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INTERCEPT® Blood System for Platelets Pathogen Reduction System

Case Study: Optimizing Platelet Availability and Access to a 100% Pathogen Reduced Inventory

Community Blood Bank of Northwest Pennsylvania and Western New York (NWPA/WNY) supplies blood products, including 3,000 apheresis platelet products, to 21 hospitals throughout Northwest Pennsylvania and Western New York.

The Challenge

In light of eBDS culture obsolescence, NWPA/WNY needed to implement either the BacT/Alert® culture or INTERCEPT® pathogen reduction (PR) to maintain safety of their apheresis platelet products.

The Solution

NWPA/WNY opted to implement PR for all apheresis platelets to supply their hospitals. Decision criteria included:

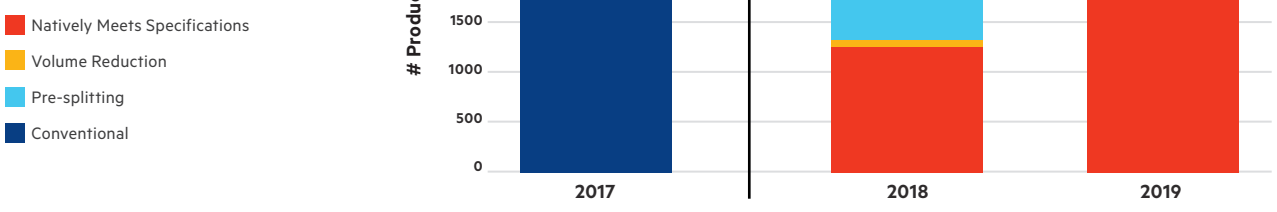
- Attaining optimal patient safety with PR's ability to proactively mitigate transfusion-transmitted infections including bacteria, viruses and protozoans[1]
- Ability release products earlier for improved product availability
- Streamlined operations versus culture-based methods, including the replacement of irradiation and CMV testing[1]

Getting to 100% PR

NWPA/WNY implemented the following production measures to attain a ~100% PR inventory:

- Volume adjustment: remove volume from collection to accommodate PR input specifications
- Collection device optimization: adjust settings to the collection device
- Pre-splitting: Dividing a double or triple collection into separate bags
- Low yield platelet doses: Production of PR PC with <3.0x10[11] for a small portion of inventory.

Measures implemented over time which resulted in an inventory of ~100% pathogen reduced platelets.



Increasing Platelet Availability

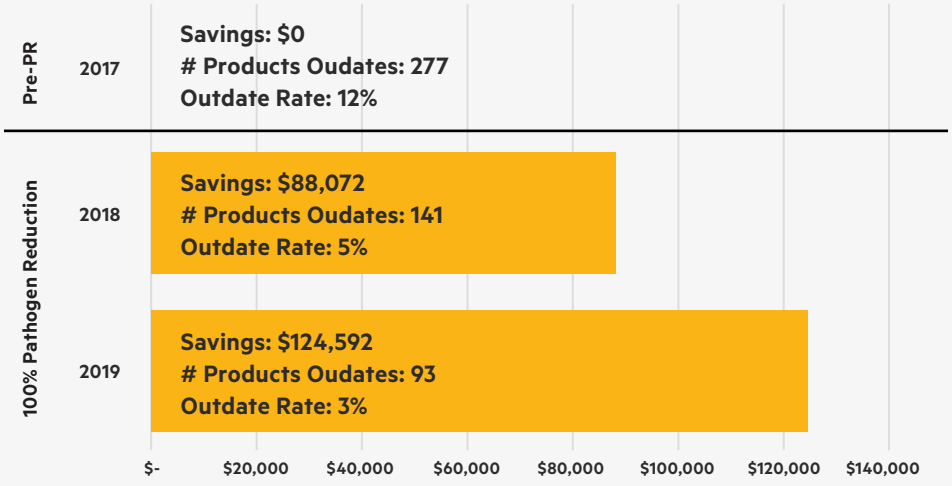
Through elimination of culture holds, and implementation of PR, NWPA/WNY was able to ship products a day earlier (D1) when compared to culture (D2); this translated to a reduction in outdate rate from 12% to 3%, and a savings of over $120,000 per year. Estimated costs are based on culture and PR costs, Trima® sets used, as well as lost product revenue.

Increased platelet availability was also realized at NWPA/WNY hospitals with PR:

- Decreased expiry rate from 14% to 9% in one hospital
- Regarding emergency release products, some physicians have expressed a preference to receive PR products in lieu of bacterially tested units due to increased product safety

> "Pathogen reduction enabled us to increase platelet availability through early product release, resulting in a 75% decrease in expiry rate, corresponding to about $120,000 per year in cost savings for our blood center."
>
> **– Tracy Collier, Technical Director,**
> ***Community Blood Bank of NWPA and WNY***

Savings realized over time due to reduced expiry



References: 1. The INTERCEPT Blood System for Platelets Package Insert, Cerus Corporation; September 6, 2022.

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 interaction 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.

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Rx only. See package insert for full prescribing information.