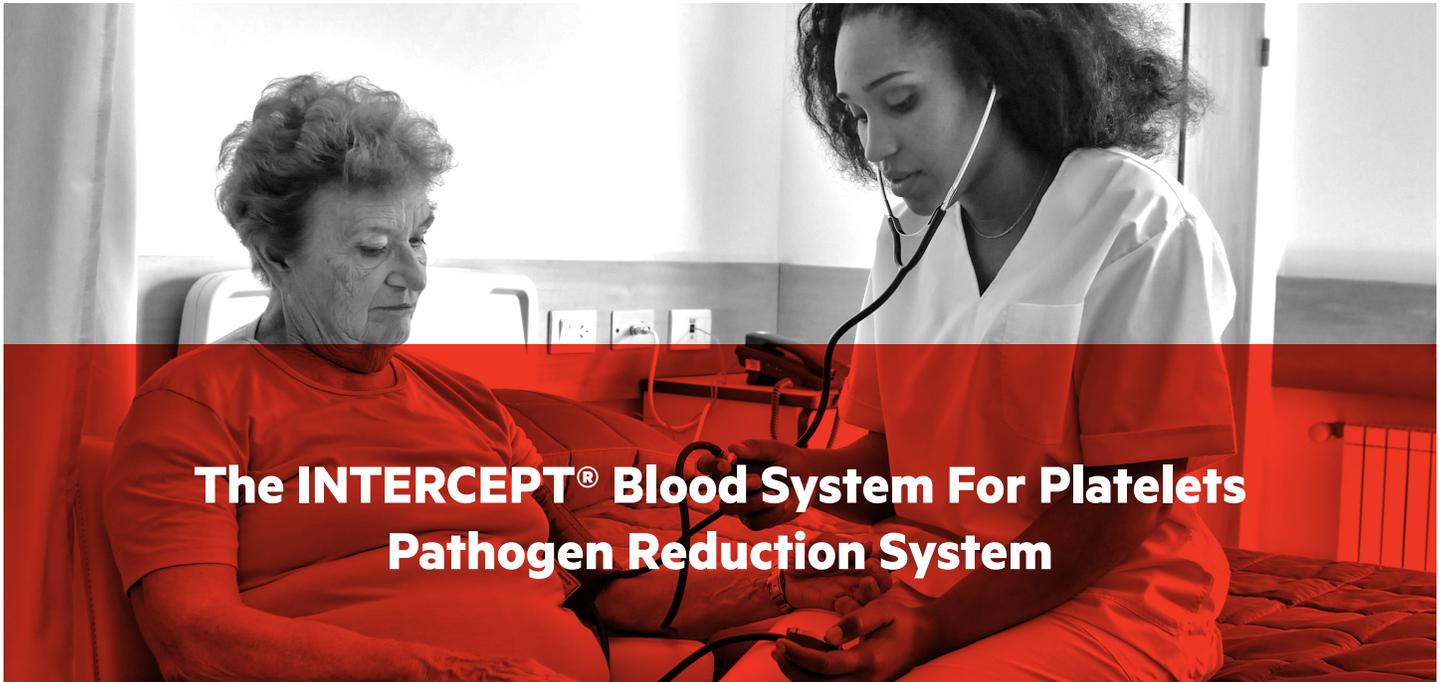


Join the Movement.



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 (“INTERCEPT Platelets”) for their patients.

Here, we discuss INTERCEPT Platelets with Dr. Maria De Los Angeles Muñiz from Robert Wood Johnson University Hospital.



Maria De Los Angeles Muñiz, MD

*Pathologist and Assistant Professor, Department of Transfusion Medicine
Robert Wood Johnson University Hospital
New Brunswick, NJ*

Describe your experience with pathogen reduced platelets. Why did you decide to implement INTERCEPT Platelets?

Dr. Muñiz: We receive blood products from different suppliers. What we get depends on what our blood suppliers can provide. More than two-thirds of our platelet inventory is pathogen reduced and the remainder is tested by large volume delayed sampling 36 or 48 hours (LVDS).

We favor pathogen reduction because safety is our priority. We serve a large cancer center, as well as neonatal and pediatric patients, and want to make sure our products are safe for such vulnerable populations.

How has the use of pathogen reduced platelets impacted logistics and/or platelet availability? Any other observations?

Dr. Muñiz: As soon as pathogen reduced platelets are released in our inventory, they can be immediately used for transfusion. We don't need to do irradiation which may delay the distribution of these products.

Also, platelet shortages are always a concern. Having pathogen reduced platelets not only minimizes TTI (transfusion transmitted infections), but you get the platelet products sooner. You don't need to wait for bacterial testing and there's no need to irradiate. They can be used immediately, which is particularly important for our chronically transfused patients.

Another benefit is not requiring additional testing and medical treatment due to false positive screening tests. For example, with LVDS tested platelets, results may come back positive for bacterial contamination. This triggers actions at the blood center and the transfusion service which adds additional costs and unnecessary stress especially to the patient. With pathogen reduced platelet products these steps [as a result of false positives] are not required, due to its proven photochemical process.

“ Having pathogen reduced platelets not only minimizes TTI, but you get the platelet products sooner. You don't need to wait for bacterial testing and there's no need to irradiate. It can be used immediately, which is particularly important for our chronically transfused patients.”

— *Dr. Maria De Los Angeles Muñiz,*
Pathologist,
Robert Wood Johnson University Hospital

What are your thoughts about the “Next Transfusion Transmitted Infection” and the role that pathogen reduction plays in pandemic preparedness?

Dr. Muñiz: We are more susceptible to pandemics due to population growth, increased travel and global warming. Emergent infectious diseases are expected to continue, and we need to proactively maintain a stable blood supply when they emerge.

The recent pandemic is an example of this. Pathogen reduction has been acknowledged by international experts² as a method to protect the blood supply during the different phases of a pandemic as defined by the WHO.³ It should be considered as part of pandemic preparedness.

Any closing thoughts?

Dr. Muñiz: In my opinion, I think we should have a robust pathogen reduced platelet product inventory because it has multiple benefits beyond reducing the risk of infection.

About Dr. Muñiz

Dr. Muñiz Dr. Muñiz is a pathologist and assistant professor in the department of transfusion medicine at Robert Wood Johnson University Hospital in New Brunswick, NJ. Previously, she served as a medical director at the American Red Cross and at Vitalant, as well as the Assistant Professor in the Department of Pathology and Laboratory Medicine at Weill Cornell/ New York Presbyterian Hospital. Dr. Muñiz is an active member of the Association for the Advancement of Blood and Biotherapies, and volunteers as an advocacy ambassador with the National Marrow Donor Program.

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). 2. Strengers, et al. Vox Sang. 2023; 118: 8–15.31. 3. “Guidance on Ensuring A Sufficient Supply of Safe Blood and Blood Components During Emergencies,” WHO, 2023.

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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