



CANADIAN BLOOD SERVICES SOCIÉTÉ CANADIENNE DU SANG

*DRAFT 3 – April 8, 2004*

SUMMARY notes of the meeting of the National Liaison Committee (NLC) held at the Lord Elgin Hotel, Ontario Room, on Monday, February 2, 2004, from 8 a.m. to 3:30 p.m. EST.

PRESENT: Dr. Robin Moore-Orr Anemia Institute  
Ms. Eleanor Holmgren Canadian Association of Transplantation  
Ms. Kate Gagliardi Canadian Society for Transfusion Medicine  
Dr. Anargyros Xenocostas Canadian Blood & Marrow Transplant Group  
  
Mr. John Maiorano Thalassemia Foundation of Canada  
Mr. Jim Rodger CLC- Winnipeg  
Ms. Lorna Stevens Neutropenia Support Association  
Mr. James Davies Arthritis Society of Canada  
Dr. Davy Cheng Canadian Cardiovascular Society  
Ms. Nikki Roy Physicians & Nurses for Blood Conservation Inc.  
  
Ms. Elizabeth Tough Canadian Immunodeficiencies Patient Organization  
  
Ms. Sheila Comerford Canadian Hemophilia Society  
Mr. François Perron Canadian Society of Clinical Perfusion  
Mr. Morley Reid CLC- St. John's  
Ms. Tokie Onoda CLC Calgary  
Mr. Gord Hickman CLC Halifax

PRESENTATIONS:

Dr. Mindy Goldman Canadian Blood Services  
Dr. Graham Sher Canadian Blood Services  
Ms. Sophie de Villers Canadian Blood Services  
Mr. Mathias Haun Canadian Blood Services  
Mr. Eric Dean Canadian Blood Services  
Ms. Bev Cambell Canadian Blood Services

OBSERVING:

Ms. Jennifer Spencer Canadian Blood Services  
Mr. Ian Mumford Canadian Blood Services  
Ms. Lorna Tessier Canadian Blood Services  
Ms. Jennifer McEvoy Canadian Blood Services  
Ms. Natasha Manji Canadian Blood Services

**REGRETS:**

Ms. Wendy Chaulk	Candlelighters Childhood Cancer Foundation
Mr. Howard Waldner	Canadian Healthcare Association
Ms. Kathie Leigh	CLC – London
Mr. John F. Tremblay	Bruce Denniston Bone Marrow Society
Ms. Melanie Rowe	CLC Vancouver
Mr. Bill Mindell	Canadian Hemophilia Society

**CO-CHAIRS:**

Ms. Adélaïde LaPlante	Canadian Blood Services Board of Directors
Mr. James Kreppner	Canadian Blood Services Board of Directors

**Introduction of participants**

The co-chairs welcomed all participants to the meeting and initiated a roundtable introduction.

**Review and adoption of agenda**

MOTION: To approve the agenda as presented. Moved and seconded. All in favor.

**Review and approval of October 27/28, 2003 Summary Notes**

MOTION: To approve the summary notes as presented. Moved and seconded. All in favor.

**Comments by Co-chairs of NLC**

The NLC co-chairs updated the group on Board issues. The next Board meeting will be held in Vancouver February 10-14, 2004. Topics included:

- Corporate Plan
- CBS Plasma Strategy
- CBS Foundation
- West Nile Virus (WNV)
- Privacy Policy

The Co-chairs commented on:

- CLC and NLC reporting relationship
- agenda planning ( prioritizing and topic selection)
- agenda time frames (minimum of 10 minutes per topic)
- meeting management and time keeping ( everyone will have an opportunity to speak at least once on each topic)

The Co-chairs asked if everyone was in agreement with these directions. All members agreed.

## **Task Tracking calendar**

The purpose of the task-tracking calendar is to track issues. Items will include ongoing issues (every meeting) and strategic issues (primarily identified by the NLC or the Board). NLC members are requested to advise CBS if they wish topics to be added to the calendar. Topics that have been added to the calendar are: Blood Safety Standards (to be discussed in more detail at the June NLC meeting), the CBS Foundation (an ongoing issue), the formalizing of stakeholder relationships (also to be discussed at the June NLC meeting), and the Code of Conduct and Responsibilities (approved by the Board at the October 2003 meeting).

### **Issues raised:**

- add corporate partnerships
- add marketing youth donors
- utilization and alternatives should be given priority
- educating the public on the CBS Foundation
- calendar could be provided to CLC members on an ongoing basis

The NLC wishes to be advised when issues are being moved forward in the Board agenda. The Co-chairs agreed.

## **Report on CLC activities**

The CLC representatives met for an informal discussion the evening before the NLC meeting. They discussed such topics as; formalizing the NLC/CLC reporting structure, sharing best practices and common concerns, and CLC representatives meeting before NLC meetings.

## **New Business**

### **Variant Creutzfeldt-Jakob Disease (vCJD) Presentation**

Should CBS change the criteria for travel deferrals to the U.K. and France to include a stop date? Presently donors (or potential donors) are permanently deferred if they:

- have had a transfusion in the U.K. since 1980.
- live or have lived in the U.K. or France for more than three months since 1980.
- have resided in other European countries for five years since 1980.

The new criteria would include a stop date and read: Donors are permanently deferred if they have lived in France or the U.K. for more than three months between 1980 and 1996. This is a Health Canada requirement. The joint Hema-Quebec and CBS Donor Selection Criteria Working Group, as well as the CBS Scientific and Research Advisory Committee have recommended a stop date. The earliest that CBS can implement this change would be June 2004.

**Issues raised:**

- After a lot of research and statistical analysis, Health Canada had felt 1996 was a reasonable stop date.
- Anything beyond 1996 does not add any increased safety to the blood system.
- Why is the stop date being passed quickly in contrast with the age criteria issue? This issue has been approved quickly as it is a Health Canada requirement.

**All NLC members endorsed the implementation of the 1996 stop date.**

**CBS Corporate Plan**

The CEO of Canadian Blood Services presented the 2004-2007 Corporate Plan – Preparing for the Next Phase of Transformation. Highlights of the presentation included:

- Blood Operations - West Nile Virus
- Unrelated Bone Marrow Donor Registry
- Plasma Protein Products
- Canadian Blood Services Insurance (CBSI)

The budget includes a strategic budget (initiatives directly linked to strategic objectives) and an operational budget (forecast of revenues and expenses expected to be incurred for the goods and services to be produced and delivered to the customers).

**Operational Budget** (changes to the blood operations environment) includes the following:

1. MAK Progesa – launch of a single national donor database to replace the current 14 databases
2. PRISM and consolidation of testing – the testing has been consolidated in three locations: Halifax, Toronto and Calgary.
3. National Contact Centre (NCC) – ongoing consolidation of telerecruitment
4. WNV NAT testing – implemented across Canada on July 1, 2003 and performed year-round (yearly costs are around \$13.5 million dollars)
5. HIV-1 p24 test – eliminated in June of 2003. Benefits were fewer deferrals due to false reactive test results and ability to recruit and train staff for WNV testing.
6. New Ottawa manufacturing facilities – new facility will be a GMP-compliant facility, provide for improved work flow and control of the environment, and enable consolidation from other sites into Ottawa
7. Sample diversion pouch – to be implemented for all whole blood donations as of February 2004.

**Operational Performance**

- whole blood collections up 4.66 per cent from same period last year
- forecasting an increase in red blood cell shipments of three per cent in 2003/2004 and an additional three per cent in 2004/2005
- at current growth rate CBS must increase collections by 30 per cent in 2004/2005

**Strategic Budget** (preparing for the next phase of transformation and continuing to implement new safety measures) includes the following:

- new safety measures - Hepatitis B core antibody testing and bacterial detection (technology available for apheresis platelets)
- HR Payroll
- consolidation of testing
- quality management system
- Research and Development
- next phase of transformation will focus on re-engineering
- collections (automated blood collection devices)
- manufacturing (buffy coat)
- support and infrastructure (facilities and transportation)

### **WNV**

- 2003/2004 activities were summarized - In 2003, screening for WNV identified 14 viremic donors. In addition, two cases of suspected transmission by transfusion were investigated and confirmed *not* to have been transfusion-transmitted
- 2004/2005 preliminary plans were presented - CBS will develop a contingency plan for moving to single-unit testing for up to 10 weeks during the summer of 2004. CBS will complement single-unit testing with avoidance of collections in areas hard-hit by the epidemic. CBS will “stockpile” frozen blood components during the winter months of 2004, for transfusion during the summer of 2004.
- CBS will closely monitor results of infectivity studies prior to finalizing plans for 2004

### **UBMDR**

Initiatives underway include a strategic plan, epidemiology study to identify needs, and preparation of business case for a Cord Blood Registry

### **Plasma Protein Products**

Utilization of:

- IVIG - increased by 70.4 per cent
- Albumin – increased by 23.3 per cent
- rFVIII – increased by 23.3 per cent
- rFVIIa – increased by 108 per cent

### **Fractionation Services**

On October 1, 2003 Bayer advised CBS that it intended to sell its plasma fractionation business but will retain its recombinant manufacturing business. Bayer has made a commitment to keep CBS advised of developments. CBS to develop a strategic plan for plasma products.

### **CBSI**

A summary of captive insurance company and coverage was presented. A review will be undertaken to determine whether captive insurance is the best alternative.

**Issues raised:**

- Is WNV present in any other continent? WNV is present in Africa and Europe as well. The size and growth of this epidemic is quite unusual for North America. Australia is exempt at the present time.
- There is evidence that the mosquito population is impacted by drought.
- Over a period of time, is there a chance that people would become immune to WNV? Herd immunity could happen but this would be many years from now.
- What is happening with vein-to-vein tracking? CBS is still far from achieving a vein-to-vein system. There are a few issues to deal with, such as shelf life, clinic practices, etc. There is lots of opportunity to work collaboratively with hospitals. Utilization initiatives are a big issue for many stakeholders to help manage cost.
- Can you provide information on the buffy coat strategy? As in the case in the U.S., CBS will start to test apheresis platelets in the spring.
- Many U.S. sites will not be ready to implement until March 1, 2004.
- What are the benefits of PRISM? PRISM provides CBS with process control and many other benefits. Other countries approved the instruments and reagents at the same time. In Canada, Health Canada has approved the instruments while the reagents were approved by other authorities. The FDA is trying to get it approved.
- Does CBS track the donor response at rural vs. urban clinics? Some rural clinics are very expensive to run due to their locations. It is a decision to move collections where CBS can be most effective. In some cases, mobile clinics were doing so well that it made sense to build a small permanent site (e.g. Burlington).
- What is the CBS Emergency preparedness and disaster recovery process?
- CBS has extensive service interruption recovery programs at every centre. This plan is constantly being updated and has MAK Progesa as the backbone of the system. Lancaster site houses all the IT (hardware) with a back-up system at Alta Vista and an additional site with IBM outside of Ottawa. The more you consolidate and integrate, the more prepared you have to be.
- What about a fractionation facility? At this point there is no political will to build a fractionation facility in Canada. Building a fractionation facility would be very costly. We have good international relationships that we can rely on.

**CBS Plasma Protein Product Strategy - Development Process**

The presentation gave an overview of the CBS Plasma Protein Product Strategy Development Process. CBS will take a strategic approach to the management of plasma protein products and continue to engage its key stakeholders in the development of its plasma strategy. The strategy will evolve in four phases: launch, planning and design, development, and execution. The process was launched through a broad-based consultation which was held in Ottawa in September. Using the results of this consultation, a drafting team composed of CBS staff is developing the first draft of the plan. Key stakeholders will be consulted on the draft plan to receive more detailed input and to validate the information contained in the document.

**Issues raised:**

- Are there any external stakeholders involved in developing the plan? External stakeholders participated in the consultation held in September. Internal staff are currently developing the plan. External stakeholders will be consulted again, after the draft plan has been developed and reviewed by the Board.
- Was the FDA responsive? Yes, the FDA was quite comfortable and offered advice. Health Canada participated but the representatives were not comfortable with the role they were to play at the meeting. .
- Will surplus protein be part of this plan? Yes, it will. The issue of surplus protein was discussed at the initial consultation held in September. The possibility of making surplus proteins available to other countries will be reviewed.
- When will CBS renew the fractionation contract? We presently have another year and are considering all options at this point.

The strategic plan and the results of consultations will be discussed at the next NLC meeting in June.

**The CBS Foundation**

The NLC was provided an overview of the objectives of the CBS Foundation. The presentation covered the role of the Foundation, health fundraising in Canada, public support for CBS fundraising, building a governance structure and building towards a Capital Campaign.

The role of the CBS Foundation will be to:

- raise philanthropic funds in support of CBS
- enhance and extend the mission of CBS
- understand and express needs of CBS
- understand and interpret expectations of the donor (acting as a broker between the two services)
- solicit and steward gifts
- develop stable supplemental funding sources

There was a high level of support among the general public for a CBS fundraising program (79 per cent agree CBS should have a fundraising program). The next steps are:

1. identification of needs – case development
2. operationalize Foundation – donation processing, donor stewardship
3. image development preparatory to feasibility/planning and study
4. CBS Foundation Governance Structure
5. major feasibility/planning study – Spring of 2004

How to help the Foundation:

- Feasibility/Planning Study – identify individuals or corporations to interview
- Board Recruitment – identify prospective volunteers for Board positions
- Campaign Recruitment – identify prospective volunteers for Campaign Cabinet

- Corporate Prospects – identify companies, organizations supportive of CBS

**Issues raised:**

- There is some concern that the provinces may give less funding to CBS.
- Why does Canadian Cancer Society and the Heart and Stroke Foundation need to go back to governments for additional funding? These are well-established charitable organizations that have also identified key corporate sponsors.
- Is the corporate community as wealthy as we think? In 2001, over 1.6B was donated to health charities in Canada, 15 per cent of which came from corporations.
- Concern was raised about the interpretation of the Ipsos-Reid questions.
- Does CBS have the solid volunteer base required to make an event (like a signature event) happen? Yes.
- Fundraising objectives would need to be clearly defined.
- Will the CBS Foundation cause donors to have to make a choice between giving blood or money? No.
- Fundraising may be perceived as a contradiction in that, “we are the safest blood system possible” or “we are not safe enough, and we need to raise funds”.
- What is the cost-effectiveness of a campaign? Approximately eight cents per dollar.
- Some of the funds raised should go towards recruiting new blood donors and educating hospitals about blood utilization
- We need to ensure a clear differentiation between CBS and the Red Cross.
- We need to identify particular and specific needs under the “infrastructure” category of where funding dollars will be spent (i.e., new Halifax building).
- What are the start-up costs for the Foundation? \$200,000 in first year, \$750,000 each year afterwards.
- People think of CBS funding as being the government’s job.
- What percentage of the budget is currently spent on R&D? In the last fiscal year, CBS invested over \$5.3M on internal initiatives. In addition, staff scientists report having received external funding of over \$3.1M.
- What is the percentage of people who would give money, rather than blood? There is little in the data to suggest that fundraising efforts would create a disincentive to donate blood.
- There was concern that current blood donors will feel that, “I already give blood, and now they want my money?”
- Agreed that health-care fundraising is the most popular type of fundraising in the west.
- In reference to Dr. Sher’s presentation of the operational and strategic budgets, there was concern that there will be overlap.
- Comment: according to Council for Health Research in Canada, the cost of health care in Canada is \$110B/yr. Of this, 99 per cent goes to maintaining the current standards, and only one per cent goes into R&D. This is why organizations (such as CBS) need to conduct their own fundraising in order to cure the diseases, and find better treatments.

Eric Dean is presenting the CBS Foundation to Community Liaison groups this spring.

## **UBMDR**

A presentation was made to the NLC updating them on the UBMDR. Highlights included facts about the registry:

- Searchable donors: 227,131
- Average searchable donor age: 43
- Active searches for Canadian patients: 328
- Active searches for international patients: 590
- Cord searches for Canadian patients (June 2002 – June 2003) : 46
- Cord Transplant for Canadian patients (June 2002 – June 2003): 13
- Canadian unrelated transplants in 2002: 194 (40 for pediatric patients)
- Canadian Donors harvested for Canadian patients: 52 (9 for pediatric patients)
- International donors harvested for Canadian patients: 142 (31 for pediatric patients)
- Canadian donors harvested for international patients: 40
- Number of Canadian transplant Centres: 18
- Number of Collection Centres: 10
- Bone marrow donors – over half from international donors

### **Issues raised:**

- Ethnic donor recruitment  
How can we reach ethnic donors and young donors? Suggestions from the committee included:
  - deliver the messages at schools (students 17 and 18 years of age)
  - have people speak of their personal stories
  - show a tape of the UBMDR information to donors at the blood donor clinics
  - ensure that a representative that speaks the language of the donor is present or reachable at all times. The potential donor must understand the terms of the commitment.
- Cord Blood
  - There is no cord blood bank in Canada. There is a pilot project in Montreal.
- The UBMDR 2000 forum recommendations will be posted within the week on the Web site

### **Emerging issues and other business**

1. There are still some people who cannot differentiate between the Red Cross and Canadian Blood Services.
2. NLC/CLC members would like continued updates on the National Contact Centre.

### **Topics for the next NLC meeting**

The NLC members discussed topics for the next NLC meeting. Topics include:

1. bovine spongiform encephalopathy (BSE)

2. Corporate Partnership
3. Privacy Policy
4. Blood Safety Standards
5. Plasma Strategy
6. Youth recruitment

**The next NLC meeting will be Monday June 21, 2004.**

**Meeting adjourned at 3:30 pm.**