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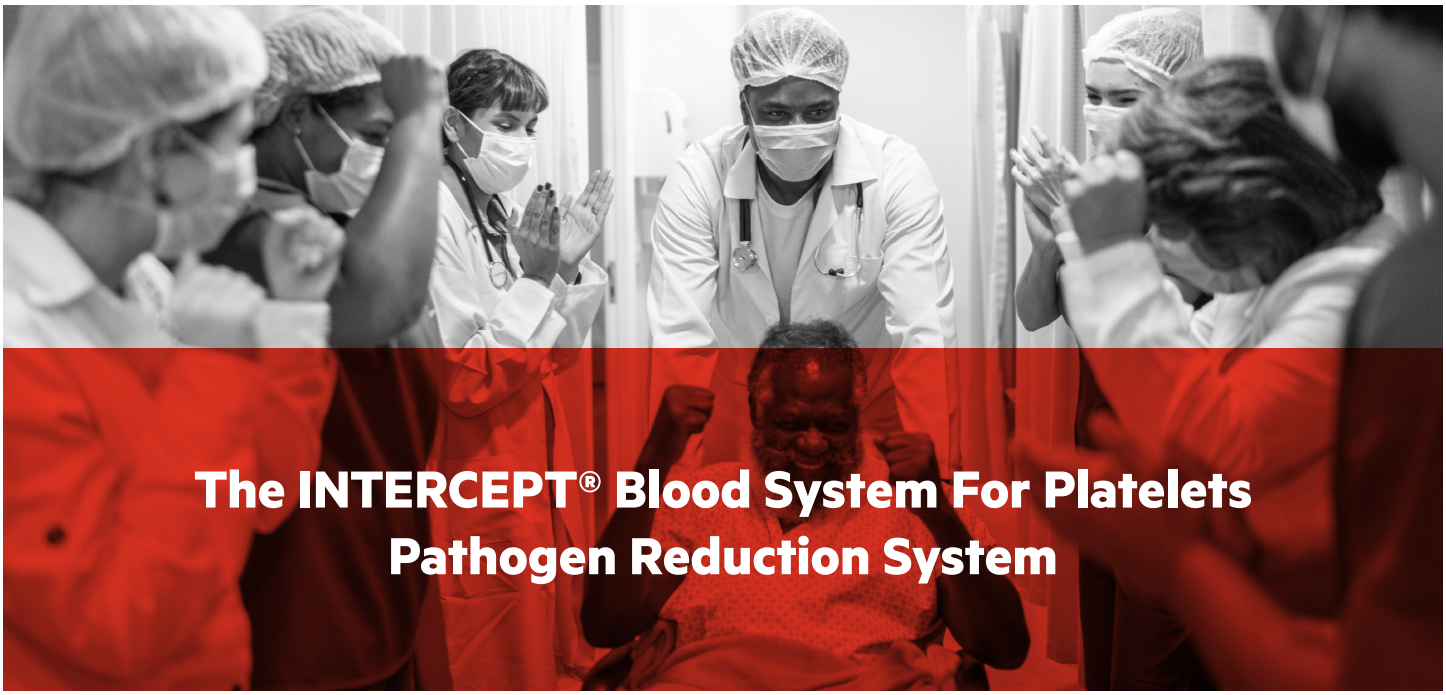

The majority of the US platelet supply, over 1.4 million units each year, are pathogen reduced.[1]

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.

In the following interview, we discuss INTERCEPT Platelets with **Jerry E. Squires, M.D., Ph.D.**, from the Medical University of South Carolina.

Jerry E. Squires, M.D., Ph.D.
Medical Director of Transfusion Service
Professor of Pathology and Transfusion Medicine
Medical University of South Carolina

Why does blood safety matter to you, and why did you decide to adopt INTERCEPT Platelets?

Dr. Squires: We work with patients who have complex histories and diseases, and we don't want to make an already difficult situation more complicated – we don't want to make them sicker. It's not just about "doing no harm," but it's also about not exposing patients to more risk. Pathogen reduction is one way to reduce risk for patients.

We've struggled, as an industry, with new and emerging infectious diseases. How does one keep ahead of a new viral or parasitic infection that might make blood riskier? Platelets are also susceptible to higher bacterial contamination risk. The Food and Drug Administration (FDA) has recognized this. When a technology comes along that decreases the risk of bacterial contamination and viral risk and helps to reduce the risk of emerging infections, why not adopt it?

How have INTERCEPT Platelets benefited your institution?

Dr. Squires: Our technologists are thrilled with INTERCEPT pathogen- reduced (PR) platelets. PR platelets don't need to be irradiated. Many of our patients are bone marrow transplant patients, which require irradiated platelets. PR platelets can be taken off the shelf, labeled and sent out. Another consideration is that there's always risk in human endeavors – for example, accidentally sending unirradiated platelets to a patient in need. [PR platelets do not require irradiation and this] makes PR products easier and probably safer for us to manage.

Also, the implementation of PR was remarkably easy. We sent out communications to clinical staff and senior nursing staff. The only question was from our neonatal IC nurses on UV irradiation and residual psoralen, but we were able to clarify that the [phototherapy] wavelengths are entirely different. Any patient can utilize these products.

Our supplier brought PR platelets in quickly; we didn't need to stratify implementation as some institutions have done. Eighty percent of our platelet inventory is now pathogen-reduced.

> " PR (pathogen-reduced) platelets provide a higher margin of safety through reduced bacterial contamination, viral and emerging infectious risk as well as reduced risk in inadvertently transfusing an unirradiated product. This is particularly important for our hematology-oncology patients who require large quantities of platelets and are exposed to many donors."
>
> ***— Jerry Squires, M.D., Ph.D***
> *Medical University of South Carolina*

What's the most important consideration for people to understand about pathogen-reduced platelets?

Dr. Squires: Pathogen-reduced platelets may cost a little more; however, I think there are bigger financial worries in the blood industry, such as the unnecessary transfusion of blood products. Cost-containment concerns shouldn't be about a product that provides great safety through the reduction of transfusion-transmitted infection risk. PR platelets provide a higher margin of safety through reduced bacterial contamination, viral and emerging infectious risk as well as a reduced risk of inadvertently transfusing an unirradiated product. This is particularly important for our hematology-oncology patients who require large quantities of platelets and are exposed to many donors.

About Dr. Squires

Dr.Squires is a professor of Pathology and Laboratory Medicine and medical director of the Transfusion Service for the Medical University of South Carolina (MUSC). He has a Ph.D. in Biology from Yale University and an M.D. from West Virginia University. He completed a residency in Pathology at the University of Virginia and is certified by the American Board of Pathology. He also completed a fellowship in Transfusion Medicine at the University of Virginia. He has more than 30 years of operational experience in blood banking and transfusion medicine, including serving as medical director of the Blood Bank at the Medical College of Georgia, medical director and CEO of the Carolinas Blood Services Region, vice president and executive medical officer for the American Red Cross.

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 and 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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