America's Blood Centers®
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ABC NEWSLETTER

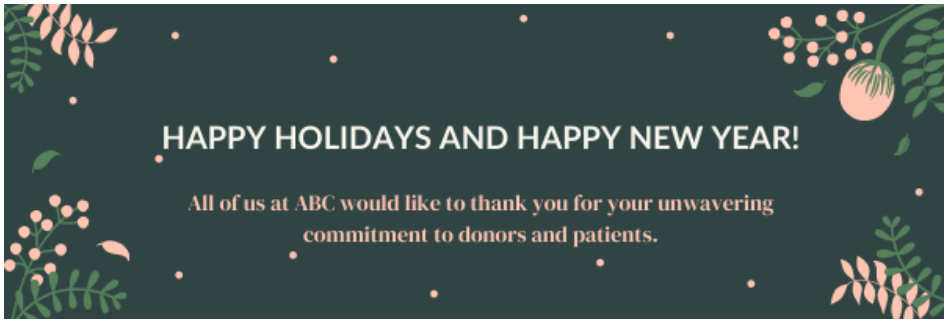
CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

Visit ABC's Web site at: www.americasblood.org

2021 #44 **December 17, 2021**

INSIDE:

Please Note: The *ABC Newsletter* will not be published on Dec. 24th and Dec. 31st. We will resume regular publication on Jan. 7th. Thank you for your continued interest.



Blood Community Issues Joint Statement Urging Nation to Give Blood During Holiday Season and throughout 2022

America's Blood Centers (ABC), the Association for the Advancement of Blood & Biotherapies (AABB), and the American Red Cross issued a joint statement on December 13th urging eligible individuals to donate blood during the holiday season as the nation's blood inventory "reached one of its lowest levels in recent years." The national blood community recognized that, "[t]he current status of the U.S. blood supply is particularly concerning amid the holiday season and winter months—a time in which blood donation rates typically decrease due to travel, inclement weather and seasonal illnesses…Blood donations are needed now to avert the need to postpone potential lifesaving treatments."

The organizations acknowledged the challenges that continue to face community blood centers, "[t]his year, as the country continues to confront the impact of the COVID-19 pandemic, blood centers nationwide are facing additional challenges and unprecedented disruption in the form of a decline in donor turnout due to remote work, blood drive cancellations, schools and businesses limiting the number of individuals allowed onsite as a precautionary pandemic practice, and misinformation regarding donor eligibility after receiving an authorized COVID-19 vaccine. AABB, [ABC] and the American Red Cross are joining together to urge eligible, healthy individuals to contact their local blood center and make an appointment to donate blood today. We also ask local businesses to encourage their employees, including those working remotely, to find their local center and schedule an appointment to donate and give the gift of life this holiday season. Doing so is essential to maintaining the stability of the nation's blood supply, which ensures life-saving medical treatments are available for patients."

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Blood Community Joint Statement (continued from page 1)

Additional updates will be provided as they become available. ABC will also keep member blood centers informed of its national outreach efforts with the blood community and external stakeholders to communicate the status of the U.S. blood supply. Please contact us with any questions.

Additionally, ADRP, an international division of ABC has created several assets to assist community blood centers in their efforts to raise awareness of blood donation as National Blood Donor Month approaches (January 2022). Resources currently available include:

- Facebook profile frames;
- social assets, sized for Twitter, Facebook, and Instagram, with many translated into Spanish;
- press release template; and
- an official NBDM logo.

Resources are located on a Google drive. If you can't access this platform, please email ABC's Senior Director of Strategic Marketing and Communications Jeanette Brown, MBA to gain access to the files.

(Source: America's Blood Centers, AABB, American Red Cross, Joint Statement, 12/13/21)

ABC Submits Joint Comments to ASPR Regarding Guidelines for Regional Health Care Emergency Preparedness and Response Systems

America's Blood Centers (ABC) joined the Association for the Advancement of Blood & Biotherapies (AABB), and the American Red Cross in submitting joint comments to the Assistant Secretary for Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services (HHS). The comments were in response to ASPR's draft "Guidelines for Regional Health Care Emergency Preparedness and Response Systems," which "provide high-level recommendations for regional health care partners. To provide a framework for a regional health care approach to all-hazards planning, practices are organized by four objectives:

- Actively Engage Public Private Partnerships;
- Align Plans, Policies, and Processes;
- Enhance Statewide and Regional Medical Surge Capacity; and
- Bolster Statewide and Regional Situational Awareness and Information Sharing."

The comments encouraged ASPR to ensure the inclusion of blood and blood centers in their emergency preparedness guidelines and to ensure that emergency preparedness specifically recognizes the need for blood and the needs of blood centers. The comments are available on the ABC public website.

(Source: Joint Comments to ASPR, 12/10/21)

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 health care 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.

America's Blood Centers
Chief Executive Officer: Kate Fry
Chief Medical Officer: Rita Reik
Editor: Mack Benton
Subscriptions Manager: Leslie Maundy
Annual Subscription Rate: $390

Send subscription queries to
memberservices@americasblood.org
America's Blood Centers
1717 K St. NW, Suite 900, Washington, DC 20006
Phone: (202) 393-5725
Send news tips to newsletter@americasblood.org.

Creative Testing Solutions & Grifols Enter New Testing Partnership

Creative Testing Solutions (CTS) issued a news release today announcing a new testing partnership with Grifols set to begin in April 2022. As a part of the partnership, CTS "will assume responsibility for operations of Grifols' three testing facilities in San Marcos, Texas, Austin, Texas, and Memphis, Tenn." in an effort to "promote the joint development of future-state laboratory technology and increase operational efficiencies in the coming years." After combining with the existing CTS labs to create a network of eight labs, "it will be largest nonprofit blood and plasma testing laboratory organization in the world, with over 100 healthcare partners," according to the announcement. The news release also stated that Nancy Haubert "will lead the new plasma operations division of CTS as vice president of plasma testing operations." CTS President and chief executive officer, Sally Caglioti, added in the news release, "[w]e are excited about this expanded partnership with Grifols because it means we now have the honored privilege of ensuring the safety of approximately 22 million blood and plasma donations annually and the ability to rapidly reinforce our business continuity plan."

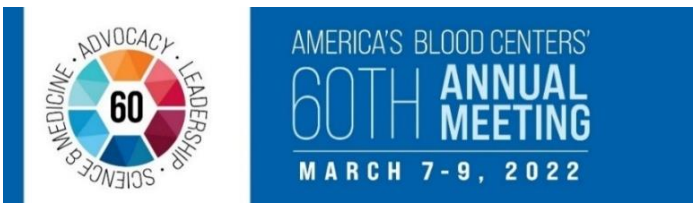
The announcement noted that "CTS will continue to be owned by the American Red Cross, Vitalant, and OneBlood, and the CTS Board of Directors will retain governance over the expanded organization."

(Source: CTS News Release, 12/17/21) ♦

WORD IN WASHINGTON

This week, Congress introduced companion bills H.R. 6216, "the Sickle Cell Disease Comprehensive Care Act" and S. 3389, "A bill to amend title XIX of the Social Security Act to establish a demonstration project to improve outpatient clinical care for individuals with sickle cell disease." The legislation comes in the wake of America's Blood Centers (ABC) joining a coalition of 40 organizations in September in advocating to improve outcomes for individuals suffering from sickle cell disease (SCD) by asking for congressional support in addressing this issue in the form of legislation. The coalition letter, sent to Sens. Cory Booker (D-N.J.) and Tim Scott (R-S.C.) and Reps. Michael Burgess (R-Texas) and Danny Davis (D-Ill.), stated, "we remain deeply concerned that those living with SCD have been impacted disproportionately by COVID-19 and continue to lack access to quality, state-of-the-art outpatient and preventive care for their disease. The four of you have a history of working in a bicameral and bipartisan manner to better the lives of people with SCD. Today, we write to ask you to join forces again and introduce legislation authorizing the Centers for Medicare and Medicaid Services (CMS) to quickly develop a program for Medicaid beneficiaries to improve access to comprehensive outpatient care for individuals with SCD." The organizations suggested, "[a]n organized approach to primary and preventive care for individuals with SCD is desperately needed to improve the health and quality of life for this population. The Medicaid demonstration program we are proposing be authorized will focus on providing specialized and primary care in appropriate outpatient settings. With the recent publication of clinical practice guidelines in SCD and approvals of new treatments for SCD and more in the pipeline, there is no better time than now to improve the SCD community's access to state-of-the-art care. During this time of crisis, it is critical to initiate this program. We ask for your leadership on this issue by introducing the draft legislation that we have worked on with your staff. Once introduced, our organizations are committed to seeking co-sponsors and working with the committees of jurisdiction to move the policy and program forward."

(Sources: H.R. 6216, 12/9/21; S. 3389, 12/14/21; SCD Congressional Coalition Letter, 9/29/21) ♦



REGULATORY NEWS

The Association for the Advancement of Blood and Biotherapies (AABB) announced the webpage for its October 2017 *Circular of Information* has been updated to reflect recent U.S. Food and Drug Administration (FDA) approved language to be "inserted into the next version." The announcement stated "Until this new product information is incorporated into the next version of the Circular, and based on the requirements of 21 CFR 606.122 Container label, manufacturers of Pathogen Reduced Cryoprecipitated Fibrinogen Complex (PRCFC) and Pathogen Reduced Plasma Cryoprecipitate Reduced (PRPCR) must include the following statements in their 2017 Circular: Pathogen Reduced Cryoprecipitated Fibrinogen Complex (PRCFC): Pathogen Reduced Cryoprecipitated Fibrinogen Complex (PRCFC) is prepared from plasma that has been processed with an FDA-approved pathogen reduction device. The PRCFC process includes thawing pathogen reduced plasma between 1 and 6 C and recovering the precipitate. The cold-insoluble precipitate, PRCFC, is stored in the freezer at -18 C or colder and may be stored at room temperature after thawing for up to 5 days. PRCFC serves as an enriched source of fibrinogen, Factor XIII, von Willebrand Factor (vWF), and other constituents. The main indication for PRCFC is the treatment and control of bleeding associated with fibrinogen deficiency. PRCFC is not intended to be used for replacement of Factor VIII. Pathogen Reduced Plasma Cryoprecipitate Reduced (PRPCR): Pathogen Reduced Plasma Cryoprecipitate Reduced (PRPCR) is prepared using plasma that has been processed with an FDA-approved pathogen reduction device. PRPCR is produced after thawing, centrifugation, and removal of the cryoprecipitate, leaving the supernatant plasma. PRPCR is deficient in fibrinogen, Factor VIII, Factor XIII, and vWF. PRPCR is stored in the freezer at -18 C or colder and may be stored at 1 C to 6 C after thawing for up to 5 days. Indications for PRPCR are the same as for Cryoprecipitate Reduced Plasma."

(Source: AABB Announcement, 12/13/21)

RESEARCH IN BRIEF

Sexual Risk Behavior Questions- Understanding and Mitigating Donor Discomfort. A study in *Transfusion* "report[s] analytic results of qualitative data from blood donors that assess their views on alternative sexual behavior questions that may be added to the donor questionnaire (DQ)." The researchers explained that "[r]ecruitment emails were sent to randomly selected donors" in this study. "Forty [individuals] were selected based on their answers in [a] prescreening questionnaire…[O]ne-on-one interviews were conducted [with these donors which] included both open-ended, exploratory questions, and a 'cognitive-interview' component whereby participants were asked to provide detailed responses regarding their understanding of, and comfort with, sexual risk behavior screening questions." The authors noted that "[m]ost identified as heterosexual (90.0 percent, n = 36), with two identifying as bisexual, and one each queer and questioning…[These] [p]articipants were mostly return donors with 85.0 percent (n = 34) having donated at least four times…Several participants [felt that] ambiguities in [the way that questions were worded] might make it challenging for some people to answer and thought greater clarity could improve accuracy of answers. The researchers discovered that [p]articipants' feelings of comfort and discomfort with sexual behavior questions are related to the following themes: expectations of donor screening, social norms that donors bring, whether their answer felt like [a] personal disclosure, knowing the reasons for the questions, trusting confidentiality, confidence in knowing their sexual partner's behavior, and [the] potential for the question to be discriminatory…Participants offered several ways to mitigate discomfort [that included] ensuring adequate explanation for why the questions are being asked, and ensuring donors are alerted to and prepared for new sexual behavior questions in the DQ. [They also] suggested that ambiguity in questions may cause uncertainty [and felt that] answering questions in a self-administered DQ was preferable to answering the questions in-person." The authors concluded that "implementing sexual behavior-based screening for all donors is a move toward greater equity in blood donation while maintaining the safety of the blood supply…While many blood operators and regulators view the move to sexual behavior-based

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RESEARCH IN BRIEF (continued from page 4)

screening as a significant paradigmatic shift, donors may not perceive additional sexual behavior questions as a significant change to their donation experience."

Citation: Haw, J., Woo, H., Kohut, T., Fisher, W. Sexual risk behavior questions: Understanding and mitigating donor discomfort. *Transfusion*. 2021.

Contributed by Richard Gammon, MD, Medical Director at OneBlood

BRIEFLY NOTED

The Support-E Consortium, which includes the European Blood Alliance and other partners, issued a response to the World Health Organization's (WHO) recently issued recommendation against the use of convalescent plasma as a therapeutic to treat COVID-19 in non-severe patients. In the response, the Consortium states, "In line with the recommendations from the WHO, we agree that there is indeed no firm evidence that CCP is a beneficial therapeutic treatment for COVID-19 patients. However, further research is needed especially within specific patient groups…There is no evidence that randomized clinical trials should focus only on severely ill COVID-19 patients: in fact the strongest data suggest efficacy of CCP in early intervention among seronegative patients and immunosuppressed patients…In case of a new variant, resistant to monoclonal antibodies (MoAbs) and/or existing vaccines, CCP from convalescent vaccinated donors, or if needed from convalescent donors recovering from the given variant, may be one of the rare (early) treatment options, also accessible in low-income countries…The WHO guideline provides recommendations for the whole spectrum of COVID-19 disease, while the available evidence is limited. Knowledge gaps must be clearly identified and investigated in further trials, e.g., very early treatment in non-hospitalized patients, immunocompromised patients, antibody-negative patients…A recent meta-analysis on 30 randomized and non-randomized trials documented the safety of CCP compared to standard therapy, even when thromboembolic complications were considered…The Support-E Consortium notes that the WHO guidance on CCP highlights high cost and limited availability, when for monoclonals (or antivirals) these logistic arguments are not emphasized in the same manner…We believe that research on CCP use should only stop or be discouraged in either of two situations: (i) when a therapy is showing harm to the patients or (ii) when the question explored is no longer pertinent or worth exploring. We do not think that this is the case; CCP therapeutics for COVID-19 has only been investigated for a short time and has been explored briefly during this pandemic, nor are there findings showing that this is no longer pertinent. The early CCP trials did not sufficiently consider the importance of antibody tit[ers] and dose. In contrast, now donors of very high-tit[er] antibodies can be identified by standardized high-throughput antibody assays. We further wish to underline the importance of the scientific community to keep exploring the potential of CCP. It still is a promising, inexpensive, and well tolerated therapy that actively involves communities to care for those who suffer from acute infection by those who have recovered thus valuing the contribution of donors in this fight against a pandemic."

(Source: Support-E Consortium Response, 12/16/21)

Health Canada announced this week that it has received a recommendation submission from Canadian Blood Services "seeking authorization to change its approach to blood and plasma donor screening" by "mov[ing] away from the current three month donor deferral period for all sexually active men who have sex with men, and to instead screen all donors, regardless of gender or sexuality, for high-risk sexual behavi[or]." According to the news release, the Canadian regulatory authority intends to "review the submission to make sure any changes are based on robust scientific evidence and maintain Canada's high standards for safety. The safety of donor blood and plasma recipients remains [our] number one priority." Health Canada added that, "[we have] authorized several changes to the donor deferral period

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BRIEFLY NOTED (continued from page 5)

for men who have sex with men over the last decade. The donor deferral period has been reduced in a stepwise manner based on the scientific evidence available at the time, from a lifetime restriction to five years in 2013, to one year in 2016, and—most recently—to the current three-month waiting period in 2019…These evidence-based reductions to the original lifetime restriction have not resulted in any increase in HIV-positive blood donations. Any future changes would be authorized only once Health Canada is satisfied that the changes are safe…We are also committed to supporting blood and plasma donation policies in Canada that are non-discriminatory and scientifically based."

(Source: Health Canada News Release, 12/15/21)

NEW on Coll*ABO*rate

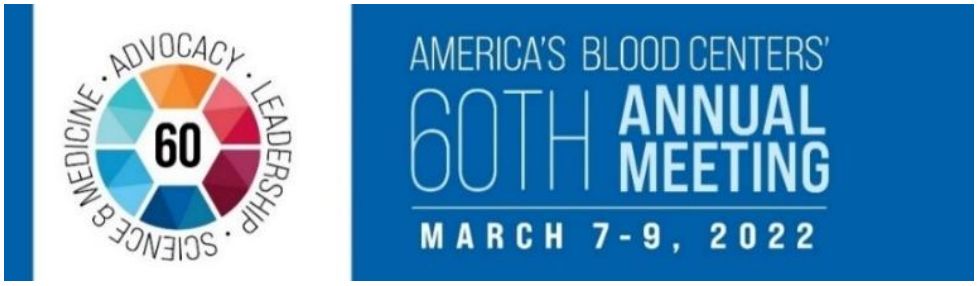
COLLABORATE

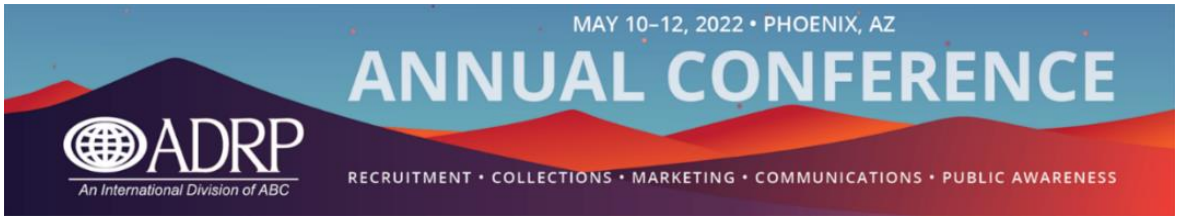
SHARE STRATEGIC ADVICE | SOLVE CHALLENGES | DEVELOP NEW APPROACHES

Recent discussion topics on the ABC Coll*ABO*rate Online Member Community include:

- Package Inserts (QUALITY BYTES)
- Apheresis Platelet Licensure (QUALITY BYTES)
- Source Plasma Activities That the Responsible Physician May Delegate (QUALITY BYTES)
- Apheresis Equipment Validation – New Device Previously Validated at Site (QUALITY BYTES)

ABC members are encouraged to login and join the conversations today!





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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 ABC *Blood Bulletin* Now Available

ABC's Scientific, Medical, and Technical (SMT) Publications Committee has published the December 2021 Issue of the *Blood Bulletin*, titled "Today's Platelet Products — Not Your Grandfather's Platelets." The article was written by Richard Gammon, MD, Medical Director at OneBlood; Courtney Hopkins, DO, Senior Chief Medical Officer at Vitalant; Debra Smith, MD, PhD, Associate Medical Director at Oklahoma Blood Institute; Nancy Van Buren, MD, Medical Director at Innovative Blood Resources, a division of New York Blood Center; and Claudia Cohn, MD, PhD, Professor of Laboratory Medicine and Pathology, Medical Director of the Blood Bank, Associate Director of Clinical Laboratories at the University of Minnesota. The *Blood Bulletin* is reviewed and edited by ABC's SMT Publications Committee. ABC publishes the *Blood Bulletin* for use by member blood centers in their educational programs as a value-added service for hospital customers. Please contact Member Services for trouble accessing the publication.

(Source: MCN 21-104, 12/14/21)

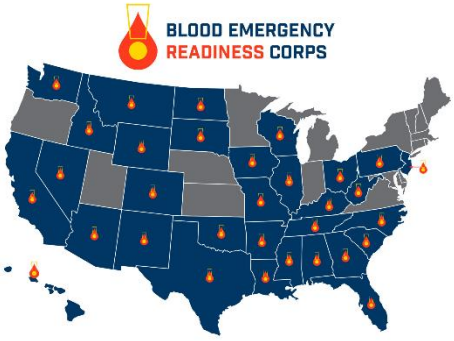
Register for the 60th ABC Annual Meeting

Register today for the 60th ABC Annual Meeting and 25th Annual *Awards of Excellence.* These events will take place March 7th-9th, 2022 at the Ritz-Carlton (Pentagon City) in Arlington, Va. Please secure your hotel reservation today. This year's meeting will be in-person while Advocacy Day will be held virtually the following week given continued visitor restrictions on Capitol Hill. This will allow each blood center to bring together multiple colleagues to connect with their members of Congress and their staff. More information will be provided to ABC members as it becomes available. The ABC Annual Meeting brings together blood center executives and national leaders to discuss advocacy and regulatory updates, the latest in science, medicine, and technical affairs, and hot topics facing the blood community. In addition, ABC is excited to share that the final day of this year's meeting will feature two in-depth training workshops focused on building tangible advocacy skills that can immediately benefit your center. The preliminary program-at-a-glance is available. Please contact ABC Member Services with questions.

Upcoming ABC Webinars – Don't Miss Out!

- **Bacterial Contamination of Platelets for Transfusion Webinar** – Recording available.
- **Paid Donors-Platelet and Cellular Therapy Blood Center Perspectives Webinar** – February 15th from 3-4:30 PM ET More information coming soon.

MEMBER NEWS



The Blood Emergency Readiness Corps (BERC) recently activated in response to the severe weather that caused devastation throughout parts of the midwestern and southern regions of the U.S. this week. According to a BERC news release, "[b]lood products were shipped by partnering blood centers to ensure [fellow BERC member] **Blood Assurance** (Chattanooga, Tenn.) had access to a needed blood supply in support of patient transfusions in Nashville, Tenn." This is the third time the corps has been activated since its September "launch" as it has now grown in size to 25 participating community blood centers. "I'm extremely grateful to my fellow community blood centers that make up the Blood Emergency Readiness Corps (BERC)," said J.B. Gaskins, chief executive officer of Blood Assurance, in the news release. "Knowing that blood resupplies were immediately in route, already tested and processed – allowed our team to focus on getting our local supplies out to the trauma centers who were treating those seriously injured." **The Community Blood Center** (Appleton, Wisc.), **SunCoast Blood Centers** (Sarasota, Fla.), **Carter BloodCare** (Bedford, Texas), and **The Blood Connection** (Greenville, S.C.) were the responding blood centers for this emergency activation. Other BERC members include:

- **Oklahoma Blood Institute** (Oklahoma City, Okla.)
- **Coastal Bend Blood Center** (Corpus Christi, Texas)
- **Houchin Community Blood Bank** (Bakersfield, Calif.);
- **We Are Blood** (Austin, Texas);
- **South Texas Blood & Tissue Center** (San Antonio, Texas);
- **LIFELINE Blood Services** (Jackson, Tenn.);
- **ImpactLife** (Davenport, Iowa);
- **The Blood Center** (New Orleans, La.);
- **MEDIC Regional Blood Center** (Knoxville, Tenn.);
- **Northern California Community Blood Bank** (Eureka, Calif.);
- **Cascade Regional Blood Services** (Tacoma, Wash.);
- **Western Kentucky Regional Blood Center** (Owensboro, Ky.);
- **LifeSouth Community Blood Centers** (Gainesville, Fla.)
- **Mississippi Blood Services** (Jackson, Miss.)
- **Vitalant** (Scottsdale, Ariz).
- **Central Pennsylvania Blood Bank** (Hummelstown, Penn.)
- **Rock River Valley Blood Center** (Rockford, Ill.)
- **Community Blood Center of the Ozarks** (Springfield, Mo.)
- **Stanford Blood Center** (Palo Alto, Calif.)
- **Blood Bank of Hawaii** (Honolulu, Hawaii)

(Source: BERC Announcement, 12/13/21)

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!

COMPANY NEWS

New data from an ongoing clinical trial of **bluebird bio, Inc.'s** investigational gene therapy (betibeglogene autotemcel) to treat adult and pediatric patients living with beta-thalassemia who require red blood cell transfusions regularly have been published in *The New England Journal of Medicine*. An announcement from bluebird bio stated that the analysis has found that "adult and pediatric patients living with beta-thalassemia can produce normal or near-normal levels of total hemoglobin and continue to remain transfusion-free, and achieve stable iron markers, through up to seven years of follow-up (n=3)…As of the data cut-off of August 18, 2021, a total of 63 pediatric, adolescent and adult patients, including 20 patients with at least five years of follow-up, 11 with at least six years and three with up to seven years across β^0/β^0 and non-β^0/β^0 genotypes, have been treated with betibeglogene autotemcel in the Phase I/II HGB-204 (Northstar) and HGB-205 studies and the Phase III HGB-207 (Northstar-2) and HGB-212 (Northstar-3) studies. Data from bluebird bio's Phase I/II and Phase III clinical studies represent more than 240 patient-years of experience with [the gene therapy] and the longest available follow-up data in [patients] requiring regular red blood cell transfusions treated with one-time gene therapy." Investigators also reported that "Adverse reactions considered related to beti-cel were few and consisted primarily of non-serious infusion-related reactions that occurred on the day of infusion and cytopenias…One of these adverse events was a serious adverse event of thrombocytopenia considered possibly related to [gene therapy] and has resolved.

(Source: bluebird bio, Inc. News Release, 12/13/21)

Pfizer Inc. and **Sangamo Therapeutics, Inc.** recently reported data from an updated analysis of a phase I/II trial of the company's investigational gene therapy to treat patients suffering from moderately severe to severe hemophilia A. "At 104 weeks, the five patients in the highest dose [cohort] had mean factor VIII (FVIII) activity of 25.4 percent via chromogenic clotting assay. In this cohort, mean annualized bleeding rate (ABR) was 0.0 in the first-year post-infusion and was 1.4 throughout the total duration of follow-up as of the October 1, 2021 cutoff date. All bleeding events occurred after week 69 post-infusion. Two patients experienced bleeding events necessitating treatment with exogenous FVIII. No participants in the highest dose cohort have resumed prophylaxis…[The gene therapy] was generally well-tolerated in this Phase I/II study. Among the five patients in the highest dose cohort, four received corticosteroids for liver enzyme (ALT/AST) elevations. All elevations fully resolved with oral corticosteroids… Across all four cohorts, 26 treatment-related adverse events occurred in six patients as of the October 1, 2021 cutoff date. No other treatment-related serious adverse events were reported as of the cutoff date. Additionally, no confirmed FVIII inhibitor development occurred, and no thrombotic events were reported."

(Source: Pfizer Inc. and Sangamo Therapeutics, Inc. Joint News Release, 12/12/21)

CSL Behring and **uniQure N.V.** announced that the company's investigational gene therapy to treat severe to moderately sever hemophilia B "achieved" its pre-specified primary endpoint "of non-inferiority in annualized bleeding rate (ABR) 18-months following administration compared to baseline Factor IX (FIX) prophylactic therapy" in phase III gene therapy trial. According to the joint news release, "ABR was measured from month seven to month 18 after infusion, ensuring the observation period represented likely steady-state FIX transgene expression. Secondary endpoints included assessment of FIX activity and statistical superiority of ABR after dosing… A total of 54 patients received a single dose of etranacogene dezaparvovec in the pivotal trial, with 53 patients completing at least 18 months of follow-up. ABR for all bleeds after stable FIX expression, assessed at 18 months, was 1.51 compared with the ABR of 4.19 for the lead-in period of at least six months, achieving the primary non-inferiority endpoint and a secondary superiority endpoint ($p=0.0002$) in the HOPE-B trial. ABR for investigator-adjudicated FIX-treated bleeds was 0.83 compared with lead-in ABR of 3.65 ($p<0.0001$)."

(Source: CSL Behring and uniQure N.V. Joint News Release, 12/9/21) ♦

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.)*

2022

Mar. 7-9. **ABC Annual Meeting, Washington, D.C.** Registration is open. More information available here.

Mar. 15-16. **International Plasma and Fractionation Association (IPFA) and the European Blood Alliance (EBA) Symposium on Plasma Collection and Supply, Amsterdam, the Netherlands.** Registration is open. More information available here.

May 10-12. **2022 ADRP Conference, Phoenix, Ariz.** Registration and the call for abstracts are open.

June 4-8. **37th Annual International Congress of ISBT, Kuala Lumpur, Malaysia.** Additional details coming soon.

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

Director, Strategic Communications and National Partnerships. America's Blood Centers (ABC), North America's largest network of community-based, independent blood programs, is seeking a Director, Strategic Communications and National Partnerships. The position is a key role in a new area of work for ABC and will lead the development and execution of a comprehensive strategy and tools to motivate action by the public and key stakeholders related to blood donation and the need for blood donors. The position will also direct ABC's digital, social, and traditional media affairs, including content creation, and implementation of communication strategies to promote the association's advocacy agenda and increase members' engagement with their elected officials. The position will report directly to the Chief Executive Officer. Responsibilities: Oversee the development of integrated public action and advocacy campaigns that drive significant shifts in how stakeholders view, understand, and support blood donation. Facilitate dialogue and coordinated and aligned messaging, tools, and activities to maximize engagement with strategic partners and the public to promote blood donation. Develop and nurture relationships and accelerate collaboration with national partners to increase base of support. Educational Requirements: Bachelor's required. Experience, Knowledge, Skills and Abilities: Seven plus years of experience with communications and media relations, campaign execution, and partnership development. Click here to view the full job description. Interested applicants should send a cover letter and resume to careers@americasblood.org.

Clinical Lab Scientist 1. The College of Medicine, Hoxworth Blood Center is recruiting a Clinical Laboratory Scientist 1 in the Quality Control Laboratory. This position will support the University's mission and commitment to excellence and diversity in our students, faculty, staff, and all our activities. Clinical Laboratory Scientist 1 will perform routine and complex quality control testing of blood and blood components, as well as high-level evaluation, review, and interpretation of test results. Candidates shall be able to perform with minimal supervision, be proficient in computerized data entry and retrieval functions, and communicate effectively with individuals within and outside the department. This position will be trained on first shift and assigned to work on the second shift after training is completed. Required Education: Bachelor's Degree in Medical Technology, Medical Laboratory Sciences, or other related biological science. Four (4) years of relevant work experience and/or other specialized training can be used in lieu of education requirement. Required Trainings/Certifications: Some labs require MLT(ASCP), MLS(ASCP), MT(ASCP), BB(ASCP), or SBB(ASCP). The University of Cincinnati is an Affirmative Action / Equal Opportunity Employer / Minority / Female / Disability / Veteran. Apply today at **Hoxworth Blood Center** Hoxworth Blood Center (uc.edu).

Manager Component Production (Gulf Coast Regional Blood Center; Houston, Tex.). Oversee and maintain Component Production operations including

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POSITIONS (continued from page 10)

production, compliance, customer relations, quality control, validation, change control, error management and new process/technology implementations. Maintains Standard Operating Procedures (SOPs), cGMPs, and other regulatory guidelines as well as establish, monitor, and evaluate Quality Improvement activities. Manage component production and maintain adequate supplies for the department. Oversee salvage product shipments through the research agreements, pricing, maintenance, and termination. Maintain technical abilities to solve problems and act as subject matter expert. Responsible for regional production, compliance, and inventory management. Directs staff competency, performance, and training programs, develops, and maintains department budget. Coordinate error management program to proactively identify process improvements. Supports Radiation Safety Officer to act as RSO in the RSO's absence. Serves as the Reviewing Official under NRC guidelines. Oversee RMW program to ensure all regulatory requirements are met. Manages subordinate Assistant Manager, Technical Coordinator, Materials Coordinator, Shift Coordinator, RRPL. Manages employees in the Component Lab, provides direction, coordination, and evaluation of this unit. Carries out supervisory responsibilities include interviewing, hiring, and training employees; planning, assigning, scheduling, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems. Bachelor's degree plus three years of previous job-related experience. Please click here to apply.

Laboratory Operations Manager (LOM). Cascade Regional Blood Services (CRBS) in Tacoma, Wash. is seeking an experienced leader for our laboratory team to ensure technical proficiency and quality of work in laboratory processes. The LOM is responsible for ensuring quality and regulatory requirements are being met, overseeing processing of components, order taking, packing, and distribution of blood products, and inventory management. This position is also responsible for the review of all quality records and ensuring all quality control in the lab is timely and accurately performed. This individual will also be responsible for development and maintenance of department SOPs, training material and thorough training and day to day management of staff. Resumes may be submitted to hr@crbs.net.

Medical Lab Technician – Licensed. LifeSouth Community Blood Centers is currently seeking an individual to join our team as a Licensed Medical Lab Technician in Gainesville, FL. This position is responsible for the safe handling and processing of blood and blood components with consistency and precision. The selected MLT will be working in a highly regulated environment to prepare components intended for transfusion. Applicants should apply here.

Mobile Phlebotomy Supervisor (Brooksville, FL). LifeSouth Community Blood Centers is currently seeking an individual to join our team as a Mobile Phlebotomy Supervisor in Brooksville, FL. This position is responsible for overseeing phlebotomy functions and for ensuring the assigned team functions as a cohesive unit. Applicants should apply here.

Reference Laboratory Technologist. ImpactLife has full time Reference Laboratory Tech opportunities available on our Davenport, IA and St. Louis, MO teams. These individuals will perform antibody testing, antigen typing, and provide consultation to hospital staff as needed. Must possess MT/MLS certification with ASCP or equivalent, SBB a plus. Three year's blood banking experience in the past five years is preferred. MLT applicants holding an associate degree with two to three year's blood bank experience are encouraged to apply. We offer an opportunity to be a part of a dedicated team that makes us a recognized leader in the blood center industry, an environment that makes work/life balance a priority with a generous paid time off account, a fantastic benefit package and a competitive salary. Please check out our website for more information and to apply: https://www.bloodcenter.org/join/. 🩸