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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Directorate B - Health systems, medical products and innovation
B4 – Medical products: quality, safety and innovation

Brussels,
SANTÉ

Meeting between American Association of Blood Banks (AABB) and the European Commission (DG SANTE B4)

9 March 2018

Summary Minutes

Participants:

AABB: Kathy Loper, Jessica Yozwiak, Sharon Carayiannis, Thomas Hopkins, Christopher Bocquet, Eduardo Nunes, Anne Chenoweth

DG SANTE (Unit B4): Stefaan Van der Spiegel, Deirdre Fehily

Background:

DG SANTE had requested the meeting with AABB as part of a mission to the United States by a European Commission (EC) delegation to discuss the Evaluation of the EU legislation on Blood, Tissues and Cells[1] with a number of key international stakeholders. It was agreed in advance that the topics discussed at this meeting would focus on the harmonisation of international standards and the regulation of Hematopoietic Stem Cells (HSC) and blood and blood components for transfusion and medicinal product manufacture.

Key discussion points:

1. The AABB participants introduced their organisation to the EC representatives. AABB is an international, not-for-profit association representing individuals and institutions involved in the fields of transfusion medicine and cellular therapies.

2. The association is committed to improving health through the development and delivery of standards, accreditation and educational programs that focus on optimizing patient and donor care and safety. AABB membership includes physicians, nurses, scientists, researchers, administrators, medical technologists and other health care providers. AABB is a membership organisation with more than 6,500 individuals and 1,500 institutional members. AABB members are located in more than 80 countries and AABB accredits institutions in over 50 countries against their international voluntary standards, updated every two years.

[1] https://ec.europa.eu/health/blood_tissues_organs/policy/evaluation_en

3. The EC delegation summarised progress with the evaluation of the blood, tissues and cells legislation in the EU. An Open Public Consultation was held during 2017; a contractor is conducting an independent evidence gathering exercise that will result in a published study and many bilateral and multilateral meetings with stakeholders are taking place. The final Evaluation Report is due for publication towards the end of 2018. Any decisions on a potential revision of the legislation can only be made after this evaluation has been completed. The evaluation is exploring whether the legislation achieved its original objectives and whether it is it still fit for purpose. The assessment is based on 5 criteria: effectiveness (did it achieve its aims?), relevance (are the provisions still appropriate given any changes in the sectors affected?), efficiency (were the costs justified by the benefits for patients?), coherence (is it consistent with other EU legislation and with relevant legislation outside the EU?) and EU added-value (could the outcomes have been achieved equally well with national legislation or global standards?).

4. The accelerating pace of scientific developments continues to pose a challenge for US government agencies updating regulations for HPCs and blood. An example quoted was the requirement for hepatitis B core testing which AABB members suggest should be replaced with NAT testing for hepatitis B. The challenge is created by the extensive data required by regulators and the timeline for the notice-and-comment rulemaking process. For example, it was noted that updates to recommendations can take years, such as the recommendations for labelling based on historic red cell typing, proposed 1.5 years ago, that has not yet been finalized. Delays in issuing new regulations can be even longer. The May 2015 Final Rule, “Requirements for Blood and Blood Components Intended for Transfusion or for Further Manufacturing Use” finalized new regulations that were first proposed 8 years earlier and included unexpected substantive changes not seen in the proposed rule. In this context, AABB strongly supports a timely process for finalizing regulatory requirements and formal recommendations.

5. The Centers for Medicare & Medicaid Services (CMS) within the Department of Health and Human Services (HHS) has granted 'deemed status' to AABB as an accreditation organization for clinical laboratories under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) program. CMS has determined that AABB meets or exceeds the applicable CLIA requirements. This deeming status was granted to AABB for their Blood Bank and Transfusion Service (BB/TS) program, their Immunohematology Reference Laboratory (IRL) program, their Molecular Testing (MT) program, and their Cellular Therapy (CT) program. This allows AABB assessments to replace inspections by HHS or CMS.

6. AABB standards describe the minimum requirements that must be met for compliance. They are generally not prescriptive, i.e. defining the safety and quality standard to be achieved but leaving room for centres to achieve the standard in different, but equally effective, ways.

7. It was noted that some countries or states reference AABB Standards or Accreditation in their legislation. In California, transfusion medicine and cell therapy facilities must adhere to AABB Standards. AABB Accreditation is voluntary. Additionally, the regulation of cellular therapies is included in the pharmaceutical recommendations in Hong Kong where the Department of Health

recommends cord blood banks or cellular therapy facilities seek accreditation as a third party independent assessment, for example[2].

8. AABB noted that some EU Member States recognise the value of accreditation oversight in their legislation or regulatory oversight but do not always mention AABB accreditation. AABB encourages these EU Member States to recognize all acceptable accreditation programs including AABB and FACT/JACIE/NETCORD which have been shown to be equivalent.

9. AABB maintains an updated list of medicines that are of concern for donor eligibility; donor centres use this list when interviewing prospective blood donors.

10. The interaction between AABB and the FDA is very constructive and in a number of cases, AABB-developed documents are formally recognised by FDA as an acceptable approach to meet FDA requirements. This collaboration has worked well for the AABB-developed donor history questionnaire[3] and the Circular of Information required for blood components[4]. The approach has not been adopted for the Circular of Information for the Use of Cellular Therapy Products due to the variability of these products and the resulting labelling and regulatory pathways for each of them.

11. On the topic of clinical follow up of HPC transplant recipients, it was noted that the Center for International Blood and Marrow Transplant Research[5] (CIBMTR) registry of cell therapies includes data on 99% of traditional HSC transplants carried out in the US. The registry uploads data from the European (EBMT) registry and also from Japan, for example. The data are registered retrospectively and published regularly. Members can submit queries for particular data analyses. Some novel cell therapies, such as CAR-T cells are also monitored in the CIBMTR registry although the percentage of treatments registered is lower.

12. On the subject of plasma for medicinal product manufacture, it was noted that AABB member organisations collect only from unpaid donors. Plasma recovered from whole blood can be used for transfusion or sent for further manufacture into medicinal products. AABB considers that there are socio-economic differences in donor populations and the level of risks, when comparing unpaid donors of blood products for transfusion collected by AABB blood centres and donors donating to paying commercial centres that collect plasma by apheresis. In contrast, the Plasma Protein Therapeutics Association (PPTA) members collecting from paid donors are regulated differently based on the differences in both the donor population and the complex commercial manufacturing processes.

13. AABB members are responding to the global decline in red blood cell usage by exploring new business models, e.g., supplying plasma for further manufacture by plasma fractionators, and providing other health related services. AABB has a separate consultancy arm which can offer

[2] http://www.advancedtherapyinfo.gov.hk/cbb/en/industry_n_researchers/info_ct.html
[3] http://www.aabb.org/tm/questionnaires/Pages/dhqaabb.aspx
[4] http://www.aabb.org/tm/coi/Pages/default.aspx
[5] https://www.cibmtr.org/About/WhatWeDo/SCTOD/Pages/index.aspx

support to organizations for such initiatives as a fee for service option. The consulting services division is separate from Accreditation and has firewall policies in place to protect confidentiality.

14. The decline in the use of cord blood for transplantation seen in the EU is also noted in the US.

15. AABB explained that, in the US, cell therapies are often developed in academic settings through the Phase I or Phase II trial stage and are then usually taken forward by commercial spin-off companies or are sold to big pharmaceutical companies.

16. The EC participants described some of the high level messages emerging from the Evaluation of the Blood, Tissues and Cells legislation in the EU. It was noted that there were many common themes reflecting the issues raised by AABB during this meeting, particularly including the need to avoid technical requirements in legislation that cannot be updated rapidly.

17. The EC participants thanked the AABB for their hospitality and for the informative and open discussions.