

2015 #45

December 18, 2015

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Please Note: This is the last ABC Newsletter of 2015, as there will be a publication hiatus for the next two weeks. The next issue will be published on Jan. 8. ABC wishes you a joyous holiday season and a happy new year!



Pathogen Reduction System Protects Against Transfusion-Transmitted Malaria

Pathogen reduction technology (PRT) is recognized in the blood community as a proactive solution to inactivate many infectious agents and white blood cells in blood, thus improving blood safety. PRT platforms are approved in many countries for use in platelets and plasma, including the Cerus Blood System in the U.S. Researchers at the American Society of Hematology (ASH) Annual Meeting earlier this month presented the first-ever clinical trial in humans demonstrating that PR-treated whole blood can reduce the transmission of a blood-borne pathogen, specifically malaria.

Shirley Owusu-Ofori, MBChB, of Komfo Anokye Teaching Hospital in Ghana, presented the [study](#), which demonstrated that whole blood treated with Terumo BCT's Mirasol PRT System, compared with standard whole blood, significantly reduced the transmission of malaria in a group of 226 patients in Ghana.

While the Mirasol System is not yet approved in the U.S., this study is an important step forward in illustrating the potential value of PRT, particularly in resource-limited areas like sub-Saharan Africa where rates of transfusion-transmissible disease are very high and blood donor screening is often operationally difficult. For example, throughout sub-Saharan Africa, the prevalence of malaria parasitemia in blood donors is nearly 50 percent, and transfusion-transmitted malaria (TTM) is common.

Dr. Owusu-Ofori and colleagues of the University of Cambridge and Terumo BCT conducted a prospective, randomized, double-blind, controlled, single-center study in Ghana to evaluate the ability of Mirasol-treated whole blood to reduce the incidence of TTM. They included 226 hospitalized patients requiring ≤ 2 whole blood transfusions. Patients were randomly assigned to receive either Mirasol-treated whole blood or standard whole blood. The primary endpoint was the incidence of TTM, measured by quantitative polymerase chain reaction and

(continued on page 3)



OUR SPACE

ABC CEO Christine S. Zambricki, DNAP, CRNA, FAAN

As The Year Draws Nigh

As the end of 2015 draws nigh, I decided to clean house and accomplish my “ABC 2015 To-Do List” to clear the way for 2016 New Year’s resolutions. I am sharing this list with you today in the hopes that you will find it in your heart to review these items and pitch in to lay the groundwork for an even better, stronger ABC.

ABC 2015 End-of-Year To-Do List

1. **[Make an end-of-year donation to the FABC.](#)** I wrote my end-of-year check last week. I hope that you will join me with a generous donation to our [API Capital Campaign](#). Your gift will support state-of-the-art learning for blood center professionals, the development of future industry leaders, and high level educational materials for policy decision-makers on key advocacy issues.
2. **Schedule an appointment with your member(s) of Congress (MOC) at their local district offices.** ABC’s [Community Blood Center Advocacy Week](#) is scheduled Feb. 15-19, 2016, and coincides with the Congressional recess when MOCs are in their home districts. With the many issues facing ABC members, it is important that legislators and regulators hear our voice. Support this national effort by scheduling your local appointment now.
3. **Nominate an ABC colleague (or yourself) for ABC’s FY 2017 board of directors.** The ABC Nominating Committee has issued a [call for nominations](#) to create a blockbuster slate of nominees for your board of directors. Look about you and send a quick e-mail recommending an emerging leader, a longtime influencer, or a specialty content expert to serve on the board. Nominations are due Dec. 31, 2015.
4. **Sign on to the [ABC Member Website](#) and acquaint yourself with ABC’s key issues and offerings.** This year, ABC updated the [Member Website](#) to better meet member needs. Have you taken a look around yet? Take a few minutes to review [comment letters](#), [educational opportunities](#), or your [board of directors](#). If you have not yet registered for the new Member Website, [click here](#) to go live!

2015 has been a very productive and exciting year for ABC. This year we initiated a successful grassroots campaign, resulting in the reversal of devastating cuts to blood and blood product reimbursement proposed by the Centers for Medicare & Medicaid Services; worked closely with policy makers on critical blood center issues; implemented the new Member Website; established the ABC Professional Institute (API); integrated a new meeting app to improve communication with our members, and much more.

None of our achievements would be possible without the tremendous backing and goodwill of ABC members. Your ongoing support, as individual volunteers and as active blood center members, makes ABC strong. On behalf of the entire ABC staff, I thank you and wish you, your family, and your blood center staff and donors a joyous holiday season. May 2016 be filled with personal and professional happiness and success.

Christine S. Zambricki

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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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Mirasol PRT Against Malaria (continued from page 1)

Plasmodium allelic sequence homology between transfused and patient whole blood during 28 days of follow-up. The researchers also assessed Mirasol's safety and clinical outcomes.

Of the 223 patients included in the safety analysis, 16 cases of suspected TTM were detected – 3 with Mirasol-treated blood and 13 with untreated blood. Nine of those were confirmed by allelic homology to have TTM – one with Mirasol-treated blood and eight with the untreated blood. Both groups exhibited similar clinical efficacy of transfused whole blood – with similar hemoglobin measurements following one and two transfusions. Ninety-two subjects (48 in the Mirasol group, 44 in the untreated group) reported 145 adverse transfusion reactions.

“Mirasol treatment of whole blood clinically and statistically reduced TTM infections in the study population. This was the first human clinical study demonstrating that a PRT system can reduce transmission of a blood-borne pathogen,” concluded the authors.

The preliminary results of this study were also presented at the AABB Annual Meeting in October.

Citation: Owusu-Ofori S, *et al.* Prevention of transfusion-transmitted malaria by treatment of whole blood with the Mirasol PRT system. Blood. ASH 2015 Annual Meeting. Abstract 770. 💧

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RESEARCH IN BRIEF

A pilot study presented at the 2015 American Society of Hematology (ASH) Annual Meeting in Orlando, Fla. earlier this month suggests that leukemia patients tolerate randomization between hemoglobin thresholds, suggesting the feasibility of a more extensive study. Research in a variety of non-oncologic settings suggests that lower hemoglobin triggers (7-8 g/dL) do not increase mortality, whereas a higher hemoglobin trigger (9 g/dL) may increase mortality. For patients with hematologic malignancies, the ideal hemoglobin is unknown. Amy E. DeZern, MD, of Johns Hopkins University, Baltimore, and colleagues conducted a feasibility study to determine whether a randomized trial of hemoglobin triggers could be performed and what challenges may be encountered. The researchers enrolled adult patients with acute leukemia (myeloid and lymphoid) undergoing intensive induction therapy to evaluate both patient and physician tolerance for a transfusion threshold of 7 g/dL (low) compared to the standard threshold of 8 g/dL (high), as well as operationalize transfusion to a single unit per episode. The researchers monitored vital status at day 60, accrual rate, and safety endpoints. Total transfusions, length of inpatient stay, and percentage of patients who crossed over to high threshold for symptomatic reasons were also monitored. Seventy-four patients are currently able to be evaluated in the study – 51 in the low hemoglobin arm and 23 in the high hemoglobin arm. In the low arm, three patients withdrew consent due to self-reported fatigue and one patient was removed by a physician. Seventeen patients (33 percent) in the low arm and six patients (26 percent) in the high arm were transfused outside their hemoglobin trigger. No deaths were attributable to high hemoglobin thresholds in the study. Significant bleeding events were similar between the two groups. “This pilot study shows that both patients and leukemia physicians will tolerate randomization between hemoglobin thresholds and there is not a signal for harm in either hemoglobin threshold at present. Patients in the low arm receive fewer transfusions and do not experience higher fatigue scores nor increased significant bleeding events. Length of hospitalization was similar in both arms. This safety data will serve as a platform for a larger mortality study in leukemia and possibly additional studies in other oncologic diseases,” conclude the authors.

Citation: DeZern AE, *et al.* Liberal vs. restrictive transfusion thresholds in leukemia patients: a feasibility pilot study. ASH 2015 Annual Meeting. Abstract 711.

Stem cell transplantation may provide a long-lasting treatment for patients suffering with sickle cell disease, according to [research presented at the American Society of Hematology \(ASH\) 2015 Annual Meeting in Orlando, Fla. earlier this month.](#) More than 90 percent of patients with sickle cell disease enrolled in the study remained alive and free of clinical events three years after receiving human leukocyte antigen (HLA)-matched sibling stem cell transplantation, according to data from an international registry. The three-year overall survival was 94 percent, and the event-free survival with engraftment was 90 percent among 1,000 pediatric patients included in the analysis. The findings support previous research suggesting that stem cell transplantation is a curative therapy for sickle cell disease, and that pediatric hematologists should engage parents of children with sickle cell to discuss this option, said Barbara Cappelli, MD, of Hospital Saint Louis in Paris. In addition to excellent three-year survival, the study showed limited transplant-related toxicity, despite the use of myeloablative chemotherapy regimens. The results did highlight that strategies aimed at lowering graft failure and graft vs. host disease (GVHD) are needed to further optimize three-year event-free survival. The data were gathered from two international registries: the European Group for Blood and Marrow Transplantation and the Center for International Blood and Marrow Transplant Research, based in the U.S. The researchers analyzed stem cell transplantation results of 1,000 patients who underwent HLA-matched sibling transplants for sickle cell disease from 1986 to 2013. They found that the cumulative three-year event free survival rate, irrespective of stem cell source was 90 percent, and the three year overall survival was 94 percent for all

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RESEARCH IN BRIEF (continued from page 4)

patients. Rates of acute and chronic GVHD were 14.4 and 12.3 percent respectively. The researchers concluded that stem cell transplantation should be considered in the treatment of pediatric patients with sickle cell, but that further research is needed to reduce GVHD.

Citation: Cappelli B, *et al.* Hematopoietic stem cell transplantation from HLA identical sibling for sickle cell disease an international survey on behalf of eurocord-monacord, EBMT pediatric disease working party and CIBMTR. ASH Annual Meeting 2015. Abstract 541. ♦

RECENT REVIEWS

Two recently published Cochrane Reviews explore extracorporeal photopheresis (ECP) treatment for graft-versus-host disease (GVHD). ECP is an immunomodulatory therapy that involves the collection of immune cells from peripheral blood outside the patient's body. These cells are then exposed to a chemical agent and to UV-light, then re-infused into the patient. It has been suggested that ECP may be beneficial in treating pediatric patients who develop GVHD following hematopoietic stem cell transplant. One review examines the literature on this treatment for chronic GVHD, while the second review examines the literature related to treating patients with acute GVHD. For more information, access the review involving acute GVHD [here](#), and the review regarding chronic GVHD [here](#). (Source: Cochrane Review database, 12/17/15) ♦

REGULATORY NEWS

The Centers for Medicare and Medicaid Services (CMS) published [a notice of proposed rulemaking](#), announcing the proposed quality and patient safety requirements for hospitals under the Affordable Care Act (ACA), reported the AABB Weekly Report on Dec. 11. The new requirements would leverage existing programs of the U.S. Department of Health and Human Services, including the Patient Safety Organization (PSO) program, “to broaden the national impact on reducing patient harm.” PSOs promote patient safety by analyzing confidential information about medical errors, near misses, and other adverse events to identify ways to prevent future occurrences. Facilities that report adverse events through a PSO are granted legal privilege and confidentiality protections that enable them to collect, aggregate, and analyze patient safety data in a secure environment. Information about AABB's PSO component can be found [here](#). The notice is available [here](#); the relevant information is in section 8(a) “Patient Safety Standards for QHP Issuers” (section 156.1110, pages 75555-56) and section 156.1110, “Establishment of patient safety standards for QHP issuers” (page 75587). (Source: AABB Weekly Report, 12/11/15)

The Food and Drug Administration published a Draft Guidance for Industry titled [“Use of Nucleic Acid Tests to Reduce the Risk of Transmission of West Nile Virus \(WNV\) From Living Donors of Human Cells, Tissues, and Cellular and Tissue-Based Products \(HCT/Ps\).”](#) The draft guidance provides establishments that make donor eligibility determinations for donors of HCT/Ps with recommendations for testing living donors for WNV, recommending the use of an FDA-licensed nucleic acid test. The guidance does not provide recommendations regarding cadaveric HCT/P donors. This document replaces another draft guidance of the same title published in October 2013. Comments on the draft guidance must be submitted by March 14, 2016. Details about submitting comments can be found in the [Federal Register announcement](#). America's Blood Centers is currently reviewing the draft guidance

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REGULATORY NEWS (continued from page 5)

for any impact upon ABC members. ABC members with comments or questions about the draft may contact Ruth Sylvester at rsylvester@americasblood.org. (Source: Federal Register, 12/15/15)

The Food and Drug Administration's Center for Biologics Evaluation and Research (CBER) published this week its fiscal year (FY) [2015 Report from the Director](#) online. "CBER made significant contributions to public health during FY 2015. Among the important new medical products CBER approved were vaccines against meningococcal disease, treatments for bleeding disorders and inhalation anthrax, and the first system for reducing pathogens in donated platelets," stated CBER. The report also highlighted several other accomplishments in the Office of Blood Research and Review, including developing infectious disease reference panels for dengue and chikungunya viruses, holding a Blood Products Advisory Committee meeting to discuss babesiosis screening in blood donors, and holding another meeting to seek advice on mitigation of transfusion-transmitted variant Creutzfeldt-Jakob disease. More information can be found in the report [here](#). (Source: CBER 2015 Report from the Director, 12/17/15)

The National Institutes of Health released on Wednesday its fiscal years (FY) 2016-2020 [strategic plan](#), which will ensure the agency remains well positioned to capitalize on new opportunities for scientific exploration and address new challenges for human health, according to an NIH [press release](#). The plan focuses on four essential objectives that will help guide NIH's priorities over the next five years.

1. Advance opportunities in biomedical research in fundamental science, treatment and cures, and health promotion and disease prevention;
2. Foster innovation by setting NIH priorities to enhance nimbleness, consider burden of disease and value of permanently eradicating a disease, and advance research opportunities presented by rare diseases;
3. Enhance scientific stewardship by recruiting and retaining an outstanding biomedical research workforce, enhancing workforce diversity and impact through partnerships, ensuring rigor and reproducibility, optimizing approaches to inform funding decisions, encouraging innovation, and engaging in proactive risk management practices; and
4. Excel as a federal science agency by managing for results by developing the "science of science," balancing outputs with outcomes, conducting workforce analyses, peer-review, evaluating steps to enhance rigor and reproducibility, reducing administrative burden, and tracking effectiveness of risk management in decision making.

Of note to the blood community, the plan touches on the Precision Medicine Initiative (page 20), as well as advancing cellular and gene-therapies (page 21). Precision medicine is an emerging approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle of each person. Recently, blood centers have expressed interest in participating in certain precision medicine initiatives; San Diego Blood Bank and BloodCenter of Wisconsin (a part of Versiti) have been particularly active in this area (see [ABC Newsletter, 10/9/15](#)). The NIH strategic plan is available [here](#). (Source: NIH press release, 12/15/15) ♣

THE WORD IN WASHINGTON

America's Blood Centers recently submitted comments to the Internal Revenue Service (IRS) regarding a proposed regulation regarding financial donations to charitable organizations. The

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THE WORD IN WASHINGTON (continued from page 6)

proposed rule, “Substantiation Requirement for Certain Contributions,” would require financial donors giving \$250 or more to a charitable organization to provide certain personal information, such as a social security number, to the charitable organization in cases where there is no contemporaneous receipt. ABC commented on behalf of its member blood centers to oppose this potential rule, explaining that requiring financial donors to provide such personal information may hinder charitable contributions upon which many blood centers rely to help fund a variety of functions that enable blood centers to provide a safe and robust blood supply. Further, ABC notes that maintaining such personal information places undue regulatory burden upon blood centers and increases the risk of becoming targets of security breaches and cyberattacks. “We appreciate the agency’s offer to comment on the potential burden of this proposed requirement, and encourage the agency to consider the operational and financial consequences for non-profit community blood centers that rely upon charitable contributions to assist with the many functions that guarantee the safety and availability of the U.S. blood supply,” stated ABC. The complete comments can be viewed [here](#). While the comment period on the IRS rule has closed, there is also a [Senate bill](#) on the floor to oppose this proposed regulation. ABC members who wish to oppose this regulation should contact their Senators stating our concerns. Contact Betty Klinck (bklinck@americasblood.org) with questions or for assistance. 💧

INFECTIOUS DISEASE UPDATES**CHIKUNGUNYA VIRUS**

Researchers examining the antiviral mechanisms of two previously identified human monoclonal antibodies have found they may inhibit chikungunya virus at multiple stages of infection. Funded by the National Institutes of Health, scientists at Blood Systems Research Institute (BSRI), San Francisco, and Washington University School of Medicine in St. Louis, Mo. have found that neutralizing antibodies that engage epitopes including residue E2-W64 are highly potent at inhibiting the virus in mice. BSRI is the research arm of America’s Blood Centers’ member Blood Systems. These antibodies prevent chikungunya virus both from entering and exiting cells, whereas prior studies of neutralizing antibodies to chikungunya and multiple other viruses have focused only on the capacity to block viruses from entering a cell. Graham Simmons, PhD, associate investigator at BSRI and the lead researcher on this project, together with Jing Jin, PhD, at BSRI, view these recent discoveries in the scope of a greater body of work that they and other researchers are doing to understand and combat chikungunya virus, according to a press release from BSRI. “Inhibiting chikungunya virus, both at the points of entry and release from cells, is another important piece in the puzzle that could lead to new approaches in therapeutics and vaccines to fight infectious diseases,” said Dr. Simmons. In the study, the research team found that a panel of cross-neutralizing monoclonal antibodies can potently inhibit both entry and release of more than one alphavirus. This result, effectively a method to block the cell-to-cell spread of alphaviruses, is one that could lead to a single vaccine that protects against multiple viruses. They conclude that the findings are critical to understanding the pathogenesis of chikungunya and that more research is needed to expand these findings to a possible vaccine. (Source: Blood Source press release, 12/10/15)

Citation: Jin J, *et al.* Neutralizing monoclonal antibodies block chikungunya virus entry and release by targeting an epitope critical to viral pathogenesis. *Cell Reports*. 15 Dec 10.

INFECTIOUS DISEASE UPDATES (continued on page 8)



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INFECTIOUS DISEASE UPDATES (continued from page 7)

EBOLA VIRUS DISEASE

Convalescent plasma (CP) is a promising and available approach to treatment of Ebola virus disease (EVD) in the absence of rigorously studied and approved biologics and antiviral agents, and a recent [Viewpoint article](#) in *Clinical Infectious Diseases* suggests it could be a safe and effective treatment. The article cites past clinical experience from the 2014-15 African epidemic that supports the safety, efficacy, and feasibility of CP treatment. CP is plasma from a recovered EVD patient containing antiviral antibodies and transfusing it into an ill EVD patient. A number of organizations in the blood community, including several America's Blood Centers' members and Blood Centers of America (BCA), have been involved in the collection of CP and in efforts to study and safely administer this treatment in West Africa. The clinical evaluation of CP for the treatment of EVD in the current outbreak, primarily affecting Guinea, Sierra Leone, and Liberia, was prioritized by the World Health Organization in 2014, with each country initiating non-randomized, comparative clinical trials. While current field experience supports EVD as acceptable, feasible, and safe – efficacy data are pending and longer follow-up of CP-treated patients is needed to detect late adverse events, writes Johan van Griensven, of the Institute of Tropical Medicine in Belgium, and colleagues in the viewpoint piece. Further, they add that the

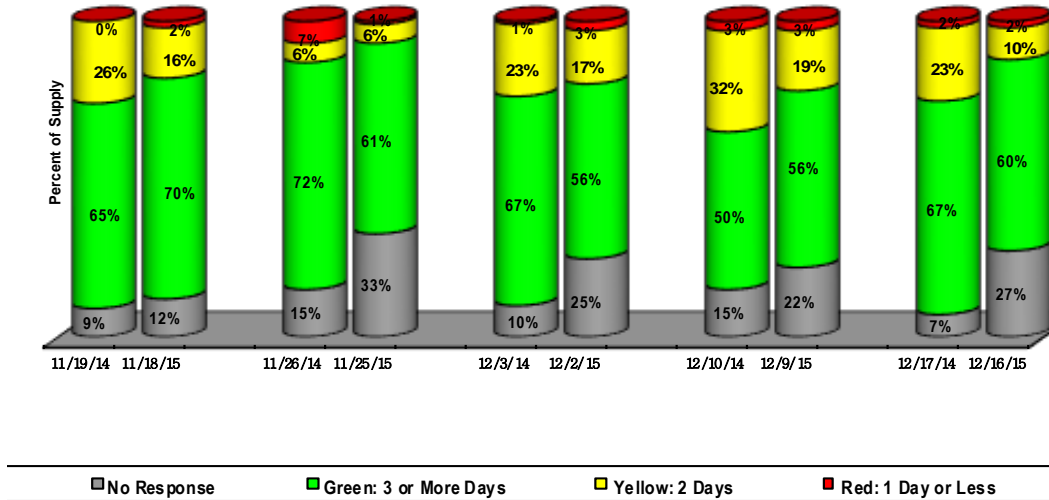
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INFECTIOUS DISEASE UPDATES (continued from page 8)

studies described have limitations and will not provide definitive efficacy data. “Additional research on CP, hyperimmune globulins, and monoclonal antibodies in animal and clinical studies is required to identify the optimal treatment regimen and better understand the mechanism of action,” they write. “Until the advent of potent, safe, affordable, and effective antivirals, and the development of effective vaccines, the use of convalescent blood products should remain part of the potential response to EVD,” they conclude.

Citation: van Griensven J, *et al.* The use of Ebola convalescent plasma to treat Ebola virus disease in resource-constrained settings: a perspective from the field. *Clin Infect Dis.* 2016 Jan 1;62(1):69-74. ◆

STOPLIGHT®: Status of the ABC Blood Supply, 2014 vs. 2015



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

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 ABC Publications Editor Betty Klinck at newsletter@americasblood.org. You will be sent a writer’s guide that provides information on style conventions, story structure, deadlines, etc.



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- Saturday, March 12:** Business Forum
- Sunday, March 13:** ABC Members Meeting
SMT Forum & Celso Bianco
Lectureship
Host Event by OneBlood
(off-site event)
- Monday, March 14:** Blood Center Leadership Forum
19th Annual Awards of Excellence
& Casino Night

The Annual Meeting provides a chance for us to learn, discuss and decide important issues for ABC, as well as meet old and new friends. In this time of rapid change in our arena, it is particularly important for us to stay in touch with what is going on in the field, and to keep ABC responsive to the needs of our members.

Susan Rossmann, M.D., Ph.D.
ABC President

Future Leader Scholarship Program
Supported by the FABC, these scholarships offer non-C-suite blood center executives the opportunity to advance professionally by attending the ABC Annual Meeting. Details available upon registration.

Registration Fees
ABC Annual Meeting: \$725
Non-members (non-vendor), contact Lori Beaston at lbeaston@americasblood.org for invitation, registration fees and additional information.

Sponsorship opportunities available. Contact Jodi Zand at jzand@americasblood.org for details.



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MEMBER NEWS

LifeStream, San Bernardino, Calif., recently honored donor Benny Croyle at the blood center for becoming the seventh LifeStream donor to reach the 100-gallon blood donation accomplishment.

The quiet Kansas native with the big heart was cheered by LifeStream staff and fellow blood donors during an “in-donation” celebration. Mr. Croyle’s wife, Jane and their daughter Kathy, also a blood donor, were in attendance as the “Benny Croyle story” was outlined by Rick Axelrod, MD, LifeStream’s president, CEO and medical director. Actually, if Mr. Croyle had his way years ago, he would have reached the milestone sooner. He wanted to give blood when serving in the U.S. Air Force, but was prohibited from doing so since he flew. LifeStream presented Mr. Croyle with a framed certificate in recognition of the achievement and Dr. Axelrod promised that “Santa soon will be bringing you a very, very rare 100-gallon polo shirt.” Giving blood may have been “just another donation” for Mr. Croyle, but he and Jane are also marking their own



Benny Croyle (center) makes his 100th gallon donation at LifeStream, alongside his wife Jane (left), daughter Kathy (right), and LifeStream President, CEO, and Medical Director Rick Axelrod, MD.

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MEMBER NEWS (continued from page 10)

milestone of dedication today, Dec. 18, when they celebrate their 60th wedding anniversary. (Source: LifeStream press release, 12/15/15)

New York Blood Center (NYBC) announced on Dec. 10 the award of several new patents in 2014-2015, continuing its unique role as an independent, community-based blood center that also operates a successful research institute dedicated to developing products and services to benefit patients worldwide, according to an [NYBC press release](#). Two patents were awarded by the U.S. Patent & Trademark Office to NYBC CEO Christopher D. Hillyer, MD, and Senior Vice President Beth Shaz, MD. The first patent relates to the development of a red blood cell (RBC) product that has been cleansed of pathogens and is packaged in a uniform dose. The second patent awarded to these physician-inventors is an automated blood component preparation system that will allow hands-off separation of the components of whole blood, RBCs, platelets and plasma, into their respective units thus increasing efficiency and maintaining a controlled manufacturing process. NYBC continues to make research breakthroughs and continue its portfolio of patents, including one relating to the prevention and treatment of flu with a “universal” influenza vaccine. This vaccine targets a particular region of the influenza virus that is present on most types of influenza viruses including Influenza types A, B and C. Inventors are Shibo Jiang, MD, Lanying Du, PhD, Guangyu Zhao, MD, and Yusen Zhou, PhD. Sara Lustigman, PhD, and Angus MacDonald, PhD, were awarded a U.S. patent for an adjuvant that, in times of an influenza pandemic, can be used to extend the number of vaccinations by 10 times, thus preventing shortages of the vaccine. The adjuvant is being studied for use with other vaccines to boost their efficacy. The active component was isolated from the parasite that causes River Blindness – a disease that affects more than 33 million persons in Africa. NYBC was also awarded six U.S. patents in the area of HIV treatment and prevention. Significantly, NYBC was awarded the prestigious Prix Galien award in 2014 for its work in developing Hemacord, the first FDA-licensed hematopoietic stem cell product in the nation. (Source: NYBC press release, 12/10/15)

Mississippi Valley Regional Blood Center (MVRBC) volunteer blood drive coordinators at Rock Island Arsenal received the Illinois Coalition of Community Blood Centers’ (ICCBC) award for “Best Military Blood Drive” in a presentation on Dec. 11. Military and civilian staff members working on Rock Island Arsenal were recognized for their efforts in coordinating mobile blood drives in a ceremony on Arsenal Island. While Rock Island Arsenal is well known for providing exceptional support of the U.S. Armed Forces, Arsenal employees have also demonstrated exceptional dedication to providing a lifesaving resource to local hospitals by hosting mobile blood drives with MVRBC. Sharee Hoegerl, regional donor relations consultant with MVRBC, nominated the Rock Island Arsenal groups she works with for the award because of their long history and dedication to hosting blood drives on a regular basis.



From left to right: Sharee Hoegerl, MVRBC recruitment development coordinator; Kirby Winn, MVRBC director of Public Relations; Col. Elmer Speights (U.S. Army, Garrison Commander for Rock Island Arsenal); 1st Sgt. Jared Clapper (U.S. Army); Staff Sgt. Alice Ramos (U.S. Marine Corps), and Donna Hardy (Corps of Engineers). The last three are volunteer coordinators for blood drives held on Rock Island Arsenal.

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MEMBER NEWS (continued from page 11)

Rock Island Arsenal annually hosts approximately 24 blood drives, providing more than 900 donations per year. “Rock Island Arsenal has hosted blood drives on a regular basis since 1974, shortly after MVRBC was founded,” said Ms. Hoegerl, adding that MVRBC’s current schedule of Rock Island Arsenal blood drives includes two drives for first shift employees per month, as well as regularly scheduled blood drives for second and third shift employees. “It’s definitely a team effort,” said Ms. Hoegerl. “AFGE, DMC, Vista Technical Services, Corps of Engineers, Marines, Naval Reserve – they all make great contributions to the blood supply.” Mike Parejko, MVRBC’s CEO, said he’s not surprised to find military personnel and civilians alike contributing so much to the community blood supply. “Where else would you find such a high concentration of service-minded people as you can find on Rock Island Arsenal?” asked Mr. Parejko. “We appreciate the sacrifices made by our military personnel as well as the great support they receive from contractors based on Rock Island Arsenal. It’s yet another reason the Arsenal is a great local resource as well as a key piece of our national defense.” (Source: ICCBC press release, 12/11/15) ♦

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*Joe McCormick
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For more information • Margie Boraz • T: 404.328.5148 • margie@macopharmausa.com

PEOPLE

Greg Gallion, president and CEO of Houchin Community Blood Bank, Bakersfield, Calif., authored a commentary about changing blood needs and challenges that was featured in [The Bakersfield Californian](#) on Dec. 15. He discussed the ever-evolving need for all types of blood products – platelets and plasma, in addition to red blood cells – as well as how the need for different blood groups changes daily. While many medical advances have reduced the amount of blood needed for certain procedures and blood management practices are increasing, the need for blood to treat a number of illnesses, such as leukemia, and in surgical practice remains present, noted Mr. Gallion. The full commentary can be viewed [here](#). (Source: The Bakersfield Californian, 12/15/15) ♦



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 Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: lnorwood@americasblood.org.

POSITIONS AVAILABLE

Director Client Services. (Department: Client Services; Location: St. Paul, MN; Status: Full-Time, 1.0 FTE (40 hours per week), Exempt) Position Summary: This position is responsible for Client Services that manages a broad range of sales and service activities across geographic locations. Generates new business opportunities to capture new markets and leads in delivering exceptional service while meeting vital account metrics and maintaining superior client relationships. Responsible for developing processes that proactively seek process improvement and customer solutions to enhance service. Develops sales goals and forecasts and works in conjunction with operations to recommend actions in response to changing market conditions. Responsible for creating infrastructure, processes, policies and procedures to support future organizational product and service growth. To apply please go directly to our website with an updated resume: <https://home2.eease.adp.com/recruit2/?id=19040182&t=1>

Mobile Operations Manager. (Department: Metro Collections Vans & Mobiles; Location: St. Paul, MN; Status: Full-Time, 1.0FTE, & Exempt; Schedule: Monday-Friday with availability and accessibility to staff all hours of operation) Position Summary: To ensure metro mobile collections operations are run in a manner that results in safe and compliant blood products and service that consistently delights donor and sponsors. To ensure a working environment for staff on the applicable team that is supportive and productive through recognition,

feedback, coaching and development. To apply please go directly to our website with an updated resume: <https://home2.eease.adp.com/recruit2/?id=19039962&t=1>.

Vice President of Blood Services. Unyts, Western New York's only Organ, Eye, Tissue and Community Blood Donation Center has an immediate opening for a vice president of Blood Services. This executive leadership position will oversee donor recruitment, collections, component processing and distribution; is accountable for all blood clinical and operational objectives and will ensure strategic plan is met and, with the appropriate credentials, will also serve as the Medical Director for Blood Services. Maintain and cultivate supportive relationships within the regional health care sector and the community. In addition to oversight of daily operational functions, this position tracks and trends key performance indicators, quality metrics and financials and takes appropriate action to ensure business viability. Bachelor's degree with seven-10 years of related experience or a combination of equivalent experience and education or MD with NYS certificates of qualification, SBB preferred. Successful development and execution of strategic objectives. Demonstrable success utilizing technical and interpersonal skills to building teams to drive for operational success in challenging and highly regulated environments. Demonstrable success with

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POSITIONS (continued from page 13)

implementing and sustaining process improvement. Five years progressive senior leadership experience required. Experience managing donor recruitment, donor services, component manufacturing, and product management distribution strongly desired. Please apply online at www.unyts.org/about/careers/.

Hospital Relations Manager. LifeStream, a Southern California blood center serving 80 hospitals with 200,000 blood products annually, is searching for a Hospital Relations Manager. Serves as technical resource for customer transfusion services: answering questions, providing training, and other support related to LifeStream's products and services. Also is a primary customer service contact, working to improve services, resolve any service issues, and build stronger relationships with customers. Promotes LifeStream's programs. Ensures excellent service is provided to hospitals and other customers. Four-year bachelor's degree (BA or BS) in biological sciences or medical related discipline, with MT(ASCP) or equivalent desirable. SBB desirable. Minimum four years' experience in blood banking or five years in hospital laboratory with transfusion service experience, (or equivalent). Must have exceptional interpersonal communicative skills developed and cultivated through extensive managerial and customer service experience. Current California driver's license required. LifeStream has an excellent compensation & benefits plan. For further information and to apply online please visit: www.LStream.org. Or fax cover letter, resume and salary history to (909) 386-6813. LifeStream is an Equal Opportunity Employer, M/F/D/V. Job Number: IN-4232655793

Director of IT. Blood Bank of Hawaii (BBH) is seeking a dynamic and strategic leader as its director of IT. This position oversees the Information Technology department in which the primary areas include enterprise system, infrastructure, network administration, and project management. The director of IT is responsible for overall leadership, vision, strategic planning and

management of the IT department and will serve on the senior management team. This role will help establish department standards and maintain a high level of timely execution. The director of IT will foster a quality and responsive technology environment that is based on planning, collaboration, transparency, and effective partnerships with the organization's leadership and staff. Experienced in the delivery of technology solutions and deep understanding of business requirements. Ability to analyze and take action on key performance indicators (KPIs). Prior success building collaborative business partner relationships. Program and project management experience. Demonstrated influencing and negotiation abilities. Experience working in a regulated environment preferred. Bachelor's degree in Computer Science or related field. Ten (10) plus years of experience within Information Technology. Five (5) plus year's relevant experience in supervising or managing a team of IT professionals. Please visit our website at www.BBH.org to complete an online application.

Lab Supervisor -- \$1,000 sign-on bonus. Are you a Lab Supervisor interested in performing advanced techniques in blood banking and being at the forefront of transfusion medicine for an accredited immunohematology reference laboratory? Come lead our dynamic team in assisting area hospitals in saving lives by performing routine transfusion service testing, complex antibody identification and molecular genotyping. Position requires intermediate to advance immunohematology knowledge and experience of resolving discrepant serologic patient results, SBB certification and a LA MT CLS license. The Blood Center pays a competitive starting wage and full benefits package including paid holidays and health, dental, and life insurance on date of hire, vacation after one year, and an employer contributed retirement plan. If you meet the above qualifications and would like to work for an organization that cares about its employees and the community please apply for the Reference Lab Supervisor position online at www.thebloodcenter.org. ♦

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 Norwood by e-mail (lnorwood@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

Feb. 13-14. **SBB Last Chance Review by Webinar.** Sponsored by Gulf Coast Regional Blood Center in Houston, this intensive, two-day annual blood banking review is designed to benefit individuals preparing to take the ASCP SBB/BB Board of Certification examination, physicians preparing for the Board examination in Blood Banking, as well as individuals seeking a refresher course in blood banking. This program provides 13 P.A.C.E., California and Florida continuing education hours. Included in the registration are handouts with case studies and practice questions. Details and registration at <http://www.giveblood.org/education/sbb-last-chance-review-via-webinar/>. Contact Clare Wong at (713) 791-6201, cwong@giveblood.org.

March 8-9. **IPFA Asia Pacific 2016 Workshop on Plasma Quality and Supply, Taipei, Taiwan.** More information is available at www.ipfa.nl.

Mar. 12-14. **Annual Meeting, America's Blood Centers, Jacksonville, Fla.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

March 14-16. **12th Annual FDA and the Changing Paradigm for HCT/P Regulations, Bethesda, Md.** More information and registration details can be found [here](#). Register by Oct. 30 for a \$200 discount.

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.

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](#).

CALENDAR (continued from page 14)

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

Aug. 2-4. **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. ♦