). ♠

REGULATORY NEWS

The Food and Drug Administration (FDA) recently published a [proposed rule](#) that would classify Blood Establishment Computer Systems (BECS) and BECS Accessories as Class II medical devices requiring special controls. This action comes after recommendations from the FDA’s Blood Products Advisory Committee which acted as a Device Classification Panel in December 2014. The panel did not believe that general controls required of a Class I medical device would be sufficient to assure the safety of the blood supply. Furthermore, the panel felt that sufficient scientific evidence and experience existed to establish special control requirements that if followed would, along with the premarket review, assure adequate safety of these devices. ABC previously submitted comments to the FDA agreeing with the classification of these devices as Class II with special controls, but requesting separation and clarification of the definition of a BECS accessory (see [MCN 15-013](#)). The special controls for BECS and BECS accessories are explained in the [proposed rule](#) and consist of the controls that have become the industry standard including detailed design specifications and performance/functional requirements, verification and validation testing, appropriate labeling that includes limitations and unresolved anomalies, traceability matrices, and performance testing. Comments on the [proposed rule](#) are due no later than May 31. (Source: FDA Proposed Rule, 3/1/16) ♠

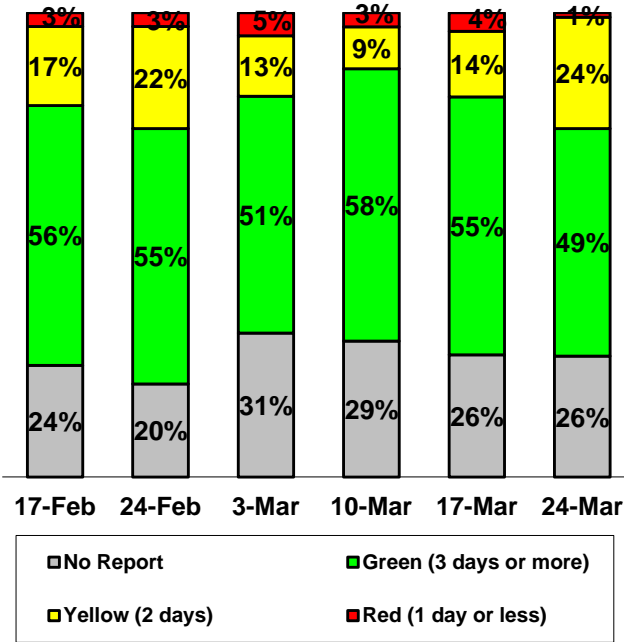
We Welcome Your Letters

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste. Please send letters to the ABC Publications Editor at newsletter@americasblood.org or fax them to (202) 393-1282. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.

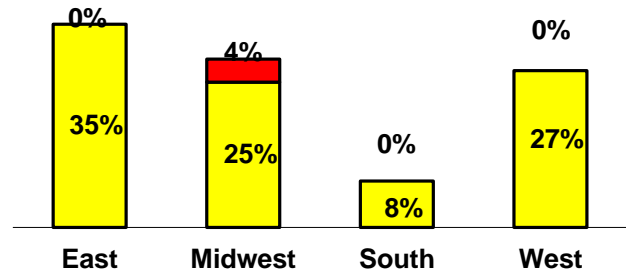


STOPLIGHT®: Status of America’s Blood Centers’ Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, March 24, 2016



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

Daily updates are available at:
www.AmericasBlood.org

MEMBER NEWS

Oklahoma Blood Institute and **Coffee Memorial Blood Center**, located in Amarillo, Texas, have announced their intent to partner. Coffee Memorial has signed a letter of intent and is expected to finalize the partnership agreement in the next two to three months.



“We wanted to align with a strong partner that had a similar culture to ours so we can continue operating in the way that we want to operate in our communities,” said Joe McCormick, CEO and president of Coffee Memorial Blood Center. This collaborative partnership helps both centers prepare for the future as the healthcare environment continues to evolve. “Rather than standing alone, stand together in changing times as things are getting tighter and tougher in the medical climate,” said Leslie Gamble, director of community relations at Oklahoma Blood Institute. Coffee Memorial will continue to operate under its name and provide the services that its community has grown to expect. (Sources: *Amarillo Globe-News*, 3/11/16; KFDA NewsChannel 10, 3/10/16) 💧





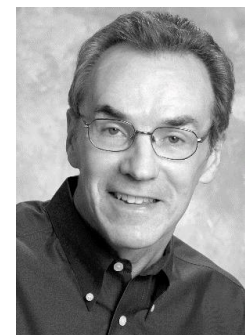
PEOPLE

Michigan Blood recently announced that **William “Bill” Rietscha**, CEO and president, will retire September 30. Mr. Rietscha has led Michigan Blood since 2008 overseeing its growth from 22 hospitals served to 75 throughout Mich. He played an instrumental role in Michigan Blood’s affiliation with Versiti. “Bill has been a valued and successful leader for Michigan Blood,” said Chuck Downey, Michigan Blood Board Chair. “His success in reducing operating costs, increasing efficiency and facilitating an affiliation with Versiti contributed to the outstanding revenue growth and market share gains. Bill was certainly the right leader at the right time for Michigan Blood.” Other accomplishments by Mr. Rietscha include serving on the board of directors of Blood Centers of America, leading the organization’s rebranding initiative, and Michigan Blood being awarded the Grand Rapids Chamber of Commerce EPIC Excellence in Business Award in 2012. “Leaving this wonderful organization will be difficult as I believe there is so much more to accomplish and so many more opportunities to explore,” said Mr. Rietscha. I am very proud of all that we have achieved together.” Prior to joining Michigan Blood, he held senior executive roles at Blodgett Memorial Medical Center and Spectrum Health. (Source: Michigan Blood, 3/21)



Blood Bank of Delmarva (BBD), headquartered in Newark, Del., announced the retirement of **Joseph “Joe” A. Yelo, MBA, MT (ASCP) SBB**, effective April 1 capping his has more than 30 year career in the blood banking and transfusion medicine. Mr. Yelo joined BBD in 2014 as the lead executive for Business and Community Development making many contributions to the organization’s business growth. “Joe’s vast experience and industry knowledge has been invaluable to our organization and to me personally, said Roy Roper, BBD president and CEO. Prior to his tenure at BBD Mr. Yelo served as the vice president of Administration and Risk at Miller-Keystone Blood Center in Bethlehem, Pa. where he was responsible for the operations of a community blood service program that included 325 employees, 500 volunteers, apheresis and whole blood operations, technical services, nursing services, and donor recruitment. He is a former member of the board of directors at AABB, America’s Blood Centers, Community Blood Center’s Exchange, and the New Jersey Society of Blood Bank Professionals among others. He has served as a past president and treasurer of the Rotary Club of Allentown, Pa. and is an active volunteer with the Pennsylvania Masonic Organization, March of Dimes, American Heart Association, and United Way. (Source: Blood Bank of Delmarva, 3/24/16)

Richard “Rick” Davey, MD is retiring from the Food and Drug Administration (FDA), where he has been the director of the Division of Blood Components and Devices in the Office of Blood Research and Review. Throughout his tenure, Dr. Davey has been responsible for various regulatory, inspectional, and policy matters related to the blood and source plasma industries. Before assuming this position he previously served as the director of the Transfusion Medicine Service at The Methodist Hospital in Houston, chief medical officer and vice president for Medical Affairs of the New York Blood Center, and chief medical officer of the American Red Cross. Dr. Davey spent the vast majority of his professional career with the Department of Transfusion Medicine at the National Institutes of Health (NIH) where he directed the fellowship training program and the transfusion medicine service laboratories. His research focused on the use of radiolabels to study the recovery, survival and trafficking of blood elements, and led to changes in the preparation and storage of blood components and revisions to FDA guidelines for blood component management. His numerous contributions lead to the creation of the annual Richard J. Davey Lectureship in Immunohematology and Blood Transfusion at NIH. Dr. Davey



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PEOPLE (continued from page 11)

trained at Dartmouth College and the University of Rochester School of Medicine with residency and fellowship training from the University Hospitals of Cleveland and at Georgetown University Hospital. “Rick brought extensive experience in our blood center environment to FDA, and his presence at the agency and collegiality will be greatly missed by the blood community generally and ABC specifically,” said Louis Katz, MD, chief medical officer for ABC. (Source: Food and Drug Administration, 3/15/16) 💧

MEETINGS

April 26 - 28 **ABC Human Resources and Employee Training and Development Workshop San Antonio, Texas**

The ABC Human Resources & Training/Development Workshop, hosted by ABC member South Texas Blood & Tissue Center, in San Antonio, Texas, will take place at the Marriott Plaza San Antonio. P.A.C.E. and HRCI credits will be offered. Online registration is open; register by April 1. View details including agenda, fees, hotel, travel, and scholarships via your invitation, or contact [Lori Beaston](#). If we missed you, email [Lori Beaston](#) to register today for this workshop!

June 9 - 11 **14th International Cord Blood Symposium, San Francisco, Calif.**

AABB, with support from the Cord Blood Association, will host the 14th International Cord Blood Symposium from June 9 to 11 in San Francisco, Calif. The scientific program brings all of the umbilical cord blood related fields of hematopoietic stem cell transplantation, banking, and potential in regenerative medicine together in one interactive three-day conference. The [program](#), registration details, and other information can be found [here](#).

August 1 - 4 **ABC 55th Summer Meeting Honolulu, Hawaii.**

The ABC 55th Summer Meeting in Honolulu, Hawaii, hosted by Blood Bank of Hawaii, will take place August 1-4, 2016 at the Hilton Waikiki Beach. It will feature the ABC Medical Directors Workshop and the Foundation for America’s Blood Centers Golf Tournament. Registration information coming soon. 💧

We Welcome Your Articles

We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,100 words. While ABC cannot pay for freelance pieces, the writer’s name and title will be included at the end of the story, brief news item, or commentary. If proposing a story, please write a few paragraphs describing the idea and sources of information you will use, your present job and background, and your qualifications for writing on the topic. ABC staff cannot guarantee all stories will be published, and all outside writing will be subject to editing for style, clarity, brevity, and good taste. Please submit ideas and manuscripts to the ABC Publications Editor at newsletter@americasblood.org. You will be sent a writer’s guide that provides information on style conventions, story structure, deadlines, etc.



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: lmaundy@americasblood.org.

POSITIONS

Advanced Clinical Lab Specialist (IRL – 2nd Shift). Blood Systems Laboratories is searching for a 2nd Shift Advanced Clinical Lab Specialist to join its immunohematology reference lab (IRL) in Tempe, AZ! This position is responsible for routine testing of biological specimens. This position also provides skilled technical support in the laboratory and works with other team members to ensure timely, quality, test results. Requirements: Bachelor's degree; Must satisfy CLIA requirements for High Complexity Testing and California testing requirements must be met within one year; Certification as a Medical Technologist or Blood Banking Technologist (BB) by a recognized certifying agency; three years clinical laboratory testing; one year transfusion service. Preferred: One year IRL experience; SBB. For immediate consideration, please apply on our website www.bloodsystems.org no later **Friday, April 8, 2016** - req # 16000131. Blood Systems offers a competitive benefits package such as: affordable medical, vision, and dental coverage, matched 401(k), education assistance and much more! Pre-employment background check and drug screen is required. Visit our website at: www.bloodsystems.org. Blood Systems is an Equal Opportunity Employer. EEO/Minorities/Females/Disabled/Veterans 💧

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 (lmaundy@americasblood.org) or by fax to (202) 393-5527. (For a more detailed announcement in the weekly "Meetings" section of the Newsletter, please include program information.)

2016

Apr. 7. **10th Annual Patient Safety Conference, St. Louis, Missouri.** For more information or to view the full agenda of speakers and topics visit [here](#).

Apr. 26-28. **Human Resources & Training/Development Workshop, America's Blood Centers, San Antonio, Texas.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

May 25-26. **IPFA/PEI 23rd International Workshop, Lisbon, Portugal: "Surveillance and Screening of Blood Borne Pathogens"** More information is available at www.ipfa.nl.

June 2-5. **2016 SCABB Annual Meeting & Exhibit Show, Houston, Texas.** Contact: scabb@scabb.org . More information available [here](#).

June 5-6. **South Central Association of Blood Banks Advanced Immunohematology & Molecular Symposium (AIMS), Houston, Texas.** Contact: scabb@scabb.org. More information available [here](#).

July 13-15. **2nd European Conference on Donor Health & Management, Cambridge, England.** Registration can be found here: www.ecdhm.org. Contact: Clare Beach, ecdhm2016@azuraevents.co.uk.

July 24-28. **WFH World Congress, Orlando, Fla.** Contact: jbungardt@wfh.org. More information available [here](#).

Aug. 1-4. **ABC Summer Meeting, MD Workshop & Golf Tournament, America's Blood Centers, Honolulu, Hawaii.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 13-14. **IT Workshop, America's Blood Centers, Minneapolis, Minn.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 21. **6th Annual Symposium Red Cell Genotyping 2016: Clinical Steps, Bethesda, Md.** Registration can be found here: www.bcw.edu/rcg2016. Contact: Phyllis Kirchner, Phyllis.kirchner@bcw.edu.

Sept. 22. **35th Annual Immunohematology and Blood Transfusion Symposium, Bethesda, Md.** Registration can be completed [here](#). Contact: Karen Byrne, kbyrne@cc.nih.gov.

2017

Mar. 24-28. **Annual Meeting, America's Blood Centers, Washington, D.C.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.