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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2021 #11 **April 2, 2021**

INSIDE:

U.S. House Members Introduce Resolution for Nondiscriminatory and Equitable Blood Donation Guidelines

Reps. Adam Schiff (D-Calif.) and Carolyn Maloney (D-N.Y.), chair of the House Committee on Oversight and Reform issued a news release on April 1st announcing the introduction of a resolution "highlighting the urgent need for nondiscriminatory and equitable blood and blood product donation policies in the United States." According to the announcement, the resolution "underscores that policies governing blood and blood product donation should be grounded in science and based on individual risk factors that do not unfairly single out any group of individuals, particularly LGBTQ[+] Americans."

The legislation states that blood donation should:

- "be grounded in science;
- minimize deferral periods;
- be based on individual risk factors;
- not unfairly single out any group of individuals; and
- allow donations by all those who can safely do so."

Rep Schiff added in the news release, "[t]here is a large contingent of healthy people that are ready, willing, and able to donate blood and plasma, but antiquated regulations grounded in bigotry prevent them from doing so. One year ago, the [U.S. Food and Drug Administration] (FDA) took an important first step towards eliminating the unscientific policy that blocks many gay and bisexual men from donating blood, and it's time to move to a system that does not discriminate. We need science-based criteria that rely upon individual-risk assessments – especially as blood bank donation systems nationwide face shortages due to the COVID-19 pandemic."

Rep. Maloney echoed these sentiments, "[f]or far too long, outdated restrictions have prevented gay and bisexual men who can safely donate their blood from doing so. Last year, FDA took an important step in addressing this issue. However, blanket deferrals continue to perpetuate harmful stigma against gay and bisexual men—particularly gay and bisexual men of color—and have undermined critical efforts to fortify our nation's blood supply in the wake of the coronavirus pandemic. It is imperative that America's blood donation policies be equitable, and based on science—not stigma."

Other members of the House that cosigned the resolution include Reps. Barbara Lee (D-Calif.), Mike Quigley (D-Ill.), Katherine Clark (D-Mass.), Jamie Raskin (D-M.D.), Alexandria Ocasio-Cortez (D-N.Y.), Chris Pappas (D-N.H.), and Ritchie

(continued on page 2)

House Resolution for Equitable Blood Donation Guidelines (continued from page 1)

Torres (D-N.Y.). Organizations that have endorsed the legislation, according to the news release include: Human Rights Campaign, Lambda Legal, GMHC, the HIV Medicine Association, GLAAD, The Trevor Project, the Whitman-Walker Institute, Athlete Ally, GLMA: Health Professionals Advancing LBGTQ Equality, PFLAG National, the National LGBT Bar Association and Foundation, the Los Angeles LGBT Center, Equality New York, and the Ali Forney Center.

The FDA previously announced that a pilot study, ADVANCE (Assessing Donor Variability and new Concepts in Eligibility), is underway which will examine the potential for the U.S. to move to an individual risk-based approach. The study is looking at data from men who have sex with other men (MSM) to help determine if a donor questionnaire based on individual risk would be as effective as time-based deferrals in reducing the risk of HIV." Members can find America's Blood Centers' most current official position statement on MSM here.

(Source: Rep. Carolyn Maloney News Release, 4/1/21)

CoVIg-19 Plasma Alliance Reports Topline Results from COVID-19 NIH Hyperimmune Globulin Trial

The CoVIg-19 Plasma Alliance announced on April 2nd that the phase III Inpatient Treatment with Anti-Coronavirus Immunoglobulin (ITAC) clinical trial "did not meet its endpoints" and "no serious safety signals were raised." The study, which received funding from the National Institutes of Health's (NIH) National Institute of Allergy and Infectious Diseases (NIAID) sought to "determine whether an investigational anti-coronavirus hyperimmune intravenous immunoglobulin (H-Ig) medicine (referred to by the Alliance as CoVIg-19) could reduce the risk of disease progression when added to standard of care treatment including remdesivir in hospitalized adult patients at risk for serious complications. Analyses remain ongoing and NIAID and the INSIGHT Network intend to publish the full results of the trial soon." The news release states that "[f]ollowing the outcome of the ITAC trial, the CoVIg-19 Plasma Alliance's work now concludes. The one-year collaboration involving organizations from across the world has strengthened relationships within and outside the industry, enabled a renewed perspective toward pragmatic regulation based on scientific evidence and need, and provided a well-defined, legally compliant framework for future collaborative opportunities to address urgent public health needs."

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The *ABC Newsletter* (ISSN #1092-0412) is published by America's Blood Centers® and distributed by e-mail.

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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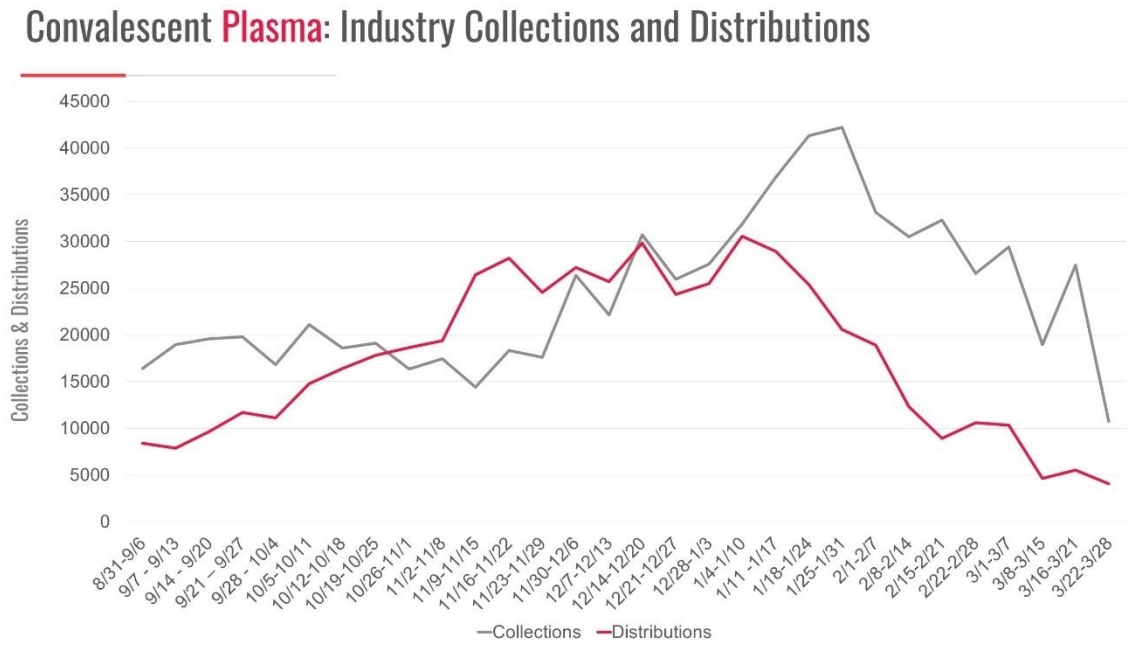
CoVIg-19 Plasma Alliance Reports Topline Results from H-Ig Trial (continued from page 2)

Bill Mezzanotte, MD, MPH, executive vice president, head of Research and Development and chief medical officer at CSL Behring, a co-leader of the CoVIg-19 Alliance, added in the release, "[w]hile the results of this particular clinical trial are disappointing, we are proud that as an industry we proactively and collaboratively pursued this work, and that the program may contribute to a growing understanding of this challenging virus and strategies for patient care. Since we embarked on this development program, and throughout the pandemic, we have learned much from our scientific research. Importantly, we learned that as an industry we have the fortitude and capability to quickly work together for the greater good of human health."

Julie Kim, president of Plasma-Derived Therapies Business Unit at Takeda, a co-leader of the CoVIg-19 Alliance, stated in the release, "[w]e are especially proud that we pooled resources, brought our plasma expertise and infrastructure together at our own cost to benefit public health and added to our understanding of a complex field. We are extremely thankful to all those who collaborated day and night for one year in testing circumstances to develop and manufacture a potential solution for COVID-19, including those organizations from outside the industry who chose to support us." The CoVIg-19 Plasma Alliance was also a member of the coalition for "The Fight Is In Us" campaign, which called attention to the need for individuals who had recovered from COVID-19 to donate convalescent plasma. America's Blood Centers participated in the campaign coalition of medical and research institutions, blood centers, life science companies, technology companies, philanthropic organizations, and COVID-19 survivor groups that have collaborated to support the rapid development of potential new therapies for patients with COVID-19. The organizations mobilized individuals throughout the U.S. who had recovered from COVID-19 to donate convalescent plasma.

(Source: CoVIg-19 Plasma Alliance News Release, 4/2/21)

COVID-19 Convalescent Plasma 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.

ADRP Webinar: Convalescent Plasma Donors — What's Next?

Register today for the Wednesday, April 21st ADRP webinar titled "Convalescent Plasma Donors — What's Next?" This webinar will take place at 1 p.m. EDT and will explore ways in which blood centers can engage and retain convalescent plasma donors. Two centers will share data and additional information on the strategies they have implemented to foster relationships with convalescent plasma donors, followed by an open forum to discuss additional ways to amplify recruitment and retention efforts.

ADRP subscribers may register for free. Non-subscribers can participate for $25.

(Source: ADRP Announcement, 3/29/21)

Register for ADRP Master Class: Elevate Your Donor Journey

Registration is now open for the next ADRP Master Class scheduled to take place May 12th-13th. Blood centers are encouraged to have their collections and recruitment teams participate in the virtual event that will delve into the topic of improving donor experience. The master class will begin by mapping the donor journey, then focus on donor programs, and conclude with ways to improve staff selection, training, and culture. ADRP is excited to have speakers from blood centers of all sizes and external industries including Chick-fil-A, Customer Experience Professional Association (CXPA), The Ritz-Carlton, and more. This event is designed for recruitment and collections professionals as both disciplines are important in the donor journey. View the complete program and register here today.

ABC Member Value Report Now Available

ABC has published the fiscal year 2021 (April 1st, 2020 – March 31st, 2021) Member Value Report. It provides a snapshot of the work completed over the previous year on behalf of member blood centers. ABC encourages member blood centers to review the report and actively engage with us by providing feedback. Also, please share the report with members of your staff and board of directors to communicate the continued value of your ABC membership. Thank you for all you did to contribute to an outstanding year.

(Source: ABC Member Value Report, 3/15/21)

RESEARCH IN BRIEF

Was a pre-exposure prophylaxis (PrEP)/post-exposure prophylaxis (PEP) deferral policy among blood donors effective? A recent study published in *Transfusion* examined the "[p]re-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) prevent HIV" deferral policy in Canada and its effectiveness. "Recent evidence suggests antivirals may interfere with HIV screening…[F]ederal health regulators in Canada, required Canadian Blood Services (CBS) to directly question potential donors of PrEP/PEP exposure and apply a 120-day deferral after cessation of medication." The authors "evaluated the utility of modifying the donor health questionnaire (DHQ) to include direct questions to assess PrEP/PEP exposure." In this "retrospective study [that took place] between June 9th, 2019 until October 31st, 2020 from all CBS donors…[Individuals that presented as prospective] donors self-reported either PrEP or PEP use and provided a reason for taking these medications." The researchers note that the study "evaluated concurrent deferrable risk questions and the proportion that led to deferral…Eighty-nine (eight per 100,000 donations) were identified as answering yes to the use of PrEP/PEP in the past 4 months…The majority indicated PrEP use 57/89 (64 percent), while 30/89 (34 percent) took PEP." The authors discovered that, "[m]ost PrEP users were males (94 percent), while sex was equally distributed among PEP users…PrEP compared to PEP users were more likely to be first-time donors (65 vs. 47 percent) and more likely to have attempted to donate prior to this study (14 vs. 3 percent)…The most common reasons for taking PrEP were lifestyle (86 percent) while for PEP were occupational exposure (50 percent) and sexual assault (27 percent)…Ultimately 87 out of 89 (98 percent) were deferred…PrEP/PEP use in the last 4 months led to 55 out of 57 (96 percent) of PrEP users to be deferred." The study explains that, "[t]he most common concurrent deferral for PrEP users was taking PrEP in the last 3 days (23 percent); of which 13 out of 15 (87 percent) would be deferred…[Additionally, the] most common risk among PEP users was needle-stick injury in the last 6 months (10 out of 12 [83 percent])…[I]f potential donors were not directly asked about PrEP/PEP use, the majority would not have been deferred for any other reason (32 out 57 (56 percent) of PrEP users and 15 out of 30 (50 percent) of PEP users)." The authors note that, "existing DHQ questions did not identify the majority exposed to PrEP/PEP." "[B]lood services should continue to monitor exposure rates and evaluate the need to change existing DHQs."

Citation: Saeed, S., Goldman, M., Uzicanin, S., *et al*. Evaluation of a pre-exposure prophylaxis (PrEP)/post-exposure prophylaxis (PEP) deferral policy among blood donors. *Transfusion*. 2021. Doi. 10.1111/trf.16349.

Contributed by Richard Gammon, MD, Medical Director at OneBlood

Upcoming ABC Webinars – Don't Miss Out!

- **ABC QA Education Webinar** – April 20th from 3 – 4 p.m. (EDT). An Academic Approach to COVID Convalescent Plasma: "PassITON & Rosetta Stone." More details available soon.
- **ADRP Convalescent Plasma Donors — "What's Next? Webinar** – April 21st from 1 – 2 p.m. (EDT). Additional details and registration available here.

BRIEFLY NOTED

The U.S. Food and Drug Administration (FDA) announced the approval of the first cell-based gene therapy (Abecma) for the treatment of adults with multiple myeloma, a blood cancer, "who have not responded to, or whose disease has returned after, at least four prior lines (different types) of therapy." According to an agency news release, "[t]he FDA remains committed to advancing novel treatment options for areas of unmet patient need," said FDA Center for Biologics Evaluation and Research (CBER) Director Peter Marks, MD, PhD. While there is no cure for multiple myeloma, the long-term outlook can vary based on the individual's age and the stage of the condition at the time of diagnosis. Today's approval provides a new treatment option for patients who have this uncommon type of cancer." The therapy was developed from a partnership between Bristol Myers Squibb and bluebird, bio, Inc. "CAR T cell therapies have shown transformational potential for the treatment of hematologic malignancies, and we, with our partners at bluebird bio, are proud to bring the first CAR T cell therapy to appropriate triple-class exposed patients with relapsed or refractory multiple myeloma, offering the chance for durable response," said Samit Hirawat, MD, chief medical officer at Bristol Myers Squibb, in a company news release. "Bristol Myers Squibb is now the only company with two approved CAR T cell therapies with distinct targets of CD19 and BCMA. As our second FDA-approved CAR T cell therapy, Abecma underscores our commitment to deliver on the promise of cell therapies for patients who are battling aggressive and advanced blood cancers with limited effective treatment options." Nick Leschly, chief of bluebird added in the release, "[o]ur journey to today's approval of Abecma started nearly a decade ago with pioneering research at bluebird bio and has been driven ever since by our mission to provide patients with multiple myeloma a new approach to fight this relentless disease...Today's announcement represents an important milestone for bluebird bio, marking both our first approved treatment in oncology and our first approved treatment in the United States."

(Sources: FDA News Release, 3//27/21; Bristol Myers Squibb News Release, 3/27/21) ♦

INFECTIOUS DISEASE UPDATES

MALARIA

The Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR) published on March 19th the 2017 malaria surveillance report for the U.S. Malaria surveillance in the U.S. is conducted to identify instances of local cases and to guide treatment recommendations for travelers and patients. CDC received 2,161 cases of confirmed malaria with onset of symptoms in 2017, including 1,819 cases classified as imported, "two congenital cases, three cryptic cases, and two cases acquired through blood transfusion…The number of reported malaria cases in 2017 continued a decades-long increasing trend, and for the second year in a row the highest number of cases since 1971 have been reported." The total number of cases represents a 12 percent decrease from the 1,925 cases reported in 2011. *Plasmodium falciparum* (70.5 percent) accounted for the most cases followed by, *P. vivax* (10 percent), *P. ovale* (5.5 percent), and *P. malaria*, (2.6 percent). The report concludes, "[e]ven though malaria is not endemic in the United States, malaria causes illness and deaths in this country, and recent cases are at an all-time high. Persons harboring Plasmodium parasites are capable of transmitting the disease via blood transfusion, and three such cases occurred during 2016–2017, the first time since 2011. Imported cases of malaria can reintroduce Plasmodium parasites into receptive areas where the disease is not endemic but potential vectors are present and environmental conditions can support the parasite lifecycle. Competent Anopheles mosquitoes and conditions that are conducive to malaria transmission exist in the United States. The most effective approach for U.S. residents to prevent malaria is to take chemoprophylaxis medication during travel to a country where the disease is endemic. Efforts to improve access to chemoprophylaxis for the high-risk VFR traveler could include education, improved access to pretravel health care, and insurance policy reform."

(Source: CDC MMWR, 3/19/21) ♦

WORD IN WASHINGTON

Carter BloodCare recently hosted two members of Congress. Building on momentum from America's Blood Centers' (ABC) Virtual Advocacy Day last month, the blood center had an opportunity to present their perspectives of the challenges faced by community blood centers to Reps. Beth Van Duyne (R-Texas, District 24) and Kay Granger (R-Texas, District 12) to help each gain a better understanding of the work performed by Carter BloodCare to meet the blood needs of the community. ABC encourages all member blood centers to invite members of Congress to their facilities and to continue to share your advocacy efforts with us.

Rep. Kay Granger and Carter BloodCare Foundation Director Stephen Eason.

Carter BloodCare CEO Merlyn Sayers, Foundation Director Stephen Eason, and Rep. Beth Van Duyne.

(Source: Carter BloodCare Announcement 4/1/21)

PEOPLE

Photo courtesy of Messenger-Inquirer

Janet Howard, chief executive officer at Western Kentucky Regional Blood Center, recently celebrated a milestone reaching 40 years of sevice at the blood center. The staff at Western Kentucky Regional Blood Center honored Ms. Howard's achievement. According to the *Messenger-Inquirer*, she began working at the blood center part-time in 1981 upon finishing her medical technology training, "When I finished my [program], the department that scared me the most was the blood bank. The other departments were very interesting, but the blood bank scared me." Ms. Howard has since thrived as a leader who remains passionate about the work and mission of the blood center to serve their local community, "I have no desire to retire," she said. "It is an ever-changing, never, ever boring job. It's a career, it's a passion. I work with wonderful people and I do think that is what's kept me here as long as I've been here."

(Source: *Messenger-Inquirer*, Blood center CEO honored after 40 years of service, 3/11/21)

MEMBER NEWS

Iowa Lieutenant Governor Adam Gregg recently donated blood at **LifeServe Blood Center** in an effort to encourage individuals to make blood donation a priority and raise awareness of the ongoing need for blood. "COVID-19 has impacted the blood supply now for over a year. There have been a number of blood drives that have had to be canceled at major employers, and high schools, and colleges," said Lieutenant Governor Gregg according to KTIV-4. "If you've had the vaccine you can still give. It's not something that requires you to defer for a period of time. My own mother was a recipient of a blood transfusion when I was born and so there are a lot of ways that this can be used to help save a life of an Iowan, or you never know, it might be you who needs blood at some point."

Photo courtesy of KTIV-4

(Source: KTIV-4, Iowa lieutenant governor donates blood in Sioux City, 3/30/21)

GLOBAL NEWS

The World Health Organization (WHO) issued a news release announcing the release of a joint report entitled "WHO-convened Global Study of Origins of SARS-CoV-2: China Part." The report describes the findings of an international team of scientists that the WHO sent to Wuhan, China to work with local experts in an attempt to "identify the zoonotic source of the virus and the route of introduction to the human population, including the possible role of intermediate hosts, including through efforts such as scientific and collaborative field missions." The team examined several pathways for the "introduction of SARS-CoV-2" including:

- "direct zoonotic transmission to humans (spillover);
- introduction through an intermediate host followed by spillover;
- introduction through the (cold) food chain; and
- introduction through a laboratory incident."

The team of scientists performed a qualitative risk assessment for each of the aforementioned scenarios and provided arguments against each. They stated that further research is needed and concluded based on their assessments that:

- "direct zoonotic spillover is considered to be a possible-to-likely pathway;
- introduction through an intermediate host is considered to be a likely to very likely pathway;
- introduction through cold/ food chain products is considered a possible pathway;" and
- "introduction through a laboratory incident was considered to be an extremely unlikely pathway."

WHO Director-General Tedros Adhanom Ghebreyesus, PhD emphasized in the news release that, "all hypotheses remain on the table. This report is a very important beginning, but it is not the end. We have not yet found the source of the virus, and we must continue to follow the science and leave no stone unturned as we do. Finding the origin of a virus takes time and we owe it to the world to find the source so we can collectively take steps to reduce the risk of this happening again. No single research trip can provide all the answers."

(Source: WHO News Release, 3/30/21; WHO Joint Report, 3/30/21)

COMPANY NEWS

Kamada Limited shared top line results this week from its phase I/II open-label, single-arm, multi-center clinical trial in Israel of its anti-SARS-CoV-2 plasma-derived hyperimmune globulin (IgG) therapy for COVID-19. The company reported in a news release that, "11 of the 12 patients recovered following receipt of the treatment. Seven patients were discharged from the hospital at or before day five post-treatment and the remaining four patients were discharged by day nine. Following the infusion of the product anti-SARS-CoV-2 IgG levels in the plasma of all patients increased. The effect of the treatment on neutralization activity is being further analyzed, however, preliminary results demonstrated that the IgG level increase was associated with enhanced neutralization activity. The Company's IgG product demonstrated a favorable safety profile, and there were no infusion-related reactions or adverse events considered related to the study drug. There were two serious adverse events in the study, both were considered not related to the study drug. One patient died on day 37 post-treatment due to complications from COVID-19. Another patient was diagnosed post-discharge with pulmonary embolism on day seven of the study. The patient was re-hospitalized, treated with anticoagulation therapy, recovered within two days, and was subsequently discharged from the hospital." Earlier this year, the company partnered with the Israeli Ministry of Health on a multi-center, randomized clinical trial that is currently underway. "The study is enrolling hospitalized patients with moderate to severe COVID-19 illness. Enrolled patients are randomized 1:1 to receive either four grams of Kamada's IgG product or two units of convalescent plasma. Planned follow-up is 14 days. To date more than 100 patients were enrolled into this study."

(Source: Kamada Limited News Release, 3/31/21)

Takeda Pharmaceutical Company Limited recently reported results from two different trials of its dengue vaccine candidate. Papers published in *Lancet* announced the results of a phase III 18-month analysis of the Tetravalent Immunization against Dengue Efficacy Study (TIDES) trial and the results from the final 48-month analysis of the phase II DEN-204 trial. According to the Takeda news release, "the 18-month data analysis from the pivotal Phase 3 TIDES trial includes an update on overall vaccine efficacy (VE) and a formal assessment of secondary efficacy endpoints by serotype, baseline serostatus and disease severity (18 months after the second dose, which was administered three months after the first dose), demonstrating protection against virologically confirmed dengue (VCD) in children ages four to 16 years (overall VE was 73.3 percent [95 percent confidence interval (CI): 66.5 percent to 78.8 percent]. The TIDES trial met all secondary endpoints for which there were a sufficient number of dengue cases. TAK-003 was generally well tolerated, and there were no important safety risks identified within this analysis…VE and safety results from the 18-month analysis were generally consistent with the data reported in the previously published 12-month analysis…The DEN-204 study enrolled 1,800 participants. In the 48-month data analysis, TAK-003 was shown to elicit antibody responses against all four dengue serotypes in children and adolescents ages two to 17 years, which persisted through four years post-vaccination, regardless of baseline serostatus. Three different dose schedules (one primary dose; one primary dose plus one-year booster dose; or two-dose primary series), and placebo were assessed. In baseline seropositive participants, no clear differences in geometric mean titers (GMTs) – an indication of immune response – were shown between the dosing schedules by month 48. In the baseline seronegative participants, GMTs were generally lower against all four serotypes in those who received one dose compared with either the two-dose primary series or the one dose plus one-year booster series, further supporting the use of the two-dose primary series studied in the ongoing TIDES trial. No important safety risks were identified throughout the four-year study period, providing insight into the long-term safety profile of TAK-003. While VE was not assessed in this study, there was a significantly lower risk of VCD in the vaccine groups compared with placebo over the four-year study period (relative risk: 0.35; 95 percent CI: 0.19-0.65). Results of previous interim analyses of the DEN-204 study demonstrated persistence of immunogenicity along with tolerability and safety assessments at six and 18 months." Takeda also announced this week that it has started the regulatory filings process with European Medicines Agency and plans to submit regulatory filings in Argentina, Brazil,

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COMPANY NEWS (continued from page 9)

Colombia, Indonesia, Malaysia, Mexico, Singapore, Sri Lanka and Thailand this year for the dengue vaccine candidate. "Submission of regulatory filings for our dengue vaccine candidate, TAK-003, marks an important development for people who are living in or traveling to communities burdened by the threat of dengue," said Derek Wallace, vice president and leader of the Dengue Global Program at Takeda, in a company news release. "Dengue outbreaks, which result in half a million hospitalizations globally each year, can overwhelm communities and governments because of the broad impact on the health care system. With limited options to prevent the disease, there is a pressing need for widely available dengue vaccines. Takeda is committed to working with regulatory authorities and recommending bodies to support evaluation of our submissions and achieve access for TAK-003."

(Sources: Takeda News Release, 3/25/21; Takeda News Release, 3/17/21)

Cellphire Request for Apheresis Platelet Units

Cellphire, Inc. is a biomedical research organization located in Rockville, M.D. Currently, Cellphire is conducting two separate Phase II clinical trials. Both trials require a weekly supply of FDA licensed, leukocyte reduced, Apheresis Platelet Units (APU). For one trial, IND 17156, the APUs, once received by Cellphire, are pooled, filtered using a process of Tangential Flow Filtration (TFF) which reduces the excess plasma, then a cryoprotectant solution is added to the pooled APU, aliquoted to glass vials, and then lyophilized. The lyophilized product is termed "Thrombosomes". For the other trial, IND 14047, the APU have an added requirement. They must be licensed, irradiated and leukocyte reduced. These APUs are plasma reduced, mixed with 6% percent DMSO, and then frozen and stored in an Ultra-Low Freezer at ≤-65C. These DMSO frozen platelets are termed "CPP". Information on each of these clinical trials may be found on Clinicaltrials.gov. More information available here.

ABC Calendar of Events

ABC offers a variety of meetings, workshops and virtual opportunities for education and networking as well as participation in ABC business. The calendar of events includes annual and summer meetings, board meetings, workshops, and webinars, and details will be updated as confirmed. We look forward to your support and participation!

We Welcome Your Letters

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste and published after editorial review. Please send letters to the Editor at newsletter@americasblood.org or fax them to (202) 899-2621. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.

CALENDAR

Note to subscribers: *Submissions for a free listing in this calendar (published weekly) are welcome. Send information to newsletter@americasblood.org or by fax to (202) 899-2621. (For a more detailed announcement in the weekly "Meetings" section of the newsletter, please include program information.)*

2021

April 15. **FDA Cellular, Tissue, and Gene Therapies Advisory Committee Meeting (Virtual).** More details available here.

May 4-6. **IPFA/PEI 27th International Workshop on Surveillance and Screening of Blood-borne Pathogens (Virtual).** More details available here.

May 12-13. **Elevate Your Donor Journey: ADRP Master Class in Finding Your XFactor (Virtual).** More details available here.

May 21-22. **64th Annual California Blood Bank Society Annual Meeting (Virtual).** More details available here.

Aug. 4. **ABC Medical Directors Workshop, Cleveland, Ohio.** More details coming soon.

Aug. 5-6. **ABC Summer Summit, Cleveland, Ohio.** More details coming soon.

Aug. 17-19. **2021 ADRP Conference, Kansas City, Mo.** More details coming soon.

Sept. 15-17. **4th European Conference on Donor Health and Management, Hamburg, Germany.** More details available here.

Oct. 16-19. **AABB Annual Meeting.** More details available here.

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: $139 per placement for *ABC Newsletter* subscribers and $279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, e-mail: newsletter@americasblood.org

POSITIONS

Chief Clinical Officer. The Central California Blood Center seeks ideal candidates for a new position of Chief Clinical Officer (CCO). Looking for a blood banking/transfusion medicine leader who can successfully navigate the ever-changing health care provider and blood industry landscapes to provide ever increasing value to our clients. The CCO will provide clinical, scientific, and technical expertise, supporting our senior management team, for our innovative and independent community blood center. The CCO will oversee blood component manufacturing, donor testing lab, R&D programs, IRL, donor services and IT departments. The position will be responsible for developing strategies to ensure blood manufacturing operations are running efficiently and growing effectively to meet the needs of our hospitals and clients, with a focus on excellence and compliance. The CCO will shape and guide our team of high achieving department leaders to consistently exceed standards and goals for cGMP, productivity, and customer service. MS, SBB, PhD or MD preferred. Strong and progressive blood industry leadership experience required. Includes opportunities for further career advancement. Please send inquiries to lchristiansen@donateblood.org. Apply here. EOE

Outside Sales Representative/Event Planner (Lawton, Okla.). Account Consultants must develop new partnerships with targeted decision makers in community organizations, educational and religious institutions and businesses to gain support in meeting the needs for volunteer blood donors. Responsibilities include organizing and promoting blood donation events; assessing, developing, and implementing strategic/tactical plans to achieve recruitment objective/goals. She/he is expected to develop a customer-focused culture that will result in successful community partnerships and donation awareness. Identify opportunities for growth within current

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POSITIONS (continued from page 11)

group base, and facilitate a plan to achieve growth percentage for total unit collection within territory. Book recurring blood drives for the following year. Develop and maintain relationships with key accounts. Give presentations in order to promote blood collection. Identify and provide feedback on issues regarding customer needs/requirements, customer issues/concerns and satisfaction, competitor activities/strategies, etc. Interact effectively and professionally with team members and all internal/external contacts. Qualifications: Associate/Bachelor's degree preferred, one to three years sales related experience, public speaking/presentation experience preferred, excellent communication skills, and valid driver's license with access to vehicle. 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. Click here to apply.