



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2015 #33

September 4, 2015

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HHS to Fund Study on Sustainability of US Blood Supply

With decreasing blood use, declining margins at blood centers, and a reimbursement model that neither accounts for the full value of a robust blood supply, nor encourages investment in innovative blood safety measures – the blood community is concerned about the sustainability of the current US blood collection and distribution system. Working in conjunction with America’s Blood Centers, AABB, the American Red Cross, and other experts – the Department of Health and Human Services (HHS) has agreed to fund a study characterizing the system and alternatives that might assure the sustainability of a safe and adequate blood supply.

The 12-month study on the value of blood, set to begin Oct. 1, is being commissioned by the HHS Advisory Committee for Blood and Tissue Safety and Availability (ACBTSA), Subcommittee on Sustainability, which among its members include ABC CEO Christine Zambricki and Chief Medical Officer Louis Katz, MD. The subcommittee’s overarching goal is to publish an evidence-based report, independent of the blood community, that provides a big picture analysis of the current situation and future options for ensuring long-term sustainability, explained Jim Berger, MS, MT(ASCP), SBB, senior advisor for Blood Policy, in HHS’s office of HIV/AIDS and Infectious Disease Policy (OHAIDP).

Within the next couple of weeks HHS, which will oversee the study, will select an independent contractor from a pool of applicants to conduct the study. The ACBTSA subcommittee will provide scientific and other expert input to the contractor. While the specific study objectives will be solidified once the contractor is secured, Mr. Berger indicated some potential areas of investigation will include:

- **Insurance value of blood.** Quantify the “insurance value of blood,” i.e., identify the costs and benefits of having blood available for routine, urgent, and public health emergency-related situations, whether the blood is actually transfused or not;
- **Changes in healthcare.** Describe and quantify the impact on the blood community of changes in the healthcare sector, including reimbursement systems, hospital consolidation, and other market forces;
- **Blood reimbursement and pricing.** Describe the relationship of hospital/healthcare system revenue-over-expenses and reimbursement schemes with the current pricing structure for blood products and the ability of the blood community to offer incremental improvements in safety and availability.

(continued on page 3)



OUR SPACE

ABC President Susan Rossmann, MD, PhD

For Some Years, I Have Been Afflicted with the Belief that Flight is Possible to Man – Wilbur Wright

My grandparents had beach cottages at Nags Head, on the Outer Banks of North Carolina. We went there almost every summer while I was growing up. Mostly, I remember playing in the surf and watching the adults play long, spirited games of Monopoly. There was always a trip up the beach to Kill Devil Hills where the obelisk of the Wright Brothers Memorial sits atop a small dune, and to the museum with tools and models of their early planes, which they tested in the winds off the ocean.

When the historian David McCullough published a biography of the brothers this year (*The Wright Brothers*), I quickly bought a copy. The first part is a detailed reconstruction of their time growing up in Dayton, Ohio, their growing obsession with flight, and the detailed mechanical and mathematical studies they undertook to achieve manned flight. They learned from others, discovered crucial mistakes, redid the work, built a small wind tunnel in their bicycle shop to test their ideas, and dragged prototypes via rail to Kitty Hawk to test them in real conditions. Eventually, they met success. [Many of you will remember a wonderful reception at the Wright Patterson Air Force Base Museum at the 2008 ABC Summer Meeting in Dayton.]

The relevance for us is the success they were able to pull from the chaos of current knowledge. Many were working on the problem of manned flight, but the Wrights turned out to be the best at figuring out what was wrong and needed to be fixed, and at devising workable solutions.

Today feels chaotic in transfusion medicine. We are talking simultaneously about five- or seven-day platelets, pathogen reduction, platelet additive solutions, point-of-release testing, buffy coat platelets, statistical process control, etc. There is a variety of plasma products – FFP, PF24, PF24RT24, thawed plasma, liquid plasma, AB plasma, low-titer A plasma. Everyone apparently needs O negative red blood cells, and are debating over young or old ones. (There are five articles on red cell storage changes in the current issue of *Transfusion* but still no large clinical studies showing the inferiority of older cells.)

As collectors and guardians of our indispensable resource, we will have to sort it all out, moving toward solutions guided by science, good medicine, regulations, finance (see a recent *Transfusion* [article](#) by Brian Custer and colleagues on health economics and risk-based decision-making), and experience. This experience, reflected in our data, will be our Kill Devil Hills. The dunes are all taken.

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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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Value of Blood Study (continued from page 1)

- **Trends toward conservative blood use.** Describe the impact of changes in clinical technologies, like less invasive surgeries, and transfusion medicine practices (especially evidence supporting restrictive transfusion practices) on the sustainability of the blood system.
- **Surge capacity.** Assess the declining elasticity of blood product availability resulting from the blood community reducing its capacity to meet only the current needs – switching to a “just-in-time” business mode – and its impact on public health emergency response (i.e., hospital surge capacity).

Genesis of the Value of Blood Study. Concerns regarding inadequate reimbursement models and the sustainability of the US blood supply came to a head during a December 2013 meeting of the ACBTSA, explained Committee Chair Jay Menitove, MD. This subject was brought before the committee as a result of a conversation that Dr. Menitove had with the Assistant Secretary for Health Howard Koh, MD, who wondered whether the blood center model is sustainable given that blood centers are not integrated into the healthcare system in terms of reimbursement.

During the meeting, blood community experts described current market dynamics, the impacts of declining blood use driven by evidence supporting restrictive transfusion policies, and the resulting overcapacity in the blood community. Further, they highlighted the disconnect between reimbursement to hospitals and the value of blood. The current system does not account for the “insurance value” of having blood available in the case of an emergency, even if it goes unused. This makes it difficult for blood centers to pass on the increasing costs of doing business and new, unfunded regulatory mandates.

“In order to have ongoing innovation in the blood industry, there has to be a solid financial footing to invest dollars for the future and to move the agenda forward,” said Dr. Menitove. For example, innovations like pathogen reduction technology are simply not affordable under the current reimbursement model, and medical device companies will be deterred from investing in new blood safety innovations if blood centers are unable to implement them, he explained.

A Collaborative Effort. With these challenges in mind, a group of ABC executives and blood center leaders initiated a project to help frame the blood community’s needs and the current environment, said ABC Chief Medical Officer Louis Katz, MD. After further investigation, it became clear that an appropriate study was beyond the means of ABC alone. Mr. Berger and Rich Henry, ML, MPH, advisor for Blood & Tissue Policy in HHS’s OHADP, graciously agreed to take these questions to the ACBTSA, ultimately calling on AABB, ARC, and other industry experts to create the multidisciplinary Subcommittee on Sustainability to investigate these issues.

“This independent study will be important for informing the way forward from our current business model,” said Dr. Katz. “It will be much more credible than an initiative conducted by ABC alone might have been. We are grateful for this broad participation.”

AABB CEO Miriam Markowitz expressed similar enthusiasm over AABB’s participation in the study. “The need for an in-depth portrait of the current state and a deep assessment of the explicit risks associated with further erosion of infrastructure and capacity is critical to inform policy makers and regulators,” said Ms. Markowitz.

She added, “This is critical work and a collaborative effort, which has been one of the underpinning values of the US blood community. With the funding in place, building the problem and issue statement and

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Value of Blood Study (continued from page 3)

methodology to tackle the assessment is now the work at hand. AABB members, which include virtually all of the US blood centers and a significant proportion of the US hospitals, will gain much from the study being undertaken.”

Chris Hrouda, executive vice president of Biomedical Services at the American Red Cross, said “The entire blood industry has faced financial challenges from a decline in demand for blood products. Given these challenges, the American Red Cross is very supportive of the Subcommittee on Sustainability’s study on the value of blood. The Red Cross will assist this effort in any way possible and looks forward to the outcome of the study as the safety and availability of the nation’s blood supply remains our top priority.”

This study is the first step toward making recommendations and policy to support a sustainable blood supply, explained Dr. Menitove. It will hopefully allow blood centers to proactively find solutions to sustaining a safe and adequate blood supply for the benefit of both donors and patients, he added.

Continue checking the *ABC Newsletter* for further updates as the value of blood study progresses. 💧

ABC Opposes CMS Proposed Medicare Reimbursement Cuts for Outpatient Blood Products, Suggests at Least Maintaining Current Reimbursement Levels

America’s Blood Centers CEO Christine Zambricki, DNAP, CRNA, FAAN submitted [comments](#) to the Centers for Medicare and Medicaid Services (CMS) on behalf of concerned ABC members, opposing severe cuts to Medicare reimbursement for blood products proposed by CMS. Published on July 8, CMS’s [proposed rule](#) for reimbursing hospitals and ambulatory surgical centers in 2016, would significantly cut payment rates for a variety of blood products transfused in the outpatient setting.

The rates in the Hospital Prospective Payment System (HOPPS) and Ambulatory Surgical Center (ASC) Payment System proposed rule would cut Medicare reimbursement for blood products by 25 to 66 percent compared with 2015 rates. ABC comments make the case for three CMS actions:

- Maintain Ambulatory Payment Classification (APC) reimbursement for blood and blood products at a minimum of 100 percent of the 2015 payment rate;
- Continue to make separate payments for blood and blood products through APCs rather than including them in bundled payment; and
- Ensure that reimbursement recognizes Food and Drug Administration approved/mandated and medically appropriate emerging blood safety measures.

ABC, using CMS data, illustrates that CMS may have made an error in calculating the 2016 proposed payment cuts, as the 2013-2014 blood product cost data do not justify the severely reduced 2016 proposed payment rates. Further, ABC emphasizes that the proposed cuts will place further fiscal strain on the blood community, potentially impacting the safety and adequacy of the blood supply.

“The cuts in the proposed rule will exacerbate an already tenuous blood economy. They will be associated with negative consequences for maintaining the infrastructure needed for a robust blood supply, e.g., the ‘insurance value’ of blood availability before elective surgeries, for intensive care, and medical emergencies,” said Dr. Zambricki in her comments. “Furthermore, even with current reimbursement, the

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ABC Comments to CMS (continued from page 4)

blood community has concerns about our ability to preserve surge capacity in the event of a public health disaster that requires substantial blood, e.g. a dirty bomb with associated radiation casualties.”

ABC’s comments also highlight the need for increased reimbursement to support emerging blood safety measures, like babesiosis screening and pathogen reduction, which are not affordable given the proposed CMS cuts. Along these lines, HHS has recently agreed to fund a study investigating the sustainability of the current blood supply system given these and other challenges (see page 1).

In addition to submitting its own comments, ABC initiated a grassroots advocacy initiative that resulted in more than 60 ABC member blood centers, state blood associations, hospitals/hospital associations, and other community partners to submit letters to CMS and their members of Congress. ABC has followed up on all ABC member Congressional contacts and has received confirmation from several members of Congress that they have contacted CMS for an explanation of the agency’s reasoning on this issue.

“I would like to personally thank each and every individual from our member blood centers and other like-minded organizations who sent letters to their Congressional leaders and CMS,” said Dr. Zambricki. “It is your proactive advocacy efforts that have helped get our message across to CMS loud and clear. We are hopeful that our combined efforts will encourage CMS to reconsider these unreasonable proposed reimbursement rates.”

The final rule will be issued in the Federal Register in the late fall, during which time CMS will also publish responses to all comments/questions submitted during the comment period. The rule will then be implemented in January 2016. ABC will keep members informed of any updates. 💧

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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. ♦

Support Blood Banker Education – Contribute to the API Capital Campaign

The Foundation for America's Blood Centers (FABC) has raised \$230,000 in support of the ongoing development of America's Blood Centers Professional Institute (API). The API, housed on the newly redesigned ABC [member site](#), is a one-stop-shop for ABC members to find all of ABC's educational resources.

ABC strives to make the API the premier online learning community for blood banking through a robust blended learning approach, which includes four main learning portals – face-to-face learning, publications, online learning, and learning communities. In most cases, members will be able to earn continuing education credits, as well as ABC certificates in certain areas of interest valuable to blood bankers.

To fund the API's development and to support the continuing education and growth of ABC member blood center professionals, the FABC initiated the [API Capital Campaign](#) with a goal of raising \$900,000. In addition to the API Capital Campaign funds, the FABC also raised \$56,250 through the Jerry Haarmann Memorial Campaign to support the development of a blood banking leadership certificate to be offered through the API in honor of the late Mr. Haarmann.

Recently, the FABC's board has ramped up efforts to secure contributions for this important API initiative. Thus far, ABC has achieved two major milestones thanks to the generous contributions of FABC supporters – the launch of the newly redesigned [member site](#) and the addition to the ABC staff of a dedicated instructional design professional.

ABC's new [member site](#) is an exclusive community for ABC members to access association and industry news, resources, and tools to help blood banking professionals of every discipline succeed in their jobs. The redesigned website offers a variety of new features and makes it easier for ABC members to access a plethora of resources, right at their fingertips. Keep your eye out for an e-mail announcement about an upcoming ABC webinar to learn about all of the new functions on the ABC [member site](#).

To lead ABC's adult learning offerings through the API, ABC recently hired Rachelle Fondaw as the association's new director of Education Programs and Grants. She brings with her a wealth of knowledge in adult education and learning management systems (LMS), having developed and managed learning experiences for adults for more than 10 years. Ms. Fondaw's main focus will be creating educational content, such as online learning modules. She will lead ABC in the selection of an LMS and the creation of blood banking certification programs that ABC plans to offer as part of the API (see [ABC Newsletter](#), 8/21/15).

These accomplishments would not have been possible without the generous supporters of the [API Capital Campaign](#). The FABC would like to thank the following organizations that have contributed to the [API Capital Campaign](#).

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INSIDE ABC (continued from page 6)

- [Fresenius Kabi USA, LLC](#) (\$100,000)
- [Abbott](#) (\$50,000)
- [Mak-Systems](#) (\$50,000)
- [Hologic](#) (\$25,000)
- [BioBridge Global](#) (\$5,000)

Your donations can help support the career growth and development of tomorrow's blood banking leaders as ABC continues to develop curriculum and create educational content for the API. Please consider donating to the [API Capital Campaign](#). ♦

RECENT REVIEWS

A Cochrane Review suggests that plasma exchange may benefit patients with chronic inflammatory demyelinating polyradiculoneuropathy (CIDP). CIDP is a paralyzing disease caused by inflammation of the peripheral nerves. Researchers have suggested that plasma exchange may be beneficial for CIDP patients by removing autoantibodies in the blood, and it is a frequent indication for plasma exchange in the US. Man Mohan Mehndiratta, MD, MBBS, DM, FAAN, FANA, FAMS, FRCP, FICP, of Janakpuri Super Specialty Hospital in Delhi, and colleagues, conducted a review of the literature on plasma exchange for CIDP patients, examining randomized controlled trials (RCTs) or quasi-RCTs in participants of any age comparing plasma exchange with placebo treatment or no treatment. The authors identified only two studies that met their requirements. Both compared plasma exchange with placebo exchange, and suggest that plasma exchange provides significant short-term improvement in disability, clinical impairment, and motor nerve conduction velocity in CIDP, but rapid deterioration may occur afterwards. Due to the small size of the only trial reporting changes in disability, the quality of the evidence that plasma exchange reduces disability is moderate. The quality of the evidence that plasma exchange improves the signs of disease measured by a neurologist is high. Adverse events were as expected, related mostly to difficulty with venous access, use of citrate, and hemodynamic changes. "We need more research to identify agents that will prolong the beneficial action of plasma exchange," wrote the authors.

Citation: Mehndiratta MM, *et al.* Plasma exchange for chronic inflammatory demyelinating polyradiculoneuropathy. *Cochrane Database Syst Rev.* 2015 Aug 25;8. ♦

BRIEFLY NOTED

The Army Blood Program, a service component of the tri-service Armed Services Blood Program (ASBP), is currently involved in an initiative to collect licensed fresh plasma from volunteer donors, according to an Aug. 25 ASBP [press release](#). The donations will be converted into freeze-dried plasma, a new product that may significantly increase the survival rates for service members wounded on the battlefield, according to the ASBP press release. Studies have suggested that administering a plasma transfusion before the patient reaches a hospital significantly improves the possibility of survival, said Lt. Col. Audra Taylor, director of the Army Blood Program. "Freeze-dried plasma is an ideal treatment for the battlefield because of its packaging," Lt. Col. Taylor said in the press release. "The plasma can be easily reconstituted to its original form when mixed with water and administered in less than six minutes. This is a big advantage for our service members who are injured on the battlefield." Unlike fresh frozen plasma which is required to be stored at negative 18 degrees Celsius, freeze-dried plasma does not require refrigeration or dry ice, making it easier to transport on the battlefield. In addition to speeding the

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BRIEFLY NOTED (continued from page 7)

patient's access to plasma, freeze-dried plasma can also be stored for much longer than fresh frozen plasma. Freeze-dried plasma can be stored for two years, whereas fresh frozen plasma only lasts a year when frozen. There are two main differences between a regular plasma donation and one for the freeze-dried program – the amount of plasma collected and the need for the donor to return after the first donation. For a single freeze-dried donation, a total of 750 mL must be drawn, vs. 250 mL for a regular plasma donation. Additionally, the donor must return after 60 days to participate in the program. “Since the freeze-dried plasma initiative is using donor retested plasma, the donor must be retested for all disease markers within 60 days of the first donation,” Lt. Col. Taylor said. “Ideally, the blood donor center will accomplish this by having the donor complete a second donation. This not only completes the testing requirement, but it also produces more products for the program.” Today, six of the ASBP's donor centers – located at Fort Bragg, N.C.; Fort Gordon, Ga.; Fort Sam, Houston, Texas; Joint Base Lewis-McChord, Wash.; Landstuhl, Germany; and the Tripler Army Medical Center, Hawaii – are participating in the freeze-dried program. More information about the freeze-dried plasma program can be found [here](#). ♦

REGULATORY NEWS

AABB's Circular of Information Task Force has developed interim language dealing with pathogen reduction technology (PRT) for the “Further Processing” section of the Circular of Information for the Use of Human Blood and Blood Components. The language, which has been accepted by FDA, will be incorporated into the Circular at a later date, according to the Aug. 28 *AABB Weekly Report*. It describes further processing of blood components using PRT. The suggested methods for inserting the interim language into the Circular include the use of adhesive label or ink stamp; the date of the Circular should not be changed. The interim language, as well as the language formatted for printing adhesive labels, can be found on [AABB's website](#). The list of blood components that can be further processed using PRT may change as FDA grants additional approvals to device manufacturers. AABB will maintain a list online of all currently approved components. Blood products currently suitable for further processing using PRT include: whole blood-derived plasma, apheresis platelets, platelet additive solution (PAS-C) added leukocytes reduced, and apheresis plasma. (Source: AABB Weekly Report, 8/28/15)

The Joint Commission (TJC) published a summary of Sentinel Event Data, reports of adverse events from health providers, through Q2 of 2015 (July 9). TJC, an independent non-profit organization that accredits and certifies more than 20,500 healthcare organizations and programs in the US, collects and reports data from its accredited healthcare organizations regarding serious adverse events – including transfusion errors and transfusion reactions. Because sentinel event data reporting is voluntary and only represents a small proportion of actual events, the data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends over time. However, the data are useful to identify general causes, trends, settings, and outcomes of sentinel events. While transfusion-related events and transfusion errors appear to have decreased over time, with six occurring during calendar 2015 through July 9, and seven occurring in 2014 – it is difficult to draw conclusions regarding their frequency due to the voluntary nature of reporting. The event summary data can be found [here](#); and sentinel event data by type and year can be found [here](#). (Source: The Joint Commission Sentinel Event Data Summary, 8/25/15) ♦

THE WORD IN WASHINGTON

America's Blood Centers CEO Christine Zambricki, DNAP, CRNA, FAAN, submitted [comments](#) to the Department of Labor (DOL) on behalf of ABC members regarding a proposed rule that would change the Fair Labor Standards Act (FLSA) regulations defining who is eligible for overtime pay. While ABC supports the fair compensation of all employees, these regulations more than double the minimum salary threshold at which employees must be paid overtime for working more than 40 hours a week, which could have implications for ABC's member blood centers. "ABC supports the department's intended goal of fair compensation and a chance for all employees to get ahead. Our member blood centers employ nearly 26,000 individuals nationwide and our dedicated and hardworking employees are our most important asset," wrote Dr. Zambricki. "As non-profit and community-based institutions, our concern stems from the significant impact to community blood centers across the country that such broad, sweeping change would have on our ability to continue to serve our communities. In light of the significant financial pressures that are challenging blood centers today, the unfortunate reality is that the proposed change in overtime threshold will push more blood centers, already experiencing razor thin margins into negative territory." Under the current DOL regulations, last updated in 2004, employers are required to pay all exempt and non-exempt employees time-and-a-half for any hours they work in excess of 40 hours per week if they make less than \$23,660 annually, regardless of the employee's job responsibilities. The proposed rule would require overtime eligibility for anyone earning up to \$50,440 per year. Dr. Zambricki goes on to detail the financial pressure that may be added by this across-the-country increase in the minimum salary at which employees qualify for overtime. The comments are available [online](#). ♦

GLOBAL NEWS

The National Institute of Biologicals (NIB) in India will soon introduce an Android mobile app for adverse donor reaction reporting to ensure blood quality and safety, reported [Pharmbiz.com](#), a health news source in India, on Aug. 31. The software is currently being developed by the Ministry of Information Technology in collaboration with NIB with technical and audit support from the National Informatics Center. A recent meeting of the Hemovigilance Program of India (HvPI) approved the development of a detailed new transfusion reaction reporting form and the reporting format for adverse reactions during and after blood transfusion, as well as the adverse donor reaction reporting format under the National Blood Donor Vigilance Program. The modalities of the app were discussed and approved during the recent meeting. The mobile app is just part of a larger hemovigilance effort in India that began with transfusion recipient safety in 2012 and has expanded to include donor vigilance. (Source: [Pharmbiz.com](#), 9/3/15) ♦

INFECTIOUS DISEASE UPDATES

CHAGAS DISEASE

The results of the multicenter, randomized study with long-term follow-up of trypanocidal therapy in patients with Chagas' cardiomyopathy, published this week in *The New England Journal of Medicine*, indicate that the treatment was not effective in reducing clinical cardiac deterioration or death in these patients. While highly successful public health interventions in Latin America have markedly reduced the number of people chronically infected with the *Trypanosoma cruzi* (*T. cruzi*) parasite that causes Chagas disease, 5 to 6 million people remain infected and at least 20 percent of these either have or will develop chronic Chagas' cardiomyopathy. Further, less than 1 percent of persons infected with *T. cruzi* worldwide have received treatment, despite the current recommendations, and the proportion of the approximately

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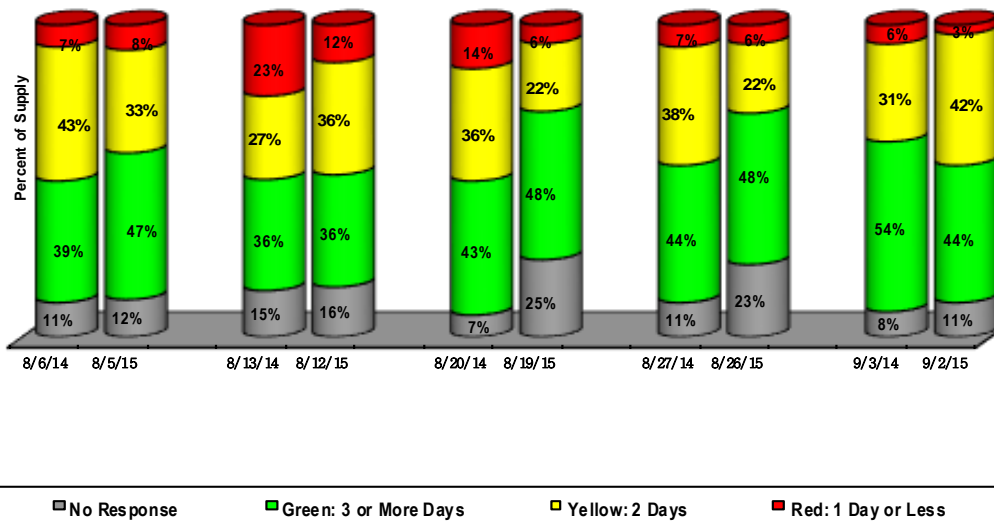
INFECTIOUS DISEASE UPDATES (continued from page 9)

300,000 infected persons in the US who are treated is even less. Understanding this study is important for blood centers because they are required to counsel and refer donors with reactive/confirmed *T. cruzi* test results. The Benznidazole Evaluation for Interrupting Trypanosomiasis (BENEFIT) trial, conducted by Carlos Morillo, MD, FRCP(c), FACC of Hamilton Health Sciences and McMaster University in Canada and colleagues, was a prospective, multicenter, randomized trial involving 2,854 patients with Chagas’ cardiomyopathy who received benznidazole or placebo for up to 80 days. After five years of follow-up, the researchers found no statistical difference between the two groups with respect to the primary outcome of death, new heart failure, implantation of a cardioverter-defibrillator or pacemaker, or other cardiac event. The treatment did significantly lower the rates of bloodstream parasite detection by polymerase chain reaction (PCR) screening. At baseline, PCR assay was performed on blood samples obtained from 1,896 patients – of which 61 percent were positive for *T. cruzi*. The rates of conversion to negative PCR results were 66 percent in the benznidazole group and 34 percent in the placebo group at the end of treatment, 55 and 35 percent, respectively, at two years, and 47 and 31 percent, respectively, at five years. “There is an urgent need for new drugs, new strategies for treatment, and new assays to track results,” wrote James H. Maguire, MD, in an accompanying editorial. “As the BENEFIT trial illustrates, clinical studies to evaluate the effectiveness of such efforts will take time. The infected population is aging, and time for them is running out.”

Citations: Morillo CA, *et al.* Randomized trial of benznidazole for chronic Chagas’ cardiomyopathy. N Engl J Med. 2015 Sept. 1 [Epub ahead of print]

Maguire JH. Treatment of Chagas’ disease – time is running out. N Engl J Med. 2015 Sept. 1. [Epub ahead of print] ♡

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

MEMBER NEWS

In commemoration of National Sickle Cell Month in September, the Community Blood Center of the Carolinas (CBCC) and the Carolinas Sickle Cell Collaborative are raising awareness about the need for blood donors – and in particular African-American donors – to help treat area sickle cell patients. The Carolinas Sickle Cell Collaborative (#StepUp4Sickle) is a joint effort between Community Blood Center of the Carolinas, regional healthcare providers, sickle cell advocacy partners and local African-American community leaders. Partners include Carolinas HealthCare System, Piedmont Health Services and Sickle Cell Agency, Sickle Cell Partners of the Carolinas, and individual community advocates. The mission of the Collaborative is to cultivate hope, inspire compassion and improve the quality of life for local sickle cell patients in need of specially matched blood. The goals of the Carolinas Sickle Cell Collaborative include: 1) increase awareness about sickle cell disease; 2) identify more blood donor matches for sickle cell patients in our community; 3) increase the number of African-American blood donors to support these patients; and 4) involve more African-American organizations in hosting blood drives throughout the year. Studies show that 90,000 people in the US have sickle cell disease and that 98 percent of those are African-American. Although sickle cell is not unique to African-Americans, it is more frequently diagnosed in the African-American patient population in the US. These patients often need regular blood transfusions from donors with matching blood types and similar blood characteristics. The best match usually comes from other African-American donors. “We are deeply committed to championing the needs of local sickle cell patients who require life-saving blood,” said Martin Grable, president and CEO of the Community Blood Center of the Carolinas. “We urge the public, and especially African-American donors who are typically the best match for sickle cell patients, to come out and donate blood either at one of our donor centers or at a community blood drive.” The mayor of Charlotte, N.C., Daniel G. Clodfelter, issued an official proclamation recognizing September as National Sickle Cell Awareness Month. (Source: CBCC press release, 9/2/15)



Coastal Bend Blood Center, Corpus Christi, Texas, held its 23rd Annual Run for Blood 5k Run/Walk to support the blood center’s lifesaving mission. The Run for Blood attracted 321 participants. The event also featured raffle prizes, refreshments, a photo booth, and awards for the top three racers in each age group (by gender). “The success of this event is largely dependent upon the support of local businesses in our community. With a supportive blood donor base of over 30,000 and a service area of more than half a million residents, this event also provides all of our partnering sponsors with a wonderful way to show their commitment to the healthcare of our community,” said blood center spokesperson Elizabeth Constante. The benefit of this event is that it is not just for blood donors; rather it’s for anyone in the community who wants to support the lifesaving cause of giving blood, she added. This event not only serves as a fundraiser for the blood center, but also allows the center to gain recognition in the community while educating residents on the importance of blood donation. ♦



Coastal Bend Blood Center
Giving so that others may live

Correction

Last week’s *ABC Newsletter* featured an Our Space column on page 2 by Linda Barnes, chief operating officer at Bloodworks Northwest. We incorrectly included “chief information officer” in her title; her proper title is “chief operating officer.” We apologize for any confusion caused by this error and thank our readers who bring such issues to our attention.

COMPANY NEWS

Danaher has completed its \$13.8 billion acquisition of Pall, a provider of filtration, separation, and purification products for life sciences and other applications. As a result, Pall has become an indirect wholly owned subsidiary of Danaher, a Washington-based global science and technology company. When the merger was first agreed upon in May, Danaher said that following its completion, Pall would split into two publicly traded companies. Danaher's existing Life Sciences & Diagnostics, Dental segments, water quality and product identification platforms, and Pall will comprise one firm, which will retain the Danaher name. The other firm will comprise Danaher's Test & Measurement instruments, as well as its specialty industrial businesses. (Sources: Danaher Corporation press release, 8/31/15; GenomeWeb, 8/31/15) ♦

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: mnorwood@americasblood.org.

POSITIONS AVAILABLE

Director of Technical Services. Blood Bank of Hawaii, a medium-size blood center (50,000 RBC distribution annually), is seeking a strong leader to oversee all technical operations in the component manufacturing, quality control, and immunohematology reference laboratories and the 16-member team. Headquartered in Honolulu, we are the sole provider of blood to the state's hospitals. If you are a CLS and/or SBB with at least five years' technical and management experience in a blood bank setting, come join a dynamic, cohesive team that is effecting positive change. We offer a competitive salary and excellent benefits. Apply online now at <http://www.bbh.org/about-bbh/employment.html>.

Clinical Laboratory Scientist (CLS). A full-time Clinical Laboratory Scientist (CLS) is needed to perform serological testing at the Northern California Community Blood Bank (NCCBB). The position is open immediately to replace a CLS who will be retiring in the summer of 2016. The position requires current California CLS and experience in serological testing including RBC antibody ID. NCCBB is a not for profit blood center operating on the beautiful northwest coast of California. We supply all of the blood products to five local hospitals and also resource share with other institutions. To apply, please contact: Chris Stenlund at: (707) 443-8004 or cstenlund@nccbb.org.

Technical Director. The Northern California Community Blood Bank is seeking a technical director. The position is full-time and requires current California CLS and experience in serological testing including RBC antibody ID. The technical director oversees laboratory, component production and product management. To

apply, or for a copy of the job description, please contact Thomas Schallert at (707) 443-8004.

Vice President of Blood Donor Services. Unyts, Western New York's only Organ, Tissue, Eye and Community Blood Bank, has an immediate opening for an executive level position in our Blood Donor Services Division. This exciting position will provide leadership and direction to the division, while meeting the blood, plasma and platelet needs of our regional hospitals, as well as direct and oversee donor recruitment and collection operations. Responsibilities will also include strategic planning and development, creation of annual expense and collections budget, and monitoring of annual operating and collection goals against budget. Bachelor degree with seven-10 years of blood banking or blood donor experience required. Master's degree preferred. Demonstrated expertise in leading organizations utilizing combined technical and interpersonal skills required. Ideal candidate will possess superior leadership, supervisory and communication skills with the ability to facilitate change and growth through collaboration and teamwork, while successfully promoting Unyts Mission, Vision and Values. Please apply online at <http://www.unyts.org/about-us/careers>.

Vice President of Quality and Compliance AD009 (San Antonio, TX). Responsible for leading, managing and coordinating the quality, regulatory, and compliance activities related to all donor, patient and component testing services provided by QualTex Laboratories'

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headquarters and satellite locations. Will coordinate all external audits for the organization. Must exhibit leadership and must maintain current knowledge of regulatory requirements for all areas of testing services provided by QualTex Laboratories. Must be knowledgeable of all Standard Operating Procedures (SOPs) pertinent to quality and regulatory management. Bachelor's degree in Medical Technology, Applied Science, or related discipline required. Six years blood banking/transfusion medicine/clinical laboratory experience required. Six years of Quality and Management experience required. Computer experience required. Three years driving experience with good driving record required. MT (ASCP), SBB/BB, ASQ-CQA or CMQ/OE certifications preferred. Texas or Georgia operator driver's license required. US Passport preferred. Visit our website at www.biobridgeglobal.org. E-mail résumé to hr_dept2@biobridgeglobal.org. Call Human Resources (210) 757-9557. BioBridge Global and its subsidiaries are proud to be an EEO/AA-M/F/D/V/Genetic Data employer that maintains a Tobacco & Drug-Free Workplace. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national origin, disability, veteran status, genetic data or other legally protected status.

Clinical Laboratory Scientist. Have a Passion for Reference Laboratory Work? Want a Sign-On Bonus? Join Us! Blood Centers of the Pacific (BCP) in San Francisco is seeking a Clinical Laboratory Scientist (CLS) to join our dynamic team of specialists in blood banking (SBB) to perform complex serological testing: including red cell antibody ID, compatibility and platelet testing. BCP's Reference Lab is a highly respected lab within the blood banking and hospital communities locally and throughout the United States. BCP has a large repository of rare blood enabling us to assist with help in providing units for the most difficult patients throughout the country. Position requires a current California CLS license and three years relevant experience. SBB is preferred. If you are qualified, but not SBB certified, BCP has educational benefits that will help cover the cost of obtaining certification. All you need is the desire and the skills! Our work environment is exciting and the team is a highly functioning close-knit group. To apply, visit our employment page at: <http://www.bloodcenters.org/about-us/employment> (Requisition #15000444). Blood Centers of the Pacific is an equal opportunity employer. EEO/Minorities/Females/Disabled/Veterans/Other Protected Groups

Manager Laboratory Technical Services. Blood Centers of the Pacific is a nonprofit, community-based organization that provides blood and blood components to hospitals, physicians and patients throughout Northern California. It also houses the Blood Systems Research Institute which conducts medical research to improve blood safety and patient care. Blood Centers of

the Pacific helps 50,000 patients every year with blood donated by community volunteers. We seek a Manager for its Manufacturing & Technical Services Department in San Francisco. Will oversee services such as blood component QC, validation testing and documentation, quarantine/quarantine resolution, equipment repair, preventive maintenance, compliance and process improvement. In addition to standard managerial duties, will perform bench work assignments as needed. Requires a four year degree in related field; three years related experience in blood banking, hematology and/or serology – one of which must be in a supervisory capacity. Requires a valid California Clinical Laboratory Scientist (CLS) license. Component production experience strongly preferred. To apply, visit our employment page at: <http://bit.ly/1EIXgZT>. (Requisition #15000885). Blood Centers of the Pacific is an equal opportunity employer. EEO/Minorities/ Females/Disabled/Veterans/Other Protected Groups

Manager, Immunohematology Reference Laboratory. Blood Centers of the Pacific in San Francisco, CA seeks an Immunohematology Reference Laboratory Manager. We are a nonprofit, community-based organization that provides blood components and clinical/technical services to hospitals, physicians, and patients throughout Northern California. We were the first established community blood center in the U.S. We are also co-located with the Blood Systems Research Institute which conducts medical research to improve blood safety and patient care. Blood Centers of the Pacific distributes over 150,000 components to patients annually. Successful candidate will be responsible for all aspects of testing, technical operation, and workload of reference laboratory including staff supervision, employee counseling and evaluation, reference testing at satellite centers, and other standard supervisory functions. Other duties include budget management, relevant projects, training and education. Requires BA/BS in relevant field; eligibility for State of California Clinical Laboratory Scientist License and four years relevant experience. Current California Clinical Laboratory Scientist license preferred. Certification as a Specialist in Blood Banking (SBB) or equivalent OR Doctorate in an immunohematology-related field. To apply, visit our employment page at: <http://www.bloodcenters.org/about-us/employment> (Requisition #15000707). Blood Centers of the Pacific is an equal opportunity employer. EEO/Minorities/Females/Disabled/Veterans/Other Protected Groups

Clinical Laboratory Scientist/Medical Technologist (Processing Laboratory; Full-time Position; \$35.58/hour). Blood Centers of the Pacific is a non-

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profit, community-based organization that provides blood and blood components to hospitals, physicians and patients throughout Northern California. It also houses the Blood Systems Research Institute which conducts medical research to improve blood safety and patient care. Blood Centers of the Pacific helps 50,000 patients every year with blood donated by community volunteers. We are looking for a Clinical Lab Scientist to perform required testing on whole blood and blood components including antigen screening, ABO grouping, Rh and serology determinations, and other routine donor and laboratory tests in a cGMP/TQM environment. Will consult with customer hospitals and perform other relevant duties as assigned. Must possess a current California CLS license. To apply, visit our employment page at: <http://www.bloodcenters.org/about-us/employment>. Requisition #15000834 or #15000785. Blood Centers of the Pacific is an equal opportunity employer. EEO/Minorities/Females/Disabled/Vets/Other Protected Groups

Chief Operations Officer (Fresno, CA). Central California Blood Center (CCBC) is looking for an experienced chief operations officer (COO) to work directly with the President/CEO to execute our mission

in the Central Valley of California. This executive leadership position as COO is accountable for operational objectives and will ensure the strategic plan is met. In addition to oversight of daily operational functions, this position has oversight of the production related departments as well as to track and trend key performance indicators, quality metrics, and takes appropriate action to ensure business viability. History of successful execution of strategic objectives while demonstrating success in building teams to drive operational effectiveness in challenging, dynamic, and highly regulated environments required. Bachelor's degree required, MBA preferred with a minimum of five years of progressive managerial experience required. Experience managing donor services, lab testing and component manufacturing, product management, in addition to oversight of supply-chain and assets management preferred in a blood bank setting. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national origin, disability, veteran status, genetic data or other legally protected status. Apply with resume and salary history at www.donateblood.org or to Adrienne Vanderberg at fax (559) 224-1310. ♦