

2019 #39

November 15, 2019

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Safety of Tranexamic Acid in Acute Traumatic Brain Injury (CRASH-3) Patients

Tranexamic acid (TXA) has been previously associated with reducing mortality, bleeding, and transfusion requirements after trauma. Results from the CRASH-2 trial in 2010, suggested that providing trauma patients with TXA within three hours of the initial injury reduced the risk of fatal hemorrhage by 30 percent. The study included 20,000 patients in 40 countries and found no serious side effects.

Investigators sought to examine the impact of using of TXA to treat intracranial bleeding, in patients that suffered a traumatic brain injury in a multi-center, randomized, placebo-controlled trial. “The fundamental eligibility criterion was that the responsible clinician was substantially uncertain as to the appropriateness of tranexamic acid treatment. The time window for eligibility was originally within eight hours of injury. However, on Sept 6, 2016, in response to evidence external to the trial indicating that tranexamic acid is unlikely to be effective when initiated beyond three hours of injury, the trial steering committee amended the protocol to limit recruitment to within three hours of injury and the primary endpoint was changed to head injury death in hospital within 28 days of injury for patients treated within three hours of injury.”

Eligible patients were administered either TXA or matching placebo through intravenous infusion. Those receiving TXA were provided with a “loading dose” of one gram of TXA infused over a 10-minute period of time, afterwards receiving one gram over eight hours or placebo. “Outcome data were collected 28 days after randomi[z]ation, at discharge from the randomi[z]ing hospital, or at death (whichever was first).” The trial included 12,737 patients from July 2012 through January 2019 with 4,649 administered TXA within three hours of injury and 4,553 being given placebo within three hours of injury. “Among these patients, the risk of head injury-related death was 18.5 percent in the tranexamic acid group versus 19.8 percent in the placebo group (855 vs 892 events, RR 0.94 [95 percent CI 0.86–1.02]),” and 12.5 percent for TXA patients compared to 14 percent for the placebo patients (485 vs 525 events, 0.89 [0.80–1.00]) when prespecified sensitivity analysis was accounted for.

The researchers also discovered “reduction in the risk of head injury-related death with tranexamic acid in patients with mild-to-moderate head injury (RR 0.78 [95 percent CI 0.64–0.95]) but in patients with severe head injury (0.99 [0.91–1.07]) we found no clear evidence of a reduction (p value for heterogeneity 0.030).” They

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TXA Safety—CRASH-3 Trial Results (continued from page 1)

suggest that this might be due to severe head injury patients having already experienced “extensive” intracranial hemorrhage prior to treatment that is unaffected by TXA. Additionally, they did not find any correlation between increased fatal or non-fatal strokes based on receiving TXA versus placebo and noted that occurrence of disability among survivors was similar for each group. They conclude that, “[u]nlike in the CRASH-2 trial, we found no evidence that administration beyond 3 h of injury increased the risk of head injury-related death or any other adverse events. Indeed, given the absence of any adverse effects in this trial, the implications of wrongly concluding that tranexamic acid is ineffective are likely to be far more consequential than are those of wrongly concluding that tranexamic acid is effective. On the basis of the CRASH-2 trial results, tranexamic acid was included in guidelines for the pre-hospital care of patients with trauma. However, patients with isolated [traumatic brain injury] were specifically excluded. The CRASH-3 trial provides evidence that tranexamic acid is safe in patients with [traumatic brain injury] and that treatment within 3 h of injury reduces head injury-related deaths.”

Citation: Roberts, I. Shakur-Still, H., *et al.* [Effects of tranexamic acid on death, disability, vascular occlusive events and other morbidities in patients with acute traumatic brain injury \(CRASH-3\): a randomised, placebo-controlled trial.](#) *The Lancet.* 2019.

RECENT REVIEWS

A review of Hereditary Thrombotic Thrombocytopenic Purpura (TTP) was [published](#) in the *New England Journal of Medicine*. TTP is an acute, rare, potentially life-threatening disorder that is often associated with a deficiency or absence of the enzyme ADAMTS13. The authors explore the history, prevalence, clinical features, long-term outcomes, considerations for both the current and future management of hereditary TTP, along with the distinctions between hereditary and acquired TTP. They discuss the need for additional clinical data on hereditary TTP patients to further assess long-term outcomes, which is currently “lacking” in their opinion, though they are optimistic that this will change moving forward given the evolution of innovative treatment options including advances gene therapy. “Much has been learned during the past 20 years about the cause of hereditary TTP. However, little is still known about the clinical features and long-term outcomes in these patients, who should be regularly followed and assessed for the development of organ damage....With the availability of simpler, lifelong, effective treatment, we think that during the next 20 years, hereditary TTP will be recognized more frequently and managed more effectively.”

Citation: Kremer Hovinga, J. and George, J. Hereditary Thrombotic Thrombocytopenic Purpura. *NEJM.* 2019. Doi: [10.1056/NEJMra1813013](https://doi.org/10.1056/NEJMra1813013). ♦

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ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognize the continuous need for a safe and robust blood supply. ABC exists to advocate for laws and regulations recognizing the essential role that independent blood centers play in the healthcare system; promote partnerships, policies and programs that increase awareness about the need for blood donation; and serve as a thought-leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

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BRIEFLY NOTED

The Advanced Medical Technology Association (AdvaMed) issued a news release announcing survey results from its member organizations showing the potential negative impact that reinstatement of the medical device excise tax could have on the medical device industry. Close to 70 percent of survey respondents indicated concern that reinstatement of the tax could lead to layoffs in their companies, while almost 85 percent believe the tax would force cuts in research and development at their companies. “We’ve seen it before. We’ll see it again,” said Scott Whitaker, president and CEO of AdvaMed, in the new [release](#). “A \$20 billion tax increase on the industry will have serious consequences on employment and investment. The last time this tax was in effect, we saw nearly 29,000 jobs lost, and we could face even greater losses if Congress does not stop this tax from returning.” A moratorium of the device tax is set to expire as of January 1st unless Congress intervenes by delaying reinstatement of the tax or repealing it completely. ABC signed on to a coalition letter last December that supported repeal of the medical device tax before the end of 2018. The letter described how the medical device tax stifles innovation, which could adversely impact treatments for patients.

(Source: AdvaMed News [Release](#), 11/12/19)

The U.S. Food and Drug Administration (FDA) has approved the first therapy to treat anemia in patients with beta thalassemia. “When patients receive multiple blood transfusions, there is a risk for iron overload, which can affect many organs,” said Richard Pazdur, MD, director of the FDA’s Oncology Center of Excellence and acting director of the Office of Oncologic Diseases in the FDA’s Center for Drug Evaluation and Research in a news [release](#). “Today’s approval provides patients with a therapy that, for the first time, will help decrease the number of blood transfusions. This approval is an example of our continued progress for rare diseases and providing important new drugs to patients earlier.” Celgene’s Reblozyl received approval from the agency based on clinical trial results in which 21 percent of beta thalassemia patients who typically rely on blood transfusions were given the therapy and demonstrated a 33 percent reduction in blood transfusions compared to 4.5 percent for those patients that received placebo during the clinical trial.

(Source: FDA News [Release](#), 11/8/19)

The Minnesota Department of Human Rights (MDHR) [announced](#) that it has amended its [complaint in the ongoing discrimination lawsuit against CSL Plasma for allegedly discriminating against individuals on the basis of gender identity.](#) “CSL Plasma is unlawfully turning away donors based on archaic stereotypes,” said Minnesota Department of Human Rights Deputy Commissioner Irina Vaynerman in an agency news release. “Today’s announcement demonstrates the vital work ahead in the courts and in our communities to ensure all Minnesotans can live dignified lives.” The lawsuit filed by the MDHR in March 2019 originally stemmed from CSL Plasma allegedly preventing Alice James, a transgender woman who began donating in 2011 and was allegedly required to select “male” on her intake form, from donating. Ms. James says she was not allowed to donate in 2015 when she self-identified as “female” on the intake form. A second individual, Charlie Edgar, who identifies as non-binary, also says that CSL Plasma continues to discriminate, which has resulted in the MDHR amending their lawsuit, “I am disheartened that I have to fight to be seen as a human being,” said Charlie Edgar. “I was hurt and embarrassed when I was denied to give plasma at CSL. I want to be able to operate in a world where I don’t always have to teach medical professionals how to treat me and wonder how to pay my bills when I can’t access the same services as low income cisgender folks.” MDHR would like the court to force CSL Plasma to:

- use policies and procedures in accordance with the Minnesota Human Rights Act;
- require employees to undergo sensitivity training; and

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**BRIEFLY NOTED** (continued on from page 3)

- to compensate all individuals who were allegedly discriminated against on the basis of gender identity.

(Source: MDHR News [Release](#), 11/7/19)

The Centers for Disease Control and Prevention continues to highlight a variety of resources to assist healthcare providers with reducing sickle cell disease-related transfusion complications. Among the available tools are fact [sheets](#), videos and patient [stories](#), including an educational [video training series](#) entitled “reducing complications of therapeutic blood transfusions in sickle cell disease.” The video trainings produced by the Georgia Health Policy Center through a providership of the CDC and Georgia State University features four modules that can be used to earn CME/CNE credits:

- Introduction;
- Use of Blood Transfusion during Acute Illness;
- Delayed Hemolytic Transfusion Reactions; and
- Management of Chronic Transfusion.

(Source: CDC [Website](#), 11/14/19) 💧

Upcoming ABC Webinars – Don’t Miss Out!

- **Staffing Success & Challenges at Blood Centers Webinar** – November 19th from 3 - 4:30 p.m. (ET). More details including a link to join the webinar available to ABC Members in [MCN 19-075](#).
- **SMT Journal Club Webinar** – December 5th from 12 – 1 p.m. (ET). Additional details coming soon.
- **Irradiator Replacement at Blood Centers Webinar** – January 21st from 3 – 4:30 p.m. (ET). Additional details coming soon.

RESEARCH BRIEFS

America’s Blood Centers welcomes contributions or briefs from guest authors for scientific/medical peer-reviewed published papers. The views/comments expressed in submitted articles from external parties are those of the author(s) and are not to be interpreted as the viewpoint of America’s Blood Centers. If you are interested in contributing a brief for potential publication please contact us [here](#).





Cold Stored Whole-Blood and Platelets, Current and Future Directions

Initially, data comparing whole blood (WB) versus blood component therapy (BCT) were lacking, but the use of WB in the military has demonstrated both safety as well as a potential survival benefit. These favorable outcomes in type-specific, warm WB transfusions prompted renewed interest in cold-stored type-O WB (CWB). An article in the *Journal of Trauma and Acute Care Surgery* hypothesized that the initial resuscitation with CWB for patients in hemorrhagic shock would increase survival, decrease ongoing blood transfusions during the initial four-hour resuscitation and require less blood products overall during the first 24 hours of hospitalization versus patients transfused with BCT.

This was a retrospective case-matched study of trauma patients who received CWB and BCT at two urban, Level-I Trauma Centers over a 25-month period. Criteria to receive CWB included males 16 years of age or older, females older than 50 years, SBP less than 90 mm Hg, and an identifiable source of hemorrhage. Endpoints included trauma bay and 30-day mortality, laboratory values at four and 24 hours, and overall blood product utilization.

A total of 107 patients received CWB and 91 received 182 BCT. The CWB patients had higher mean hemoglobin (BCT, 10 ± 2 g/dL vs. CWB, 11 ± 2 g/dL; $p < 0.001$) and hematocrit (BCT, 29.2 ± 6.1 percent vs. CWB, 32.1 ± 5.8 percent; $p < 0.001$) at 24 hours. Trauma bay mortality was less in CWB patients (BCT, 8.8 percent vs. CWB, 2.2 percent; $p = 0.039$). Thirty-day mortality ($P = 0.839$) and total amount of blood products transfused at four and 24-hours did not differ.

The authors concluded that CWB offered the benefit of a balanced resuscitation with improved trauma bay survival and higher mean hemoglobin at 24 hours. CWB appeared to be safe with no evidence of hemolysis.

On November 22, 2019, the U.S. Food and Drug Administration (FDA) will be seeking advice from the Blood Products Advisory Committee (BPAC) on the development of cold stored platelets (CSP). Although room temperature platelets (RTP) have become the standard in clinical medicine, platelet products can also be stored at one to six degrees Celsius as CSP.

There has been renewed interest in the use of CSP, especially in settings of trauma and massive bleeding along with increasing interest in extending the storage time for CSP beyond three days. While the optimal storage conditions for CSP have not been defined, results from *in vitro* characterization and limited clinical studies suggest that longer storage times may be possible. While circulatory recovery and survival are impaired, the *in vitro* changes also indicate that CSP have an “activated” profile.

Investigators in Norway recently conducted a two-armed randomized study in 41 patients undergoing complex cardiac surgery comparing CSP to conventional RTP, both stored for up to seven days in platelet additive solution (PAS) with continuous agitation. Based on chest-tube output and platelet function testing, data suggested that CSP stored for up to seven days maintained hemostatic activity, with similar safety outcomes such as mortality, rate of thromboembolic events, and length of intensive care unit stay when compared to patients transfused with RTP. A single-arm extension of this study in eight patients examined CSP stored seven to 14 days without agitation and found similar results. In 2017, U.S. Central Command authorized an extension of CSP for up to 10 days. There were 34 patients with three-day CSP in 100 percent plasma, seven patients with 10-day CSP in 100 percent plasma, and seven patients with 10-day CSP in PAS, with no reactions or negative outcomes noted. More recently, to make CSP available in military settings, FDA granted a variance that allowed for storage up to 14 days to be used in treatment of active bleeding.

BPAC will be asked to comment on the available data on CSP including knowledge gaps and potential need

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Cold-Stored WB Platelets (continued from page 5)

for preclinical or clinical studies, with respect to the following: length of storage beyond three days, indications for use (such as treatment of active bleeding), differences in collection platforms and storage media and pathogen reduction as well as the design of any additional clinical studies needed to evaluate the safety and hemostatic efficacy of CSP to support widespread use in the U.S.

Citations: Hazelton, J.P., Cannon, J.W., Zatorski, C., *et al.* [Cold-stored whole blood: A better method of trauma resuscitation?](#) *Journal of Trauma and Acute Care Surgery*. 2019.

CBER, 121st Blood Products Advisory Committee Meeting Issue [Summary](#), 11/14/19.

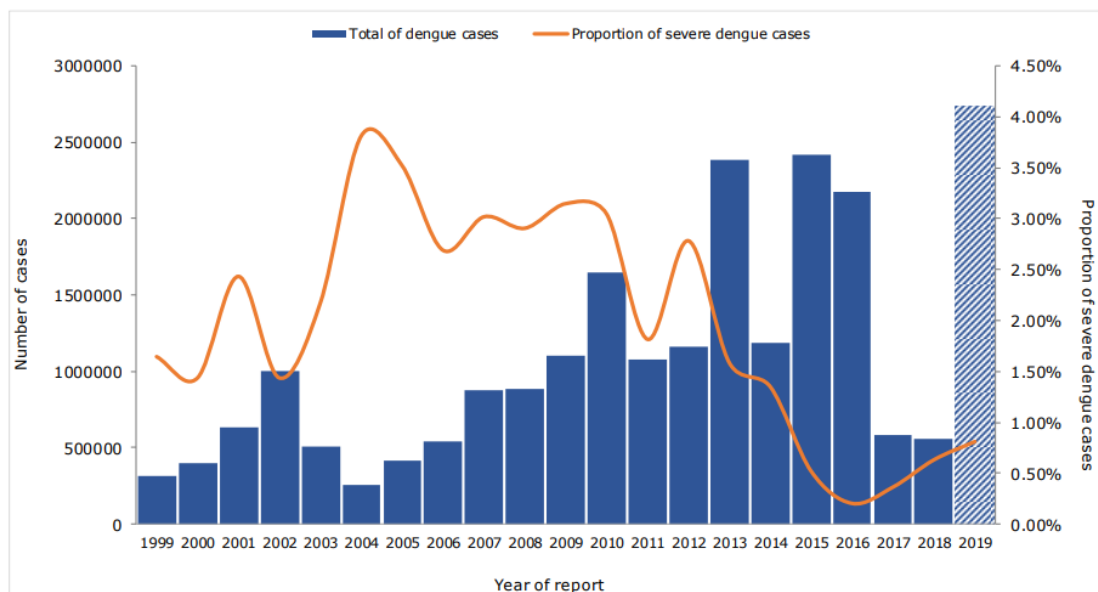
Contributed by Richard Gammon, MD, Medical Director at OneBlood ◆

INFECTIOUS DISEASE UPDATES

DENGUE

The Pan American Health Organization (PAHO) has [published](#) the latest Epidemiological Update report on dengue in the Americas. It shows that more than 2.7 million cases of dengue have been reported in the region, with more than 1.2 million being confirmed, resulting in more than 1,200 deaths in 2019. This is the largest number of dengue cases in a year to date surpassing the previous record-setting year of 2015 by 13 percent.

Figure 1. Distribution of reported dengue cases and proportion of severe dengue cases, by year of report. Region of the Americas, 1999-2019 (up to EW 42 of 2019).



Source: Data entered into the Health Information Platform for the Americas (PLISA, PAHO / WHO) by the Ministries and Institutes of Health of the countries and territories of the Region.

Chart courtesy of PAHO

(Source: PAHO, Dengue Epidemiological [Update](#), 11/11/19)

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INFECTIOUS DISEASE UPDATES (continued from page 6)

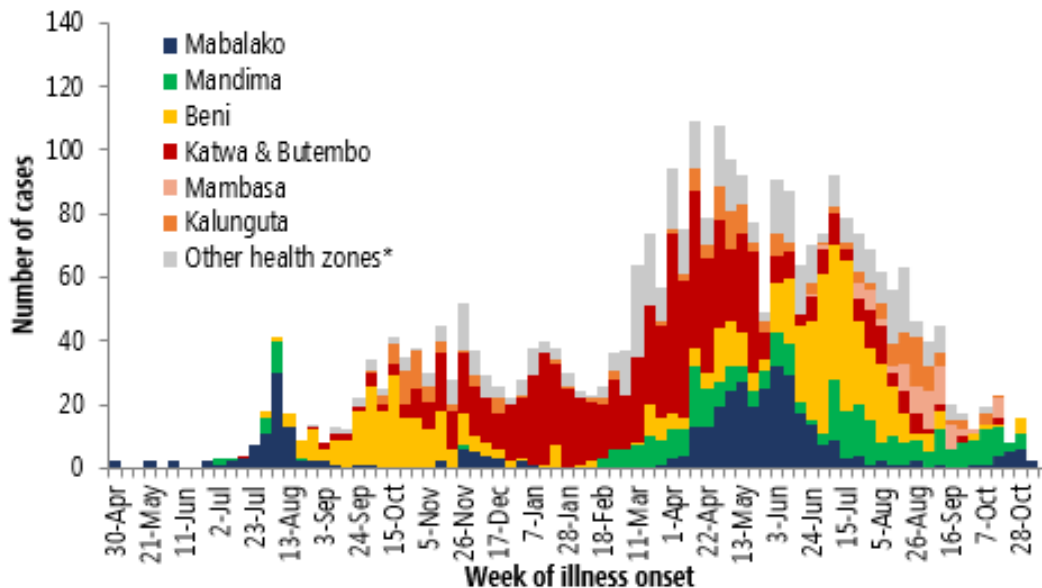
EBOLA

As the Ebola outbreak in the Democratic Republic of the Congo (DRC) has continued to slow, the World Health Organization (WHO) announced this week that it has prequalified an Ebola vaccine in hopes of speeding up the licensing which will allow United Nations agencies to acquire the vaccine for at-risk countries. “This is a historic step towards ensuring the people who most need it are able to access this life-saving vaccine,” said Tedros Adhanom Ghebreyesus, PhD, WHO Director-General. “Five years ago, we had no vaccine and no therapeutics for Ebola. With a prequalified vaccine and experimental therapeutics, Ebola is now preventable and treatable.” The European Commission also announced that it had granted conditional marketing authorization for Merck’s Ebola vaccine, Ervebo, after the recommendation of the European Medicines Agency (EMA).

The Centers for Disease Control and Prevention (CDC) and the WHO have not classified the affected areas as having “widespread transmission of Ebola virus,” which would trigger donor interventions in the U.S. The U.S. Food and Drug Administration (FDA) [guidance](#) requires that “in the event that one or more countries is classified by CDC as having widespread transmission of Ebola virus, your donor history questionnaire (DHQ), including your full-length and abbreviated DHQ, and accompanying materials, must incorporate elements to assess prospective donors for symptoms of recent or current illness with Ebola virus infection or disease, and travel to, or residence in, an area endemic for Ebola virus in accordance with 21 CFR 630.10(e)(2).

As of November 12th, there were 3,173 confirmed cases with 2,193 confirmed deaths.

Confirmed and probable Ebola virus disease cases by week of illness onset, data as of November 12th*



*Excludes n=184 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.

(Source: [Ebola virus disease – Democratic Republic of the Congo](#), 11/14/19)



MEMBER NEWS

Houchin Community Blood Bank recently created a Wall of Honor to recognize the sacrifice and service of past and present military service members. “The theme of our Veterans Wall of Honor is service and sacrifice to our community,” said Houchin Community Blood Bank Chief Executive Officer Brad Bryan, PhD, MBA. “I hope we all take a moment to thank our military service members and veterans for their service and sacrifice this Veteran’s Day...” Blood center staff who have previously served in the military designed the wall. “Any time we have that inner feeling to help others, that’s a good thing,” said U.S. Army Reserve Spc. Joyce Starr, who trains soldiers to become combat medics and was on hand for the unveiling of the Wall of Honor. “Donating blood is about saving lives. I got into the military to help people, to save lives.”



Photo courtesy of The Bakersfield Californian: U.S. Army Reserve Spc. Joyce Starr at the Wall of Honor unveiling.

(*The Bakersfield Californian*, [Houchin blood donor center unveils Wall of Honor](#), 11/9/19)

Blood Assurance partnered with the Special Forces Wounded Warrior Fund (SFWWF), established by Blood Centers of America, Inc., over Veterans Day weekend pledging to donate \$10 for each blood donor that presented to donate during that time period. “Blood Assurance is honored to be partnering with the SFWWF this Veterans Day weekend,” said Blood Assurance President and CEO, J.B. Gaskins to the *Cleveland Daily Banner* (Cleveland, Tenn.). “It is our turn to give back to those who served in our Special Forces and we hope the community will come out in support to give blood and give back to the veterans in need.” Blood Assurance surpassed their goal of \$7,100, as close to 800 blood donations were collected with Blood Assurance making a \$7,960 charitable contribution to the SFWWF, which aids the families of U.S. Special Forces members that have been injured while deployed.

(*Cleveland Daily Banner*, [Blood Assurance partners with Wounded Warrior Fund on blood donations](#), 11/7/19) 💧

GLOBAL NEWS

Health officials in Spain have [reported](#) a case of sexual transmission of dengue. It is believed to be one of the first cases of transmission through sexual contact documented worldwide. A 41-year-old male from Madrid was diagnosed with dengue virus though he had not traveled to an area with a risk of dengue. “His partner presented the same symptoms as him but lighter around 10 days earlier, and [his partner] had previously visited Cuba and the Dominican Republic,” said Susana Jimenez, a public health official from Madrid. “An analysis of their sperm was carried out and it revealed that not only did they have dengue but that it was exactly the same virus which circulates in Cuba.” She also referenced another case of probable sexual transmission of dengue had been previously [reported](#) in South Korea. Bites from the *Aedes aegypti* or *Aedes albopictus* mosquitoes spread dengue viruses to humans. According the Centers for Disease Control and Prevention (CDC), dengue is common in more than 100 countries with as many as 400 million people infected with dengue annually, causing more than 20,000 deaths.

(Source: *The Telegraph*, [First sexually transmitted dengue case confirmed in Spain](#), 11/8/19) 💧



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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.

December SMT Journal Club Webinar Articles Announced

The ABC Scientific, Medical, and Technical (SMT) Journal Club Webinar on December 5th at noon eastern will feature the articles below:

- [Blood transfusion for deep space exploration](#) (*Transfusion*);
- [Blood utilisation and transfusion reactions in adult patients transfused with conventional or pathogen-reduced platelets](#) (*British Journal of Haematology*); and
- [Transfusion of pathogen-reduced platelet components without leukoreduction](#) (*Transfusion*).

Additional details including registration information is forthcoming.

(Source: ABC Webinar [Announcement](#), 11/14/19)

ABC Awards of Excellence Call for Nominations Now Open

ABC members are encouraged to nominate blood donation sponsors, corporations, and advocates for the 23rd Annual Awards of Excellence. This year's ceremony on Tuesday, March 10th will be in Washington, D.C. during ABC's 58th Annual Meeting at the Ritz-Carlton (Pentagon City). Nominations are currently open until Wednesday, December 4th. Additional details are available in [MCN 19-072](#) for ABC member blood centers. The online submission form is available [here](#). ABC members are permitted to submit up to three nominations per category. The following awards will be presented during the awards ceremony and are currently open for nominations:

- ABC Outstanding Blood Drive of the Year
- Outstanding Public Relations Campaign
- Corporation of the Year Award
- Larry Frederick Award (jointly presented by ABC and ADRP)
- William Coenen President's Award
- Blood Community Advocate of the Year Award
- Thomas F. Zuck Lifetime Achievement Award

A complete description of each award is available [here](#). Please direct any questions about nominations or the awards ceremony to memberservices@americasblood.org.

(Source: MCN [19-072](#), 10/30/19)

2020 ADRP Award Nominations Available

Each year, ADRP honors individuals and organizations that have demonstrated outstanding service, accomplishments or leadership in blood banking. Blood centers are encouraged to [nominate](#) individuals and

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INSIDE ABC (continued from page 9)

organizations. In addition to a complimentary conference registration, winners receive a commemorative award and recognition in the ADRP newsletter and website. The nomination deadline is December 31, 2019. This year's award categories are:

Individual Awards

- Donor Recruiter of the Year
- Collections Team Member (Recruitment and Collections)
- Rolf Kovenetsky Leader of the Year
- Ron Franzmeier Lifetime Achievement
- Ronald O. Gilcher, MD

Organization Awards

- Media Partner
- Humanitarian Service
- Blood Drive (Most Creative and Most Productive)
- School Blood Drive (HS or College)

Additional information on the ADRP awards is available on the ADRP [website](#).

(Source: ADRP Awards [Announcement](#), 10/29/19)

2020 ADRP Annual Conference Now Accepting Abstracts

ADRP, an international division of America's Blood Centers, is encouraging donor collections, donor recruitment, and marketing or communications professionals to consider sharing their knowledge at the 2020 ADRP Annual Conference by being a presenter. The call for speaker abstracts is [open](#) until December 31st. Topics that have been the most requested by attendees include:

- **Leadership and team development:**
 - Critical thinking
 - Time management
 - Staff adequacy and talent level
 - Managing change
- **Blood Type Management:**
 - Collecting correct units based on blood type
 - Maintaining inventory during time of need
 - Rebooking donors and drives with emphasis on time of need
- **Donor and sponsor communication strategies:**
 - Diversification of the donor base
 - Addressing donor apathy
 - Communications strategies

As the industry's leading conference for donor facing professionals in the areas of collections, communications, marketing and recruitment, this year's focus, Charting the Course to Excellence, will delve into each step of the donor journey and provide proven solutions for how staff from all aspects of the blood center can work together to achieve the best possible outcomes. Additional information about the conference is available on ADRP's [website](#).

(Source: ADRP Abstract Submission [Form](#), 10/10/19) ♦



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 newsletter@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.)

2019

Nov. 22. **U.S. Food and Drug Administration Blood Product Advisory Committee Meeting, Silver Spring, Md.** More details available [here](#).

2020

Jan. 14-15. **IPFA/EBA Workshop on Plasma Collection, Amsterdam, the Netherlands.** More details available [here](#).

Mar. 9-11. **2020 ABC Annual Meeting, Washington, D.C.** More details coming soon.

Mar. 25-26. **IPFA 5th Asia Workshop on Plasma Quality and Supply, Chonburi, Thailand.** More details available [here](#).

April 14-15. **16th Annual U.S. Food and Drug Administration and the Changing Paradigm for HCT/P Regulation Conference, Washington D.C.** More details available [here](#).

May 13-14. **IPFA/PEI 27th International Workshop on "Surveillance and Screening of Blood-Borne Pathogens, Porto, Portugal.** More details available [here](#).

May 19-21. **2020 ADRP Conference, Phoenix, Ariz.** More details coming soon.

July 21-23. **2020 ABC Medical Directors Workshop and Summer Summit, Cleveland, Ohio.** More details coming soon.



| ABC 2020 Meetings & Workshops | | | | |
|--|---|------------------|------------------------------|--------------------------------------|
| Meeting/Workshop | Dates | Location | Hotel | Registration Dates & Fees |
| 2020 ABC Annual Meeting | March 9 th -11 th | Washington, D.C. | Ritz-Carlton (Pentagon City) | More details coming soon! |
| ADRP 2020 Conference | May 19 th -21 st | Phoenix, Ariz. | Hyatt Regency | More details coming soon! |
| 2020 ABC Medical Directors Workshop and Summer Summit | July 21 st -23 rd | Cleveland, Ohio | Westin Downtown | More details coming soon! |
| Notes: | | | | |
| For the most up-to-date information on all events, members of ABC may check the calendar on ABC's Member Site. | | | | |
| Non-members may attend all events; information will be updated on ABC's Public Site . | | | | |

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, e-mail: newsletter@americasblood.org



POSITIONS

Donor Services Collections Operations Director. (Ada, Okla. and Ardmore, Okla.) This position will provide leadership and direction over all aspects of the Oklahoma Blood Institute Donor Services collection team for both mobile and fixed site operations. It is responsible for assessing, developing and implementing strategic plans to achieve donor services objectives and goals. Create a friendly competitive environment to motivate staff to achieve high system wide standings on all key performance metrics (loss rates, errors, 2RBC conversion, Global Blood Fund, etc.). Conduct routine meetings to communicate organizational vision, updates, and changes and recognize outstanding staff performance keeping morale high. Maintain adequate staffing levels. Make frequent visits to both fixed and mobile collection sites. Actively participate in internal and external assessments/inspections including corrective action plans and effectiveness checks as needed. Track and monitor inventory and collection goals, which include whole blood, automation rates, and WB conversion data. Analyze data and make adjustments to increase productivity. This includes working closely with recruitment to ensure projections are met. Prepare and manage department annual budgets. Bachelor's degree in management or medical field. Minimum of five years' leadership/management experience, and valid driver's license. Competitive salary and excellent benefits package. How to Apply: <http://obi.org/careers/>

Director of Quality and Regulatory Affairs (Grand Rapids, Mich.) Versiti was founded with the belief that together, our blood centers can better serve patients' urgent need for life-saving healthcare. We love what we do, and we're looking for passionate individuals to join the Versiti family. We foster a diverse environment that affirms each employee's dignity and worth, and we offer a chance to work with a team of compassionate people who provide lifesaving blood to our communities on a daily basis. Under the direction of the Chief Quality Officer provides leadership and direction for developing, implementing, and executing quality assurance processes and practices that support the manufacture of FDA-regulated biologics (blood and tissue). The primary responsibility is to lead the affiliate QA/RA/QMS function for these services and ensure that all activities meet regulatory requirements and result in high quality, safe, and effective products and services. Supports standardization of policies, processes, procedures, and practices across Versiti. Promotes culture of quality and compliance. Works effectively with other Quality Directors within Versiti to provide effective quality and compliance solutions and practices that advance Versiti Quality mission. Requirements: Bachelor's degree in a scientific field from an accredited university; academic training or direct work experience in Master's degree in a scientific field, business, health care or other related field preferred; previous experience working in a blood bank required; minimum five years' experience in a regulated industry (biologics, pharma, or medical device), where change management,

validation, and creation of SOPs (standard operating procedures) has been required and successfully implemented; a minimum of 3 years of direct management experience or progressively more responsible project management experience is required; prior experience participating and/or managing FDA inspections is required. Additional experience working with accreditation bodies and third-party auditors preferred. You can find the job posting and apply [here](#). For further inquiries, please email [Melissa Manley](mailto:Melissa.Manley).

Executive Director. (Little Rock, Ark.) The Arkansas Blood Institute is seeking a "community spirited" professional to lead its Little Rock team in fulfilling the mission to recruit blood donors, drive sponsors, and volunteers and to store and deliver blood units for local hospitals. This public facing, "visible" position not only requires an outgoing, bright, and energetic personality to foster relationships, but also demands detailed attention to planning, communication, regulations, finances and personnel. Significant successes in project management and organizational expansion and entrepreneurship are desirable. Connectivity with regional leaders and access to key social networks would also be positives. The successful candidate will present and maintain a credible, positive image of the Arkansas Blood Institute in the local community. He or she will act as a liaison between the Institute and the community, organizations and residents. Applicants should be goal-driven self-starters who have strong interpersonal, organizational and analytic skills. They should be able to motivate and inspire diverse constituencies including donors, sponsors, staff, and volunteers. Salary Range: Competitive salary, commission plan, and excellent benefits package including health, dental, vision, and life insurance, 401(k), paid time off, and holiday pay. Apply: <http://arkbi.org/careers/>.

Vice President, Reference & Transfusion Services. Vitalant is currently hiring a VP of Reference & Transfusions Services to be responsible for the leadership, management, and direction of the organization's Red Cell Reference Laboratories (RCRLs) and Transfusion Services (TS) expanding and advancing the business unit's effectiveness. This role will also support the Blood Services Division product portfolio by developing and delivering value-added RCRL/TS services to client hospitals, health care providers, and patients. This vital role will oversee these functions to ensure that procedures, controls and systems are in place for accurate test results and timely provision of appropriate blood products while maintaining compliance with all federal and state regulatory requirements and industry accreditation standards. This role will also oversee the development of organizational strategies to achieve core corporate goals aligning with the strategic initiatives of the Corporation while ensuring that all service offerings meet or exceed customer

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expectations. The ideal candidate will formulate the development and direct the implementation of relevant strategic plan elements to assure the ongoing success and growth of the organization, provide Executive Management with activity summaries, and fosters enterprise-wide collaboration of clinical services while promoting cost saving, standardization and economies of scale. Interested candidate can apply to the position directly at <https://bloodsystems.taleo.net/careersection/jobdetail.ftl?job=191590&lang=en>

Reference Lab Manager. OneBlood is currently recruiting for a Lab Manager in our AABB-Accredited Immunohematology Reference Laboratory. This position provides leadership and technical expertise, manages staff, and performs training and quality activities for the staff responsible for performing basic through advanced testing procedures on patient and/or donor samples. Applicants must have a bachelor's degree in medical technology, biological science or related scientific field from an accredited college or university. Five or more years in a clinical laboratory, preferably blood banking environment, or an equivalent combination of education, certification, training and/or experience. Applicants must have SBB certification, as well as a valid and current Florida Clinical Laboratory Supervisor license, or eligible, in Immunohematology or Blood Banking. To apply and view a complete Job Description of this position, go to www.oneblood.org and click on the "Careers" tab. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.

Manager, Plasma Operations. Blood Centers of America (BCA) is a national cooperative comprising over 50 blood center members. BCA is seeking an individual with industry experience to serve as Manager, Plasma Operations. This position is responsible for specific aspects of the Plasma for Fractionation Program including managing day-to-day inquiries and operational tasks for this business unit. The person in this role must be successful in understanding the technical requirements of multiple agreements and assisting members with plasma optimization and contract compliance. The ideal candidate will possess outstanding communication abilities, relationship development talent and strong customer service skills. Five to 10 years of progressive experience in blood banking or similar field is required. Proven track record in managerial role is a plus. BCA is based near Providence, Rhode Island. Will consider remote location for the right candidate. Position requires up to 20 percent overnight travel. Please submit resume to careers@bca.coop.

Medical Director. If you have a passion to join a team that is providing cutting-edge medical expertise in the areas of blood banking, transfusion medicine, immunohematology reference laboratories, therapeutic apheresis, cellular therapy and research, consider joining OneBlood as a Medical Director. Qualified candidates should possess a minimum of three years' experience and a M.D. or D.O. degree with board certification in Clinical Pathology, Internal Medicine or Hematology and sub-specialty board certified in Blood Banking/Transfusion Medicine by a Board Registry recognized by the American Board of Medical Specialties. Appropriate state licenses will be required as needed. Must meet the eligibility requirements to obtain appointments at hospitals served by OneBlood. This position includes the option of free medical coverage with a competitive benefits package, 403(b) retirement plan with company contribution plus a company match, company vehicle lease/allowance, paid holidays, and much more. This position will be based out of the Ft. Lauderdale, Florida area, with some of the most gorgeous beaches in the nation! If you want to join our life saving mission and team of dedicated employees, visit our "Careers" page at www.oneblood.org to learn more. OneBlood, Inc., a proven leader in blood banking, is an Equal Opportunity Employer/Vet/Disability. 💧