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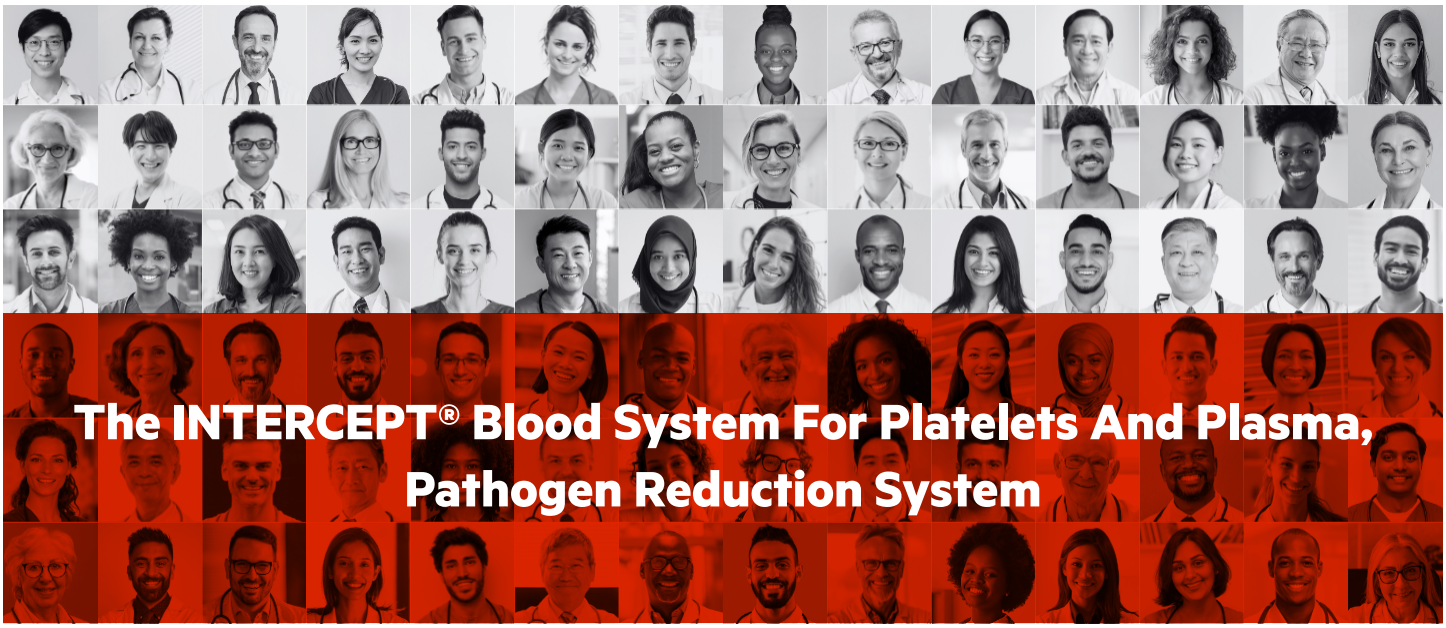
Join the Movement.



The majority of the US platelet supply, over 1.4 million units each year, are pathogen reduced.[1]

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. Shannon Walker from Vanderbilt University Medical Center (VUMC). Dr. Walker specializes in treating pediatric hematology-oncology patients at the Monroe Carell Jr. Children's Hospital at VUMC.

Dr. Shannon Walker, MD
Assistant Professor of Transfusion Medicine & Pediatric Hematology/Oncology
Departments of Pathology, Microbiology & Immunology and Pediatrics
Vanderbilt University Medical Center

Why is blood important? Why does blood matter?

Dr. Walker: Using transfusions of blood components, such as red blood cells and platelets, allows for patients to undergo more aggressive oncology treatments, which can allow providers to treat cancers more effectively. Blood is a valuable and limited resource, which cannot be manufactured in the same way as pharmaceutical products – there's a limited supply.

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

Dr. Walker: Pathogen reduced platelets are the preferred product at our institution because of safety.

Pathogen reduction allows us to get ahead of a potential transfusion transmitted infection by treating all products as potentially being contaminated. Therefore, it addresses infectious concerns broadly in a way that will reduce the overall presence of pathogens implicated in TTI, which makes transfusions safer.

It's scary for parents when providers explain their child needs blood products as part of their treatment. By using pathogen reduced platelets, we're able to tell parents with confidence that we're using the safest product for their child.

Also, with PR platelets, the need for irradiation prior to issue is no longer present. This allows us to distribute platelets more quickly to patients in need.

> " By using pathogen reduced platelets we're able to tell parents with confidence that we're using the safest product for their child."
>
> ***— Dr. Shannon Walker, MD,***
> *Assistant Professor of Pediatrics and Pathology, Microbiology and Immunology, Vanderbilt University Medical Center*

About Dr. Walker

Dr. Shannon Walker Dr. Shannon Walker is an Assistant Professor of Transfusion Medicine and Pediatric Hematology/Oncology at Vanderbilt University Medical Center. Her overarching goal is to improve the lives of patients with bleeding and clotting complications; thus her clinical and research interests are focused on pediatric and adult patients with bleeding disorders, risk prediction modeling, and hematology-related vaccine complications. She is a hematology subject matter expert for the CDC-funded Clinical Immunization Safety Assessment (CISA) Network and a member of the Vanderbilt University Medical Center Artificial Intelligence and Technology (AIT) Committee.

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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