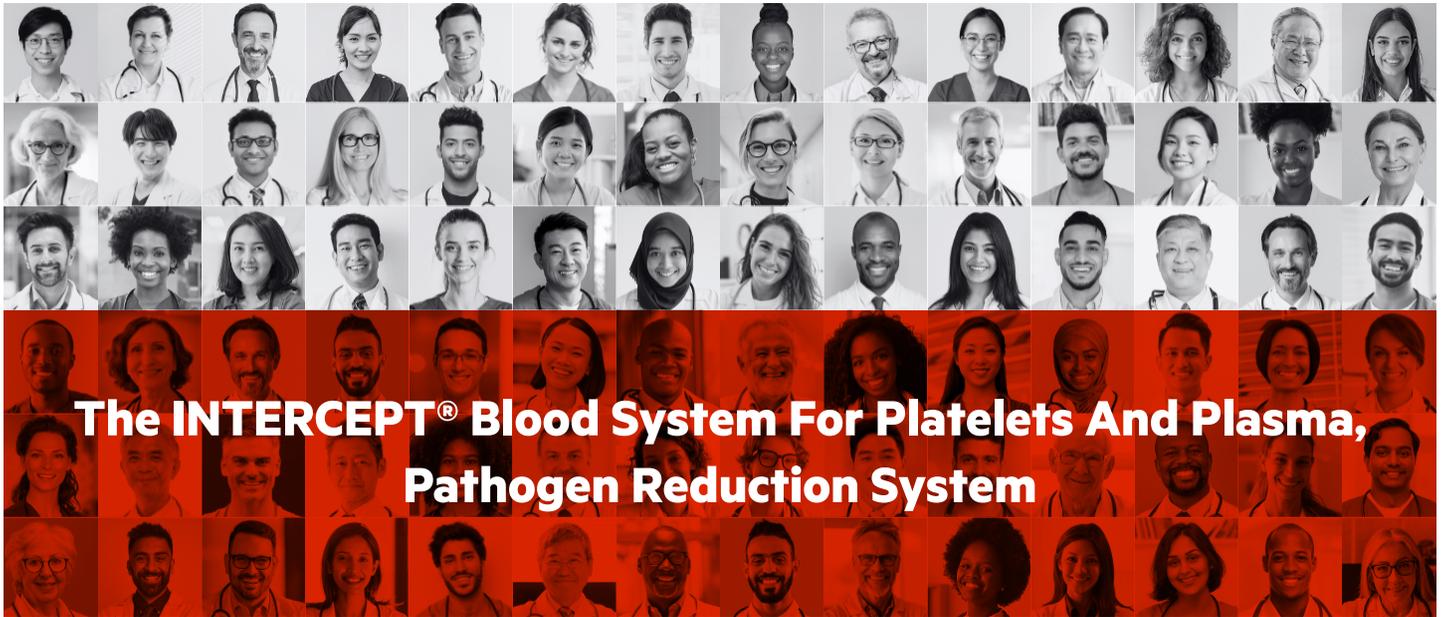


# Join the Movement.



**The majority of the US platelet supply, over 1.4 million units each year, are pathogen reduced.<sup>1</sup>**

In a series of interviews, we ask physicians to discuss why blood matters to them and why they choose INTERCEPT treated Platelets for their patients.

In the following interview, we discuss INTERCEPT Platelets with Dr. Deva Sharma from Vanderbilt University Medical Center (VUMC): Dr. Sharma specializes in treating adults with blood disorders at VUMC.



**Dr. Deva Sharma, MD**

*Assistant Professor of Hematology-Oncology & Transfusion Medicine  
Departments of Pathology, Microbiology & Immunology and Internal Medicine  
Vanderbilt University Medical Center*

## **Why is blood important? Why does blood matter?**

**Dr. Sharma:** Transfusions provide life-saving care for many patient populations, including those with cancer, hemorrhage, and inherited red blood cell disorders. Safe transfusions are essential to virtually every service and specialty in the hospital. Different aspects need to be considered for blood safety, including ensuring that the benefits of transfusion outweigh the risks, and minimizing harm of transfusions, which includes prevention of transfusion transmitted infectious diseases. In U.S., 2 - 4 deaths per year are attributed to transfusion of platelets with bacterial contamination.

## Describe your experience with Pathogen Reduced platelets. Why did you decide to implement INTERCEPT Platelets?

**Dr. Sharma:** At VUMC, as a major referral center for patients across the country, we treat many patients that are immunocompromised with complex and rare medical conditions. We want to do everything we can to prevent transfusion transmitted infectious complications. Chemotherapy and bone marrow transplants represent time- and risk-intensive therapies that offer patients the chance of a cure for very serious cancerous and non-cancerous medical conditions. We would hate for a septic transfusion reaction to jeopardize such essential, life-saving medical interventions. It's a large endeavor that requires significant financial and emotional sacrifices for patients and their families.

Also, outbreaks such as Zika highlight the risk that emerging pathogens pose to the blood supply. The COVID-19 pandemic shows how truly interconnected we are and how fast a virus can spread to create a pandemic.

This is why we decided to implement pathogen reduced products (platelets) in 2019. As of today, our platelet supply is 100% pathogen reduced.

“Chemotherapy and bone marrow transplants represent time- and risk-intensive therapies that offer patients the chance of a cure for very serious cancerous and non-cancerous medical conditions. We would hate for a septic transfusion reaction to jeopardize such essential, life-saving medical interventions.”

— **Dr. Deva Sharma, MD,**  
Hematologist,  
Vanderbilt University Medical Center

## What are your thoughts about cold stored platelets?

**Dr. Sharma:** We're not using these yet. However, I could foresee the use of cold stored platelets as part of massive transfusion protocols in level 1 trauma centers such as ours, as this practice is already in place for individuals with hemorrhagic complications at military sites. Cold stored platelets offer several unique advantages, including extension of the shelf-life and improved hemostatic effects as a result of cytoskeletal rearrangements that occur at 4°C. Although the risk of bacterial contamination is reduced with cold storage, the risk is still not zero, and there are many serious non-bacterial infections, such as malaria, which could still be transmitted by transfusion despite cold storage. We have an obligation to our patients and their families to maximize the safety of the transfusions that they receive, which includes ensuring that all platelets are pathogen reduced.

### About Dr. Sharma

**Dr. Deva Sharma** is an Assistant Professor of Transfusion Medicine & Hematology-Oncology at Vanderbilt University Medical Center. Her clinical and research interests are focused on reproductive health for women with sickle cell disease, including the application of transfusion therapies for this patient population. She has received awards from the Foundation for Women and Girls with Blood Disorders, Thrombosis and Hemostasis Societies of North America (THSNA) and Celgene, to study the epidemiology of acute vaso-occlusive pain associated with menstruation in women with sickle cell disease. She serves as co-chair of NLHBI Sickle Cell Disease Pregnancy Working Group, former co-chair for the Research and Publications Committee for the Foundation for Women and Girls with Blood Disorders, co-chair of an International Delphi Panel on Pregnancy Management in Sickle Cell Disease, and nominated representative for the AABB Transfusion Transmitted Diseases Committee (TTDC).

Find out why hospitals choose INTERCEPT® treated platelets.



**REFERENCE** 1. Estimate for platelet units treated with the INTERCEPT Blood System is based on the number of kits sold per year. Total apheresis collections in 2021 was ~2.4M (Free RJ et al. Transfusion. 2023;1-11).

**CONTRAINDICATIONS** Contraindicated for preparation of platelet components intended for patients with a history of hypersensitivity reaction to amotosalen or other psoralens. Contraindicated for preparation of platelet components intended for neonatal patients treated with phototherapy devices that emit a peak energy wavelength less than 425 nm, or have a lower bound of the emission bandwidth <375 nm, due to the potential for erythema resulting from interactions between ultraviolet light and amotosalen.

**WARNINGS AND PRECAUTIONS** Only INTERCEPT Processing Sets for platelets are approved for use with the INTERCEPT Blood System. Use only the INTERCEPT INT100 Illuminator for UVA illumination of amotosalen-treated platelet components. No other source of UVA light may be used. Please refer to the Operator's Manual for the INT100 Illuminator. Discard any platelet components not exposed to the complete INT100 illumination process. Tubing components and container ports of the INTERCEPT Blood System contain polyvinyl chloride (PVC). Di(2-ethylhexyl)phthalate (DEHP) is known to be released from PVC medical devices, and increased leaching can occur with extended storage or increased surface area contact. Blood components will be in contact with PVC for a brief period of time (approx. 15 minutes) during processing. The risks associated with DEHP released into the blood components must be weighed against the benefits of therapeutic transfusion.

**Rx only.**  
There is no pathogen inactivation process that has been shown to eliminate all pathogens. Certain non-enveloped viruses (e.g., HAV, HEV, B19 and poliovirus) and *Bacillus cereus* spores have demonstrated resistance to the INTERCEPT process.



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