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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2023 #6 **February 10, 2023**

INSIDE:

ABC Urges CBER to Finalize Guidance for Compliance Policy for Blood Component Suitability and Donor Eligibility

America's Blood Centers (ABC) submitted a letter this week to the U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) regarding the draft guidance titled "Compliance Policy Regarding Blood and Blood Component Donation Suitability, Donor Eligibility and Source Plasma Quarantine Hold Requirements; Draft Guidance for Industry." The letter addressed to CBER Director Peter Marks, MD, PhD and Nicole Verdun, MD, director of the Office of Blood Research and Review with CBER, asks the agency to "finalize" the draft guidance with the announcement regarding the Administration's intention to end the COVID-19 public health emergency (PHE) in the U.S. in May, "[i]f this guidance is not finalized before the expiration of the PHE on May 11th, blood centers will be forced to again modify their systems to revert to the previous requirements. Such a change will require blood center resources, including staff time, be[ing] dedicated to this over other priorities, only to have to again make modifications when the guidance is finalized. This additional burden has the potential to interfere with blood centers' ability to efficiently implement other changes that would need to be made, including the change required to adopt the draft Recommendations for Evaluating Donor Eligibility Using Individual Risk-Based Questions to Reduce the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products."

Additionally, the letter references joint comments submitted by the blood community in July 2022. "We believe the requirement to report annually the number and type of donations released under the conditions of the draft guidance is overly burdensome and may actually be an inadvertent deterrent to releasing units — which is counter to the intent to increase available units for the blood supply…[B]lood centers maintain processes to record, track and trend deviations, as well as thresholds for process improvement. As an alternative to the annual reporting requirement, we recommend that FDA allow the review and monitoring of error rates and corrective actions to be conducted by FDA investigators during the inspection process." The letter also thanked FDA for its efforts to help blood centers "maintain a safe and robust blood supply" throughout the COVID-19 pandemic [with] the issuance of several [FDA] guidances in April 2020, including "Alternative Procedures for Blood and Blood Components During the COVID-19 Public Health Emergency" (Alternative Procedures Guideline). [ABC] appreciates FDA's issuance of guidance documents to extend many of these changes after the expiration of the PHE." ABC will continue to provide updates to member blood centers as they become available. Please contact Justine Coffey, JD, LLM, director of Regulatory Affairs and Public Policy, with any questions or comments.

(Source: ABC Letter, 2/8/23)

Additional Member Resources Available & Upcoming Town Hall on FDA's Shift to Individual Risk-based Blood Donor Screening

America's Blood Centers (ABC) will host a town hall meeting on February 16th at 2 p.m. EST to discuss and hear member blood center feedback regarding the U.S. Food and Drug Administration's (FDA) proposed draft guidance: "Recommendations for Evaluating Donor Eligibility Using Individual Risk-Based Questions to Reduce the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products." Additional details including dial-in information to join the call are available to ABC member blood centers in MCN 23-017. A recording of the call will also be available. ABC plans to submit comments on the draft guidance. Member blood centers are encouraged to send suggested language for inclusion to Justine Coffey, JD, LLM, director of Regulatory Affairs and Public Policy, by March 3rd to ensure sufficient time for inclusion. Additionally, ABC member blood centers are urged to submit their own comments on the draft guidance to FDA.

Earlier this week, ABC joined the blood community in issuing a joint statement on the proposed guidance. In the statement, the blood community explained, "[w]e support this important, science-driven step forward to remove unnecessary deferrals and are committed to continuing to work with FDA and other stakeholders on this important topic. The blood community is united in its commitment to maintain the safety of the nation's blood supply while making blood donation a more inclusive process that treats all individuals with fairness, equality and respect." The statement added that "[b]lood collection organizations across the country will work diligently to complete the complex transition to individual risk assessment and look forward to welcoming new and returning donors as soon as possible."

ABC has also developed a new one-pager that details the proposed change, its potential impacts on donors and the blood supply, and how it upholds safety of the blood supply. A link to this document is available in MCN 23-015. Additionally, member blood centers are asked to take part in a Snapshot Survey to assist ABC in better understanding the expectations of member blood centers with the implementation timeframe of the draft guidance once finalized. Responses to this survey will be used by ABC to assist with framing our ongoing communications with federal partners, the public, and other stakeholders.

(Sources: MCN 23-017, 2/10/23; MCN 23-015, 2/7/23; Blood Community Joint Statement, 2/6/23)

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ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognize the continuous need for a safe and robust blood supply. ABC exists to advocate for laws and regulations recognizing the essential role that independent blood centers play in the 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.

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Expert Viewpoint for CCP Use in Immune Compromised Patients

Authors of a manuscript accepted for publication in *Clinical Infectious Diseases* recently "rendered an expert opinion statement pertaining to the use of COVID-19 convalescent plasma (CCP) for immune compromised (IC) patients." They explained that the available data supports the use of CCP in IC patients. The manuscript cites data from "a systematic review of CCP use in patients with innate or acquired immunosuppression [that] included three randomized clinical trials (collectively representing 214 participants), five matched cohort studies (n=1,560 participants) and 138 case reports or case series (n=623 individuals)...This meta-analysis showed an association between CCP use and a mortality benefit in hospitalized IC patients with COVID-19, and there was a high level of concordance between individual studies...the findings from this analysis suggests that CCP is safe, and may be beneficial in IC patients with COVID-19."

The authors also described examples of IC patients who could potentially benefit from CCP such as "organ transplant recipients, patients with auto-immune diseases treated by B-cell depleting agents, and patients with cancer diagnoses, especially those with B-cell deficiency or depletion that may be primary (e.g., due to malignancy) or acquired (e.g., due to treatment with B-cell depleting agents." They explained that "[t]esting for the presence of SARS-CoV-2 antibodies could be used to identify suitable candidates for CCP, but there are caveats to this approach: antibody levels may wane with time, be difficult to interpret in patients who have had Evusheld prophylaxis, and may not correlate with CCP functional activity. At present, antibody testing has not been prioritized, impeding its use in clinical decision making."

The manuscript suggested that CCP administration should be considered for IC patients with COVID-19 when: "there is concern that viral clearance is unlikely (given underlying disease/immune compromise), particularly where there are contraindications to antivirals and limited or no access to effective monoclonal antibody therapies (mAbs), a viral persistence in the absence of acute disease (i.e., protracted COVID-19), which nevertheless delays return to normal life and/or resumption of full-dose immunosuppression or chemotherapy." The authors also noted that little data currently exists regarding "administer[ing] CCP in concert with other therapies (i.e., antiviral therapy) or to comment upon the utility of combination therapy versus CCP alone."

They suggested CCP dosage should be "one to two units [used] to treat acute COVID-19 with continued dosing based on clinical response thereafter. In the case of persistent SARS-CoV-2 infection with very high viral loads, multiple doses should be considered at defined intervals, until viral clearance is achieved. The group's recommendation acknowledges that the ideal dosage and duration of CCP treatment remains uncertain…Specific to the IC patient population, there is no consensus regarding optimal dosing either in the number of units or dosing frequency…Monitoring of outcomes should include clinical, laboratory and imaging data; decisions to redose should involve an infectious diseases specialist and review of all available data."

The authors asserted that additional "research is needed to address the knowledge gaps in each of the cited elements governing CCP use, e.g., dose, frequency, duration, and monitoring, as well as the interplay between CCP, viral evolution and the host immune responses. As a first step, we recommend that a registry of immunocompromised CCP recipients be established to obtain high quality observational data…At present, the FDA authorization requires a history of SARS-CoV-2 infection, with a maximum time allowed since that infection, to be eligible to donate CCP. Individuals are not eligible to donate CCP based on a history of SARS-CoV-2 vaccination alone. We recommend that the current algorithm for donor selection be revised given ample evidence that most blood donors are both convalescent and vaccinated…The CCP collected from individuals who have been vaccinated and recovered from natural COVID-19 [so called — 'VaxPlasma' or — 'hybrid plasma'] has 10-times greater titers of antibodies (potentially delivering more antibody neutralization with similar or less volume) against SARSCoV-2 than standard high-titer CCP…'VaxPlasma' is highly effective against omicron variants [though it] is not yet an approved product and qualification requirements still need to be defined."

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CCP Use in IC Patients (continued from page 3)

They acknowledge that "a fundamental challenge is the inherent variability in the composition of CCP, whereby it remains uncertain as to whether any two units are of similar dose and efficacy, even when both are collected from the same donor. This may be a contributing factor for negative findings in studies of CCP. Approaches that merit investigation include pooling multiple ABO-identical units to create a more uniform (i.e., refined) version of CCP, or transfusing units from different donors." The authors also explained that "CCP is not being actively collected by most blood services, thus forcing reliance on old stocks of CCP, introducing several challenges [including:] CCP that is in use is not temporally or geographically matched to circulating variants and, therefore, may have diminished efficacy; dosing is subject to the availability of CCP and any recommendation to transfuse high doses of CCP to IC patients requires the confidence that multiple units will be available; CCP is optimally effective when transfused early relative to onset of symptoms or diagnosis. This highlights the need for rapid diagnostics, timely referral for treatment, and — ideally — capacity for outpatient transfusion (CCP is mainly being administered in an inpatient setting)…[Additionally,] [t]here are inherent challenges that are especially pertinent to IC patients. These include the inability to conduct traditional randomized controlled trials in this patient population. While formal evidence-based clinical guidelines are needed to address the oversight and approval of CCP, it is impractical to conduct new trials of CCP each time a novel variant or new CCP collection workflow arises. Instead, it is reasonable to apply in vitro data, as has occurred with the mAbs."

The authors concluded that "Despite knowledge gaps, our panel recommends that CCP be considered for treatment of IC patients as follows: dosing (number of units and frequency) should be tailored to the indication, e.g., acute symptomatic COVID-19, protracted COVID-19 (persistent SARS-CoV-2 positivity). For IC patients with acute COVID-19, CCP should be considered but the role of combination therapy (i.e., with antivirals) is not yet known. For patients with persistent infection, transfusion of CCP should occur at regularly scheduled intervals along with antivirals. Clinical outcomes, e.g., improvement in symptoms for patients with acute and/or protracted disease, should be used to guide treatment along with cycle threshold values when available…[T]here is a case to revisit the regulatory requirements for donation and qualification of CCP, which would simplify procurement, thus improving its availability."

Citation: Bloch, E., Focosi, D., Shoham, S., *et al*. "Guidance on the use of convalescent plasma to treat immunocompromised patients with COVID-19." *Clinical Infectious Diseases*. 2023.

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!

RESEARCH IN BRIEF

Formula Predicts Blood Volume to Process to Obtain Target CD34+ Cells. A report in *Vox Sanguinis* studied "which variables affected collection efficiency (CE2) [and] contrive[d] a formula accessible through a website and adjustable with a different specific CE2 in each individual." For the CE2 calculation, "only the quantity of CD34+ in the peripheral blood before starting the apheresis collection [was] needed." The researchers explained that in order "[t]o create a formula, [the study] retrospectively identified CD34+ cell collections in allogeneic donors and patients from January 2015 to March 2020." They developed "a formula to calculate the blood volume (BV) to be processed ((Target CD34+ cells in the product)/(CD34+ pre-apheresis cells x CE2)) x 100…[T]he CE2 calculation was performed from 384 consecutive apheresis procedures in 240 individuals (116 allogeneic donors and 124 patients). CE2 was statistically significantly higher in healthy donors than in patients (53 percent ± 17 percent vs. 48 percent ± 15 percent, $p = 0.008$)." The authors described their process "[t]o make [the] formula accessible, [which entailed] creat[ing] a web page that [could] be accessed [using] the following link. BV to be processed was calculated in 68 apheresis procedures, performed on 54 individuals (17 allogeneic donors and 37 patients)…In 11 (20 percent), the formula predicted more than one apheresis procedure from the beginning." The study "identified data from 78 individuals (23 allogeneic donors and 55 patients) pre-formula implementation." The study found that "[w]ith the formula implementation, a greater number of total blood volumes (TBVs) [were] processed, with the consequent greater amount of BV and the time required in all groups of patients except in multiple myeloma [patients] mobilized with plerixafor…In allogeneic donors, with the implementation of the calculator, a less[er] [amount of] BV, and [TBVs] were processed in less time, although these results were not statistically significant ($p > 0.05$)." The authors explained that "[among] individuals under 60 years of age, it was significantly less frequent to need more than one procedure in the post-formula group than in the pre-formula group (6.9 percent vs. 33.3 percent, $p = 0.007$)." The study concluded that "the implementation of a formula to calculate the BV to be processed adjusted by individual's characteristics allowed a tailored strategy in [the] apheresis unit."

Citation: García-García, I., Cid, J., Moreno-Jiménez, G., Tenorio Núñez, M., Jiménez Martín, A., Vallés Carboneras, A., *et al*. Prediction of blood volume to be processed to achieve a target number of CD34+ cells: Development, validation and implementation of a formula. *Vox Sang*. 2023.

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

WORD IN WASHINGTON

The Defense Advanced Research Projects Agency (DARPA) has awarded $46 million as part of the Fieldable Solutions for Hemorrhage with bio-Artificial Resuscitation Products (FSHARP) program to researchers who aim to "integrate multiple bio-artificial and synthetic components to deliver oxygen, stop bleeding, and replace volume—key therapeutic functions of whole blood in resuscitation." The research team will be led by "the University of Maryland, Baltimore (UMB) with support from Case Western Reserve University, Charles River Laboratories, Haima Therapeutics, KaloCyte Inc., Latham BioPharm Group, Ohio State University, Pumas-AI Inc., Southwest Research Institute, Teleflex Incorporated, University of California San Diego, and University of Pittsburgh." According to a news release, the researchers "will evaluate efficacy and safety in increasingly complex and realistic trauma models, and intend to develop strategies for stabilizing the product for months without cold storage and scalable manufacturing methods." Cmdr. Jean-Paul Chretien, DARPA's program manager for FSHARP and a U.S. Navy medical officer added in the news release, "[t]his is truly a 'DARPA Hard' problem and an example of DARPA's ability to facilitate the partnerships needed to achieve technological breakthroughs. To address FSHARP's goals requires multiple universities and companies developing analogues of various blood components, simultaneous evaluation of multiple efficacy and safety features and interactions among components in various model systems, industrial-scale manufacturing capabilities that can adapt the lab-scale methods,

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WORD IN WASHINGTON (continued from page 5)

and analytics to integrate large volumes of experimental data and guide further optimization. UMB has assembled a consortium with the broad set of capabilities needed to accomplish these tasks."

(Source: DARPA News Release, 1/31/23)

BRIEFLY NOTED

The Centers for Disease Control and Prevention (CDC) is hosting its next webinar in their public health webinar series on blood disorders titled "From Zoomer to Boomer: Aging with Hemophilia." Registration is currently open as the webinar will "discuss comorbidities that are either unique to or more common in people with hemophilia, as well as common challenges of aging that may require special attention in the hemophilia population. Learning objectives [include]:

- describe complications of hemophilia that occur with aging;
- understand the impact of hemophilia on health concerns such as declining physical and cognitive function, bone loss, and cardiovascular disease; and
- describe how aging may impact hemophilia care and the role of the treatment center in supporting aging transition."

The webinar is scheduled to take place on February 23rd at 2 p.m. EST and will feature Christine L. Kempton, MD, MSc of Emory University School of Medicine and "Bobby" Duc Tran, MD, MSc of Emory University School of Medicine.

(Source: CDC Announcement, 1/10/23)

The Georgia Health Policy Center recently announced that an "updated toolkit to support diversifying the blood supply for individuals with sickle cell disease (SCD) and thalassemia" is available. According to the announcement, "the toolkit aims to raise awareness on the need for blood donations, particularly from those with African, Mediterranean, Middle Eastern, and Asian ancestry, to offer a close blood match for individuals with SCD and thalassemia."

(Source: Georgia Health Policy Center Announcement, 2/8/23)

Upcoming ABC Webinars – Don't Miss Out!

- **ABC QA Forum Call** – February 12 from 2-3 PM EST. More information available here.
- **ABC Human Resources Forum Call** – February 27 from 2-3 PM EST. More information available in MCN 23-014 including a link to join the call.
- **ABC Scientific, Medical, and Technical Committee Journal Club Webinar** – March 29 from 3-4 PM EDT. More information coming soon.

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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.

Register for 2023 Advocacy Day

Register today for America's Blood Centers' (ABC) 2023 Advocacy Day on April 26th. This event now takes place as part of Blood Advocacy Week April 24th-28th. Advocacy Day provides an opportunity for member blood centers to connect with members of Congress and their staffs to discuss the ongoing work at your blood center and the work done collectively by ABC and community blood centers to advance the ABC Advocacy Agenda. We encourage individuals to let your voice be heard as ABC will arrange meetings for you with your members of Congress and provide additional resources to help inform them and their staff about the latest policies impacting the blood community. This is your chance to take advantage of this virtual setting to easily meet with your local Congressional leaders and build relationships. Each person from your blood center who would like to participate in Advocacy Day must register individually. ABC will arrange for group visits but will need information for each person in attendance. Additional details, including the 2023 Advocacy Agenda, will be forthcoming. Please direct any questions to ABC Senior Director of Federal Government Affairs Diane Calmus, JD.

(Source: ABC Announcement, 1/18/23)

COMPANY NEWS

WellSky and the **Alloantibody Exchange** have announced a collaboration that aims to "facilitate access to red blood cell antibody information across hospital transfusion services. The sharing of this information is an important part of reducing the number of incompatible transfusions and both acute and delayed hemolytic transfusion reactions." According to a news release, "WellSky is joining 45 leading hospitals in recognition of the important blood transfusion safety benefits of the Alloantibody Exchange." George Hauser, president and founder of the Alloantibody Exchange, added in the news release, "[w]e started the Alloantibody Exchange because transfusion recipients were receiving incompatible blood, and it seemed largely preventable. It is not always possible to provide compatible blood at the time of transfusion without a patient's historical record of alloantibodies and antigens. The Alloantibody Exchange will provide WellSky clients with secure and near real-time access to this important data."

(Source: WellSky News Release, 2/7/23)

CALENDAR

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

2023

Feb. 16. **America's Blood Centers (ABC) QA Forum Call**. More information available here.

Feb. 23. **Centers for Disease Control and Prevention (CDC) Public Health Webinar Series on Blood Disorders: From Zoomer to Boomer: Aging with Hemophilia**. Registration is open. Additional information available here.

Feb. 27. **ABC Human Resources Forum Call**. Additional information including a link to join the call available here.

Mar. 6-8. **ABC Annual Meeting, Washington, D.C.** Registration is open. Additional information is available here.

Mar. 29. **ABC Scientific, Medical, and Technical Committee Journal Club Webinar**. More information coming soon.

April 24-28. **ABC Blood Advocacy Week.** More information available here.

April 26. **ABC Advocacy Day**. Registration is open. More information available here.

May 9-11. **2023 ADRP Conference, Charlotte, N.C.** Registration is open. Additional information is available here.

May 10-11. **29th IPFA/ Paul-Ehrlich-Institut[e] (PEI) International Workshop on Surveillance and Screening of Blood-borne Pathogens, Bologna, Italy.** More information available here.

Sept. 17-20. **American Association of Tissue Banks Annual Meeting, National Harbor, Md.** More information available here.

Oct. 9-11. **Advanced Medical Technology Association (AdvaMed) The MedTech Conference, Anaheim, Calif.** More information available here.

Oct. 14-17. **AABB Annual Meeting, Nashville, Tenn.** More information 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

Medical Director, Laboratory Services (Canadian Blood Services; Brampton, ON, Canada). As Canada's biological lifeline, Canadian Blood Services is an essential part of the country's broader network of healthcare systems, and the only national manufacturer of biological products funded by Canada's provincial and territorial governments. The ***Medical Director, Laboratory Services (Medical Director)*** is responsible for the medical leadership of the National Immunohematology Reference Laboratory where they serve as the licensed Medical Director. The Medical Director is also responsible for the medical leadership of the donor testing laboratories (blood group serologic testing) and patient testing immunohematology laboratories, all of which may have licensed Medical Directors. As the ideal candidate, you have, or are eligible to obtain, a license in good standing to practice medicine in Ontario along with a university appointment in Ontario. You have a minimum of five years' experience and possess a specialty certification in Hematopathology, General Pathology or Hematology. You have also completed Transfusion Medicine training. You have excellent working experience in clinical and laboratory transfusion medicine and possess a comprehensive knowledge of immunohematology and

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quality systems. To apply for this exciting leadership position, please submit your application and related materials at boyden.thriveapp.ly/job/1822. For additional information and to learn more, contact Kathy Rahme (krahme@boyden.com) and Paul Marshall (pmarshall@boyden.com).

Chief Executive Officer (Flowood, MS). Mississippi Blood Services makes a difference in people's lives every day. With the support of the community and voluntary blood donors, we have been serving the needs of hospital patients since 1979. To help us meet our mission, as part of a planned retirement, we are looking for a new Chief Executive Officer with the necessary expertise to direct all functions of the corporation in accordance with Board directives and regulatory guidelines in order to attain strategic objectives. The CEO will provide leadership to provide exceptional service and products to hospitals giving maximum consideration to the safety and efficiency of those products and services, direct overall operation of the corporation, ensure implementation of established policies and acts as liaison with the Board of Directors, and maintain positive relationships with the business and medical community, civic groups, and other blood banking organizations. Education and/or Experience: Bachelor's degree (B.A.) or higher from a four-year college or university; 10 years of related experience preferably with either large nonprofits or blood services/products organizations; or equivalent combination of education and experience. Click here to view the full job description. Mississippi Blood Services is an equal opportunity employer and makes employment decisions without regard to race, color, sex, religion, national origin, age, disability, veteran status, genetic information, sexual orientation or gender identity. Please submit cover letter, resume and salary requirements to Kiffany Lee, Director of Human Resources klee@msblood.com.

Content Design Strategist (Oklahoma City, Oklahoma). Our Blood Institute is seeking a Content Design Strategist to join our community relations team. This role will function primarily as a graphic designer who will illustrate concepts based on discussions with internal stakeholders. The ideal candidate has the imagination, ability, and good humor to help bridge the gap between broad idea strategy and final execution of design, which includes a proficiency with copywriting. Duties include intensive collaboration with team members to establish design needs, using design software to complete projects, and revising projects based on internal feedback in a timely, positive manner. This role requires excellent time management skills and flexibility and an unflappable demeanor to handle ever-changing priority projects. The Content Design Strategist will design and manage effective graphic content and communications including but not limited to print and digital advertising, print publicity pieces, promotional T-shirt designs, branded templates, social media posts, web content, brochures, and more. Qualifications: Associates degree required, experience in graphic design required, experience with Adobe Creative Suite programs for creative development, etc. Salary Range: Competitive salary with excellent benefits package including health, dental, vision, and life insurance, 401(k), paid time off, tuition reimbursement, and holiday pay. **How to apply:** http://obi.org/careers/

Director, Scientific and Technical Operations. America's Blood Centers (ABC), North America's largest network of community-based, independent blood programs, is seeking a **Director, Scientific and Technical Operations**. The position will lead the association's evaluation and response to new Scientific, Medical, Technical Operations, Quality and Regulatory (SMTQR) developments, including the development of programs and resources. The position will report directly to the Senior Director, Federal Government Affairs, providing strategic guidance on emerging trends in the blood community and transfusion medicine to help shape strategies that leverage the ABC membership to drive ABC's advocacy work. Primary Responsibilities: Direct the development of programs and resources that support member activities in SMTQR and operational areas, including Journal Club, Blood Bulletin, workshops, and webinars. Convene ABC members to share best practices and collaborate in advancing ABC's advocacy agenda and hot topics of importance to blood centers. Assist in the analysis of new standards, guidelines, and regulations. Provide consultative services to ABC member requests for information and assistance in SMTQR areas. Serve as the primary staff liaison to the ABC Quality Committee and subcommittees, and Quality and HR Forums. Oversee ABC's research, benchmarking, and survey programs, including the use of the data to improve member blood center operations and the identification of

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POSITIONS (continued from page 9)

best practices. Educational Requirements: Bachelor's required. Experience, Knowledge, Skills, and Abilities: A minimum of five years of experience in blood banking, with emphasis in any of the areas of scientific, medical, quality, technical operations, and/or regulatory affairs. Blood center operational experience a plus. Possesses demonstrated analytic and communication skills. Strong customer service orientation and ability to navigate and respond to sensitive/ difficult situations. Self-motivated, flexible, creative, innovative, and goal oriented. This position is virtual. Click here to view the full job description. Interested applicants should send a cover letter and resume to careers@americasblood.org.

Assistant Director, Donor Services. Hoxworth Blood Center is recruiting for an Assistant Director, Donor Services, to provide guidance to the Donor Services operation. The candidate will ensure compliance with federal, state, and local regulations, as well as Hoxworth Blood Center Standard Operating Procedures. The Assistant Director enforces current strategic planning initiatives; develops new activities and department goals in support of the blood center strategic plan. Directs automated collections, therapeutic/research apheresis activities, and proper storage and handling of all blood products. Develops processes to continually monitor operations to ensure high quality customer service; evaluates attainment of recruitment and collection goals. Prepares departmental budget and reviews expenditures to ensure containment. Initiates acquisition and maintenance of all materials/supplies for the efficient operation of the department. Recommends and provides training to promote leadership and management skills. Develops and implements interdepartmental activities to encourage partnership with Donor Recruitment staff. Provides direct supervision to exempt and non-exempt staff. Performs related duties based on departmental need. Requirements: Bachelor's degree, nine (9) years of relevant work experience and/or other specialized training; five (5) years of experience in healthcare; three (3) years supervision. Apply here to Requisition # 49502 - https://bit.ly/3igELMw

Chief Medical Officer. America's Blood Centers (ABC), North America's largest network of community based, independent blood programs, is seeking a **Chief Medical Officer**. Reporting to the Chief Executive Officer (CEO), the Chief Medical Officer (CMO) is responsible for implementing strategies and tactics, consistent with the best scientific and medical evidence and regulatory requirements, that support America's Blood Centers' (ABC) mission, maintain our values, and realize our vision. The CMO works as part of the ABC Senior Executive Team (SET) to communicate ABC's issues to members, regulators, legislators, the media, and external groups and mobilizes ABC members and professional staff to achieve the strategic goals of the organization. Primary Responsibilities: Represent independent nonprofit community blood centers on scientific, medical, and technical matters as well as donor and patient safety concerns before federal agencies, industry, and other business partners, allied domestic and international organizations, scientific societies, the media, and the public. Education & Experience: Medical Degree required. U.S. medical license required with board certification in a medical specialty. Board certification in pathology, transfusion medicine, hematology, or infectious disease preferred. Ten or more years' experience related to blood banking or transfusion medicine. Three or more years' experience with healthcare and/or blood banking issues at a national level via committee work, offices held, or other appropriate experience. Administrative experience in a leadership role preferred. Work Environment and Conditions: This position is a consultant with an expected 40-60 hours per month. Additional time may be required (and paid) for travel. The CMO office may be located anywhere in the United States with travel to the ABC Washington, D.C. office as required and domestic travel on behalf of ABC to ABC meetings, to interact with government decision makers, and to liaison with external organizations as assigned. Click here to view the full job description. Interested applicants should send a cover letter and resume to careers@americasblood.org.