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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2012 #28 **July 27, 2012**

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Links for Life Golfers Headed to Top Rated Course in Georgia

There is only one month left to register for the third annual *Links for Life* Golf Tournament, set to take place on Monday, Oct. 22 at the Champions Retreat in Evans, Ga. The event, complete with a kick-off reception and dinner on Sunday, Oct 21, offers participants a one-of-a-kind golfing experience at a top-rated golf course with the opportunity to meet PGA players and support a worthy cause.

The *Links for Life* Golf Tournament, hosted this year by Shepeard Community Blood Center with support from HemoCue, benefits the Foundation for America's Blood Centers (FABC). This unique event will not only help the FABC to continue funding ABC member initiatives to maintain a safe and adequate blood supply, but will also offer golf lovers an unforgettable day at the Champions Retreat, which was ranked as the fourth "Best New Private Club" by *Golf Digest*.

An aerial shot of one of the three Champions Retreat golf courses. The one pictured above was designed by Gary Player. Source: www.championsretreat.net

The Champions Retreat is often described by golfers as "beautifully designed and manicured" and is the only golf course designed by golf legends Jack Nicklaus, Arnold Palmer, and Gary Player. All tournament golfers will have the chance to meet PGA players, sponsored by the Institute for Transfusion Medicine (ITxM), and will also receive custom-designed Nike golf shirts provided by ITxM. Golfers will be treated to a pair of Adidas Powerbrand 4.0 golf shoes, meals on the night before and day of the tournament, and the chance to win great prizes through Straightest Drive and Big Break challenges.

"Golf is more than a game, it is an experience," said Kevin Belanger, CEO of Shepeard Community Blood Center, based in August, Ga. "It starts by stepping onto a course that has been designed to enhance the beauty of your surroundings.

(continued on page 3)

OUR SPACE

ABC CEO Jim MacPherson

Consolidation

The unexpected third shoe in a year dropped last week when Fresenius Kabi, a division of the giant German medical device company, Fresenius Group, acquired Fenwal, the 63-year-old US transfusion products company. Fenwal's exit from private equity holding follows a similar path taken by CaridianBCT last year in being acquired by the smaller, but venerable, Japanese medical device Terumo Corporation. Also within the last year, Haemonetics Corporation, the company built in the 1970s, continued its march of acquisitions by taking over the transfusion products division of the Pall Corp. Haemonetics also recently acquired the small start-up transfusion device company, Hemerus.

To be sure, there are blood bag and other transfusion-related suppliers around the world, including Korea's Green Cross, France's Macopharma, as well as other medical device companies in China, India, Turkey, etc. But for much of the developed world over the last 50 years, innovation sprang from the aforementioned six companies that are now three.

So, is this a good thing for us in the blood sector? Time will tell, but as we are learning from the US presidential election, emerging from private equity intact is likely a good thing. Private equity is about making companies leaner, more profitable, and attractive for future sale – or selling off the profitable pieces. Caridian and Fenwal were not known for innovation while held by their venture masters. They now rest with well-financed medical specialty companies whose growth stems from innovation. Haemonetics is also a cash-rich company taking a unique approach of being the "go to" company for nearly all device and IT needs in transfusion medicine. In the recent past they showed their acumen by acquiring an innovative product from a small firm (the MCS/PCS chair-side blood separator) and making it a big success in the marketplace.

While blood banking is mature in developed countries, patient blood needs are underserved in the emerging BRIC countries (Brazil, Russia, India and China), as well as other developing countries. So the global market will only increase while the mature markets will want better, faster, and cheaper. I believe we will be well served by this new line up. Consolidation of strong organizations with other strong organizations can be a good thing.

Jmacpherson@americasblood.org

Visit Jim on Facebook: www.facebook.com/JimMacPhersonABC.

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

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Links for Life (continued from page 1)

The individuals who greet you and take care of your immediate needs impact your attitude. Your playing partners, who support or heckle you, add to the moment. Then it ends with having drinks or dining at the clubhouse decorated with memorabilia from the past and present. The goal is to have this experience stay with you for a lifetime. Please register for the *Links For Life* Golf Tournament to be a part of this unique experience."

In past years, the tournament has been well-attended by blood center executives and other industry leaders, making this a valuable networking event, as well as an optimal venue for sponsors looking to reach leaders in the blood banking community. For those interested, there are still numerous sponsorship opportunities available. Details can be found at www.thefabc.org/links4life.html.

Northern California Community Blood Bank CEO Tom Schallert does not consider himself a golfing pro, but came out to support the FABC at last year's *Links for Life* tournament held at the Cowboys Golf Club in Grapevine, Texas. "I hit just enough decent shots to make me want to golf at least one time per year, and the FABC's *Links for Life* tournament is the perfect place to get that round in. There is no pressure; it's a totally fun event and spending the day with colleagues is a great way to help raise funds for the FABC."

"So, despite having never considered myself a golfer – but rather as more of a baseball player with a grooved baseball, swinging with a golf club, and wandering around areas of the golf course looking for balls that I have smacked into some type of vegetation – I plan to participate and support the FABC," Mr. Schallert added jokingly. "And by the way, if you want to have more golf balls at the end of the day than you had at the beginning, follow me. There will be lots of them in the woods on both sides of the fairways."

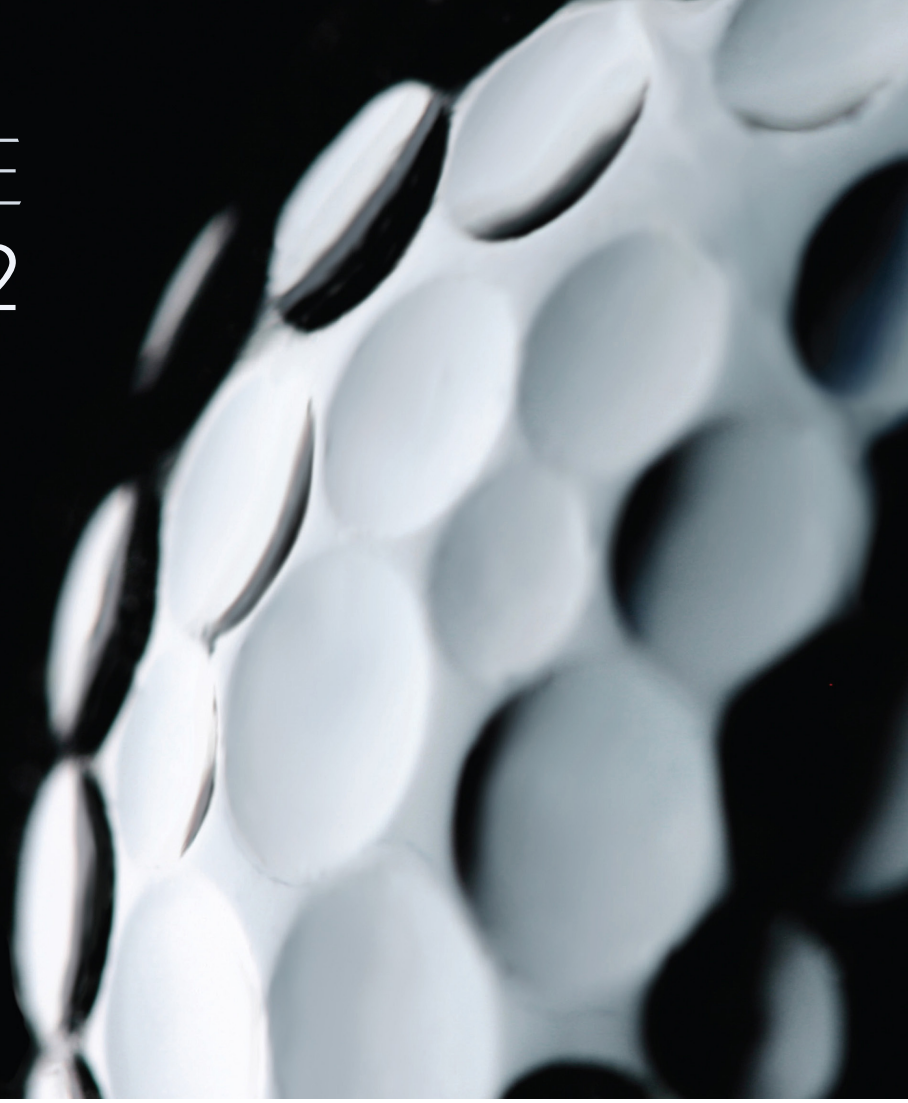
Each ABC member blood center can register one CEO or executive at no cost (travel and lodging are the responsibility of the participant). Participants may choose to stay in one of 60 reserved villa rooms right on the course or at the nearby Sheraton, where shuttle service to and from the course will be provided.

Registration is open online now until Aug. 28. If you did not receive an e-mail invitation and would like to participate, please visit http://www.cvent.com/d/2cqpl5/1Q. Additional questions may be directed to Jodi Zand at (202) 654-2994 or jzand@americasblood.org ♦

We Welcome Your Articles

We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,100 words. While ABC cannot pay for freelance pieces, the writer's name and title will be included at the end of the story, brief news item, or commentary. If proposing a story, please write a few paragraphs describing the idea and sources of information you will use, your present job and background, and your qualifications for writing on the topic. ABC staff cannot guarantee all stories will be published, and all outside writing will be subject to editing for style, clarity, brevity, and good taste. Please submit ideas and manuscripts to ABC Publications Editor Betty Klinck at newsletter@americasblood.org. You will be sent a writer's guide that provides information on style conventions, story structure, deadlines, etc.

SAVE THE DATE
10.22.2012



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12 MILES FROM AUGUSTA

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Kathleen Sazama, MD, Professor and Researcher, to Retire from LifeSouth Community Blood Centers as Chief Medical Officer

Kathleen Sazama, MD, who has more than 35 years of experience practicing transfusion medicine, announced on July 20 that she will retire as LifeSouth Community Blood Centers' chief medical officer at the end of October. Dr. Sazama is a respected resource and speaker in transfusion medicine and has conducted valuable research relating to HIV/AIDS.

Dr. Sazama came to LifeSouth Community Blood Centers in January 2009 upon her retirement, after serving for nine years as a faculty member at the University of Texas M.D. Anderson Cancer Center in Houston, Texas. "After spending most of my career in academia, I was ready for a change. [LifeSouth President and CEO] Nancy Eckert happened to be looking for a medical officer at the same time," said Dr. Sazama. "It must have been fate that brought us together. It's been a good partnership all around."

Recalling Dr. Sazama's initial inquiry in 2009, Ms. Eckert said, "I was thrilled when I received a call from Dr. Sazama asking if I would have a place for her here at LifeSouth. After the phone call, I knew it had to be her. Since her arrival, Dr. Sazama has challenged us, taught us, mentored us, and enriched us. Because she has been here, LifeSouth will never be the same. We will forever be better."

Dr. Sazama has served as president of AABB and of the Society for the Advancement of Blood Management (SABM). In 2000, she received AABB's W. Quinn Jordan Award, and in 2006, the British Blood Transfusion Society presented her with the James Blundell Award. She is also a sought-after speaker, having given talks in 19 countries and making more than 150 speeches in the US. She has also written or co-authored more than 100 scientific publications.

During her time at LifeSouth, Dr. Sazama has managed several key projects. In the past year, she oversaw the application for licensure of LifeCord, the public cord blood bank that is a program of LifeSouth. She assisted in outsourcing LifeSouth's donor testing laboratories while moving and consolidating its IRL and QC/Components Labs. She also recruited and hired a new medical director and remains committed to hospital needs through improved service deliver, said the release.

"LifeSouth has been a great place to contribute my ideas and experiences to improve an already well-established and expanding organization," said Dr. Sazama. "It has been my pleasure to get to know and work closely with some truly outstanding individuals in the field."

Dr. Sazama's move to LifeSouth also benefited America's Blood Centers. She joined the Scientific, Medical, and Technical Steering Committee and made numerous contributions, as well as formal presentations at ABC's Annual and Interim meetings. She has contributed substantially to the ongoing development of the Donor Written Statement of Understanding and to the discussion of ethical issues of informed consent.

"Dr. Sazama came to ABC full of ideas and energy and helped us confront challenging issues. We will miss her. However, we have to recognize that she deservedly earned the right to play as much tennis as she wants for the rest of her life," said ABC Executive Vice President Celso Bianco, MD.

(continued on page 5)

Dr. Sazama to Retire (continued from page 4)

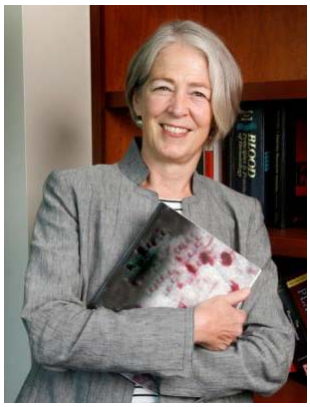
It was the HIV/AIDS epidemic that first drew Dr. Sazama into transfusion medicine. Before the disease even had a name, she was working with hemophilia patients who were feeling its impact due to transfusion-transmission of HIV. In 1990, her published study examining 10 years of transfusion-related deaths reported to the Food and Drug Administration drew worldwide attention. It raised awareness of practices that could be improved to prevent deaths from transfusion, and it had a long-term impact on improving the safety of blood transfusions.

Dr. Sazama earned her bachelor's degree from the University of Nebraska in 1969 and her master's degree in biology from The American University in Washington, D.C. She earned her medical degree from Georgetown University in 1976 and also earned a law degree from Catholic University of America in Washington, D.C. in 1990.

"It's been a privilege to be part of this profession, especially to rub elbows with some of the world's experts in transfusion medicine," said Dr. Sazama. "I hope to stay involved – in a limited way – for a while, but I am really looking forward to more time on the tennis courts with [my husband] Jed, whenever possible." (Source: LifeSouth Community Blood Centers press release, 7/20/12) ♦

AABB CEO Karen L. Shoos, JD, Announces Plans to Retire This Year

After 18 years of service, AABB CEO Karen L. Shoos, JD, announced her plans to retire as of December 2012 or when a successor has been named, AABB reported in a press release on Tuesday. Ms. Shoos has served as CEO since 1994, leading the association through change and growth from the post-HIV era to the introduction of quality systems in transfusion medicine, international expansion, growth into cellular therapies and, most recently, into patient blood management, said the release.



"I have never been more confident about the direction in which the association is moving," said Ms. Shoos in the release. "The organization is guided by a strong strategic plan that emphasizes patient and donor care and safety in transfusion medicine and cellular therapies. The organization is well positioned to succeed."

Ms. Shoos looks forward to working with the AABB Board of Directors, staff, and the next CEO to ensure a smooth transition and to continue her efforts in support of the US president's Emergency Plan for AIDS Relief (PEPFAR) grants, according to the release.

AABB President Darrell Triulzi, MD, noted in the release that Ms. Shoos has been a national and international leader and a visionary for the transfusion medicine and cellular therapies community since she became in-house counsel for the American Red Cross in 1984. "Her leadership at AABB through the 1990s and into the 21st century has positioned AABB at the forefront of every safety issue critical to donors and patients, as well as to our members, helping to steer us all in the direction of improved care for the patients we serve," said Dr. Triulzi. "On behalf of the board and her many friends and colleagues, I extend our deepest gratitude to Karen for her extraordinary service and dedication and look forward to new and exciting relationships with her in her next roles."

(continued on page 6)

Karen Shoos to Retire (continued from page 5)

Ms. Shoos said that she is proud of AABB's accomplishments during her tenure and is especially appreciative of the volunteers and staff who have contributed to AABB's growth. "This is a special time for AABB – a solid strategic plan and a strong cadre of leaders among the board, volunteer members, and staff are in place to lead the association, especially our critical initiatives in patient blood management and cellular therapies," she said. "Change is always difficult, but change always brings growth."

Under AABB's established succession plan, the board has named a search committee and will retain an independent executive search firm to manage the process, AABB said in the release. Requirements for the position will be posted on AABB's website in the near future, and details regarding the search process will be provided as the search committee moves forward. In the interim period, questions and expressions of interest may be submitted confidentially to Tamara Walker, SPHR, director of human resources at AABB, twalker@aabb.org. (Source: AABB press release, 7/24/12) ♦

IN MEMORIAM – Gargi Pahuja, 37

Gargi Pahuja, the Foundation for America's Blood Centers' sponsorship coordinator, passed away on July 21 at the age of 37 from complications of thalassemia. For many years, Ms. Pahuja has been an active leader in the thalassemia and anemia communities, including promoting blood donation, as thalassemia patients need frequent blood transfusions to survive.

From 1999 to 2006, Ms. Pahuja worked fulltime for the Cooley's Anemia Foundation (CAF), and she served as a board member and president of the Thalassemia Action Group for 12 years. At CAF, Ms. Pahuja was a Patient Services director and a board member, and she also served as a former board member of the Thalassemia International Federation. During her time at CAF, she served on major government policy committees for blood safety and other advocacy interests and was the principal investigator for a Centers for Disease Control and Prevention grant for improving thalassemia care.

"The global thalassemia community lost an eloquent voice," Gina Cioffi, CAF national executive director, said on the CAF website. "She [Gargi] did everything to make life better for people with thalassemia. Whenever the CAF needed a forceful voice, we called her and she found the time to help in a very significant way ... She surpassed what anyone could have ever hoped to achieve in a life that was propelled by her drive, will, and determination to carry out her hopes and dreams ..."

Ms. Pahuja was involved with a private foundation seeking to improve the blood banking donor network in India, where in some regions an estimated one in seven people carry the gene for thalassemia. In India, people who need blood transfusions must bring a replacement donor, which becomes difficult for thalassemia patients who receive blood transfusions every two weeks, Ms. Pahuja explained on the Foundation for America's Blood Centers' (FABC) website.

Ms. Pahuja became dedicated to raising awareness of the need for minority blood donors because finding the best matched blood for thalassemia patients can be difficult, as the safest blood for these patients

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Remembering Gargi Pahuja (continued from page 6)

typically comes from people of the same ethnicity. Along with serving on the FABC staff, Ms. Pahuja offered her personal story to the FABC to help inspire others to donate blood, especially minority donors. Recently, Ms. Pahuja also volunteered with ABC's Government Relations Department, traveling to Washington D.C. to attend a Capitol Hill reception.

"During my tenure with the FABC, I met many blood recipients who stated their desire to help the Foundation, but Gargi was one of the few who dove in immediately and began solving problems," said former FABC president Lauren Larsen. "Her dedication to helping patients – both in the US and in India – was apparent in everything she did. And the fact that she herself grew up with a chronic disease gave her a unique appreciation for the simple blessings in life: a day without pain, a good belly laugh, and the smile of her baby nephew. The world lost a good one this past weekend."

When she was only 15 months old, Ms. Pahuja was diagnosed with thalassemia, a rare and incurable blood disorder that is prevalent in India, Southeast Asia, the Mediterranean, and the Middle East. The illness, also known as Mediterranean anemia, is characterized by less hemoglobin and a below average red blood cell count. It leads to severe anemia and other health complications, such as poor bone development.

(From left to right) Gargi Pahuja, Lauren Larsen, and Ms. Pahuja's mother and brother pose for a photo at the FABC's inaugural gala in New York City in November 2011

In 1975, when Ms. Pahuja was diagnosed, doctors in the US knew little about thalassemia and those diagnosed with the disease typically died at a young age. Although there is still no cure for this disorder, thalassemia patients can live longer and more productive lives thanks to advances in medical technology and blood donation. Ms. Pahuja was able to graduate from college and earn a master's degree in public health from the University of California – Berkeley and a law degree from Seton Hall University.

At 3 years old, Ms. Pahuja began receiving bimonthly blood transfusions, which enabled her to live a happy, healthy childhood. However, by the time that she was 16 years old, Ms. Pahuja's body began to feel the consequences of having too much iron in her body caused by the frequent blood transfusions. Despite receiving biweekly transfusions and 12 hours of iron-chelation therapy to remove excess iron from the body, Ms. Pahuja remained committed to improving the lives of thalassemia patients and promoting blood donation.

Ms. Pahuja always said that she owed her life to thousands of anonymous blood donors. "For 33 years, I have received at least two pints of blood every other week. That's a lot of blood," she said. Here in the US, "I've never had to ask anyone to donate on my behalf, never been told, sorry, but we don't have blood for you today," she added. (Sources: CAF website, 7/24/12; FABC website, 7/24/12)

BLUE PLATELET SPECIAL

Lauren Ward Larsen

Princess Gargi

If you look at Gargi Pahuja's Facebook page, you'll find a quote from holocaust survivor Viktor Frankl: *It is well known that humor, more than anything else in the human make-up, can afford an aloofness and an ability to rise above any situation, even if only for a few seconds.*

One thing I discovered quickly after meeting Gargi a couple years ago is that she knew how to find the humor in the most dire of circumstances. This was, I suspect, the greatest lesson of living a lifetime with a chronic transfusion-dependent disease. And like Frankl, Gargi was a survivor – with a proven ability to laugh hard and often.

After connecting through e-mail in 2010 (thanks to ABC Executive Vice President Celso Bianco), I invited Gargi and her mom to join me at my upcoming book-launch party in San Francisco. Long after most of the party attendees had left, Gargi and I sat laughing and plotting ways to join our respective advocacy efforts. Afterward, my husband, Jeff, asked me who she was because he didn't recognize her but could clearly see that we were old friends. "Just met her," I replied.

But that's the thing with Gargi. Once she met you, you became an instant "old friend." She didn't waste time slowly building up to a friendship. After all, after being diagnosed with thalassemia as a baby, Gargi wasn't expected to live to see her 12th birthday. The doctors told her parents, "Take her home, enjoy her and don't expect anything from her."

Gargi and Lauren partake in one of Gargi's favorite activities: sharing a good laugh.

Gargi got the last laugh with her doctors though. Not only did she see her 12th birthday – and two dozen birthdays after that – she also excelled in life: several degrees, non-profit board seats, and some incredible work helping patients around the world. But in my view, Gargi's greatest accomplishment was her solid grasp of priorities. She knew, without hesitation, what was important to her – family, friends, the human connection.

There's another bit of telling detail on Gargi's Facebook page. Her self-description reads: *I like to laugh so hard and loud that my insides hurt, twirl until I fall down from being dizzy, have meaningful conversations with 5-year-olds, mix my poisons, and generally do good deeds so that I can come back as a princess in my next life.*

Though I never witnessed Gargi twirling until she fell, I did witness some of her many good deeds: promoting blood safety for future transfusion-dependent patients, working with her family's charity to help thalassemia patients in India, securing sponsorships for the FABC's inaugural gala benefit last November, relocating to Virginia so she could help care for her newborn nephew. Every time I mentioned trying to create a permanent paid position for her with the Foundation, her response was always the same: "Let's just focus on your needs right now. The rest will work itself out."

Last weekend, Gargi's time on earth came to an end. But I have no doubt that her impact on countless people – myself included – will continue. So let's raise a glass to Princess Gargi, a radiant soul who performed a lifetime of good deeds in a mere 37 years. Rest in peace, friend.

Lauren Ward Larsen is the author of "Zuzu's Petals: A True Story of Second Chances," which shares her story of becoming a 200-pint blood recipient and the unexpected life that unfolded as a result. She is a former president of the FABC and can be reached at laurenwardlarsen@me.com, or via her website at www.laurenwardlarsen.com.

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2012 Workshop Schedule
Supply Chain Management Workshop: Dec. 3-4, 2012

2012 Workshop Fees
Early bird registration, $375: Sept. 19-28, 2012
Regular registration, $425: Sept. 29-Nov. 9, 2012

"As a subsidiary of ABC member South Texas Blood and Tissue Center, QualTex Laboratories understands the mission of community blood centers and the challenges facing us in this tough economic environment. For that reason, we are proud to co-host the first ABC Supply Chain Management Workshop with GSABC. We look forward to a very valuable meeting and hope this new workshop joins the roster of ABC specialty workshops to help member blood centers improve the service to their communities."

- Linda Myers, President/COO, QualTex Laboratories

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LEGISLATIVE NEWS

A bill designed to prevent laboratories from automatically losing their Clinical Laboratory Improvement Amendments (CLIA) certification for unintentionally referring proficiency testing specimens to another laboratory with a different CLIA certificate was introduced in the US House last week. HR 6118, the Taking Essential Steps for Testing (TEST) Act, would update CLIA language to provide the Centers for Medicare and Medicaid Services with discretion on whether to revoke a hospital, blood center, or independent laboratory's CLIA certification. The bill was introduced on July 12 by Rep. Michael Grimm (R-N.Y.) with one Democrat and five Republican cosponsors. The House bill has been referred to the Energy and Commerce Committee. Sen. Amy Klobuchar (D-Minn.) has introduced a companion bill in the Senate, S 3391, with Sens. John Boozman (R-Ark.) and Jeanne Shaheen (D-N.H.) as cosponsors. "As a result of this important statutory change, laboratories will no longer be unfairly punished when a laboratory follows its usual practice and refers a specimen to another laboratory for either a test that it does not perform or for confirmatory testing," said the American Clinical Laboratory Association (ACLA) in a July 13 letter of support to Rep. Grimm. "The TEST Act will prevent the wasteful time and expense that occurs when a laboratory's CLIA certificate is revoked, thus making it impossible for the laboratory to provide vital services to patients." The American Hospital Association (AHA) on Monday also voiced support for the TEST Act. In a letter to the lead sponsors, AHA said "It is important that laboratories not be unfairly punished for following their usual protocols, which sometimes result in the unintentional referral of a proficiency test specimen to another laboratory," added AHA Proficiency testing is used to gauge a lab's proficiency at correctly performing patient and/or donor test. Most labs send testing results from blind samples to the College of American Pathologists Program for grading, usually

(continued on a page 10)

LEGISLATIVE NEWS (continued from page 9)

four times a year. The results are compared to the "expected" result according to analyte (the agent for which the test is being conducted, such as HIV), methodology and instrument used, among other factors. To keep its CLIA certification, a lab must maintain at least an 80 percent passing grade while a blood bank must score 100 percent for most of the tests it conducts. A single failure puts the lab on certification probation, while a second failing grade results in decertification for that analyte. The lab must then submit to remedial corrective action. For cases in which a lab is cited for referring proficiency testing to another lab with a different CLIA certificate, the entire laboratory loses its CLIA certification. And without CLIA certification, a lab cannot report test results. Most of these referrals are caused by oversights, said Ruth Sylvester, director of Regulatory Services for America's Blood Centers. For example, she said, one lab may send specimens to another lab within the same organization, but the second lab may have a different CLIA certificate. The problem has cropped up in at least one blood organization that acquired blood center facilities from another blood organization, including a CLIA-certified reference lab, and shared proficiency samples between its own lab and the new reference lab. (Sources: ACLA Letter, 7/12/12; *AHA News*, 7/23/12) ♦

Prepare to Get Your BOOTS On: The Next Generation of LEAN for Blood Centers

America's Blood Centers in partnership with ProGuide Academy for Management Excellence (www.proguide.biz/academy.aspx) recently announced a new educational opportunity for ABC member blood center leadership. This program is open to all members of ABC, Blood Centers of America (BCA), GSABC, the Asia Pacific Blood Network, and the European Blood Alliance. "BOOTS" (Blood Bank Operations Optimization Training Sessions) is a specialized training program that is aimed at assisting blood center leadership in getting the most out of their numerous assets: labor, equipment, processes, cash flow, and capacity. Whether one or all of the courses pique your interest, the 2013 program will be a valuable educational opportunity for blood center leadership. Questions on course content may be directed to Toni Mattoch at tmattoch@americasblood.org and logistical questions to Lori Beaston at lbeaston@americasblood.org. Summaries and feedback on previous BOOTS sessions are available at www.proguide.biz/news.aspx. Details about the program are available at http://members.americasblood.org/download/File/FileCenter/MCNs/mcn12107.pdf.

BRIEFLY NOTED

Researchers presented two cases on July 19 at the annual International AIDS Conference in Washington, D.C. showing that two men have been cured of HIV after receiving bone marrow transplants, reported NBCNews.com. Daniel Kuritzkes, MD, and his colleagues from the Brigham and Women's Hospital in Boston based their treatment theory on the widely publicized Timothy Brown case, in which Mr. Brown was treated for leukemia with a bone marrow transplant that happened to come from a donor with a genetic mutation that makes immune cells resistant to HIV infection. The transplant replaced Mr. Brown's own infected cells with healthy, AIDS-resistant cells, and he is HIV-free five years later (see *ABC Newsletter* 6/22/12). Dr. Kuritzkes wondered if a similar yet simpler treatment may have the same effect – a combination of stem cell transplants and AIDS drugs. HIV/AIDS patients are susceptible to cancers, but they usually stop taking HIV drugs before receiving cancer treatment. "That allows the virus to come back and it infects their donor cells," said Dr. Kuritzkes. Timothy Henrich, MD, and colleagues at Brigham and Women's Hospital launched a search about a year ago for HIV patients with leukemia or lymphoma who had received bone marrow or stem cell transplants. They found two patients

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BRIEFLY NOTED (continued from page 10)

through the Dana-Farber Cancer Institute in Boston who had endured multiple rounds of treatment for lymphoma, both had endured stem cell treatments and both had stayed on their HIV drugs throughout. It turns out this combination was the key. One patient is HIV-free two years later, and the other is seemingly uninfected three-and-a-half years later. "They still have no detectable HIV DNA in their T-cells," said Dr. Kuritzkes. In fact, doctors cannot find any trace of HIV in their bodies – not in their plasma, not when they grow cells in lab dishes, and not by the most sensitive tests. This may leave observers of this case wondering if the patients have been cured, but Dr. Kuritzkes said the doctors have been careful not to tell the patients that they are cured just yet. For now, both men are staying on AIDS drugs until they can be carefully taken off under experimental conditions. Although the men are HIV-free, Dr. Kuritzkes says it has been an arduous experience for them. After being diagnosed HIV-positive, one of the patients underwent rounds of chemotherapy for Hodgkin's disease before receiving the final bone marrow transplant. Neither man is being identified for privacy reasons, but one is in his 50s and has been infected since the beginning of the AIDS epidemic in the early 1980s. The other man, in his 20s, was infected at birth. Separately, two other studies presented at the conferences have scientists optimistic about a cure. In one, a drug called vorinostat flushed out latent HIV from a handful of patients, offering the possibility of killing these latent reservoirs. In another, about 15 French patients who got HIV drugs very early after their infections were able to stop treatment and don't show any symptoms years later, even though they are still infected. Although these studies are in their early phases, they give HIV patients hope for a cure and provide evidence that early treatment is valuable. See Infectious Disease Updates on page 15 for more on the International AIDS Conference. (Source: NBCNews.com, 7/26/12)

Amag Pharmaceuticals Inc. said that because its drug Feraheme met the main goal of improving hemoglobin levels in anemia patients in a phase-III study, the company plans to seek approval from US and European regulators for a wider indication, reported Reuters last week. The drug, which is already approved for the treatment of iron deficiency anemia in chronic kidney disease patients, is being tested as a treatment for iron deficiency anemia regardless of the underlying cause. "With both phase III studies in our global registrational program for Feraheme now complete, we will seek approval for Feraheme for the treatment of a broader population of patients," Lee Allen, Amag's chief medical officer, said in a statement. The company plans to submit a marketing application to the Food and Drug Administration for approval of Feraheme for the expanded indication by the end of this year. Partner Takeda Pharmaceutical Co. Ltd. plans to file for approval in Europe next year. The late-stage study, which tested the efficacy of Feraheme in 808 patients across the US, Canada, India, Latvia, Hungary, and Poland, met the targets set by US and European union health regulators, reported Reuters. These results follow data released in March from another successful trial testing the drug in 605 patients at 74 sites in Europe, Asia Pacific, and Australia. More information is available in the Amag press release at http://bit.ly/Q6Xfe9. (Source: Reuters, 7/18/12)

Three years of treatment with intravenous immunoglobulin (IVIG, GammaGard) prevented further cognitive decline in patients with Alzheimer's disease participating in a small study, reported *MedPage Today* on July 17. As measured by multiple standard instruments – the Alzheimer's Disease Assessment Scale (ADAS-Cog), the Clinical Global Impression of Change (CGIC) index, the Neuropsychiatric inventory, and others – the four patients who received the full 36 months of treatment at 0.4 g/kg every two weeks showed no decline in scores. Norman Relkin, MD, of Weill Cornell Medical College in New York presented his findings at the Alzheimer's Association International Conference last week. He said at a press briefing prior to the conference that the treatment was "generally well-tolerated" but did cause some adverse effects. None were usual and most were relatively mild infusion-related reactions such as rashes. Some side effects were more serious, including stroke in one patient, presumably related

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BRIEFYLY NOTED (continued from page 11)

to the viscosity of IVIG, which is known to increase risk of ischemic events. The rationale for IVIG in Alzheimer's disease is that it contains antibodies against beta amyloid proteins and it also modulates immune function to reduce inflammation, explained Dr. Relkin. The current report covered a second open-label extension of an earlier placebo-controlled, double-blinded trial that initially lasted six months, involving 24 patients with mild to moderate Alzheimer's disease. A phase II study, it tested multiple doses and schedules. Besides the four patients assigned to 0.4 g/kg every two weeks, four patients received 0.2 g/kg every two weeks, 0.4 g/kg every four weeks, and 0.8 g/kg every four weeks. Eight patients received a placebo. Results from the randomized phase indicated that in pooled data for all patients assigned to IVIG, the treatment outperformed placebo in the primary outcome measures of ADAS-Cog and CGIC, as well as in other cognitive assessments. Participants were allowed to receive an additional year of open-label treatment with IVIG. With continued favorable results – including inhibition of brain atrophy as well as cognitive protection – a second 18-month extension was offered, with 21 patients accepting. For this second extension, all patients received 0.4 g/kg every two weeks, since that appeared to be the most effective regimen previously. This group included 16 participants initially receiving IVIG and five of the placebo group. The second extension essentially confirmed the earlier findings and showed that the benefits last three years, Dr. Relkin said. Patients initially assigned to placebo showed continued decline in cognitive function, but there was a "bend in the curve" when they were switched to IVIG, Dr. Relkin said. Pooled data for the 16 patients in the original IVIG groups showed a significant protective effective relative to the initial placebo group. Mean values for ADAS-Cog and CGIC scores indicated some loss of cognitive ability, but it was relatively small. However, the highlight finding, Dr. Relkin said, was that three-year ADAS-Cog and CGIC scores in the four patients who received 0.4 g/kg every two weeks throughout the study were the same as the baseline. "To have patients .... all of whom are effectively unchanged after three years, is a remarkable result," said Dr. Relkin. He noted that this study involves off-label use of an approved product. "It's a very important point because this agent is in limited supply, and the indications for which it is approved, some of them represent disorders in which patients can only survive by getting this particular product. So we don't want to bankrupt the available supplies." IVIG is a plasma derived drug that is generally used in treating patients with certain immune system disorders, leukemia, and kidney disease. (Source: *MedPage Today*, 7/17/12)

The Vitals health blog on MSNBC's website published an article this week highlighting the outpouring of blood donors that typically occurs after a disaster, such as the shooting at a Colorado movie theater last week. Although blood centers are always happy to welcome volunteer blood donors, blood center staff want to avoid collecting so much blood that it goes to waste, which may happen when blood donors come out in droves after a disaster. The article highlights a young donor, Kevin Emery, 20, who tried to donate blood at Bonfils Blood Center, which responded to the Colorado shootings, but was asked to reschedule his donation for another time due to an influx in donations following the shooting. The center collected 630 units, more than twice the 300 units they sent from existing supplies to area critical care centers in the aftermath of the disaster. "We are turning lots of people away and scheduling them for future donation appointments," Tiffany Anderson, a Bonfils spokeswoman, told MSNBC. "Right now we are encouraging donors to give blood in the weeks ahead and throughout the year." This flood of donors highlights what Ms. Anderson and others in the blood donation community say is a "mixed blessing" of such crises for blood centers. "On one hand, they're indebted to the human urge to help. On the other hand, they don't want to collect so much blood that it might go to waste," said the article. This dilemma is common in many disasters. After the 9/11 terrorist attacks, volunteers came out in large numbers all over the country, but much of that blood expired before the 42-day window in which it could be used, despite efforts by blood experts to transport it to areas where it was most needed. It's a really hard line to walk," Mississippi Valley Regional Blood Center Vice President of Medical Affairs

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BRIEFLY NOTED (continued from page 12)

Louis Katz, MD, said in the article. "We don't like to discourage people from giving to the welfare of others." He added, however, "Our worst nightmare is to waste the resource." What many donors do not realize is that, in times of tragedy, the blood that goes directly to the sick and injured is the blood that is already on hand, said Dr. Katz. For instance, in Aurora, Colo., the blood used to help treat the 58 injured people, including some in critical condition, was donated earlier in the week, said Ms. Anderson. Although blood centers often ask donors who come out in droves during a crises to reschedule their donation appointment, research has shown that only a fraction of first-time disaster donors actually come back to donate again. "We get people who schedule and then don't come in as the acuity of the situation changes," said Dr. Katz. Ms. Anderson said that she hopes that local blood donors inspired by the tragedy will come back next week or next month. The full article is available at http://nbcnews.to/MZwXnx. (Source: MSNBC Vitals, 7/21/12)

A stem cell transplant has helped to treat a sickle cell disease patient from Chicago who received a stem cell donation from her sister in November, reported the *Chicago Tribune* on July 18. In November, Iesha Thomas, 32, received a stem cell transplant donated by her sister as part of a clinical trial being conducted at the University of Illinois Hospital & Health Sciences System in Chicago. People with sickle cell disease have an abnormal type of hemoglobin that can make red blood cells assume crescent shapes and become more "sticky." The misshapen red blood cells then get stuck in small blood vessels and interrupt blood flow, causing organ and tissue damage, pain, stroke, and sometimes death. The only available therapy for sickle cell disease patients currently is to receive frequent red blood cell transfusions, however stem cell transplants may offer a more permanent treatment. This particular stem cell treatment method, developed by researchers at the National Institutes of Health, involves first giving the patient medication that suppresses the immune system and a small dose of radiation just before the stem cell transplant. The intention with this treatment is to use the stem cells to enable the sickle cell disease patient's body produce normal healthy red blood cells instead of the abnormal sickle shaped cells. Once the stem cell is implanted, "monitoring the patient is very important. Initially, it's very often, to make sure they are safe, to guarantee they do not have rejection [of the transplant]," said Damiano Rondelli, MD, a professor of medicine and director of the blood and marrow transplant program at the University of Illinois Hospital & Health Sciences System, who performed the transplant. Initially, monitoring occurs every six weeks, then decreases to every month, then to every three months, then to every six months, and then to once a year. So far, the trial includes two completed transplants, and Dr. Rondelli is currently preparing to conduct a third. He said that he is very optimistic about the trial. Patients with sickle cell anemia who are between the ages of 18 and 60 are eligible for the transplant. Ms. Thomas said that she is no longer taking pain medication, but is instead taking vitamins to help the transplant continue to work well in her body. Although this research is still in its early phases, Ms. Thomas is very excited to be pain-free. (Source: *Chicago Tribute*, 7/18/12) ♦

REGULATORY NEWS

The Food and Drug Administration announced in a press release on July 16 that it approved the first drug for preventing HIV transmission through sexual contact. Truvada, taken daily, is to be used for pre-exposure prophylaxis in combination with safer sex practices to reduce the risk of sexually-acquired HIV infection in adults at high risk, said the release. Truvada, made by Gilead Sciences, combines two drugs that inhibit the reproduction of HIV. It has been a mainstay in the treatment of HIV/AIDS for years, and can now be used in people who test negative for HIV infection in conjunction with safe sex practices to help prevent HIV infection. People taking Truvada should be tested for HIV every three

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REGULATORY NEWS (continued from page 15)

months, so treatment can begin promptly if an infection has occurred. A panel of experts had recommended that the agency take action after concluding that the benefits to healthy people vulnerable to HIV infection outweigh the risks, including such side effects as kidney damage and a dangerous increase in acid in the blood. "Today's approval marks an important milestone in our fight against HIV," FDA Commissioner Margaret A. Hamburg, MD, said in a statement last week. "Every year, about 500,000 US adults and adolescents are diagnosed with HIV infection, despite the availability of prevention methods and strategies to educate, test, and care for people living with the disease. New treatments as well as prevention methods are needed to fight the HIV epidemic in the country." FDA strongly recommends against use of the drug in people with an unknown HIV status, said the release. FDA notes that Truvada's safety and efficacy for pre-exposure prophylaxis were demonstrated in two large, randomized, double-blind, placebo-controlled clinical trials. More information is available in the FDA press release at www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm312210.htm (Source: FDA press release, 7/16/12) ♦

GLOBAL NEWS

The British Committee for Standards in Hematology (BCSH) has recently issued two updated guidelines relating to transfusion reactions and thrombocytopenic purpura, which are available online. The "Guideline on the Investigation and Management of Acute Transfusion Reactions" seeks to provide clear guidance on the recognition, investigation, and management of acute adverse reactions to blood components. It is clinically focused and recognizes that the precise nature and severity of reactions may not be apparent at presentation. It is intended to provide a framework for the development of institutional polices. Some key objectives are to provide a flow diagram to aid in recognition of acute transfusion reactions and their immediate clinical management, to provide advice on use of investigations, and to discuss management of subsequent transfusions. The other recent guideline is titled "Guidelines on the Diagnosis and Management of Thrombotic Thrombocytopenic Purpura (TTP) and Other Thrombotic Microangiopathies." The objective of the guideline is to provide healthcare professionals with clear, up-to-date, and practical guidance on the management of TTP and related thrombotic microangiopathies, defined by thrombocytopenia, microangiopathic hemolytic anemia, and small vessel thrombosis. Thrombocytopenia is a relative decrease in platelets. The guidelines are available at www.bcshguidelines.com/4_HAEMATOLOGY_GUIDELINES.html. (Source: BCSH website, 7/24/12)♦

INFECTIOUS DISEASE UPDATEs

MALARIA

The World Health Organization recently released the *World Malaria Report 2011*, available to download on its website in English, Spanish, and French. The report summarizes information received from 106 malaria-endemic countries and a range of sources. It analyzes prevention and control measures according to a comprehensive set of indications and highlights continued progress toward global malaria targets. This year's report builds primarily on data received from countries in 2010. The report shows progress in the fight against malaria and a decline in estimated malaria cases and deaths. For the first time, the report contains individual profiles for 99 countries with ongoing malaria transmission. Malaria mortality rates have fallen by more than 25 percent globally since 2000 and by 33 percent in the WHO African Region, according to the report. This improvement is likely the result of scaling up malaria prevention and

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INFECTIOUS DISEASE (continued from page 14)

control measures in the past decade, including widespread use of bed nets, better diagnosis, and wider availability of effective medicines to treat malaria, according to WHO. More information and the full report are available at www.who.int/malaria/world_malaria_report_2011/en/. (Source: WHO *World Malaria Report 2011* summary, 7/25/12)

HIV/AIDS

This week, the XIX International AIDS Conference in Washington, D.C. kicked off on Monday with an announcement from the Obama administration that the US is donating an extra $150 million to help poor countries stop the spread of HIV, reported the Associated Press. "We want to get to the end of AIDS," declared a top US HIV researcher, Anthony Fauci, MD, of the National Institutes of Health. He emphasized that how long it takes to eradicate AIDS around the world depends on how quickly various countries can adopt tools to stop the spread of HIV, including getting more of the millions of untreated people on life-saving drugs that prevent them from infecting others. Although research in the development of drugs to treat HIV and prevent its spread have progressed, there are still 34.2 million people worldwide living with HIV and 2.5 million were infected last year. Secretary of State Hillary Rodham Clinton said at the conference that the goal is an AIDS-free generation – that is no babies would be born infected, young people would have a much lower risk than today of becoming infected with HIV, and people who already have HIV would receive the life-saving drugs so that they do not develop AIDS. Also announced during the conference this week by the Centers of Disease Prevention and Control is that collaborative studies conducted by CDC confirm that early treatment of HIV patients results in better outcomes, suggest the use of viral load testing to detect treatment failure, and highlight factors associated with low rate of anti-retroviral drug treatment (ART) in Africa. The CDC plays an essential role in implementing the US President's Emergency Plan for AIDS Relief (PEPFAR) through its scientific and technical expertise, and long-standing partnerships with the ministries of health and other key global partners, such as the World Health Organization, said CDC in a press release. "Presentations at the conference reflect CDC's commitment to fighting global HIV/AIDS and to achieving President Obama and Secretary Clinton's call to action to achieve an AIDS-free generation," said the CDC. The CDC press release is available at www.cdc.gov/media/releases/2012/p0724_hiv_treatment.html. Other CDC presentations at this week's AIDS Conference demonstrate how the agency's collaborative research, training, and hands-on mentoring are helping to build the capacity to prevent HIV/AIDS and provide life-saving care and treatment to those suffering from the disease in Africa, said a CDC press release. More information on this work and research is available at www.cdc.gov/media/releases/2012/p0723_hiv_aids_training.html. Also released this week and presented at the AIDS Conference was a report from UNAIDS, the United Nation's program to treat and prevent the illness. The report showed that deaths from AIDS continued to decline last year as the number of people on HIV drugs worldwide surged 21 percent from 2010. Deaths dropped 5.6 percent to 1.7 million in 2011 from the previous year as 8 million people in developing regions gained access to medicines that fight the infection, reported Bloomberg. More information about this report is available at http://bloom.bg/OXFgAD. (Sources: CDC press releases, 7/24/12, 7/25/120; Bloomberg, 7/18/12; Associated Press, 7/24/12) ♦

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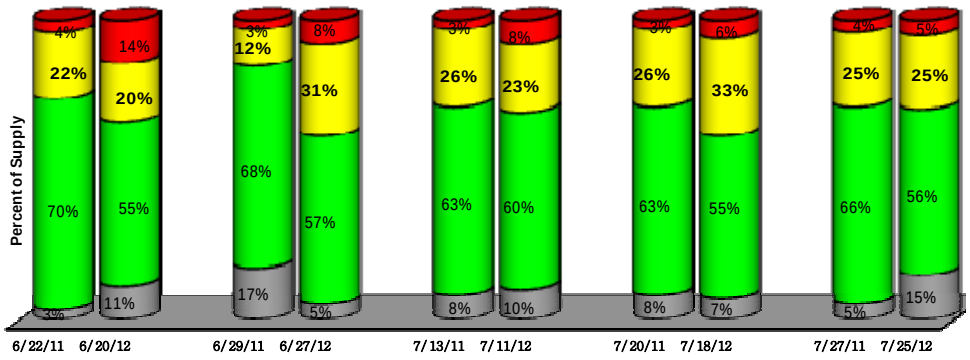
STOPLIGHT®: Status of the ABC Blood Supply, 2011 vs. 2012



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MEMBER NEWS

Blood Bank of Alaska announced in a press release last week that US Senator Mark Begich (D-Alaska) visited the center on July 20. Sen. Begich toured the Main Anchorage Center and learned about the new Blood Bank of Alaska facility, which is in the final planning stages. With a new, larger facility, Blood Bank of Alaska can expand its services and better help patients from Barrow to Sitka, Alaska. The building will allow Blood Bank of Alaska to grow with hospitals and medical centers in the state, enabling more patients to remain in Alaska for treatment. The new building will also enhance the blood donation experience, said the release. Blood Bank of Alaska was honored to show Sen. Mark Begich the current facility and to discuss future plans so that Blood Bank of Alaska can continue to help Alaskan patients in need, said the release.

Blood Bank of Alaska
www.bloodbankofalaska.org

PEOPLE

Celso Bianco, MD, Diana Teo, Steve Morgan, Bridon M'baya, Claudio Velati, Neelam Marwaha, and Massahiro Satake, have all been newly elected to the ISBT Board of Directors. Dr. Bianco has been appointed president elect, and will assume the presidency in 2014 (see *ABC Newsletter*, 7/13/12). Diana Teo, of The Blood Services Group in Singapore, has been elected junior vice president, and Steve Morgan, of the UK's NHS Blood and Transplant, has been elected treasurer. Bridon M'baya, of Malawi Blood Transfusion Service, has been elected the regional director for Africa, and Claudio Velati from Italy has been elected the regional director of Europe. Neelam Marwaha from India was elected the regional director for Southeast Asia, and Massahiro Satake from Japan has been elected the regional director for the Western Pacific. (Source: ISBT announcement, 7/24/12)

Tamara Raymond and **Lee Neuman** have recently joined the Macopharma USA team, the company announced last week. Ms. Raymond will become Macopharma USA's first national Biotherapy account manager. She obtained a Bachelor of Science in medical technology, a master's degree in public administration with healthcare, and a Master of Science in training and development. Ms. Raymond has experience in quality assurance and management, healthcare management, reference laboratories, regulatory affairs, and blood banking. Her prior employers include Marquette General Health Systems, UPCARE Technology, and Northern Michigan University as an adjunct professor of medical technology. As of May 1, Ms. Raymond's primary focus with Macopharma USA has been to research and identify the biotherapy market for the company's products and serve as the key subject expert. Ms. Neuman is a recent graduate of the Georgia Institute of Technology with a Bachelor of Science in biomedical engineering. Her prior experience includes accompanying Magnetic Resonance Lab researchers at the Emory University Hospital as an assistant and teaching Hebrew at the Temple in downtown Atlanta, Ga. As of June 4, Ms. Neuman's primary focus has been to maintain current relationships with customers on the Eastern coast and the Midwest. (Source: Macopharma announcement, 7/20/12)

Tamara Raymond

Lee Neuman

COMPANY NEWS

Fresenius Kabi, a provider of infusion therapy and clinical nutrition, and Fenwal Inc., a provider of separation technologies for blood and cell collection therapy, announced in a joint press release on July 20 that the organizations have signed an agreement for Fresenius Kabi to acquire Fenwal. Fresenius Kabi is part of Fresenius, a large international supplier of services for dialysis, hospital, and outpatient medical care. "Working together, the companies will bring their customers a wider array of products and services, while continuing to increase their pace of product development and geographic expansion. The acquisition, which is subject to customary conditions, is expected to be completed by the end of the year. Financial terms were not disclosed," said the release. Fresenius Kabi had previously announced plans to expand its medical devices/transfusion technology segment, said Fresenius Kabi's international press release. "Fenwal has built a leadership position centered on separation technology used to collect and process blood and to treat disease," said Rainer Baule, chairman and CEO of Fresenius Kabi. "Like Fresenius Kabi, Fenwal has a unique and long history serving healthcare, productive relationships with customers and researchers, and a rich pipeline of new products that are essential to patients and those who care for them." Ron Labrum, Fenwal president and CEO, added "The products, services, technologies, and cultures of both companies fit extremely well together. We are committed to assuring a smooth integration with Fresenius Kabi to bringing our customers even more value as a result of this unique combination." The Fresenius Kabi press release explains that these two companies complement each other well because Fenwal is successful in the market for automated blood collection devices, while Fresenius Kabi is a major supplier of blood bags and filters used for manual collection. The joint press release is available at http://bit.ly/O3ZDyI and Fresenius Kabi's international press release is available at http://www.fresenius.com/3926_4251.htm. (Sources: Fenwal and Fresenius Kabi joint press release, 7/20/12; Fresenius Kabi press release, 7/20/12)

Baxter International Inc. announced in a press release on July 19 that it has entered into a manufacturing services agreement with Sanquin Blood Supply Foundation in the Netherlands to expand the company's plasma therapies capacities. This agreement will provide Baxter with up to 1.6 million liters of incremental plasma fractionation capacity annually to support global growth of plasma-derived treatments, said the release. Under the agreement, Baxter will pay Sanquin a fixed fee to fractionate plasma used for medications to treat immune disorders, hemophilia, trauma, and other critical conditions. Sanquin will process plasma supplied by Baxter into bulk material for Gammaguard Liquid 10 percent [Immune Globulin Infusion Albumin (human)], (marketed as KIOVIG outside the US and Canada), and Flexbumin [Albumin (Human)]. Sanquin will also provide filling and finishing for Immunate. The initial term of the agreement is 10 years, with production beginning in 2014 and Sanquin reaching the full 1.6 million liters annually by the end of 2016. "As a worldwide leader in plasma-derived therapies, Baxter is committed to efforts that support the availability of our treatments for the patients who need them. Our collaboration with Sanquin is an important step in addressing both the near and long-term needs of the patient community," said Ludwig Hantson, PhD, president of Baxter's BioScience business. "Sanquin's mission is to provide Dutch patients with blood and plasma products made from voluntary, unpaid Dutch blood donations," said Theo Buunen, chairman of Sanquin's Executive Board. "The Dutch population is small. Consequently, production volumes for plasma products for the Netherlands are also small compared to industry standards and therefore relatively expensive. In order to be efficient, Sanquin needs to increase its 'economy of scale.' The Baxter contract accomplishes this and increases and enables Sanquin to maintain a competitive price level for the products of its national mission." The Baxter press release is available at http://bit.ly/OMxfh8. (Source: Baxter press release, 7/19/12)

Blood Bank Computer Systems (BBCS) announced in a press release on July 18 that HemoCon Medical Technologies Inc. has selected BBCS software for use in an ongoing clinical trial funded by the US Army. HemoCon is BBCS's first client to implement the recently distributed BBCS Primary

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COMPANY NEWS (continued from page 18)

Application 5.4 software (BBCS 5.4). HemoCon has been conducting clinical trials since May 2010 of its unique Lyophilized (freeze-dried) Plasma (LyP) product that uses BBCS software for inventory management and tracking of this product. "HemoCon was able to adapt BBCS software to provide the utility we need at this stage of our clinical trial development and create the foundation for a subsequent FDA licensed product, providing 100 percent traceability for our single donor, lyophilized plasma," said HemoCon Senior Vice President of Research and Development Lisa Buckley. In May 2008, the US Army selected HemoCon, based in Portland, Ore., as the recipient of a sole source award to develop, test, and secure FDA clearance for the LyP product and delivery system. The $35 million, multi-year, cooperative agreement is supporting research and development of the new process. In December 2008, HemoCon selected BBCS as its Blood Establishment Computer System (BECS) to follow FDA's guidelines for clearance. In 2010, HemoCon began its phase-I Safety Clinical Trial using autologous LyP. This trial involved transfusing the freeze-dried plasma back into the same person who donated it and was complete in June 2011. To support its needs, HemoCon also collaborates with Puget Sound Blood Center in Seattle, Wash. "As the blood banking industry changes and evolves, our software must do the same. HemCon chose our system because it was built with this in mind; in a way that allows the product to be used for purposes other than standard blood collection," said BBCS President and CEO Beth Simon. "We are thrilled to provide HemCon with software solutions during their clinical trials and beyond. They have been able to successfully configure our software for use throughout their testing and manufacturing process, which has paved the way for expansion into new markets. We couldn't be more excited about this partnership." (Source: BBCS press release, 7/18/12) ♦

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 $390 for non-subscribers. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: mnorwood@americasblood.org.

POSITIONS AVAILABLE:

Medical Technologists. Puget Sound Blood Center, located in beautiful Seattle, is seeking MT/MLTs to work swing and graveyard shifts in the Transfusion Service Laboratories. Duties include conducting compatibility testing, receiving/processing orders, and complex secondary processing procedures (e.g. irradiation, pooling, leukofiltration, etc.). Requirements include: BS degree in CLS or equivalent; must meet CMS/CLIA requirements. MT(ASCP)/MLT(ASCP) or equivalent certification and prior BB experience preferred. Must be familiar with computers, able to rotate to area labs, and able to identify red, green, blue, and yellow. We are looking for excellent customer service skills and the ability to prioritize, reprioritize, and handle tight deadlines, stressful situations and emergency requests. A flexible schedule is required. See our website for details and application instructions: http://www.psbc.org/careers/index.asp. Please indicate job #6787ABC on all correspondence.

Lab Supervisor. The Rhode Island Blood Center Main Laboratory has an immediate opening for a full time third Shift Supervisor of Testing. This position is responsible for the safe and efficient operation of the Testing Laboratory. This position supervises qualified staff in the execution of required testing for the blood center as well as outside collection sites. The position also has general management responsibilities such as scheduling staff, training, and ordering supplies. For more information on the position including responsibilities and the required qualifications, please go to www.ribc.org. We have earned an excellent reputation as an employer of choice, and our culture enables our staff members to perform at their best. We have one of the most competitive benefits and compensation programs available. Our training programs, investment in technology, and commitment to innovation have enabled us to steadily grow over more than 30 years. As a blood center employee,

POSITIONS (continued on page 20)

POSITIONS (continued from page 19)

you'll truly make a difference in the lives of Rhode Island residents.Please apply online at www.ribc.org. Follow the links to "About Us" and "Careers" for an online application. Only applicants who are selected for interviews will be contacted directly. JOIN THE TEAM THAT GIVES THE GIFT OF LIFE!!!. EOE

Vice President, Quality. This position is part of the Rhode Island Blood Center (RIBC) Senior Management group and reports to the VP/Chief Medical Officer for all matters involved with QA/QC, medical, technical, and administrative. This position also reports to the President/CEO as the FDA authorized individual in matters related to regulatory compliance. The Vice President, Quality is responsible for all RIBC Quality functions, including Quality Assurance, Quality Control, Analytical Services, Quality Compliance, and Validation. Quality Assurance defines, implements, and manages the various quality programs needed to ensure the Company's compliance with current Good Manufacturing Practices (cGMP), Good Clinical Practices, and Good Laboratory Practices. Quality Control ensures that the products manufactured by and for RIBC are tested and released in conformance with appropriate standards of identity, purity, and safety. For more information on the position including responsibilities and the required qualifications, please go to www.ribc.org. We have earned an excellent reputation as an employer of choice, and our culture enables our staff members to perform at their best. We have one of the most competitive benefits and compensation programs available. Our training programs, investment in technology, and commitment to innovation have enabled us to steadily grow over more than 30 years. As a Blood Center employee, you'll truly make a difference in the lives of Rhode Island residents. Please apply on line at www.ribc.org. Follow the links to "About Us" and "Careers" for an online application. Only applicants who are selected for interviews will be contacted directly. JOIN THE TEAM THAT GIVES THE GIFT OF LIFE!!! EOE

Director of Donor Recruitment. The American Red Cross seeks a Dir. of Donor Recruitment to manage the recruitment operation for allogeneic and specialized donors and ensure achievement of annual collection goals efficiently and effectively in Johnstown, PA. This role implements strategic direction, local operating procedures, and policies; serves as liaison with participating chapter executive staff and Board volunteers; and ensures training in compliance. Qualifications: bachelor's degree in marketing, sales, communications, (master's degree preferred) or related; seven years' related experience; and five years' management experience. We offer a competitive salary and excellent employee benefits. To apply, visit: www.americanredcross.apply2jobs.com and search for req. #BIO24701. EOE/AA

Regional Blood Collections Director. Seeking a Regional Blood Collection Director for our Mid Atlantic, VA/NC Region. This position will be based out of our Norfolk, VA facility. The ideal person will establish strategic direction and manage activities for the region's collections department to ensure achievement of assigned collection goals and quality and process improvement initiatives. Establish and implement staffing and deployment policies, ensure the implementation of system directives and direct process improvement initiatives to meet annual collection goals, to enhance quality and to enhance the donor experience. For further information, including qualifications, please review and apply online at www.americanredcross.apply2jobs.com requisition BIO24639. EOE M/F/D/V

Reference Technologist. LifeStream, a $53M healthcare organization providing blood service to more than 70 hospitals in Southern California, is searching for a Clinical Laboratory Scientist to resolve serologic problems and provides technical advice to hospital transfusion service personnel. Performs compatibility testing. Provides CMV screened, antigen screened, and hemoglobin screened donor units. Performs platelet antibody screens and cross match studies and selects potential platelet donors for a given patient. Requirements: Four-year bachelors of science degree (BS) in Clinical Laboratory Science or related field (e.g. Medical Technology). Current California Clinical Laboratory Scientist License. One to two years experience in antibody identification and transfusion service to grasp the more complex testing procedures. LifeStream is an Equal Opportunity Employer, M/F/D/V. Bonus opportunity and excellent benefit package! Apply online: www.Lstream.org.

Manager, Blood Donor Recruitment. This position is responsible for the overall development, implementation and management of our blood donor recruitment program. The primary focus of this program is the building and nurturing of meaningful relationships with our valued donors, prospective donors and sponsor groups. The Manager provides direct support and supervision to our Blood Donor Recruitment Specialists as well as our Blood Donor Recruitment Call Center personnel. Bachelor's degree and two years of relevant work experience; such as prior donor recruitment experience, public fund raising, public relations or sales/marketing experience. Understand and have the ability to reach and exceed targeted donation goals. Possess creativity. Must have the ability to drive and implement new and existing plans/ideas for the blood donor recruitment process. Should possess a high energy level and the ability to speak publicly in an extemporaneous manner. Requires a comfort level with television appearances, radio broadcasts, and newspaper interviews. For consideration, all interested candidates must complete an employment application. Applications can be submitted via our

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website (www.sbmf.org) or can be downloaded, faxed or emailed. Contact Information: Human Resources Department, South Bend Medical Foundation, 530 N. Lafayette Blvd., South Bend, IN 46601. PH: (574) 236-1375/(800)544-0925 Ext. 1331. Fax: (574) 280-4180. Email: jwalsh@sbmf.org.

Medical Technologist – Reference Laboratory – full-time. Community Blood Services collects blood donations, and also offers cord blood banking and bone marrow registration and donations, serving the community's transfusion medicine needs. For more than 50 years, we have built healthy, lasting relationships not only with our donors but with our team of highly skilled and dedicated employees as well. If you share our passion for helping the residents of our community, then we invite you to consider joining our team! This position is responsible for performing all Reference Laboratory Procedures which requires a thorough understanding of immunohematology and the principles and properties of red cell antigens and antibodies, including problem solving abilities. A reference laboratory technologist will provide consultation to hospital clients and may be involved in training staff. Education/Experience: Bachelor's Degree (B.S.) from a four-year college or university; BS in medical technology preferred. One to two years related experience and/or training; or equivalent combination of education and experience. Minimum of two years experience in blood bank including skill in antibody identification procedures is mandatory. MT (ASCP) certification, BB or SBB or eligible preferred. Knowledge or experience in flow cytometry preferred. F/T day shift, some weekends and on call. Interested and qualified applicants please click https://home.eease.com/recruit/?id=1659211 to apply online.

Director of Donor Recruitment. BloodCenter of Wisconsin is seeking a Director of Donor Recruitment who is responsible for oversight of the Donor Recruitment team (Call Center, Donor Recruitment and Marrow Recruitment) and for achieving sales growth in line with business plans. This position is accountable for working closely with the VP of Marketing and the Director, Donor Services to foster a customer focused culture resulting in increased donor/ sponsor loyalty and new growth. Successful candidates will have demonstrated success in developing and implementing strategic and tactical plans to achieve business objectives. The position requires a minimum of 10 years of senior marketing or business development experience with at least five years as a cross functional project management leader. Seven to 10 years of business to business sales and business to business sales management experience (preferably industry experience) is also required. A bachelor's degree in a relevant field is required and an advanced business degree (MBA) is preferred. Please apply online at www.bcw.edu/bcw/employment job # 8708.

Medical Director. Seeking a Medical Director for our Arizona Region. This position will be based out of our Tucson, AZ facility. The position will primarily be responsible for Arizona but will assist with coverage for Utah, Idaho, Montana, Nevada, Oregon, and Washington. This position will be responsible for medical coverage of the regional blood center, including a reference laboratory and an active Clinical Services program with therapeutic apheresis and peripheral blood stem cell collections. You will coordinate medical communications between the blood services region, the local and national medical community, and ARC National Headquarters; support the goals and objectives of the organization by providing accurate and timely medical and technical consultation in transfusion medicine to all operational areas of the region and as appropriate to its customers; and promote Red Cross products to the regional medical community. Apply online at www.americanredcross.apply2jobs.com requisition BIO24762. EOE M/F/D/V

Chief Medical Officer. Puget Sound Blood Center is seeking a Chief Medical Officer responsible for providing the overall medical direction and support for all PSBC activities. The Chief Medical Officer serves as the medical division policy decision maker. Licensure as a physician and certification in Blood Banking/Transfusion Medicine or in another, relevant specialty with appropriate experience required. Ability to obtain appointment in the University of Washington School of Medicine at the associate or full professor level required. Interested candidates are encouraged to apply for Chief and/or Transfusion Medicine Physicians, as appropriate. Direct letter of application, curriculum vitae, and names of three references to James P. AuBuchon, MD, President & CEO, Puget Sound Blood Center, 921 Terry Avenue, Seattle, WA 98104. Salary will be commensurate with qualifications and experience. Puget Sound Blood Center and University of Washington are proud to be an Affirmative Action / Equal Opportunity Employers. More info at www.psbc.org. University of Washington faculty engage in teaching, research, and service. In order to be eligible for University sponsorship for an H-1B visa, graduates of non-U.S. medical schools must show successful completion of all three steps of the U.S. Medical Licensing Exam (USMLE), or equivalent as determined by the Secretary of Health and Human Services.

Transfusion Medicine Physicians (2 positions). Transfusion Medicine Physicians at Puget Sound Blood Center, provide direct medical input and patient care as well as medical/administrative coordination in the delivery of specific transfusion medicine programs. The Physician will be designated to collaborate with director(s) of program(s) to ensure the medical appropriateness of services rendered; there would be particular interest in candidates with experience in

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therapeutic apheresis, blood components collection, patient blood management, and/or general transfusion medicine support. At least five years' experience preferred. Appointment in the University of Washington School of Medicine available for interested and qualified candidates. Direct letter of application, curriculum vitae, and names of three references to James P. AuBuchon, MD, President & CEO, Puget Sound Blood Center, 921 Terry Avenue, Seattle, WA 98104. Salary will be commensurate with qualifications and experience. Applications accepted until the position is filled. Puget Sound Blood Center and UW are Affirmative Action / Equal Opportunity Employers. UW faculty engage in teaching, research, and service. In order to be eligible for University sponsorship for an H-1B visa, graduates of non-U.S. medical schools must show successful completion of the U.S. Medical Licensing Exam (USMLE), or equivalent as determined by the Secretary of Health and Human Services.

Chief Quality Assurance & Regulatory Affairs Officer. Puget Sound Blood Center is seeking a Chief Quality Assurance & Regulatory Affairs Officer to join our executive team, reporting to the CEO and responsible for the Quality system governing the collection and distribution of blood and tissue products, laboratory testing services and occupational health. Areas of expertise would include regulatory requirements, quality control mechanisms, records management, document control, and implementing organization-wide quality initiatives. Requirements: Bachelor's degree with 10 years of progressive experience managing QA functions and regulatory compliance in blood banking, healthcare, or pharmaceutical field. A master's degree is preferred. In-depth knowledge of current GMP for Biologics, Devices and Drugs; experience interacting with the FDA, administering the HIPAA Privacy Rule and minimum five years' experience directing a team with diverse roles. Proven success in project management, excellent communication skills must be demonstrated. Send application materials to HumanResources@psbc.org or fax to (866) 286-8495. More information at www.psbc.org.

Phlebotomy Instructor. Kentucky Blood Center, located in Lexington, Ky., is seeking a dynamic professional to teach new Blood Collections staff according to KBC Standard Operating Procedures and current FDA and AABB standards. The Phlebotomy Instructor will assess, design, and provide continuing education for current employees; write lesson plans; coordinate and document training and retraining; and work with management to ensure training needs are met. Requires an advanced degree (MT, CLS, or RN preferred) and phlebotomy experience; classroom teaching experience with a knowledge of adult learning principles; strong written and verbal communication, organizational, and time management skills; a do-what-it-takes work ethic; and a team player attitude. Competitive salary, comprehensive benefits including health/dental/life, LTD, paid sick/vacations/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit www.kybloodcenter.org/. Drug-free and EOE/AAP

Regional Director. LifeSouth Community Blood Centers is seeking an enthusiastic and results-oriented professional to join our team as a Regional Director in Mobile, AL. This position directly supervises the Regional Manager and Donor Services Manager and is responsible for: overseeing the daily operations of the region to ensure that the daily and long-range commitments of the blood bank are met; overseeing blood collection, donor recruitment, component production, blood labeling, and blood distribution for all branches in the region. Other responsibilities include: ensuring the region meets established recruitment goals; reviewing monthly and quarterly QC reports for each hub; establishing and maintaining positive relationships with local hospitals; ensuring that the region operates within its budget. Bachelor's degree required. Minimum of four years of relevant management experience required. Strong verbal and communication skills required and ability to prepare concise and informative reports. Knowledge of modern principles and practices of administration and organization, including general budgeting, accounting, and personnel techniques and management principles and practices. This is a full-time position. Salary range $60,000 - $64,000. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. Please click on the link to apply: https://home.eease.adp.com/recruit/?id=1648091.

Donor Services Manager. LifeSouth Community Blood Centers is seeking a confident and task-focused professional for the Donor Services Manager position in Mobile, AL. This position is responsible for managing the collection operation for whole blood and automated mobile operations to ensure the achievement of annual goals in the most efficient and cost-effective manner. Other responsibilities include: monitor regional projections and planning to ensure that the collection goals for the region are met or exceeded; motivate and educate Donor Services staff members, including establishing and maintaining a positive team morale and fostering operational cooperation within the district and region; planning, organizing, managing, and directing all aspects of whole blood, apheresis, and automated collection operations (fixed site or mobile) to ensure appropriate staffing and a smooth, efficient process. BA or BS in related field or equivalent combination of education and experience required; nursing qualification strongly preferred. Minimum of three years of supervisory or management experience required. Operational flexibility is required to meet sudden and unpredictable

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needs. This is a full-time position. Salary range $45,000 - $50,000. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. Please click on the link to apply: https://home.eease.adp.com/recruit/?id=1650821.

Medical Technologist or Medical Laboratory Technician. Performs ABO/CMV testing, all general lab procedures including work in components, blood inventory and the blood releasing section of the Laboratory. Must possess an understanding and working comprehension of the scientific, technical, and procedural aspects laboratory testing, general comprehension of immunologic and genetic factors that affect health and disease. Must have a practical understanding of quality control and be able to perform simple instrument maintenance. Must be able to report test results, quote ranges and specimen requirements. All tests and procedures are performed with the highest standard of professional performance and in accordance with established standards of ethic and medical technology. Has an appreciation of the roles of paramedical and other health related fields, keeping the benefit of the donor, patient, physician and community in mind. Please visit our website at www.bbh.org for more information. Relocation costs are not included.

Laboratory Technician #568 and #575/Laboratory Technologist #569 and #576. Inland Northwest Blood Center, located in the beautiful Pacific Northwest, is seeking two full-time Laboratory Technicians or Laboratory Technologists to join our committed team of professionals in performing serologic investigations and routine/emergency immunohematology. Experience in laboratory work/blood banking desirable; ability to lift up to 25 pounds frequently/up to 50 pounds occasionally; and Laboratory Technician: *MLT(ASCP) or equivalent training and licensure; Laboratory Technologist: Bachelor of Science degree and certification as *MT(ASCP) or equivalent; Current students of an accredited program who will obtain licensure within six months may also apply. Positions #568 & #569 are scheduled nights (11:00 pm – 7:30 am). Positions #569 & #576 are scheduled evenings (3:00 – 11:30 pm). Complete position descriptions available upon request (800) 423-0151, Ext. 4247. Competitive compensation/benefits package; applicants must send/fax a completed INBC Application Attn: Human Resources, INBC, 210 W Cataldo Ave, Spokane WA 99201; FAX (509) 232-4530; position open until filled. Applications are available on our website at www.inbcsaves.org. EEO/AA

CALENDAR

Note to subscribers: *Submissions for a free listing in this calendar (published in the last issue of each month) are welcome. Send information to Leslie Norwood by e-mail* (mnorwood@americasblood.org) *or by fax to (202) 393-5527. (For a more detailed announcement in the weekly "Meetings" section of the Newsletter, please include program information.)*

2012

Aug. 4. **Medical Directors Workshop, America's Blood Centers, Buffalo Niagara, N.Y.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Aug. 5-6. **Interim Meeting, America's Blood Centers, Buffalo Niagara, N.Y.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Sept. 14. **Red Cell Genotyping 2012: Clinical Applications, Bethesda, Md.** To register visit: www.bcw.edu/rcg2012 or call (414) 937-6271.

Sept. 19-20. **IT Workshop, America's Blood Centers, Fort Lauderdale, Fla.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Sept. 27. **Unity Gala with Sickle Cell Disease Association of America, in Baltimore, MD.** For more information, please contact Jodi Zand: (202) 654-2994; e-mail jzand@americasblood.org.

Oct. 6-9. **AABB Annual Meeting and CTTXPO, Boston, Mass.** For more information: www.aabb.org/events/annualmeeting/attendees/Pages/future.aspx.

Oct. 15-16. **AdvaMed 510(K) Submissions Workshop, Arlington, Va.** Details and registration information are available at: http://www.advamedmtli.org/go.cfm?do=Wercs.Show&WID=184.

Oct. 22. **3rd Annual Links for Life Golf Tournament, Evans, GA.** For more information, please contact Jodi Zand: (202) 654-2994; e-mail jzand@americasblood.org.

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Dec. 3-4. **Supply Chain Management Workshop, America's Blood Centers, San Antonio, Texas.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

2013

Feb. 13-15. **Children's Medical Center Sixth Annual Transfusion Medicine Conference, Plano, Texas.** Contact LENA.PATE@childrens.com with questions or comments.

Mar. 16-19. **Annual Meeting, America's Blood Centers, Washington, DC.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

June 18-21. **Fund Development, Donor Recruitment and Communications Workshop, America's Blood Centers, San Antonio, Texas.** Attendance restricted to ABC members and invited guests. Contact: Abbey Nunes. Phone: (202) 654-2980; fax: (202) 393-1282; e-mail: anunes@americasblood.org.

Aug. 3. **Medical Directors Workshop, America's Blood Centers, Milwaukee, Wis.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: meetings@americasblood.org

Aug. 4-5. **Interim Meeting, America's Blood Centers, Milwaukee, Wis.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Oct. 12-15. **AABB Annual Meeting and CTTXPO, Denver, Colo.** For more information: www.aabb.org/events/annualmeeting/attendees/Pages/future.aspx.

2014

June 5-8. **5th International Monoclonal Antibody Workshop, New York, N.Y.** Contact: Gregory Halverson, New York Blood Center, phone: (212) 570-3026 or e-mail: ghalverson@nybloodcenter.org.

Aug. 2. **Medical Directors Workshop, America's Blood Centers, Seattle, Wash.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: meetings@americasblood.org

Aug.3-4. **Interim Meeting, America's Blood Centers, Seattle, Wash.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: meetings@americasblood.org

Oct. 25-28. **AABB Annual Meeting and CTTXPO, Philadelphia, Pa.** For more information: www.aabb.org/events/annualmeeting/attendees/Pages/future.asp