



In a Different Vein

A NEWSLETTER OF THE
**MICHIGAN
ASSOCIATION
OF
BLOOD
BANKS**

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Winter, 2003

President's Message

I am humbled and honored to be serving as our association's president this year. I hope to be able to live up to everyone's expectations. As we start the year off, to tell the truth, I am a bit worried and overwhelmed.

Thank you to everyone who helped out with the Fall Meeting. The annual meeting chairmanship is unbelievable. I needed all the help I could get. Many thanks for all who pitched in to help dig me out. There are too many to mention in this small space but I tried to personally thank each of you at the event. I do want to publicly thank Linda Cardine for many of the speakers. They had been previously engaged to speak in Sept 2001 but could not travel due to 9-11. The 2001 meeting ended up being the "Michigan" meeting with excellent speakers from here who jumped in and saved the day. However, there were several disappointed speakers who could not get here in 2001 who wanted to try again in 2002. So I apologize if we had less "Michigan" speakers this past year. We had a great turnout for the meeting. I want to thank everyone who attended. The speakers and materials were well received by all.

I also want to thank our dedicated vendors who attended, sponsored the T-shirts, and helped make the meeting fun with their displays and give-aways. It is great to have them show us the latest in our field.

There will be many exciting things happening in the coming year. The Spring Workshop Committee is finalizing plans for their meeting in East Lansing on May 8. Stay tuned for details and please consider attending. The Education Committee is planning a committee meeting in early February to plan



*Michelle Tuson, MS, MT(ASCP)SBB
MABB President*

RAP sessions and discuss the SBB lecture series. The Membership Committee will be getting together soon to brainstorm on new ways to recruit and retain members. Please contact me if you would like to attend any of the meetings and share your ideas. We always have an extra seat and welcome your input. You can contact me at 248-858-6062, or at tusonm@trinity-health.org. As for the Annual Meeting Planning Committee, Dr. Mary Jo Drew is off to a running start with planning and organizing. The meeting will be held September 10-11, 2003. More news to follow.

Finally, the membership renewal letters should have already reached your mailbox. Please renew your membership as soon as possible and help others join as new members. This organization is a very dedicated group of individuals who volunteer their time and energy to put on excellent educational opportunities for our local blood banking community. Your support is essential to continue the MABB as an educational and networking resource for our Michigan Blood Bank professionals.

Calendar of Events

2003 SPRING WORKSHOP
May 8, 2003
Michigan State University, Lansing

MABB Forty-Ninth Annual Meeting
September 10-11, 2003
Details to be announced SOON!

**MICHIGAN ASSOCIATION
OF BLOOD BANKS**

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In a Different Vein is a quarterly publication of the Michigan Association of Blood Banks. Current and archived issues of this publication are available at the MABB web site: mabb.org.

Please feel free to submit any articles, announcements, advertisements, or case studies to *In a Different Vein*. Items of a personal note regarding colleagues are also welcome.

Send articles to editors:

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-or-

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1 (800) 421-3311, 5, 2, Ext. 4103
e-mail: asteine2@ocdus.jnj.com

Submission deadline for next issue is 1/15/2003

2001 - 2002 MABB OFFICERS

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PRESIDENT-ELECT

MaryJo Drew, MD, MHSA

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LeeAnn Weitekamp, MD
Margaret Wilde, MT(ASCP)SBB

Spring Workshop 2003

May 8, 2003

Michigan State University
East Lansing, MI

Fliers will be going out to all members soon and information will be posted on the website as it becomes available.

MABB Exhibitors support educational opportunities!

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2002 MABB Exhibitor

The Michigan Association of Blood Banks

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The 2003 Blood Bank Lecture Series

Beginning March, 2003

A program consisting of 58 lectures and two one-day seminars designed for those preparing for the BB/SBB certification or seeking a comprehensive continuing education experience. If there is not sufficient interest, the series will be postponed for another year. Send in your reservation today!!!

When? Mondays, 8:30am -12:30pm
March - November, 2003

Where? SEMRBC, Detroit

Who? Individuals or Institutions

Fee?	MABB Individual Members	\$150
	*MABB Institutional Members	
	First registrant	\$150
	Additional registrants	\$200
	Non-members	\$200

**Institutions may rotate attendance among their staff. To facilitate this, one lecture series pass will be issued for each registration fee paid.*

2003 MABB Lecture Series – Registration Form

NAME _____

INSTITUTION _____

MAILING ADDRESS (indicate if HOME or WORK G) _____

Work Telephone _____

Home Telephone _____

E-mail address _____

Individual Member? ____ **Institutional Member ?** ____

PASSES REQUESTED (1 FEE = 1 PASS) ____

**Complete this form and mail check
(payable to MABB) to:**

**Sharon Cisco, MT (ASCP) SBB
National Testing Laboratories
American Red Cross Blood Services
100 Eliot, Detroit, MI 48201
TEL: 313-465-8516 FAX: 313-465-8404**

PROPOSED LECTURE SERIES TOPICS

- ✓ Introduction to Immunology
- ✓ Basic Genetics
- ✓ Molecular Genetics for Blood Bankers
- ✓ Donor Suitability
- ✓ Antigen Antibody Reactions
- ✓ Immunology- Mechanisms
- ✓ Immunology - Case Studies
- ✓ RBC Membrane Biochemistry
- ✓ Management Seminar
- ✓ ABO Genetics & Biochemistry
- ✓ Antibody Identification
- ✓ Resolution of ABO Discrepancies
- ✓ Lutheran and Xg Systems
- ✓ Infectious Disease Testing
- ✓ Infectious Disease Testing - Confirmatory
- ✓ Component Preparation
- ✓ RBC Metabolism and Preservation
- ✓ Complement
- ✓ Pre-transfusion Testing
- ✓ Kell System
- ✓ High and Low Prevalence Antigens
- ✓ Hemolytic Transfusion Reactions
- ✓ Non-Hemolytic Transfusion Reactions
- ✓ Practical Aspects of Rh
- ✓ Rh Genetics and Biochemistry
- ✓ Polyagglutination & Lectins
- ✓ Perinatal Testing
- ✓ MN Antigens and Antibodies
- ✓ MN Genetics & Biochemistry
- ✓ Progenitor Cell Therapies
- ✓ Hemaglobinopathies
- ✓ Blood Derivatives
- ✓ Immune and Drug Induced Hemolysis
- ✓ Non-viral Infectious Diseases
- ✓ "HTLA" Antibodies
- ✓ Duffy, Kidd and Dombrock Systems
- ✓ Growth Factors
- ✓ Coagulation: Intrinsic and Extrinsic Pathways
- ✓ Options for Transfusion
- ✓ Genetics and Methods
- ✓ HLA and Transplantation
- ✓ Component Therapy
- ✓ Cytapheresis
- ✓ Hemolytic Anemias
- ✓ Clinical Aspects of HDN
- ✓ Hepatitis Epidemiology
- ✓ Retrovirus Epidemiology
- ✓ Technical Seminar
- ✓ Paternity Testing
- ✓ Neonatal Transfusion
- ✓ Selecting Blood for the Alloimmunized Patient
- ✓ Platelet & Platelet Therapies
- ✓ Therapeutic Apheresis
- ✓ Graft vs. Host Disease
- ✓ Clinical Management of Coagulopathies
- ✓ Blood Bank Calculations
- ✓ Administration of Blood Products
- ✓ Donor Collection and Testing Requirements

Economics of Single Donor versus Random Donor Platelets

By Mary Jo Drew, MD
Division Head of Transfusion Medicine &
Medical Director of the Blood Bank • Henry Ford Hospital

This article is a summary of a presentation given at the annual meeting of the American Society for Apheresis, held in Orlando, FL, May 29-June 1, 2002.

Dr. Darrell J. Triulzi, medical director of the Institute for Transfusion Medicine in Pittsburgh, PA, presented the results of a recently completed study in which the cost effectiveness (CE) of using single donor platelets (SDP) in several diseases was compared to the CE of using random donor platelet pools (RDP). In the current era of dramatically reduced risk of viral infection from blood components, Dr. Triulzi's group sought to quantify the CE of using SDP to reduce donor exposures and attendant risks.

SDP use has steadily increased over the last decade, with these products now representing about 60% of platelet doses in the U.S. Many factors influence the type of platelet product selected for transfusion. Perceived advantages of SDP over RDP include:

One donor exposure vs. multiple donor exposures/dose

- Decreased risk of viral transmission
- Decreased risk of alloimmunization
- Better quality platelets
- Decreased risk of bacterial contamination
- Decreased risk of FNHTR

Data published in recent years, however, has refuted some of these assertions. An example of this was the TRAP study, in which no difference was found in alloimmunization rates between acute leukemia patients receiving leukocyte-reduced (LR) SDP or LR RDP. A difference between the two products in clinical efficacy has also not been demonstrated. The primary advantage of SDP would then be the lower risk of viral and bacterial transmission due to fewer donor exposures.

A perceived advantage of RDP over SDP is a decreased risk of hemolysis in the patient secondary to plasma antibodies in the product. Until recently, the lesser cost of pools of 5-7 RDP compared to SDP units was also a perceived advantage; however, in areas where pre-storage LR RDP are now being produced, this differential has largely disappeared. In areas where non-LR RDP are available, however, the price differential per dose between this product and SDP may be a strong force in favor of RDP.

Dr. Triulzi's group created a CE model that utilized viral transmission and bacterial reaction risks from the recent literature. Acquisition costs of the RDP and SDP were assigned values based on local costs. Probability of various outcomes and cost of treatment of those outcomes in cases

of viral or bacterial transmission were also included. Patient populations studied included patients commonly receiving platelets as part of their medical or surgical therapy, including cancer patients, stem cell transplant patients, and cardiac surgery patients. Life expectancy and quality of life outcomes for patients with these diagnoses were also entered into the model.

CE of SDP use in these clinical conditions was expressed in dollar cost per quality adjusted life year (QALY). A commonly utilized benchmark for a cost-effective clinical intervention is one that costs less than \$50,000/QALY when subjected to CE analysis. Many commonly used and well-accepted diagnostic tests and therapies, such as Pap smears and immunizations, fall into this QALY cost level. It should be remembered, however, that several recent interventions in transfusion medicine, including HIV p24 antigen screening and NAT, have been adopted, in spite of the fact that their costs may range into the millions of dollars/QALY!

The CE (\$/QALY) of SDP in various conditions ranged from \$168,000 in lymphoma to \$519,000 for acute myelogenous leukemia. Patients undergoing CABG surgery who received SDP had QALY costs ranging from \$192,000-\$216,000. Use of SDP in the treatment of breast cancer resulted in a QALY cost of \$410,000. Ironically, the QALY cost of SDP was higher for patients in whom SDP have been most commonly advocated - cancer patients receiving chemotherapy - than for CABG patients, for whom SDP may not be considered a first line product. This difference has largely to do with the difference in survival after diagnosis in these two groups of patients. Patients with cancer may not survive long enough to (theoretically) suffer the effects of a viral transmission via transfusion.

When viral inactivation was factored into the CE model, QALY costs for SDP rose, due to the addition of cost with a minimal impact on risk. The model was not sensitive to varying risks of HIV or HCV transmission (largely because these risks are already so low), but was quite sensitive to differences in the costs of SDP vs. RDP, number of RDP per pool, risk of a septic reaction from RDP, and mortality rate of septic reactions.

Dr. Triulzi acknowledged that multiple other factors, including product availability, local physician practice patterns, medical and social factors may play roles in determining which platelet product is favored in a region. However, he emphasized that it is important for physicians to consider the CE consequences of their clinical decisions, given the limited number of health care dollars available.

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What do YOU want to learn?

Individual members are the backbone of the MABB, and we would like to give you a chance to voice your preferences. What blood bank problems would you like to solve in a four hour wet workshop? This must be simple enough for the beginner, yet challenging enough for the seasoned blood banker.

1. _____
2. _____
3. _____

***Please forward your ideas to
Janet Silvestri in the MABB Administrative
Office via e-mail at janet@hfcc.net
or U.S. mail at:***

***P.O. Box 3605
Center Line, MI 48015-0605***

2003 Michigan Association of Blood Banks ANNUAL MEETING

September 10-11, 2003

**PUT THESE DATES
IN YOUR
CALENDAR NOW!**

**DON'T MISS IT!
Details to follow SOON!**