



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2024 #20

June 14, 2024

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Happy [World Blood Donor Day 2024!](#) ABC thanks all past, current, and future blood donors, blood community professionals, and partners!

Blood Community Requests Inclusion of Blood Products as Essential Medicines & Adequate Reimbursement from CMS

America's Blood Centers(ABC), the Association for the Advancement of Blood & Biotherapies (AABB), and the American Red Cross [have asked](#) the Centers for Medicare & Medicaid Services (CMS) to include blood and blood products in the list of essential medicines in the Fiscal Year (FY) 2025 Hospital Inpatient Prospective Payment Systems (IPPS) [proposed rule](#). The [joint comments](#) submitted by the blood community to the agency in [response](#) to the proposed rule also recommended that CMS, “ensure that the payments are sufficient to cover all costs associated with procuring and maintaining essential medicines, including a ‘buffer stock’ of blood and blood products.”

The essential medicines list would provide some hospitals with funding to cover the IPPS portion of creating a six-month supply stockpile of medications classified as essential medicines. The blood community explained in the rationale supporting the recommendation for inclusion in the essential medicines list that, “blood and blood products are explicitly classified as essential medicines on the U.S. Food and Drug Administration (FDA) [Executive Order 13944](#) ‘List of Essential Medicines, Medical Countermeasures, and Critical Inputs’” and are recognized as, “essential for addressing various medical conditions, including trauma, surgeries, cancer treatments, and other life-saving interventions. The blood supply is a critical aspect of emergency preparedness and unlike other pharmaceuticals and biologics, blood cannot be manufactured to meet demand. Therefore, we strongly urge CMS to include blood and blood products within the scope of the proposed payment policy for ensuring access to essential medicines.”

Additionally, the comments described how the inclusion of blood and blood products as essential medicines in the FY 2025 IPPS proposed rule would be, “a proactive step toward safeguarding public health and enhancing the overall resilience of the health care system.” Specifically, the blood community explained that, “[t]he COVID-19 pandemic exposed vulnerabilities in the blood supply chain, underscoring the critical need for a steady and accessible reservoir of these vital medical resources. Hospitals and healthcare providers faced significant challenges in ensuring an adequate supply of blood and blood products for patient care during the pandemic.”

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Blood Community Joint Comments to CMS (continued from page 1)

The comments concluded by stating that, “[u]nlike other essential medicines, blood must be constantly and regularly collected from donors in the community. Furthermore, blood has a limited shelf life, with red blood cells lasting up to 42 days and platelets for only five days. During disasters and emergencies, it is the blood on the shelf that saves lives. Hence, establishing a payment policy for creating and storing a ‘buffer stock’ of blood and blood products would contribute to a more holistic framework that addresses routine and emergency health care needs.”

ABC has previously [advocated](#) for the inclusion of blood and blood products as [blood reimbursement reform](#) is a key part of the ABC [Advocacy Agenda](#), a [focus](#) of [Blood Advocacy Week](#), and remains a priority for the blood community.

The FY 2025 IPPS proposed rule does include a 3 percent rate increase which is reduced by a 0.4 percent productivity adjustment resulting in a proposed payment increase of 2.6 percent over FY 2024.

(Source: Blood Community [Joint Comments](#), 6/10/24) ◆

***Vein to Vein* Blood Education Program Updated: Now Includes Digital Patient Scenarios of Blood’s Lifesaving Impact**

America’s Blood Centers (ABC) and ADRP, The Association for Blood Donor Professionals [have released](#) the second edition of [Vein to Vein: The Science of Blood Donation](#). The high school education program initially developed in 2022 has been updated to, “now include state-of-the-art virtual patient scenarios that depict the life-saving impact of blood donation.” Developed in collaboration with educators, *Vein to Vein* is, “designed to cultivate student leadership skills and a lifelong commitment to bolstering our nation’s blood supply [and] help educators craft lesson plans [while meeting] Next Generation Science Standards. Implementation goes beyond the field of science to also offer opportunities to integrate English Language Arts and Mathematics.” The second edition is, “the result of a [new multi-year national partnership](#) between ABC and Body Interact, a leader in virtual patient simulation technology. Working together, these organizations have developed virtual patient scenarios that provide a new way to teach students and potential blood donors about the lifesaving impact blood transfusions have on patient outcomes. Each virtual scenario includes both basic and advanced levels, tailored to meet high school students at their current stage of education.” Through using the complimentary *Vein to Vein* education program, “schools are eligible to access a free trial of this virtual learning program, unlocking this set of interactive scenarios

(Source: ABC and ADRP Joint [News Release](#), 6/4/24) ◆

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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 recognizes 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: Jed Gorlin

Editor: Mack Benton

Subscriptions Manager: Leslie Maundy

Annual Subscription Rate: \$420

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.

Liberal Versus Restrictive Transfusion Strategy in TBI Patients Explored

Researchers in *The New England Journal of Medicine* have [published](#) findings from a randomized trial that sought to compare the impact of liberal versus restrictive red blood cell (RBC) transfusion strategy on the, “mortality and long-term functional and patient-centered outcomes of critically ill adult patients with moderate-to-severe traumatic brain injury (TBI).” The authors explained that the Hemoglobin Transfusion Threshold in Traumatic Brain Injury Optimization (HEMOTION) study featured 34 sites in Canada, the United Kingdom, France, and Brazil and included moderate or severe TBI patients 18 years-old or older with anemia defined as, “a hemoglobin level of ≤ 10 g per deciliter. [The study] excluded patients who received transfusion after ICU admission but before randomization and who had contraindications or objection to transfusion. Patients who received transfusion before ICU admission were not excluded.”

The authors of the study hypothesized that, “a liberal strategy (triggered by a hemoglobin level of ≤ 10 g per deciliter) would result in better outcomes than a restrictive strategy (triggered by a hemoglobin level of ≤ 7 g per deciliter).” They explained that the transfusion thresholds were chosen based on, “available evidence, expert opinion, and clinical equipoise and were similar to those considered acceptable by clinicians in an international survey. The liberal threshold was selected because maintaining hemoglobin levels above 10 g per deciliter may improve brain oxygenation. The restrictive threshold reflects the standard of care for critically ill patients. Patients received leukoreduced red cells, one unit at a time, when the specified hemoglobin threshold was met. Additional units were transfused when hemoglobin levels measured as part of routine care met the specified threshold. In both treatment groups, we aimed to transfuse red cells within 3 hours after the threshold was reached.”

The researchers also noted that the study’s primary outcome as, “unfavorable outcome (yes or no) at 6 months as assessed with the Glasgow Outcome Scale–Extended (GOS-E)” while secondary outcomes included, “mortality and scores on the Functional Independence Measure (FIM), the EuroQol visual analogue scale and EuroQol five-dimension, the Quality of Life after Brain Injury (Qolibri) scale, and the nine-item Patient Health Questionnaire (PHQ-9).”

The study found that, “249 of 364 patients (68.4 percent) in the liberal-strategy group had an unfavorable outcome, as compared with 263 of 358 (73.5 percent) in the restrictive-strategy group (adjusted absolute difference, restrictive strategy vs. liberal strategy, 5.4 percentage points; 95 percent confidence interval [CI], -2.9 to 13.7). The overall relative risk of an unfavorable outcome in the liberal group as compared with the restrictive group was 0.93 (95 percent CI, 0.83 to 1.04), with findings consistent across groups of patients with the worst, intermediate, and best predicted prognoses and across prespecified subgroups; the results of sensitivity analyses were similar.” Additionally, the researchers explained that, “Mortality at 6 months was 26.8 percent in the liberal-strategy group and 26.3 percent in the restrictive-strategy group (hazard ratio for death, 1.01; 95 percent CI, 0.76 to 1.35)...Among patients who received a transfusion of red cells, 6 of 365 patients (1.6 percent) in the liberal-strategy group and 1 of 141 (0.7 percent) in the restrictive-strategy group had a reaction to the transfusion None of the reactions were severe.”

The authors concluded by stating that, “[o]ur trial was designed to assess the superiority of a liberal transfusion strategy at reducing unfavorable neurologic outcomes at 6 months. Although several patient-reported outcomes suggest potentially better results with a liberal strategy, firm conclusions may not be drawn. The trial was not designed to assess the noninferiority of a more restrictive transfusion strategy, so the possibility of harm with such a strategy cannot be excluded. In this international, randomized trial, a liberal transfusion strategy did not decrease the risk of an unfavorable neurologic outcome at 6 months as measured with the GOS-E in critically ill patients with traumatic brain injury.”

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Liberal vs. Restrictive Transfusion Strategy TBI Patients (continued from page 3)

They acknowledged multiple limitations of the study noting, “[b]y recruiting solely patients with anemia, we selected a population with more severe traumatic brain injury, which may explain the higher-than-expected baseline risk of an unfavorable outcome; We also observed imbalances between the groups at baseline, which included some prognostic variables of the TBI-IMPACT score that may have suggested a better prognosis at baseline in the liberal-strategy group; and it was not possible to mask the treatment assignments from the clinical team.”

Citation: Turgeon, A.F., Fergusson, D.A., Clayton, L., *et al.* “[Liberal of restrictive transfusion strategy in patients with traumatic brain injury.](#)” *NEJM*. 2024. 💧

WORD IN WASHINGTON

The Centers for Medicare & Medicaid Services (CMS) Office of the Actuary has [published projections of national health expenditures \(NHE\) for 2023-2032.](#) According to the data projections, the agency anticipates, “average annual growth in NHE (5.6 percent) will outpace average annual growth in gross domestic product (GDP) (4.3 percent), resulting in an increase in the health spending share of GDP from 17.3 percent in 2022 to 19.7 percent in 2032.” Additionally, CMS explained in the news release that, “NHE growth is projected to average 5.6 percent over 2023-32. This is lower than in 2023 when NHE growth was projected to have been 7.5 percent, faster than GDP growth of 6.1 percent, reflecting broad increases in the use of care associated with an insured share of the population of 93.1 percent (an unprecedented high)...Over 2027-2032, personal health care price inflation and growth in the use of health care services and goods contribute to projected health spending that grows at a faster rate (5.6 percent) than the rest of the economy (4.1 percent). The NHE is published annually and is often referred to as the “official” estimates of U.S. health spending and health insurance enrollment. The historical and projected estimates of NHE measure total annual U.S. spending for the delivery of health care goods and services by type of good or service (hospital, physician, prescription drugs, etc.) and by payer (private health insurance (PHI), Medicare, Medicaid, etc.).”

(Source: CMS [News Release](#), 6/12/24)

The Office of Infectious Disease and HIV/AIDS Policy (OIDP) in the U.S. Department of Health and Human Services (HHS) is [hosting a June 18th webinar at noon EDT titled, “An Oral History of Race and Blood Banking presented by a Black Blood Bank Scientist.”](#) Anthony J. “Tony” Polk will present during this event which will, “explor[e] the intersection of race and blood banking through the firsthand experience of a Black blood bank scientist. It delves into the challenges faced by people of color in science during a period of racial segregation in the U.S. and how they persevered to achieve success. The lecture also offers a global perspective on the development of blood banking in both civilian and military contexts.” Col. Polk, is, “a retired Army Colonel, recognized internationally as an expert in immunohematology and blood banking was the first Black student to be commissioned a military officer from McNeese State University (MSU) and the first black medical laboratory scientist graduate from the school. Ret. Col. Polk earned a B.S. from MSU and later a M.S. from Bowling Green University, in Ohio. He served with distinction for 30 years in the military [where he commanded and supervised thousands of military and civilian medical personnel throughout the Pacific, Europe, including NATO and the U.S. During his assignment to NHQ, NATO, he was charged with traveling to all NATO countries and evaluating their civilian and military blood programs. In his final eight years assignment in the Pentagon, he was overall in charge of blood research and the provision of blood products to all U.S. military medical facilities worldwide, in peace or war...He is a recipient of the Defense Superior Service Medal from the Secretary of Defense, the Lifetime Achievement Award from the Surgeons General of the Army, Air Force and Navy, and was inducted into the Army Medical Department Hall of Fame.”

(Source: OIDP [Announcement](#), 6/12/24) 💧

RESEARCH IN BRIEF

Modeling U.S. Blood Donor Deferrals Using Individual Risk Assessment. A [study](#) published in *Transfusion* was designed to, “describe the development of a computational model to estimate the impact on U.S. blood donor deferrals of the change in policy from a three-month deferral specific to [sexually active gay and bisexual men], to an individual risk assessment applicable to all donors, regardless of sex, gender, or sexual orientation.” The study “conducted two independent analyses,” according to the authors. “The first analysis included blood donor deferral modeling, which incorporated the published information available about donors and sexual behaviors. “The second analysis used the 2022 U.S. National Survey of Sexual Health and Behavior (NSSHB) data that were designed to address the specific sexual behavior questions among participants with a history of blood donation.” They explained that, “[f]or the second analysis, unpublished survey results of NSSHB 2022 based on 4,528 individuals with a self-reported history of blood donation were examined... Probabilistic models incorporating the Transfusion-Transmissible Infections Monitoring System (TTIMS) blood donor data and the input distributions of sexual behaviors were developed to estimate the percent donor deferral and its uncertainties under the individual HIV sexual risk behavior donor deferral policy.” The researchers reported that, “[b]oth analyses, either based on published data or the new NSSHB 2022 data, generated the same mean value of 1.2 percent for the overall percentage of U.S. donors who would be deferred, with slightly different but overlapping confidence intervals (CIs).” The study found that, “[i]n addition to the donor deferral, the estimated proportions of new or multiple partners (just above 6 percent) and anal sex rates (close to 20 percent) are also highly consistent between the two analyses.” The authors concluded that, “this analysis presents an assessment for US donor HIV risk sexual behavior deferral with a change to an individual risk-based deferral policy based on the most relevant U.S. data available. The model estimates a small increase in donor deferrals that are consistent across analyses using diverse data sources.”

Citation: Whitaker, B.I., Huang, Y., Gubernot, D., *et al.* “[Modeling U.S. blood donor deferrals under a policy of individual risk assessment for HIV risk sexual behavior.](#)” *Transfusion*. 2024.

Contributed by Richard Gammon, MD, Medical Director at OneBlood 

NEW on CollABORate

COLLABORATE

SHARE STRATEGIC ADVICE | SOLVE CHALLENGES | DEVELOP NEW APPROACHES

Recent discussion topics on the ABC [CollABORate](#) Online Member Community include:

- [Scholarship Program Sponsored by Blood Center](#) (MEMBER RESOURCES)
- [Epi Pens](#) (MEMBER RESOURCES)
- [Product Testing](#) (MEDICAL ISSUES)
- [Water Baths](#) (QUALITY BYTES)
- [B Medical Systems Plasma Freezer](#) (ALL MEMBER FORUM)



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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 staffs only, unless otherwise specified.

Thank You for Participating in Blood Advocacy Week 2024

As [Blood Advocacy Week 2024](#) winds down, America's Blood Centers (ABC) would like to thank all [members](#) and [partner organizations](#) for their participation and encourage you to continue taking action by:

- sharing the [news release](#) thanking blood donors on World Blood Donor Day;
- encouraging individuals in your communities to amplify [our letter to Congress](#) by sending [their own digital letter](#) to their members of Congress; and
- highlighting your organization's support of Blood Advocacy Week by using our complimentary [social media toolkit](#) and the hashtags: [#BloodAdvocacy](#) and [#BloodAdvocacyWeek](#).

Additional Blood Advocacy Week 2024 updates will be reported next week!



ABC Hosting Prehospital Blood Transfusion Programs Webinar June 18th

The ABC Education Committee will be hosting a Prehospital Blood Transfusion Programs Webinar on June 18th at 3 p.m. EDT. [Registration](#) is open. The webinar will feature Chief Adam Hagar and Daniela Hermelin, MD sharing their experiences in implementing and maintaining a prehospital blood transfusion program. Chief Hagar serves as battalion chief-EMS at Mehlville Fire Protection District in St. Louis. Dr. Hermelin is the chief medical officer at ImpactLife and an assistant professor of Pathology at the St. Louis University School of Medicine. A link to registration is available to ABC members in [MCN 24-035](#). Please contact ABC Director of Scientific and Technical Operations [Betzy Gonzalez, MS BB\(ASCP\)](#) with questions. 💧



MEMBER NEWS

LifeServe Blood Center has officially [opened](#) its new headquarters in Johnston, Iowa. According to a blood center news release, “the Johnston location completes LifeServe’s Central Iowa footprint and now offers donors five centers to choose from for blood donation: Ankeny, Downtown Des Moines, Johnston, Urbandale, and West Des Moines.” LifeServe Blood Center President and Chief Executive Officer Stacy Sime added in the news release, “we are excited to welcome donors into our new state-of-the-art facility. After doing an evaluation of our donor population, we determined that nearly 5,000 of them live within five minutes of Johnston so we hope that this new location makes blood donation convenient for our donors. This particular location is the perfect place for us to continue to keep a strong community presence.”



(Source: LifeServe Blood Center [News Release](#), 6/12/24) 💧

GLOBAL NEWS

The European Centre for Disease Prevention and Control (ECDC) has [published](#) a communication alerting individuals to the, “worsening spread of mosquito-borne disease outbreaks in the European Union (EU)/European Economic Area (EEA) according to [the] latest ECDC figures.” The agency explained that, “[i]n 2023, there were 130 locally acquired cases of dengue reported in the EU/EEA, and 71 cases were reported in 2022. This is a significant increase compared to the ten-year period 2010-2021, where the total number of locally acquired cases was 73 for the whole period. Imported cases are also on the rise with 1,572 reported cases in 2022 and over 4,900 cases in 2023. This is the highest number of imported dengue cases reported since the start of the surveillance at the EU level in 2008. In the first months of 2024, several countries have reported substantial increases in number of imported dengue cases, which could suggest that the numbers in 2024 might become even higher.” According to the ECDC the, “*Aedes albopictus* [mosquito], known for transmitting dengue, chikungunya, and Zika viruses, is spreading further north, east, and west in Europe, and now has self-sustaining populations across 13 EU/EEA countries. *Aedes aegypti* [mosquito], a vector of yellow fever, dengue, chikungunya, and Zika viruses recently established itself in Cyprus. Its potential for establishment in other parts of Europe is concerning due to its significant ability to transmit pathogens and its preference for biting humans. The *Culex pipiens* mosquito, responsible for the spread of West Nile virus, is native to Europe and is present throughout the EU/EEA. It is widely anticipated that climate change will largely impact the spread of mosquito-borne diseases in Europe.” To mitigate the spread of mosquito-borne diseases, the ECDC is urging, “the establishment of coordinated vector control measures [and] [e]nhanced surveillance and early detection of travel-related and locally acquired cases of mosquito-borne diseases.”

(Source: ECDC [Communication](#), 6/11/24)

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GLOBAL NEWS (continued from page 7)

The importance of blood donation: a message from the WHO Director General



The World Health Organization (WHO) has released [video message](#) for Director General Tedros Adhanom Ghebreyesus, PhD recognizing the 20th anniversary of World Blood Donor Day (WBDD), June 14th. In the video, Dr. Ghebreyesus encourages eligible individuals to give blood while emphasizing the need for universal access to blood and thanks all blood donors, blood centers, health workers, and partner organizations who support blood donation worldwide.



(Source: WHO [WBDD Video](#), 6/14/24) 💧

COMPANY NEWS

BioMarin has [shared](#) new long-term data on the safety and efficacy of its gene therapy treatment (Roctavian) for adults with severe hemophilia A. According to a company news release, four-year data from phase III clinical trial, “demonstrated that durable bleed control and sustained factor VIII (FVIII) expression were maintained four years after treatment with [the gene therapy], with FVIII activity near stable compared with results reported previously and no new safety signals observed. Of the 134 patients who received [the gene therapy] in the study, the rollover population of 112 patients had baseline annualized bleeding rate (ABR) data prospectively collected during a period of at least six months while on routine FVIII prophylaxis prior to receiving Roctavian, and two of the 112 patients discontinued the study prior to year four. During year four, 73.6 percent of the remaining participants (81/110) had zero treated bleeds. Over the entire study period to the time of the data cut, 24 of the 134 total participants resumed prophylaxis with either FVIII or emicizumab without any complications. Mean FVIII activity at the end of year four (n=130) was 27.1 and 16.1 IU/dL as assessed by one-stage assay (OSA) and chromogenic assay (CSA), respectively. These levels are near stable from the previously reported three-year data. Over four years, the mean ABR for treated bleeds for the rollover population was 0.8 bleeds/year, and the mean ABR for all bleeds was 1.3 bleeds/year.” Data from a phase II trial of the gene therapy has also demonstrated that, “the majority of adults with severe hemophilia A treated with ROCTAVIAN maintained bleed control seven years after the infusion, with only two of seven participants resuming prophylaxis. At year seven, in the cohort that received ROCTAVIAN at a dose of 6×10^{13} vg/kg (n=5), median FVIII activity remained in the mild hemophilia range (10.3 IU/dL per chromogenic assay), and the mean ABR decreased by 96 percent from baseline.” The U.S. Food and Drug Administration approved Roctavian in June 2023 and the European Commission granted the gene therapy “conditional marketing authorization” in August 2022.

(Source: BioMarin [News Release](#), 6/7/24)

The FDA has [granted](#) Orphan Drug Designation to **Be Biopharma, Inc.’s** novel engineered B Cell medicine (BCM) being developed for the treatment of hemophilia B.” According to the company, treatment is a, “a first-in-class BCM that is engineered to insert the human factor IX (FIX) gene into primary human B cells, allowing for expression of active FIX for the treatment of [h]emophilia B. [The investigational therapy] has the potential to express sustained therapeutic FIX activity levels with a single infusion with the

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COMPANY NEWS (continued from page 8)

flexibility to be re-dosed, if needed.” A Be Biopharma news release has indicated that the company is, “on track to initiate its phase I/II study, BeCoMe-9, evaluating [the investigational therapy] in adults with severe or moderately severe [h]emophilia B in the second half of 2024....The FDA grants Orphan Drug Designation to drugs or biologics designed to treat rare diseases or conditions affecting fewer than 200,000 people in the United States. This designation offers several significant advantages, including a seven-year period of exclusive marketing rights following approval, exemption from user fees, and eligibility for tax credits on qualified clinical trials.”

(Source: Be Biopharma, Inc. [News Release](#), 6/4/24) ◆

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.)*

2024

June 18. **ABC Prehospital Blood Transfusion Programs Webinar.** More information and link to registration available to ABC members [here](#).

June 23-27. **38th International Society of Blood Transfusion (ISBT) Congress. Barcelona, Spain.** [Registration](#) is open. More information available [here](#).

June 27. **U.S. Food and Drug Administration (FDA) Webinar: Final Guidance: remanufacturing of Medical Devices.** More information available [here](#).

July 24. **ADRP Webinar: Marketing Insights to Drive Change.** [Registration](#) is open. More information available [here](#).

Aug. 12-14. **National Institutes of Health (NIH) National Heart, Lung, and Blood Institute’s (NHLBI) Annual Sickle Cell Disease Research Meeting. (Hybrid) Bethesda, Md.** More information available [here](#).

Sept. 3-6. **American Society for Clinical Pathology (ASCP) Annual Meeting. Chicago, Ill.** [Registration](#) is open. More information is available [here](#).

Sept. 18-19. **2024 ADRP Master Class: Bring in the Coach — The Path to Effective Leadership (Virtual).** [Registration](#) is open. More information available [here](#).

Sept. 30-Oct. 3. **American Association of Tissue Banks (AATB) Annual Meeting. Denver, Colo.** More information is coming soon.

Oct. 16-17. **Biomedical Excellence for Safer Transfusion (BEST) Fall Meeting. Galveston, Texas.** More information available [here](#).

Oct. 19-22. **Association for the Advancement of Blood & Biotherapies (AABB) Annual Meeting. Houston, Texas.** More information available [here](#).

Nov. 6-7. **ABC Women’s Executive Leadership Community (WELC) Workshop. San Antonio, Texas.** More information is coming soon.

2025

Mar. 10-12. **ABC Annual Meeting. Arlington, Va.** More information is coming soon.

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CALENDAR (continued from page 9)

May 6-8. **2025 ADRP Annual Conference. Oklahoma City, O.K.** More information is coming soon.

May 20-21. **International Plasma Protein Congress. Warsaw, Poland.** More information is coming soon.

Oct. 12-15. **AATB Annual Meeting. Atlanta, Ga.** More information is coming soon.

Oct. 25-28. **AABB Annual Meeting. San Diego, Calif.** More information is 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 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

Executive Director (Lawton, OK). Our Blood Institute is seeking a “community spirited” professional to **LEAD its Lawton/Wichita Falls team** in fulfilling the mission 1) to recruit blood donors, drive sponsors, and volunteers and 2) to store and deliver blood units for local hospitals. This public-facing, “visible” position not only requires an outgoing, bright, and energetic personality to foster relationships, but also demands detailed attention to planning, communication, regulations, finances, and personnel. Significant successes in project management and organizational expansion/entrepreneurship are desirable. Connectivity with regional leaders and access to key social networks would also be positives. The successful candidate will present and maintain a credible, positive image of Our Blood Institute in the local community. A bachelor’s degree with at least three years of senior level operations and/or large project management experience is preferred. Community relations, marketing, sales, fundraising or blood banking experience is a plus. Candidates should have excellent written and verbal communications skills and proven abilities in managing multiple, complex projects and processes. Our Blood Institute provides a competitive salary and excellent benefits package including Health, Dental, Vision, Life, LTD, Flex Plan, 401(k), Paid Time Off, Tuition Reimbursement and holiday pay. **\$500 bonus after 6 months and \$1,000 bonus after 1 year!** How to apply: <https://ourbloodinstitute.org/about/careers/>

Director of Operations. Rock River Valley Blood Center, based in Rockford IL, is seeking a Director of Operations. Lead daily operations in recruitment, collections, and special services, ensuring organizational objectives are met, including collection and recruitment targets. Implement strategies for a balanced inventory aligned with organizational and hospital needs. Additionally, this position will oversee all aspects of Special Services, including cell therapy and therapeutic phlebotomy programs. This role requires strong leadership, operational expertise, and a commitment to quality and

compliance. Qualifications include: Bachelor’s degree in business administration or related field, seven plus years progressive management experience, proven track record of meeting production goals, and management experience in blood center operations or non-profit preferred. Please visit our careers site online to apply <https://www.rvbc.org/careers/>.

Supervisor, Immunohematology Reference Lab (San Diego Blood Bank). The San Diego Blood Bank is currently seeking a motivated, knowledgeable professional to lead the Immunohematology Reference Lab. This person will oversee the daily operation of the department as well as support the greater Lab Management Team following safety, cGMP, and Quality Plan. Additionally, the ideal candidate will supervise the flow of samples, blood, and blood components through the department from satellite centers, mobile collection vehicles, hospitals, blood banks, and laboratories. **Qualifications** include a minimum of 2 years in blood bank related fields to include leadership experience and IRL experience. **Certification/Licensure** required include MLS(ASCP)/CM/MT(ASCP) or equivalent experience and a California Clinical Laboratory Scientist License (CLS). Certification as a Specialist in Blood Bank (SBB) or equivalent is preferred. For a full description of this job posting and to apply, visit: [Careers | San Diego Blood Bank \(recruitingbypaycor.com\)](https://www.sdbb.org/careers/)

Immunohematology Reference Laboratory CLS (San Diego Blood Bank). Under the direction of the department leadership, the Medical Laboratory Scientist I will assist the Immunohematology Reference Laboratory in daily operations according to cGMP compliant policies and Standard Operating Procedures implemented by the San Diego Blood Bank (SDBB). The ideal candidate will successfully complete/pass an initial training program resulting in the ability to provide guidance and expertise for the laboratory to meet the needs of SDBB customers, in

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POSITIONS (continued from page 10)

accordance with accepted standards and regulations. **Requirements:** Bachelor's degree, MLS/MT (ASCP)CM or equivalent experience, Clinical Laboratory Scientist (CLS). Certification as a Specialist in Blood Banking (SBB) preferred. For a full description of this job posting and to apply, visit: [Careers | San Diego Blood Bank \(recruitingbypaycor.com\)](#)

Director, Donor Marketing. The Director, Donor Marketing is a pivotal leadership role within New York Blood Center Enterprises (NYBCe), overseeing a team of seasoned marketing professionals tasked with driving donor engagement and donor acquisition across various Blood Operations divisions. Working closely with divisional Donor Recruitment and Collections teams to ensure alignment with overarching marketing strategies. As the senior-most authority in donor marketing, the Director, Donor Marketing operationalizes Enterprise Donor Engagement strategies at the local level, guiding and empowering divisional marketing managers to execute targeted initiatives that meet product and service objectives across all divisions. Reporting directly to the Executive Director, Strategy and Planning, Donor Engagement, this role carries significant responsibility in steering local marketing efforts in line with enterprise goals. Candidates must be able to report into one of the following NYBCe locations: New York City, NY; Providence, RI and Newark, DE. Education: BA or master's degree in marketing, communications, or public relations. Experience: Minimum 10 years of demonstrated leadership experience in marketing and/or communications, including at least seven years of team management. Demonstrated experience managing budgets. Demonstrated experience evaluating media opportunities and buying. Licenses / Certifications: Valid driver's license. Click [here](#) to apply.

Director of Quality Assurance. Sheppard Community Blood Center in Augusta, Georgia, seeks an ambitious leader to promote product safety and compliance. A generous benefits package, including up to a 9 percent employer 401(k) contribution, relocation expenses, and ample PTO, are available for a successful candidate. Sheppard serves several communities in rapidly growing communities in Georgia and South Carolina. The ideal candidate will have at least six years of experience in blood banking, quality assurance, or compliance. Responsibilities include serving as the subject matter expert in regulatory compliance; working with operational leaders to help advance Sheppard's strategic plan; and overseeing the review and implementation of SOPs, validations, maintenance, reporting, and other related processes. The person selected for this role must see themselves as an integral member of the Sheppard leadership team and dedicated to furthering the organization's long-term goals. Those interested can apply at [sheppard-blood.org](#).

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

Operations Coordinator – Mobile Collections (Carter BloodCare). Principal Accountability: The Operations Coordinator-Mobile Collections position is crucial within the Collection Management team. Key responsibilities include ensuring daily production objectives and standards are met, maintaining high levels of compliance and customer service, and serving as the primary contact and acting manager in the manager's absence. Duties also involve hiring collection staff, conducting investigations, fostering employee development, and providing feedback on termination decisions. The role requires promoting team spirit within the department and collaborating with all CBC personnel to ensure maximum efficiency. Education: High School diploma or equivalent. College degree preferred. Bilingual skills are a plus. Special licensure such as CDL driver a plus. Experience: Two (2) years of supervisory/management experience. Background in a highly regulated field. Previous blood banking or apheresis experience required. Equal Opportunity Employer: Disability/Veteran. at www.carterbloodcare.org, click Careers & search for job "Ops Coord Mobiles."

Senior Vice President (SVP). Reporting to the Chief Operating Officer, the Senior Vice President (SVP) will function as the top executive leader of Enterprise Laboratory Services and will be responsible for overseeing the

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day-to-day operations, developing strategy, implementing business plans, managing the department's P&L (including revenue and operating margins), developing budgets and financial plans, and fostering a high-performance, customer-oriented culture. Education: BS/MS/PhD in Medical Technology or Applied Science, or MD with background in transfusion medicine, medical laboratory, or related specialty. An assorted business degree (MBA, MPA, MHA or equivalent) is highly desirable. Experience: Ten (10) years of blood banking or comprehensive laboratory experience, with five years at managerial level. Relevant published research in peer reviewed journals is highly desirable. For applicants who will perform this position in New York City or Westchester County, the proposed annual salary is \$ 350,000.00 p/yr. to \$375,000.00 p/yr. For applicants who will perform this position outside of New York City or Westchester County, salary will reflect local market rates and be commensurate with the applicant's skills, job-related knowledge, and experience. Please click [here](#) to apply.

Transfusion Lab Supervisor Needed! Join Florida's leading blood center, OneBlood, as a Blood Bank Lab Supervisor in Lakeland, FL. Bring your leadership, technical expertise, and management experience to support the transfusion testing procedures on patient and/or donor samples. Qualified candidates should possess three (3) or more years' experience in a clinical laboratory, preferably blood banking environment, including one (1) or more years' experience in supervision and management experience, as well as a valid and current Florida Clinical Laboratory Technologist license in Immunohematology or Blood Banking; Supervisor license strongly preferred. To apply and view a complete Job Description of this Lab Supervisor position, visit www.oneblood.org/careers. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.

Director, Division of Cellular Therapies (Hoxworth Blood Center, University of Cincinnati). Hoxworth Blood Center (HBC) is seeking a Stem Cell Transplant/Cellular Therapies Medical Director and Processing Facility Director. This is an open rank/track, faculty position, with opportunities for collaborative clinical and basic research, and an active clinical trials program in stem cell transplantation and immunotherapies, supporting four different stem cell transplantation programs in Ohio. Candidates with expertise in transfusion medicine, hematology, hematopoietic biology and therapy, immunology and/or immunotherapies could use this opportunity to build a translational/clinical research program. HBC has established connections with world-class research departments that offer access to a wide variety of shared facilities. Minimum Requirements: Applicants must have an MD or DO to be considered as the processing facility director and processing facility

medical director, and licensed or eligible for unrestricted license in the State of Ohio. Applicants must have a PhD to be considered solely as the processing facility director. Position and track will depend on academic accomplishments and programmatic expectations. At least two years' relevant experience in the preparation and clinical use of cellular therapy products is required. For full description and to apply, visit <https://bit.ly/3woC42L>. The University of Cincinnati is an Equal Opportunity Employer.

Associate Director – Process Excellence Design and Field Support. This position is charged with eliminating waste and standardizing operations to enable optimization of the collection staff and donor experience across Enterprise Divisions allowing for improved efficiency and productivity. The position will own and drive projects to completion, have the ability to build complex models for the validation of new procedures and technology that inform decision-making in donor and product management and support all other pillars of the Enterprise Collections Center of Excellence (ECCOE) in the identification of metrics for performance management. The position interacts with multiple verticals within the Enterprise Collections Center of Excellence departments and other departments within New York Blood Center Enterprise such as Information Technology, Laboratories, Quality/Regulatory Affairs, Recruitment, and Logistics. Candidates must be able to report into one of the following NYBCE locations: New York City, NY; Kansas City, Missouri; St. Paul, Minnesota; Providence, RI and Newark, DE. For applicants who will perform this position in New York City or Westchester County, the proposed annual salary is \$130,000.00 to \$140,000.00. For applicants who will perform this position outside of New York City or Westchester County, salary will reflect local market rates and be commensurate with the applicant's skills, job-related knowledge, and experience. Click [here](#) to view the full job description and apply.

Director, Quality Assurance & Regulatory Affairs (Hoxworth Blood Center). The University of Cincinnati College of Medicine (COM) has a reputation for training best-in-class health care professionals and developing cutting-edge procedures and research that improves the health and clinical care of patients. Hoxworth Blood Center (HBC) is located within the College of Medicine and is the only Regional Blood Center owned and operated by a University in United States. The HBC is seeking a Director of Quality Assurance & Regulatory Affairs. This position will oversee and direct the coordination of quality assurance and regulatory compliance for the Cellular Therapy, Therapeutic Apheresis, and Transplantation Immunology divisions. Required Education & Experience:

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Bachelor's degree in medical technology, Biology, Chemistry, or related field. Seven (7) years of experience in a clinical laboratory, blood banking or other related experience. Additional Qualifications Considered: Previous experience in a FACT, AABB and HCT/P (21 CFR 1271) and GMP (21 CFR 211) for Phase I/II clinical manufacturing, Regenerative Medicines, Cleanrooms, and Aseptic Processing is ideal. Understanding of CAP requirements for histocompatibility (HLA) laboratories which includes disciplines of sequencing, molecular, serological, immunology, flow cytometry, and cellular analysis is preferred. For full description and to apply, visit <https://bit.ly/48917GJ>. The University of Cincinnati is an Equal Opportunity Employer.



Assistant/Associate Director, Blood Transfusion Service (Massachusetts General Hospital; Boston, Massachusetts). The Department of Pathology at the Massachusetts General Hospital (MGH), a founding hospital of Mass General Brigham, and a major teaching affiliate of the Harvard Medical School, seeks a full-time, early- or mid-career, academically oriented transfusion medicine physician. The successful candidate will combine clinical and teaching activities with a research program in a field relevant to transfusion medicine, hematology, or hemostasis. The Blood Transfusion Service at MGH encompasses an FDA-licensed donor center, therapeutic apheresis, an outpatient transfusion/infusion clinic, a transfusion service, and progenitor cell collection and processing. We collaborate closely with colleagues in bone marrow and solid organ transplantation, CAR-T cell therapy, cardiac surgery, trauma and critical care, neurology, and pediatrics. Our faculty also work closely with transfusion medicine faculty within the MGB network. Service and teaching responsibilities will be shared with two full- and several part-time staff physicians. Candidates must be BC/BE in Transfusion Medicine, with primary training in either Pathology or Hematology/Oncology (adult or pediatric). Academic rank as Associate Professor, Assistant Professor or Instructor and salary will be commensurate with experience and accomplishments. Interested candidates should send a personal statement with research interest, three potential referees and Curriculum Vitae to: Dr. Robert Makar; Director, Blood Transfusion Service; Department of Pathology; Massachusetts General Hospital; 55 Fruit Street, GRJ 148; Boston, MA 02114. Email: rmakar@mgh.harvard.edu C/O Diane Savickas dsavickas@mgb.org. We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.



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