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Frozen Blood Products Have a Become a Hot Topic

Many nations are considering adopting the use of cryopreserved blood components

Blood Centers Are Beginning to Write Policy Covering Transgender Donors

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Optimizing Transfusion Practice

NBF: Shaping the Industry

Former NBF Early-Career Scientific Research Grant Awardee Angelo D’Alessandro to Become NBF Scholar

Annual Meeting

2018 AABB Memorial Awards Lectureship

High Priority

Get to Know AABB’s New CEO: Debra BenAvram

White Coats

No Status Quo
On a daily basis, those of us who work in the field of transfusion medicine strive for perfection in all that we do. We know that our work helps to ensure a safe blood supply, optimal safety for donors and patients, and superior quality at every stage of the process.

Often, with technological improvements and advances in research, we develop new methods for further securing the safety of the blood supply and enhancing experiences for donors and patients. These developments are often accompanied by a great deal of interest and consideration as the field evolves. Such may be the case for frozen blood products, which have been the subject of much interest in recent years.

Our first feature story, beginning on page 6, examines the current research and use of frozen blood products. As the article notes, the idea of utilizing frozen blood products is not new. However, advancements in freezing technology have led to more practical applications for frozen blood products. In fact, several countries are now using cryopreserved blood components in military settings. Research has shown that these products are safe and effective. Based on research conducted in military settings, interest in utilizing frozen blood products in the civilian realm is increasing. This is sure to be a topic that continues to gain interest as more research becomes available.

The subject of this issue’s second feature is also an important topic: transgender donors. AABB is striving to clarify any questions that members may have regarding transgender donors. Our feature story, beginning on page 18, will help to address questions and provide insight on how the blood community can continue to assure respect and safety for all donors and patients.

Honoring Leaders of the Field

This issue of AABB News also features profiles of this year’s AABB Memorial Award winners, beginning on page 12. These women and men are some of the most important leaders in the fields of transfusion medicine, cellular therapies and patient blood management. Their careers have been dedicated to advancing the fields and their influence will continue for many years.

I am proud to highlight their achievements in these pages and am looking forward to honoring them at the upcoming AABB Annual Meeting in Boston.

The Annual Meeting is fast approaching and I am getting so excited and look forward to the opportunity to see so many colleagues from throughout the world. True to its Boston locale, this year’s meeting is going to be revolutionary! See you in Boston!

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Former NBF Early-Career Scientific Research Grant Awardee Angelo D’Alessandro to Become NBF Scholar

Angelo D’Alessandro, PhD, an assistant professor and director of the Metabolomics Core at the University of Colorado at Denver’s Anschutz Medical Campus in Aurora, Colo., will be honored by receiving the title of National Blood Foundation Scholar next month for completing a study funded by an NBF early-career Scientific Research Grant in 2016. D’Alessandro’s project used “an integrated metabolomics, proteomics and functional approach to investigate the role of adenosine signaling through the ADORA2B/AMPK axis in mouse and human red blood cells during storage under blood bank conditions.” To conduct this research, D’Alessandro developed “high-throughput omics methods,” which now support research projects involving more than 50 international colleagues. D’Alessandro expressed special thanks to his collaborators on the REDS-III [Recipient Epidemiology and Donor Evaluation Study-III] Omics’ Metabolomics Project: James Zimring, MD, PhD — also an NBF Scholar and Hall of Fame member — and the REDS-III collaborative group; and also the Sepsis-induced Red Cell Dysfunction (SiRD) project group, which is under the leadership of Allan Doctor, MD, at Washington University in St. Louis.

Over the past two years, D’Alessandro and his colleagues have used methods and findings generated by his NBF-funded research to discover emerging patterns in systemic responses to acute or chronic hypoxia. The research group’s focus on red blood cell biology and metabolism, D’Alessandro told AABB News, is leading his lab to an increasing appreciation of how shared molecular mechanisms drive systemic responses to trauma and hemorrhagic shock; I/R [ischemia/reperfusion] injury; sickle cell disease; sepsis; cancer; aging and inflammation; mammalian hibernation; and pulmonary hypertension. Based on his NBF grant-funded research, D’Alessandro said, he was able to finalize a patent on novel blood storage strategies and have more than 90 of his manuscripts published — 50 in 2017 and 32 in 2018 to date.

D’Alessandro’s grant-funded studies and his collaborative work with Dr. Yang Xia, MD, PhD, a professor at the University of Texas Health Science Center in Houston, had been published in many peer-reviewed journals, including Blood, Circulation, Journal of Proteome Research, Nature Communications, Transfusion, Haematologica, JBC, Science Immunology, Cell Metabolism, PNAS. He had also presented his findings at approximately 50 national and international conferences, including meetings of ISBT and AABB.

Following these successes, the University of Colorado Denver–Anschutz Medical Campus promoted him to assistant professor with independent funding in 2017. In addition to his work at the University of Colorado, D’Alessandro is also director of the Cancer Center Metabolomics Shared Resource, an affiliate investigator for the Blood Systems Research Institute in Denver and an investigator for the Linda Crnic Institute of Down Syndrome. He is a founder and chief scientific officer of Omix Technologies Inc. and Altis Biosciences LLC. As a result of research funded by his NBF grant, D’Alessandro succeeded in generating sufficient preliminary data to win the Webb-Waring Career Award in 2017, earning him the status of a Boettcher Scholar. He also serves as an associate editor for the journal Blood Transfusion and an editorial board member for Frontiers in Physiology and for Molecular & Cellular Proteomics. D’Alessandro is currently editing a book in the Methods in Molecular Biology series on high-throughput metabolomics. In total, D’Alessandro has published more than 190 papers in peer-reviewed scientific journals.

For more information about the National Blood Foundation or to make a donation, please visit www.aabb.org/nbf. Those who donate before September 15th will receive an invitation to the annual NBF Reception during the AABB Annual Meeting.
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Any chef knows the value of a good freezer. The freezer is the sanctuary for leftovers that would otherwise spoil. It is the safe harbor for big meals prepared in advance for upcoming events. It is the sacred space to store food for eaters with specific needs or preferences.

Freezers offer many of these same benefits in transfusion medicine. And while frozen products are not new, the experiences of countries using cryopreserved blood components in recent military conflicts shows that these products are safe and efficacious in certain clinical settings. Based on these successes, many nations are considering adopting the use of cryopreserved blood components or expanding their applications into the civilian realm.

By stopping cellular metabolic processes, the act of freezing extends the shelf life of blood products for years — even decades for red blood cells. This makes it easier to control inventory; reduce waste; preserve rare blood; and supply components to remote locations or during emergencies.
Experiences with Frozen Platelets

Experts say extending platelets’ shelf life is especially important. Platelets only last five to seven days, making inventory control tricky. Rising platelet demand worldwide is exceeding supply. “Because of this five-to-seven-day shelf life, it is nearly impossible to provide platelets in some situations,” said Larry Dumont, MBA, PhD, the director and senior investigator at the Blood Systems Research Institute campus extension in Denver. “There can be real issues with matching platelet supply and demand in the military setting, in rural areas or in urban centers. Frozen platelets allow us to have another arrow in the quiver to help manage inventory.”

The process of freezing platelets has been available since the 1970s, when Navy Capt. C. Robert Valeri, MD, then head of the United States Naval Blood Research Laboratory in Chelsea, Mass., published the original method for storing platelets in 6% dimethyl sulfoxide (DMSO) at minus 80 degrees Celsius. After that, experts developed a “no wash” method that removed the DMSO before freezing. While other methods of cryopreservation exist, most data have examined platelets frozen in this manner. The thawing process varies, but the overall consensus is to rapidly thaw the concentrated product and resuspend the platelets in warm plasma (30-37 degrees C).

Cryopreserved platelets (CPP) have received a great deal of attention recently after the Dutch military began using them in combat situations. After one hepatitis C transmission through a walk-in blood bank in the late 1990s, the military blood bank was instructed to improve platelet inventory and safety. The military consulted Valeri and even conducted in vitro testing in Boston to ensure a high-quality CPP product.

“Then we packed up 10 units and shipped them to [the conflict area in] Bosnia at the end of 2001, and the first patient was transfused in February of the next year,” said Femke Noorman, PhD, head of quality, research and development at the Netherlands’ Military Blood Bank in Leiden. “Since that time, we have abolished the walk-in blood bank in the field and use frozen platelets [and other blood products] in all missions.”

To date, the Dutch military blood bank has transfused over 1,000 CPP units. And other countries are also producing and transfusing CPP. Poland, the Czech Republic, Switzerland and Spain have produced frozen platelets and transfused the thawed product. Brazil, Belgium and Singapore have manufactured CPPs for research purposes but do not use them regularly. Canada and the U.S. do not currently produce them, but both countries are exploring their use in the military setting.

“The Dutch used frozen platelets in the Afghanistan conflict to address problems with supplying blood away from Europe. Because it was a large, multinational military intervention, clinicians from different countries saw the potential for frozen platelets,” said Denese Marks, PhD, associate professor at the University of Sydney School of Medicine and a leader in research and development at the Australian Red Cross Blood Service (ARCBS) in Sydney. “That was certainly how we got involved in Australia.” Since then, frozen platelets have been approved for use by the Australian Defence Force (ADF). The ARCBS maintains a supply of CPP ready for ADF use, although no transfusions have been necessary to date.

Clinical Advantages and Disadvantages

Aside from its inventory management benefits, Marks believes CPP may be a better therapy than conventional platelets in some clinical scenarios. “From what we understand from in vitro studies, these platelets could be good, if not better, at stopping bleeding,” she said. That is because frozen platelets, upon thawing, are more activated and more pro-coagulant than fresh platelets, she explained. “I could see these platelets being used in a trauma, or an obstetric hemorrhage,” she said. “It is kind of like breaking the glass in case of emergency.”

Because of their activated status, these platelets would likely not be as beneficial for prophylactic platelet transfusions, which are generally given to hematology and oncology patients at risk of bleeding. Moreover, the process of freezing and thawing the platelets has a deleterious effect on the product. “Frozen platelets are cleared more rapidly from transfusion, so you would not see as much of an increase in the platelet count,” she said.
“We could potentially collect platelets with those unusual phenotypes and freeze them. When a patient needs a particular match, we could go in the freezer.” —Larry Dumont, MBA, PhD

“If the clinician is looking to increase the platelet count to a number they consider safe, this might not happen by transfusing frozen platelets.” And because hematology and oncology patients make up 70-80% of platelet recipients, frozen platelets may never constitute a large share of overall platelet transfusions.

But their potential to efficiently stop bleeding could be advantageous for some patients. They could also help people with rare blood needs. “For patients who have developed antibodies against a host of platelet antigens, it can be difficult to find something that works for them,” Dumont said. “We could potentially collect platelets with those unusual phenotypes and freeze them. When a patient needs a particular match, we could go in the freezer.”

This sentiment was shared by Miguel Lozano, MD, PhD, chief of the hemotherapy section at the University Hospital Clinic of Barcelona and associate professor of medicine at the University of Barcelona, whose center has cryopreserved the product. “These platelets are not necessarily used in routine cases,” Lozano said. “But for selected patients, they are the right product, or even the only product.”

To support specific patient needs, autologous frozen platelets had previously been used to treat chemotherapy patients at the University of Maryland with no safety or efficacy concerns. However, this stopped as more HLA-typed platelets became available.

Red Cell Cryopreservation

Cryopreserved red blood cells offer the same advantages with respect to managing inventory and treating patients with rare blood needs.

“The primary reason for freezing red cells is to treat massively bleeding or chronically transfused people who develop antibodies to common antigens,” said Jason Acker, PhD, MSc, MBA, a professor of laboratory medicine at the University of Alberta and a senior scientist at Canadian Blood Services. “There is also the idea to have strategic stockpiles of O-neg red cells in the event of a mass casualty event or terrorist attack.”

The process of freezing red cells could also be a way to address the biochemical effects of storage, known as the red blood cell storage lesion. Some data have correlated a longer storage duration of fresh red cells with worse outcomes.

Freezing red cells began in the 1950s, and many advances were made over the next few decades by Harold Meryman, MD, at the American Red Cross and Valeri and his colleagues at the Naval Blood Research Center. Data from the Vietnam War showed that frozen red cells were safe, even for seriously ill patients. The U.S. now allows red cells to be frozen to minus 80 degrees C for up to 10 years. Other countries allow for an even longer storage period.

Red cell cryopreservation and frozen storage in glycerol have been used for years in many civilian and military situations worldwide. However, frozen red cells have not yet entered mainstream medicine because of concerns over the quality of the product and the long thawing process. New technologies may be changing that. “Historically, cryopreserved red blood cells were thought of as an inferior product, but now automated, closed system cell processors [Haemonetics ACP 215] streamline and safeguard manufacturing while producing a product that meets all quality requirements,” said Acker. This processor can prepare a cryopreserved product for use within two hours.

Another issue is donor testing. Donors are tested at the time of donation, and emerging infectious diseases may surface in the period between donation and transfusion. Subsequently, researchers are looking into using nucleic acid testing (NAT) on very rare blood phenotypes to determine blood safety. “We are asking ourselves, ‘Would we be comfortable transfusing that product?’” said Acker.

The Regulatory Landscape

Many experts want to expand the use of cryopreserved blood products, especially into the civilian setting, but they must first navigate a complicated regulatory maze. “To obtain regulatory approval of frozen products, there need to be clinical trials demonstrating safety and efficacy that are expensive and take time,” Marks said.

In Australia, researchers are conducting the CLIP trial (cryopreserved versus liquid platelets for surgical
bleeding), which is comparing CPP versus conventional platelets for managing post-surgical bleeding. Based on encouraging preliminary findings, Marks and her colleagues are moving to a phase-III trial that is designed to seek regulatory approval for CPP in a civilian capacity.

Safety and efficacy trials are also underway in the U.S., where Dumont says researchers are starting on a phase-II efficacy study in cardiac surgery patients. “The goal is to evaluate the effectiveness of this product versus the standard-of-care product in reducing blood loss post-surgery,” he said. “The best news is that frozen platelets have a superior effect on reducing blood loss; the second-best scenario is that there is no difference between the two products.” Results of these trials should help pave the way to regulatory approval in the U.S.

European countries are also conducting clinical trials with CPP. In a Czech Republic study, heavily bleeding patients are being randomly assigned to receive either frozen or conventional platelets. Preliminary results show no significant differences between the two groups, although the number of platelets transfused was higher for the conventional therapy group.1

The Netherlands is similarly engaged in a trial to bring these products into the mainstream, civilian setting. “In our small country, we deal with a lot of traffic problems,” Noorman said. “Severely bleeding patients in these types of situations could benefit from frozen platelets.”

**Other Alternatives to Conventional Blood Products**

Cryopreserved platelets and red cells are not the only alternative blood components receiving attention. Freeze-dried, or lyophilized, plasma was approved in June by the U.S. Food and Drug Administration for emergency use in military conflicts. This product, which is manufactured in France, has been approved to treat hemorrhage or coagulopathy when conventional plasma is neither available nor practical. The powdered, lyophilized product can be stored at room temperature, transported easily and reconstituted quickly, making it readily available very soon after the time of injury. Experts see the emergence of freeze-dried plasma as an important new therapy.

“Frozen plasma has been used a lot, but it has been a challenge to thaw in an emergency,” said Acker. “Freeze-dried plasma is more stable and allows plasma to be readily available. There are a lot of applications for lyophilized plasma — on the shelf, in a medic’s pack or stored in an ambulance.”

Experts are looking at freeze-dried platelets, as well, but the technology is not available yet. Cold-stored platelets (in the refrigerator) are also being explored as another way to extend the shelf life of platelets to around 14 days. However, transporting liquid units might prove difficult.

**Cryopreserved Blood as a Global Phenomenon**

Countries are learning from each other’s experiences with frozen blood as they continue to conduct their own research, making their way through the regulatory labyrinth and striving for product approval. Marks sees different nations feeding off each other as they reach toward this common goal. “There is definitely a snowball effect with frozen platelets; someone starts doing something and it catches on,” she said. “Right now, there is a strong body of evidence supporting the use of cryopreserved platelets.”

Experts continue to emphasize that frozen blood provides a lifeline to patients who cannot access conventional products or who have specific clinical needs. “Using cryopreserved blood is part of the whole movement to personalize transfusion medicine and provide the right therapy to the right patient at the right time,” Acker said.

**REFERENCES**


New Eshmuno® P anti-A and Eshmuno® P anti-B affinity chromatography resins can effectively reduce anti-A and anti-B antibody levels in your plasma-derived immunoglobulin to increase patient safety. Enhancing purification without increasing processing costs, these resins maintain high levels of performance even after 200 cycles of use and caustic cleaning.

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AABB congratulates the recipients of the 2018 Memorial Awards and Lectureships. All award ceremonies and lectureships will occur during the 2018 AABB Annual Meeting, to be held Oct. 13-16 in Boston.

DALE A. SMITH MEMORIAL AWARD
This award, created in 2002, honors Dale A. Smith, a long-time Baxter Healthcare executive who was responsible for establishing the Fenwal Division of Baxter. This award recognizes groundbreaking work performed in the application of technology to the practice of transfusion medicine or cellular therapies. Recipient is selected by the National Blood Foundation (NBF) Scientific Grants Review Committee with formal approval by the NBF Board of Trustees.

Recipient:
Laurence M. Corash, MD
Senior Vice President, Cerus Corporation
Chief Scientific Officer and Adjunct Professor of Laboratory Medicine, University of California School of Medicine, San Francisco

Citation: For his tireless research and scientific contributions toward pathogen inactivation technology. His motivation to improve the safety of the blood supply was spurred by the HIV/AIDS epidemic and his work helped to significantly reduce the risk of transfusion-transmissions and maintain the security of the blood supply. Dr. Corash has co-authored more than 140 scientific articles, many revolving around pathogen inactivation as a strategy to improve blood safety.

Award will be presented at the National Blood Foundation Reception
Monday, October 15 – 6:00 pm
The Westin Boston Waterfront – Westin – Grand Ballroom A

EMILY COOLEY MEMORIAL AWARD AND LECTURESHIP
This award began as a lectureship in 1963 and was designated as a Memorial Award in 1983. The Emily Cooley Memorial Award and Lectureship recognizes an individual who has demonstrated teaching ability and has made a major contribution to the field of transfusion medicine or cellular therapies. Recipient is selected by a joint committee composed of leaders from the Cellular Therapies Section Coordinating Committee and the Transfusion Medicine Section Coordinating Committee with formal approval by AABB’s Board of Directors.

Recipient:
Karen E. King, MD (posthumous award)

Citation: For her strong record as a teacher, specifically her passionate guidance of fellows working under her direction. Dr. King helped advance the field through her many years as a teacher of undergraduate students. Dr. King was a mentor and friend to many; her influence on AABB and the field is vast.

Award will be presented to Dr. King’s husband at the Emily Cooley and Tibor Greenwalt Memorial Awards and Lectureships
Sunday, October 14 – 8:30 am – Boston Convention and Exhibition Center – BCEC – 253AB
Recipient:
Eva D. Quinley, MS, MT(ASCP)
SBB, CQA(ASQ)
Regional Director, LifeSource/ITxM,
a division of Blood Systems, Inc.

Citation: For her strong and numerous contributions to the field of transfusion medicine and the many roles she has taken on, both professionally and in a volunteer capacity, that have demonstrated the depths and breadth of her leadership. For having led the Transfusion Medicine Section Coordinating Committee (TMSCC) and the Accreditation Program Committee, and for being instrumental in facilitating the growth of the TMSCC, guiding the committee when it was formed from the combination of the Scientific Section Coordinating Committee and the Administrative Section Coordinating Committee. For her work in senior leadership positions within the industry, serving in quality/regulatory and operational roles, as well as her continuing mentorship of others within the field.

Award will be presented at the Hemphill-Jordan Leadership Award and Lectureship
Monday, October 15 – 10:30 am – Boston Convention and Exhibition Center - BCEC - 252AB

Recipient:
David A. Williams, MD
Senior Vice President and Chief Scientific Officer, Boston Children’s Hospital

Citation: For his contributions to the understanding of the biology of hematopoietic stem cells and the translation of these findings to revolutionary gene therapies in immunodeficiencies and bone marrow failure syndromes. His elucidation of the normal interactions of hematopoietic stem cells in bone marrow, and the changes associated with leukemia, have allowed the use of hematopoietic stem cells as a target for gene therapy followed by autologous transplantation.

Award will be presented at the Karl Landsteiner Memorial Award and Lectureship
Tuesday, October 16 – 9:00 am – Boston Convention and Exhibition Center - BCEC - 153
Recipient:  
Sean R. Stowell, MD, PhD  
Assistant Professor, Pathology & Laboratory Medicine, Emory University School of Medicine  

Citation: For his 2013 National Blood Foundation-funded research on the characterization of immunity and tolerance following RBC transfusion. Dr. Stowell’s research led to an important insight into fundamental features of RBC alloimmunization and suggested the consideration of practical targets that could be used to mitigate the dangers of alloimmunization in at-risk individuals. Since the completion of his NBF grant in 2015, Dr. Stowell has co-authored 36 scientific papers.

Award will be presented at the National Blood Foundation Grant Recipients’ Lecture and Luncheon (advance registration and ticket required)  
Saturday, October 13 – 11:30 am – Boston Convention and Exhibition Center - BCEC - 204AB

Recipient:  
Joann M. Moulds, PhD, MT(ASCP)SBB

Citation: For her strong commitment to teaching and research in red blood cell serology, for sponsoring students for both undergraduate and post-graduate degrees, and for her mentorship of myriad SBB students. Moulds has willingly shared her expertise by lecturing at blood bank and other professional meetings worldwide. She has authored more than 90 research articles as well as numerous book chapters. Her research has led to greater knowledge about red blood cell antigens, antibodies and molecular testing of genes encoding red blood cell antigens. Moulds has been a pioneer in introducing molecular testing to blood banks and chaired the first AABB Molecular Testing Standards Committee.

Award will be presented at the Sally Frank Memorial Award and Lectureship  
Monday, October 15 – 2:00 pm - Boston Convention and Exhibition Center - 253C

NATIONAL BLOOD FOUNDATION AWARD FOR INNOVATIVE RESEARCH  
This award was established in 2016 to recognize a scientist whose original research resulted in an important contribution to the body of scientific knowledge in transfusion medicine or cellular therapies. Recipient is selected by the NBF Scientific Grants Review Committee with formal approval by the NBF Board of Trustees.

SALLY FRANK MEMORIAL AWARD AND LECTURESHIP  
The Sally Frank Memorial Award and Lectureship was established in 1982 in memory of Sally Frank and her dedication to red cell serology and education. This award recognizes an individual who is, or has been, a medical technologist involved with these fields and has demonstrated quality research, teaching and/or service abilities in the technical aspects of immunohematology. Recipient is selected by AABB’s Transfusion Medicine Section Coordinating Committee with formal approval by AABB’s Board of Directors.
TIBOR GREENWALT MEMORIAL AWARD AND LECTURESHIP

This award honors Tibor Greenwalt, MD, who was the first registrant at the first AABB Annual Meeting and founding editor of TRANSFUSION. The award recognizes an individual who has made major scientific or clinical contributions to hematology, transfusion medicine or cellular therapies, and succinctly communicated these advances. Recipient is selected by a joint committee composed of leaders from the Cellular Therapies Section Coordinating Committee and the Transfusion Medicine Section Coordinating Committee with formal approval by AABB’s Board of Directors.

Recipient:
Sherrill J. Slichter, MD
Director, Platelet Transfusion Research, Bloodworks Northwest, Professor of Medicine, University of Washington School of Medicine

Citation: For her many contributions to the study of platelet transfusion and research into approaches to improve platelet transfusion. Slichter has authored more than 150 research articles; and her work has been instrumental in helping the blood banking community gain a better understanding about when platelet transfusions are necessary, how to store platelets, the appropriate doses of platelets to transfuse, methods to reduce the incidence of alloimmunization and refractoriness to platelet transfusion, and methods to reduce the risk of bacterially contaminated platelet transfusion.

Award will be presented at the Emily Cooley and Tibor Greenwalt Memorial Awards and Lectureships
Sunday, October 14 – 8:30 am – Boston Convention and Exhibition Center – BCEC – 253AB

2018 RISE (Research Innovation in Scientific Excellence) Award

This award honors the author(s) of the best original research article published each year in Transfusion. It recognizes impeccable study design, innovation, significance, and effective communication in any area of knowledge covered by the journal. Selection of recipient(s) is a collaborative effort of the journal’s Associate Editors and the NBF Grants Review Committee. (The RISE Award is presented annually.) Recipient selected by Associate Editors of Transfusion with Formal Approval by the NBF Grants Review Committee.

Recipient:
“Safety of the use of group A plasma in trauma: the STAT study”

Authors:
Mark Yazer, MD, and Nancy M. Dunbar, MD

Citation: For their original research article titled “Safety of the use of group A plasma in trauma: the STAT study,” published in the 2017 volume year of Transfusion.
Get to Know AABB’s New CEO: Debra BenAvram

In June, AABB welcomed its new chief executive officer: Debra BenAvram, FASAE, CAE. In the past few months, as she has immersed herself in her new role, BenAvram has been meeting with AABB members, staff and the Board of Directors, while traveling to conferences and helping the Association prepare for its upcoming Annual Meeting in Boston.

BenAvram came to AABB from the American Society for Parenteral and Enteral Nutrition (ASPPN), an organization dedicated to improving patient care through the advancement of clinical nutrition science and practice. BenAvram had served as ASPEN CEO since 2007. Prior to that, she served as ASPEN’s associate executive director, overseeing its education, research, certification and publications programs.

Before joining ASPEN, BenAvram was the director of programs at the American Occupational Therapy Foundation, a sister organization to the American Occupational Therapy Association.

A Maryland native, BenAvram grew up outside of Annapolis. Today she lives in Silver Spring, Md., with her husband, Vincent, 14-year-old son Lev, 7-year-old daughter Paz, and her “lovable and very lazy pound pup, Masha.” She loves to cook — at one point she considered attending culinary school — and to sing and play one of the acoustic guitars she collects.

BenAvram has been playing guitar for a long time. When she was in graduate school, she played acoustic sets on Friday nights at a local bar that happened to double as a paint-your-own-pottery studio when it was not serving drinks. “Unfortunately for me,” said BenAvram, “the owner ended up paying me in pottery.” Needless to say, BenAvram has gone on to bigger and better things. When she is not managing the Association as AABB’s CEO, BenAvram also spends time at her son’s sabre fencing tournaments and frequently visiting the library with her daughter.

BenAvram has been honored numerous times for her leadership skills. She was recognized as a Forty Under 40 Business Leader by the Washington Business Journal in 2015 and by the Association Forum of Chicagoland and USAE News in 2013. That same year, she was awarded the 2013 FASAE/CAE of the Year Award by the Association Forum of Chicagoland.
BenAvram was named a Top CEO by CEO Update, and in 2010 she received the honor of ASAE’s Emerging Leader Award for Women Who Promote Excellence in Associations. BenAvram currently serves on the board of directors and as a Fellow of the American Society for Association Executives.

Her greatest passion, BenAvram told AABB News, is for designing organizational cultures that foster collaboration within and between staff and volunteer groups. She specializes in using innovative approaches — such as progressive performance management models — to generate teamwork and deliver results for members and other stakeholders. BenAvram is not afraid to challenge traditional practices that exist simply “because it’s always been done that way” or to take risks when previous methods are no longer effective. She believes that smashing siloes and strengthening connections are essential to achieving success. She also values providing staff with ample space for new ideas to grow with a minimum of red tape.

BenAvram’s approach stems from her deeply held belief that culture, when effectively nurtured, can serve as a fundamental building block upon which organizations can accomplish great things. “I use culture to build engagement, connection and buy-in among the team,” she said, “and to drive empowerment across the organization, so that everyone is working in concert to deliver results.”

Her approach to developing organizational growth strategies involves continuously assessing an organization’s processes and adapting them when a new course is needed. BenAvram added that being strategically nimble is critically important to delivering strong value for members and other stakeholders.

BenAvram’s experience working in the non-profit health care sector is one of the things that initially drew her to AABB. “From my first meeting with the AABB CEO search committee,” she said, “I knew that this was an organization with which I wanted to work. I had a very positive experience meeting with the committee and learning about what the Association needed to achieve its next phase,” she said. “That diverse group of individuals did a tremendous job articulating the strengths and challenges of the organization.” BenAvram said that her immediate connection with the members of the CEO search committee gave her a preliminary sense of what working for AABB would entail. At that moment, she began to feel very excited about the possibility of working with AABB. “I am extremely committed to working with health care associations to advance compelling patient care and safety missions,” she added. “It’s that connection to people that makes my work so meaningful — when we deliver strong value as an association, patients and donors are protected, their lives are improved and our community and businesses flourish.” She said she finds AABB’s mission exceptionally meaningful and inspiring. “High-quality, safe and efficacious systems in transfusion medicine and the new frontier of cellular therapies are undeniably critical for patients and donors around the world,” she said. She added that she was also drawn to AABB by the passion of its volunteers, who drive AABB forward, and by the Association’s interdisciplinary membership, which offers unique and complex perspectives from multiple stakeholder groups.

She believes that “AABB is at an important inflection point. We have a tremendous opportunity to leverage our impressive history while working to build a strong future.” But the responsibility for realizing this opportunity does not fall on BenAvram alone. “That vision isn’t mine to create. I am looking forward to engaging the community in conversations about the challenges you — our members — face in your work, what you need from AABB and how we can provide that value.”

Meet BenAvram when she speaks at the Annual Meeting General Session on Saturday, Oct. 13 at 3:30-5 pm, in the Boston Convention Center’s Grand Ballroom.

“I use culture to build engagement, connection and buy-in among the team and to drive empowerment across the organization, so that everyone is working in concert to deliver results.” —Debra BenAvram
Blood Centers Are Beginning to Write Policy Covering TRANSGENDER DONORS
Awareness of transgender individuals and issues has increased in recent years. According to a 2016 report, the number of adults in the U.S. who identify as transgender doubled since the previous estimate in 2011 to 0.6%. While the percentage is relatively small, the number represents approximately 1.4 million people.1

An FDA donor deferral guidance issued in 2015 increased the blood banking community’s focus on transgender donors. “Most of that guidance was related to the change in deferral period for male-to-male sex from indefinite to 12 months,” explained Yvette Marie Miller, MD, executive medical officer of the American Red Cross in Charlotte, N.C. “Probably 99.9% of the people were focusing on the MSM [men who have sex with men] changes, but what jumped out to me was that donors were going to be able to self-identify their gender.”

FDA previously required donors to answer screening questions based on the sex they were assigned at birth, a request that caused transgender people “consternation, anger and angst,” according to Miller. The new guidance states, “In the context of the donor history questionnaire (DHQ), FDA recommends that male and female gender be taken to be self-identified and self-reported.”2

Data Show Progress
To understand current practices for transgender donors, the AABB Donor History Task Force surveyed AABB member organizations in 2016 and in 2017. The group sent a 13-question survey to America’s Blood Centers community-based blood centers, the American Red Cross, hospital-based collection facilities, Héma-Québec and Canadian Blood Services (CBS).

The questionnaire yielded 65 responses in 2016, representing about 75% of all blood collection organizations, and 40 responses in 2017. In 2016, 58.5% of respondents reported allowing transgender people to donate blood, and an additional quarter did so “under specified circumstances,” such as screening by birth gender and medical evaluation. In 2017, the percentage increased to 83%, with another 10% allowing donations under specified circumstances.

“In a positive trend, the second year there were no organizations that weren’t at least considering accepting trans donors,” said Mary Townsend, MD, medical director at Blood Systems in Phoenix, Ariz., who co-designed the questionnaire. “Between 2016 and 2017 there seemed to be more willingness to accept transgender donors. That’s the bottom line message, and we were encouraged by it.”

The surveys revealed one of the main hurdles faced by blood facilities trying to implement gender self-identification: the complexity of changing their computer systems. “Computer systems were developed when gender was binomial. Changing someone’s gender from male to female and female to male may not be that easy in their computer system,” said Townsend. “Asking for additional genders beyond ‘male’ and ‘female’ would be ideal, but requires difficult and likely costly modifications by BECS vendors.”

HIV, TRALI Risks
The growing awareness transgender identity plus changes in FDA regulations prompted the blood banking community to develop screening and training strategies to welcome transgender donors while ensuring the safety of the blood supply. To attain the latter, facilities must decide how to assess transgender donor risk for HIV and TRALI. Both risks are
addressed through gender-specific questions in the DHQs used to qualify donors.

HIV risk among transgender women — who have historically had a higher rate of HIV transmission — is of particular concern. According to a meta-analysis of studies encompassing 15 countries, transgender women have almost a 50 times odds ratio of being infected with HIV, compared with all adults of reproductive age. In the U.S., experts estimate that about one-quarter of transgender women may be HIV-positive. Data are more limited for transgender men in the U.S., but the risk of HIV is considered to be low.

Guidances in Canada and the U.S. currently recommend deferring MSM and women who have had sex with an MSM within the last 12 months. Discussions about the risk of transgender women transmitting infectious diseases often become interwoven with discussions about MSM, because many transgender people choose to avoid lower gender affirmation surgery. Some believe assessing risk based on individual exposure would better assess both MSM and transgender donor eligibility.

“We now defer any man who’s had sex with another man in the last 12 months irrespective of what we know about his partner — they may have one partner and neither has HIV,” said Sheila O’Brien, PhD, associate director of epidemiology and surveillance for CBS in Ottawa, Ontario. “If a transgender woman’s birth sex is male, she’s going to be deferred if she has had sex with a man, even though she is living as a woman. There’s no fine tuning of the risk to decide if the donor is really at risk of HIV.”

Another consideration for managing risk among transgender donors is transfusion-related acute lung injury, or TRALI, a syndrome believed to be related to HLA-antibodies, which may develop in the blood during pregnancy. Because of this risk, transfusion services typically do not transfuse plasma from female donors. When plasma from female donors is needed, it is tested for the presence of HLA.

To assess TRALI risk, there are questions on the DHQ asking females if they have ever been pregnant. But determining risk becomes more complex when the donor is a transgender man. “Many transgender men have had pregnancies in their past, and some are still fertile even though they have transitioned,” said Miller. “There was concern in the transfusion community that transgender men are not asked the pregnancy question. What risk are they to the blood supply? At this point, the risk is unknown but current experience at blood centers suggests that the risk is low. Some blood centers have made the decision to ask all donors the pregnancy question. It’s an option to consider.”

Approaches to Eligibility

Blood centers are approaching transgender donor policy in different ways: some continue to ask donors about sex assigned at birth, while others have introduced gender self-identification or a hybrid of the two.

Debra Kessler, vice president of Medical Programs and Services at New York Blood Services in New York City has championed gender self-identification. “Previously we used sex assigned at birth to determine how we asked our questions and how we measured hemoglobin for apheresis,” she said. “With the new approach, we use self-identified gender for everything that requires a gender in our IT system, except for TRALI.”

The organization began asking all donors if they have ever been pregnant. “Now that we’re accepting self-identified gender, perhaps someone who was a female before had a pregnancy and now identifies as a male. We ask all donors about whether or not they have ever been pregnant so we know whether or not to test the donor for HLA antibodies.”

CBS formalized its policy for transgender donors in 2017 to create a more consistent approach. The organization no longer requires all trans donors to undergo a medical inquiry with the regional physician and incorporated screening protocols for HIV and TRALI.

“We decided donors would remain registered in their birth sex unless they had gender re-assignment surgery,” O’Brien said. “It’s not ideal because not everyone has the surgery. If a transgender donor has had gender re-assignment surgery and it’s been more than 12 months, then they can be introduced into the system in their chosen gender.”

All collections from trans donors are treated as female and sent for fractionation, O’Brien explained. “This mitigates the potential TRALI risk and the need to ask questions about potential past pregnancies.”

United Blood Systems takes a hybrid approach to donor screening. “We ask everyone the pregnancy question,” said Townsend. “For the most part, we have both transgender males and transgender females register as male, so all transgender donors are screened for MSM activity.”

Outreach and Sensitivity Training

“If someone whose assigned birth sex is male but they identify as female, they want to be recognized as female,” said O’Brien. “They don’t want to be told
every time they come into donate, ‘But you’re really male.’ They feel their true gender is not being accepted by the blood service.” This experience is not specific to blood programs but a much wider issue, she added.

Blood centers are providing staff with training, usually called cultural competency or sensitivity training, to help create a respectful environment for transgender donors. “Transgender people are just like every other donor, and they deserve an unbiased, respectful, culturally competent experience,” said Miller. “Cultural competence should be addressed in a thoughtful and methodical manner. As human beings, we need to be culturally competent in dealing with each other. Cultural competency just means being sensitive in how you treat someone that’s not like you.”

The AABB transgender survey mentioned previously showed an increase in the percentage of blood centers offering sensitivity training for their front-line staff. “Blood centers are more aware of what their staff face when dealing with these individuals,” said Townsend. “They need to be sensitive to social and safety issues for transgender donors.”

One such training program, developed by New York Blood Services for its staff, covers the difference between gender identity and sex assigned at birth, and describes ways to ask questions while avoiding assumptions. “People may look, sound or act different than what they’re telling you,” said Kessler. “Also, you can’t necessarily go by the identification document they present because some people aren’t able or don’t want to change it.”

CBS reached out to the transgender community, which had vocalized concern over its policy requiring trans women without lower gender-affirming surgery who have sex with men to open a dialog. Don Lapierre, manager of board and stakeholder relations, arranged consultation sessions with transgender people, one in Vancouver and one in Toronto, in late 2016. “We were looking to have a solution-focused discussion,” said Lapierre, who aimed to gather individuals who had been involved in the organization’s ongoing LGBTQ and MSM groups and other transgender people interested in donor issues.

Among the responses garnered through these sessions was a call for more respectful screening based on risk exposure and sensitivity training developed by transgender people. “What we heard from the community was, ‘Don’t build training for your staff by cisgender folks who don’t understand our experience in the world.’” As a result, CBS hired two transgender professional training developers to create learning modules that are now mandatory for staff across the country. “The feedback we got from employees has been very, very positive,” he reported.

When two transgender people at the Vancouver gathering volunteered to lead a “lunch and learn” session with an open Q&A for any interested CBS staff, Lapierre took them up on it. “It’s just another example of how we engage with the community. It’s also important to create as many learning opportunities as possible for staff in order for them to feel more comfortable with trans donors, because the numbers of self-identified trans donors across the country is very low compared to the rest of the donor population.”

Moving forward, AABB, CBS and perhaps other organizations will continue to collect data to help shape future policies and procedures for transgender donors. Meanwhile, the blood banking community can be viewed as a microcosm of evolving cultural attitudes about gender identity. “This is a topic that’s going to need discussion and input from the transgender community as we move forward across all sectors of society,” said Alyssa Ziman, MD, medical director of the clinical laboratories and transfusion medicine at UCLA Health. “Everyone’s not going to fit into the male-female box anymore. We need to ask how we as a society want to address this.”

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Significant Findings

Study Shows Increased Survival in Certain Patient Groups Receiving Pre-Hospital Plasma Transfusion

By Drew Case
Staff Writer

Pre-hospital plasma transfusion was not associated with increased survival during rapid ground rescue to an urban, level I trauma center, according to findings from the Control of Major Bleeding After Trauma (COMBAT) study. However, pre-hospital transfusion may be beneficial in settings with longer transport times. The findings were published in The Lancet and come shortly after the Food and Drug Administration granted an emergency use authorization (EUA) to the United States Department of Defense for emergency use of pathogen-reduced leukocyte-depleted freeze-dried plasma manufactured by the Centre de Transfusion Sanguine des Armées.1,2

In the trial, consecutive trauma patients in hemorrhagic shock received plasma or normal saline (control) during rapid ground rescue. Of 125 eligible patients, 65 received plasma and 60 received saline. The groups were similar at baseline. Transport times were significantly different —19 minutes for the plasma group versus 16 minutes for the control group (p=0.04). The researchers attributed the difference to the logistical challenges of thawing and transfusing plasma en route. The groups did not differ in mortality at 28 days (5% in the plasma group versus 10% in the control group). The effort needed to thaw and transfuse plasma in urban areas with short transport times to trauma centers might outweigh any benefits,” the researchers wrote.

The trial was stopped after 144 of 150 planned patients had been enrolled because outcomes in the interim analyses did not differ. In the intention-to-treat safety analysis, the researchers found the incidence of adverse events associated with plasma transfusion was similar in the control group. “Use of plasma first might have beneficial effects in austere environments with longer transport times, and further study is warranted. The advent of lyophilised plasma, with easy storage and reconstitution, will facilitate the logistics of such studies,” they concluded.

In an accompanying commentary, the authors noted that “the study predicates the introduction of lyophilised plasma.” They also remarked that these “counterintuitive findings must be interpreted in the context of a well-developed trauma system with rapid transport times (median <20 min between injury and arrival at hospital).” Rather than settling the question of pre-hospital plasma transfusion efficacy, these findings raise additional questions that merit further research, they concluded.

Pre-Hospital Plasma Transfusion May Result in Lower Mortality

Pre-hospital transfusion of thawed plasma may result in lower 30-day mortality compared to standard care resuscitation in patients at risk for hemorrhagic shock. In a phase III superiority trial, investigators compared the administration of pre-hospital thawed plasma (two units of either group AB or group A with a low anti-B antibody titer) with standard-care resuscitation during air medical transport. The findings were published in the July 26 issue of The New England Journal of Medicine.3

Mortality at 30 days was lower among 230 patients who received plasma transfusions than among 270 who received standard care (23.2% versus 33.0%) during air medical transport. Mortality at 24 hours and in-hospital mortality were also lower among patients in the transfused group. Kaplan-Meier curves indicated a separation between the two treatment groups that began three hours after randomization and lasted through the 30-day period. Median prothrombin time ratio was lower in the plasma group compared with the standard-care group, as well. There were no significant differences in the incidence of multi-organ failure, acute lung injury/acute respiratory distress syndrome, nosocomial infections, allergic reactions or transfusion-related reactions between the transfused and standard-care groups.

ENDNOTES
Who’s competent?

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Nancy Heddle thinks she might have had the shortest retirement ever. "I retired on June 30, 2016. One day later, I went back to work part time," she said with a laugh. For an AABB member who has been to every AABB annual meeting since she joined the Association in 1975, it’s not surprising that she is driven to keep going.

Heddle retired from McMaster University in Hamilton, Ontario, as professor emeritus, Department of Medicine; but she now serves as research director, McMaster Centre for Transfusion Research. Her post-retirement titles also include associate member, Department of Health Research Methods, Evidence, and Impact; and associate member, Pathology and Molecular Medicine.

Beginning in 1969, Heddle has worked as a technologist at several hospitals in Ontario and, while living in New York City, volunteered at the New York Blood Center. She also worked as diagnostic unit manager, hematology, transfusion medicine and coagulation, Chedoke McMaster Hospital; diagnostic unit manager, transfusion medicine and coagulation, Hamilton Health Sciences Corporation, McMaster Campus; and manager, Transfusion Medicine Laboratories, Hamilton Regional Laboratory Medicine Program, Hamilton, Ontario.

AABB NEWS: WHAT ARE SOME OF THE OPPORTUNITIES YOU HOPE TO PURSUE NOW THAT YOU’RE SEMI-RETIRED?

Heddle: Maybe I’ll finally read all the Harry Potter books. Honestly, the reason my official retirement
lasted one day is because I’m not ready to step away completely. There are too many things happening in the field right now, and I love working with youth. My current role is more focused on mentorship, helping young professionals establish themselves within the transplantation medicine field, grant writing and research. That being said, it is nice to have more time to spend with family and granddaughters.

**AABB NEWS:** YOU’VE DONE A LOT OF WORK WITH STATISTICS. HOW DID YOU GET STARTED IN THAT?

**Heddle:** I was always interested in numbers and statistics. But what got me hooked was developing a large database of patient transfusion information from three hospitals, which started in 2002. We probably had no idea what we were doing back then, but there was so much information to get out of that data set. Now, we have 16 years of data and have been analyzing this larger data set more frequently since 2010.

**AABB NEWS:** WHAT’S THE BIGGEST MISCONCEPTION THAT PEOPLE HAVE ABOUT YOUR WORK?

**Heddle:** They think I have a biostatistics background because McMaster is known for statistical expertise in health research, and because I present on stats so often. Really, I’ve just have collaborated with some exceptional biostatisticians who taught me to understand and convey complex issues. My background is as a medical technologist who moved into clinical research. I’ve never been afraid to say, “I don’t know,” when asked a question. I think that’s important. Everyone thinks that people who give talks are experts in the entire field. That doesn’t need to be the case. And hopefully, that pressure isn’t pushing people to give out information they don’t know is 100% true.

**AABB NEWS:** YOU RECEIVED AABB’S EMILY COOLEY MEMORIAL AWARD AND LECTURESHIP IN 2016 FOR YOUR RESEARCH ON RED BLOOD CELLS. WHAT FUTURE DIRECTIONS ARE YOU PLANNING FOR YOUR RESEARCH?

**Heddle:** Our clinical research program is quite diverse. We have qualitative studies to understand human factors as well as quantitative studies looking at interventions and their impact on outcomes such as mortality, infectious complications, effect on immune response and so on. Our research group has about 50 different projects going at any one time. We are really interested in exploring big data where patient information is linked to a blood donor database. Big data are often a path to randomized trials, which will provide the most objective outcomes. We won’t know where the information will lead until we start seeing results.

We need collaboration among groups working on big data sets. There are results coming out from different countries that don’t agree with each other. We’re trying to understand why these differences exist and what they mean. We’re diving into the most complex statistics in medicine.

**AABB NEWS:** YOU WERE A MEMBER OF THE COMMITTEE THAT DRAFTED AABB’S CLINICAL PRACTICE GUIDELINES ON RED BLOOD CELL TRANSFUSION THRESHOLDS AND STORAGE. WHY WAS IT IMPORTANT TO DEVELOP THESE GUIDELINES?

**Heddle:** So much information comes out on a daily basis that it is virtually impossible for people to keep up in all areas — especially practitioners who use blood products to help their patients. It’s important to synthesize that information for people who don’t have time to read every single article, because they can use this information in their clinical practice to improve patient outcomes.

My first experience with this limitation of knowledge gap was in 1994. I had an article about transfusion reactions published in *The New England Journal of Medicine*. Immediately, people from all over were calling me an industry expert. I was being invited to speak all over the world. There was so much attention on our findings that five years later, I was still giving talks about this research. But even five years later, at every presentation there were people in the audience who had never heard about the information that we had published. That’s why it’s important to not only translate knowledge into guidelines and best practices, but to have a group like AABB behind it constantly pushing out information to the transfusion community.

“There are results coming out from different countries that don’t agree with each other. We’re trying to understand why these differences exist and what they mean. We’re diving into the most complex statistics in medicine.”
The AABB Professional Engagement Program (PEP) will hold its fifth annual Member Mingle event at the 2018 AABB Annual Meeting on Oct. 15, from 1-2 pm, in the Bulfinch Room of the Westin Boston Waterfront Hotel. This casual networking event gives attendees the opportunity to catch up with old friends and meet new colleagues. It also provides access to ambassadors from many different areas in which AABB members can volunteer and gain valuable experience to help advance their career.

Nancy M. Shotas, MT(ASCP)BB, CQA(ASQ), an AABB Lead Quality Assessor, has attended nearly every PEP Member Mingle since its inception five years ago. In fact, it took a broken wrist to keep her away from the event one year. In the beginning, according to Shotas, she was “volunteered by my boss,” though she was and remains a willing ambassador for assessor positions. She told AABB News that she is “always glad to share what I have learned over the years.”

Shotas added, “We all know how we feel when inspectors are in our facility, for one inspection or another. Becoming an AABB assessor is a big responsibility and commitment, but the rewards — gaining more knowledge, networking opportunities and the opportunity to travel — make the effort well worthwhile.” She said that she loves to share her experiences with those who are eager to listen. One point Shotas stressed is that assessors come from establishments of all types and sizes. Shotas herself comes from a community hospital on the southwest side of Chicago. “However, the AABB standards apply to facilities large and small,” she commented.

For those considering whether to attend the PEP Member Mingle, Shotas had some advice: “WHY NOT?” she questioned. “It’s a social gathering where you can learn more about AABB and becoming more engaged with the organization.” And for those thinking about becoming an ambassador themselves, she continued, “If you love to talk to people and share your experiences, and can be encouraging to any and all, GO FOR IT! It doesn’t cost you anything more than some of your time.”

In addition to Shotas, the following ambassadors plus several more will be available at the Member Mingle to chat with attendees:

- Aaron Tobian, MD, PhD, at-large director on the AABB Board of Directors, will discuss opportunities to serve on the Board.
- Chris Bocquet, AABB director of standards, will talk about volunteer positions in the Transfusion Medicine section.
- Vasiliki Kalodimou, MSc, PhD, a former member of the AABB Cellular Therapies Section Coordinating Committee, will answer questions about the PEP Mentoring Program.
- Susan Noone, MPH, CQA(ASQ), chair of the AABB Membership Committee will discuss opportunities to volunteer on an AABB committee.
Former NBF Chair David Perez to Retire from Terumo BCT; Antoinette Gawin Named Successor

David Perez, a former chair of the National Blood Foundation (NBF) will retire as president and chief executive officer (CEO) of Terumo BCT. Perez joined Terumo BCT, then called COBE BCT, in 1999 and guided the company through multiple changes in ownership.

“When I retire, I will have been leading the company for almost 20 years,” Perez said. “I am truly thankful for the incredible experiences that have shaped my life and will forever be part of who I am.”

Antoinette Gawin will succeed Perez as president and CEO. She will assume these roles on Oct. 1, 2018, and Jan. 1, 2019, respectively. Gawin joined Terumo BCT in 2016 after serving in leadership roles at Baxter and at several GE subsidiaries.

In Memoriam

Celso Bianco, MD

Celso Bianco, MD, died on Aug. 16 after a long battle with lung cancer. Bianco was born and raised in Sao Paulo, Brazil, where he attended medical school and received his medical degree. He moved to the U.S. in 1969 and began a career that spanned 40 years of research on blood and transfusion medicine. Bianco was especially interested in the membrane receptors of white cells, blood donor screening, and transfusion-transmitted infections. Prior to his retirement in 2012, Bianco served as executive vice president of America’s Blood Centers (ABC) for eight years. Before that, he served in numerous roles at the New York Blood Center, ultimately as the vice president of Medical Affairs. Bianco also held several volunteer leadership roles, including as president of the International Society of Blood Transfusion, a member of AABB’s Transfusion-Transmitted Disease Committee and the industry representative to the Blood Products Advisory Committee. Bianco authored or co-authored more than 100 scientific publications and received both the Canadian Blood Services’ Lifetime Achievement Award and ABC’s Thomas F. Zuck Lifetime Achievement Award. He will be greatly missed by many and remembered as a renowned mentor, researcher and leader.

Joann (Nesbitt) Hall

Joann Hall of Grand Island, N.Y. died on Aug. 13. A clinical laboratory technologist by training, Hall earned a Bachelor of Science degree in medical technology from the D’Youville College in Buffalo, N.Y. Hall worked for the American Red Cross for 17 years before joining the staff at the Upstate New York Transplant Services in 2009 as a
technical manager. In 2013, she was promoted to technical director. Hall had been a member of AABB since 2010.

Hall is survived by two sons, David Shearer and Rick Hall, and had three grandsons and a great-grandson. She was predeceased by her daughter, Michelle Nesbitt.

Hall was a great sports fan. She loved watching college football games and her knowledge of and loyalty to the New York Yankees were exceptional. She will be sorely missed by her family, friends and her colleagues at the Upstate New York Transplant Services.

Ronald Harkey

Ronald Harkey died in early August. In June, Harkey retired from the California Department of Public Health Field Services, where he served as section chief for Blood, Tissue and Cytology for approximately 40 years. A longtime AABB member who served on five committees — including as the California representative to the Blood Banks and Transfusion Services (BB/TS) and Cellular Therapies (CT) Standards committees — Harkey played a significant role in incorporating AABB standards into California law to enhance patient safety and move the industry forward. He was involved in making decisions about implementing ISBT 128 labeling of blood components and CT products and testing blood products for bacterial contamination.

Born in El Paso, Texas in 1939, Harkey moved to California as a young child. He graduated from the University of California, Berkeley, and began his career as a biologist for Alameda County. Eventually, Harkey was hired as director of the labs in Marin County and Santa Barbara. He joined the California Department of Public Health Field Services in 1972.

Harkey is survived by his wife and two sons.

Of Note

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