

## Board Meeting Minutes

**Date** Dec. 7, 2023 **Time** 9 a.m. – 12:30 p.m. ET

**Chair** Dr. Brian Postl **Recording secretary** Kelsey Stewart

**Attendees**

**Board:** Bob Adkins, Marilyn Barrett, Kelly Butt, David Lehberg, David Morhart, Judy Steele, Donnie Wing, Glenda Yeates

**Management:** Dr. Graham Sher (Chief Executive Officer), Jennifer Camelon (Chief Financial Officer and Vice-President, Corporate Services), Steven Carswell (Director, Enterprise Risk Management), Dr. Christian Choquet (Vice-President, Quality and Regulatory Affairs), Jody Faught (Director, Integrated Supply Chain Planning, Business Systems and Analytics), Melanie Griffin (Managing Counsel, Business Law), Dr. Isra Levy (Vice-President, Medical Affairs and Innovation), Mark Newburgh (Director, Donor Relations and Collections), Andrew Pateman (Vice-President, People, Culture and Performance), Richard Smith (Chief Information Officer), Elizabeth Stucker (Acting Vice-President, Plasma Operations), Eloise Tan (Director, Diversity Equity and Inclusion), Ron Vézina (Vice-President, Public Affairs)

**Guests** Ashley Haugh, Sheila Street

**Joining virtually** Anne McFarlane, Dr. Roona Sinha

**Regrets** Bobby Kwon

### 1. Call to order (B. Postl)

Dr. Brian Postl, Chair, called the meeting to order and welcomed all in attendance to Canadian Blood Services' open board meeting.

#### 1.1 Acknowledgment of traditional territory (B. Postl)

A land acknowledgement was made.

#### 1.2 Introduction of board members and executive management team (B. Postl)

Members of the board and management team were introduced.

### 2. Approval of agenda (B. Postl)

The agenda for the meeting was approved by consent.

### **3. Declaration of conflict of interest (B. Postl)**

There were no conflicts of interest declared.

### **4. Patient story (B. Postl)**

Canadian Blood Services' commitment to patients is a primary focus for the board. The board reinforces this commitment by starting each board meeting with a patient story (in-person or by video).

Alicia Perera-Thomas, along with her husband Marvin Thomas and sons Rashaun, Isaiah, and Josiah, shared how blood donors saved Rashaun's life only a few days after birth. In thanking the medical professionals and new as well as repeat blood donors, the family raised awareness on the importance of donating blood and recruiting new donors. The family will be celebrating Rashaun's first birthday at the blood donor centre while hosting a blood drive and encourage the community to join them in starting a new tradition by giving back and going to a local donor centre on birthdays and other significant milestones.

### **5. Report of the Chair (B. Postl)**

#### **5.1 Honouring Justice Krever**

This past spring Justice Horace Krever passed away. His legacy includes the Royal Commission of Inquiry on the Blood System in Canada.

The establishment of a national operator to manage the blood supply system for Canada, operating independently from governments was one of his landmark recommendations. This is how Canadian Blood Services was founded in 1998. Krever's recommendations continue to inform our operations and decision-making to this day.

To commemorate his vital contributions to Canada's blood system and the patients we serve, Canadian Blood Services created a plaque to celebrate Justice Krever's incredible legacy and will be a constant reminder that the mistakes of the past can never be repeated.

The plaque reads:

*Justice Krever led the Commission of Inquiry on the Blood System in Canada from 1993–1997. His recommendations laid the foundation upon which Canadian Blood Services was built, following the tragedy of the tainted blood crisis.*

*During this time, it is estimated that over 30,000 people were infected with Hepatitis C and 2,000 were infected with HIV. We remember the mistakes of the past and the devastating toll it took on patients and their families.*

*Justice Krever's report and its recommendations served to guide the rebuilding of the blood system in Canada since 1998. His principles continue to influence every decision made at Canadian Blood Services.*

*The provision of safe blood and blood products, and the patients who rely on us, remain our top priority.*

The plaque will be mounted at Canadian Blood Services' head office.

## **5.2 Lifetime achievement award**

Dr. Dana Devine, former Canadian Blood Services' chief scientist, was honoured for her immeasurable contributions to the blood system with a Lifetime Achievement Award.

### **Chair's report**

B. Postl, Chair reported on the following:

- Strategic plan
  - In the coming months Canadian Blood Services will be publishing a refreshed 2024 strategic plan.
  - In the post-pandemic context, there is a need to refocus Canadian Blood Services' work and priorities to ensure that the organization is making the right choices, engaging the right communities, and leveraging our capabilities to meet the ongoing and emerging needs of patients and the health system. The organization needs to increase resilience to better prepare for the future.
  - The new strategic priorities focus on products and services, donors and registrants, our people and culture, digital and physical infrastructure.
- Inventory challenges
  - Exacerbated by the pandemic, blood systems around the world have noticed changes in donor behaviour and have faced challenges with collections and inventory levels. The long-term impacts of these changes are unknown, and the organization continues to chart new realities post-pandemic.
  - Canadian Blood Services has had to ask even more loudly for people across Canada to prioritize blood and plasma donation more frequently. The organization has been running donor recruitment campaigns in a more localized, personal way with the goal of ensuring individual provinces and donors of all ages, backgrounds and communities feel connected to the challenge and personally called to support.
  - Time and convenience are significant barriers to donation so Canadian Blood Services is creating more opportunities for people to give by adding appointments, mobile events and walk-ins at donor centres where possible. These efforts are showing success. Thank you to everyone who has provided

support, you truly make all the difference for thousands of patients and their families each year.

- Canadian Blood Services is asking everyone to help another person in need through blood, plasma, financial donation, or to consider registering as an organ, tissue, or stem cell donor.
- Donor eligibility criteria
  - Canadian Blood Services continuously reviews and updates donor screening criteria as the understanding of disease patterns, blood testing and blood processing technologies advance.
  - In September 2022, with Health Canada approval, the donor screening questions about sexual orientation that prevented many sexually active gay, bi and other men who have sex with men and some trans people from donating blood were removed.
  - Donor eligibility was recently amended to reduce the waiting time for blood donation following certain cancers and cancer treatments.
  - As of Dec. 4, 2023, people who lived or spent time in the United Kingdom, Republic of Ireland or France during the so-called 'mad cow disease' outbreak are now eligible to donate blood, plasma, and platelets in Canada.
  - Canadian Blood Services encourages anyone interested in donating blood, even if they believe they are not eligible, to check [blood.ca](http://blood.ca) for the most up to date criteria. There are still many reasons why people in Canada may be ineligible to donate. The organization is committed to continual review of the latest available data to ensure that donor policies are as inclusive as possible and to maximize the potential pool of donors.
  - Canadian Blood Services' overall goal is to maintain safety of the blood system while increasing inclusivity for as many donors as possible.
- Plasma
  - Infrastructure and collections for plasma continue to grow, with the goal of ensuring a secure domestic supply of immunoglobulins for the thousands of patients in Canada who depend on them.
  - A ninth plasma donor centre in Windsor, Ontario, is planned to open early in 2024.

- With the support of governments, two more plasma donor centres are still to come following Windsor which brings the total to 11 planned dedicated plasma donor centres owned and operated by Canadian Blood Services.
- Grifols also continues to focus on collecting more plasma in Canada to make immunoglobulins exclusively for patients in Canada as part of their contractual agreement with Canadian Blood Services.
- Organ and tissue donation and transplantation (OTDT)
  - Canadian Blood Services hit an important milestone in the kidney paired donation program, achieving the 1,000th kidney transplant in May.
  - Canadian Blood Services has launched the Interprovincial Organ Sharing of Hearts for High-Status Recipients project. This new initiative is guided by the need to match available hearts to the most medically urgent, and difficult-to-match heart waitlist patients.
  - The OTDT team continues to raise awareness, conduct research and provide education around their vital, lifesaving programs.

Canadian Blood Services employees are playing essential roles in the life-to-life continuum between donors and patients. B. Postl thanked the teams across the organization for their commitment, their passion, and their service to keep Canada's Lifeline strong.

B. Postl recognized and thanked the government partners who make the decisions to help Canadian Blood Services grow and continue to meet the evolving needs of patients across Canada.

## **6. Report of the CEO (G. Sher)**

G. Sher, Chief Executive Officer, presented the organization's 2023-2024 mid-year review, including an overview of:

- Access to safe, high-quality products.
- Adaptability and resilience in a challenging environment.
- Canadian Blood Services' 25th anniversary.
- Blood for life:
  - Increased demand coupled with collections challenges.
  - Meeting patient needs - keeping supply and demand in balance.
  - Demand for red blood cells (RBCs) returning to pre-pandemic levels.
  - Supply met by a smaller number of dedicated donors.

- Recruitment tactics are driving donor base growth.
- Significant growth of the donor base is needed.
- Diversity of the donor base.
- Building trust with communities to address donation barriers and increase donor diversity.
- Evolving the donor deferral criteria.
- Assessing policies for transfusion-transmitted malaria.
- Removing the Variant Creutzfeldt–Jakob disease (vCJD) donor deferral criteria.
- Plasma for life:
  - Collecting plasma to meet transfusion needs and or biological therapies – plasma protein and related products (PPRP).
  - Recovery of demand for immunoglobulin.
  - Collections for plasma for fractionation – source plasma and recovered plasma.
  - Building the network of plasma donor centres.
  - Building the plasma donor base.
  - Plasma collection at the plasma donor centres.
  - Total plasma sent for fractionation.
  - Increasing the domestic security of immunoglobulin supply.
  - Canadian immunoglobulin sufficiency.
  - PPRP:
    - Continuing to mature the PPRP program to benefit patients - HyQvia and Glassia™ now listed on the PPRP formulary, new gene therapies for hemophilia not reviewed by Canada’s Drug and Health Technology Agency (CADTH) however dialogue continues, pilot project taking place for distribution of PPRPs in specialty pharmacies, pilot project integrating pharmacists into hemophilia care teams is demonstrating positive results.
    - PPRP inventory.
- Stem cells for life:
  - The stem cell program continues to focus on meeting patient needs.

- Hope on the Hill – a front-row learning about the importance of growing and diversifying the national Stem Cell Registry.
- Stem Cell Registry and Cord Blood Bank - size and diversity.
- The stem cell program facilitates transplants for both Canadian and international patients.
- Organs & tissues for life:
  - Donation and transplantation rates.
  - Canadian Blood Services' kidney transplant programs outperforming targets in 2023–2024.
  - Interprovincial organ sharing.
  - System development – published clinical guidance for organ donation after medical assistance in dying, production of a documentary to raise awareness among youth and underserved populations about the importance of organ donation and transplantation, developed education, awareness resources and activities for youth, students, and teachers.
  - Safety, surveillance, innovation, quality, and research:
    - Mitigating the risk of climate change on the system.
    - Leveraging our capabilities to add value to the public health system.
    - Pathogen inactivation roadmap.
    - 100 per cent of quality indicators meeting target.
    - High-impact research and development – regulatory changes impacting blood containers, introducing national non-invasive prenatal testing services and advancing whole blood introduction for civilian use, evolving platelet and plasma portfolios.
  - Workforce and organizational highlights:
    - Workforce shifts post-pandemic – voluntary turnover above pre-pandemic levels however a gradual decline overall, increased leave usage, sick leave remains elevated.
    - Occupational Health and Safety: Worker's Compensation Board (WCB) - reportable incident frequency.
    - Supporting the well-being of employees.
- Diversity, equity, inclusion and reconciliation:

- Measuring what matters in diversity, equity and inclusion (DEI).
- Supporting employees and leaders in their DEI journey.
- Continued Truth and Reconciliation journey.
- Rebuilding relationships with 2SLGBTQIA+ communities.
- Strategy and governance:
  - Strategy 2024 — new strategic plan.
- Financial results:
  - Cost model productivity improvements.
  - Financial position.
  - Statement of operations — year-over-year actuals.
  - Investments, captive insurance operations.
  - Increasing resilience, adaptability, diversity, inclusivity, and strength in Canada's Lifeline.

Discussions included:

- The increase in overall demand of blood and blood related products per capita is multifaceted and not unique to Canada. This increase involves factors linked to the pandemic, immigration patterns, larger populations, changes in patterns of care as well as other underlying variables.
- Whole blood donation frequency has declined by design to avoid iron deficiency in recurring donors. The optimal range of whole blood donation frequency is 1.8-1.9 per year. The size of the donor base would need to increase to accommodate this.
- Expanding the donor base for blood and plasma will require a network of collection centres that is distributed and agile beyond the current permanent centres to reach the appropriate communities.
- The Canadian Blood Services Cord Blood Bank focuses on the quality and diversity of units it collects rather than just quantity. It has become one of the highest ranked cord blood banks for its size and is meeting patient needs in Canada and internationally. Finding the right balance of size and cost while maintaining quality will be fundamental as the Cord Blood Bank continues to grow. Management continues to monitor the cell therapies area to determine the role Canadian Blood Services will play.
- There are challenges with collecting cord blood in more remote areas to allow enough time for transport and processing at the organization's facilities. The four hospitals that



collect cord blood were chosen because of the diversity of their populations, including Ottawa and Edmonton where there are also large urban Indigenous communities.

- In addition to the Heart Program for sensitized and high-status patients, future national organ registries could include liver and lung. Future reporting will include the impact of the national Heart Program.
- Pathogen inactivation for red blood cells is still at least three to five years away from coming to market and it may take longer than that to reach the North American markets and receive necessary regulatory approvals. At that time, a business case will need to be developed to determine feasibility and economics of implementation.

## **7. Public questions and answers (B. Postl and G. Sher)**

A question and answer period, open to any member of the public, was held during the meeting.

Question: Why was the ban for mad cow disease so long and why is it being lifted now?

Answer: When vCJD was recognized as an issue, it was thought it could have a very long incubation period, upwards of 10-20 years. A donor deferral policy went into effect to try and protect blood systems around the world. Research now shows that the incubation period is shorter and with modeling the data, it is safe to lift the criteria that has banned donors living in the geographical region where the outbreak occurred to donate.

Question: COVID-19 ended the tradition of bring together donors, recipients and stakeholders in-person for Honouring Canada's Lifeline events, is there a plan to resume these events?

Answer: COVID-19 interrupted many in-person events and Canadian Blood Services moved to virtual ceremonies. There were various learnings from those experiences and this fiscal year, management is taking a step back to look at the donor engagement strategy more broadly to recognize milestones and contributions.

Question: The waiting period between donations for women increased to 84 days due to concerns of lower hemoglobin levels. Would Canadian Blood Services consider changing the waiting period back to 56 days to allow women to donate more often to help offset the decrease in overall donations?

Answer: There has been ongoing evaluation since increasing the donation waiting period for women, which was implemented to ensure donor health. The deferral rate for low hemoglobin has now gone down, the number of women with very low hemoglobin levels, less than 110, has also gone down, and the average hemoglobin level when women come to donate is higher now. Based on current medical review and data, it is safer to maintain the 84-day period to give women a longer time for iron stores and hemoglobin to recover. A

ferritin test is being introduced which may provide additional data and algorithms in the future.

Question: Is there anywhere that makes blood donation mandatory? Could that be a solution for Canada to make sure we have enough blood?

Answer: Canadian Blood Services is not aware of anywhere in the world that mandates blood donation. Voluntary and non-remunerated (in most countries) donations are a fundamental principle of blood donation.

Question: Does Canadian Blood Services have partnerships with ministries of education across provinces and territories to integrate the importance of the blood system into school curriculum?

Answer: There are school aged content and curriculum available regarding Canadian Blood Services' products and services, however, the approach with school programs varies and is often at the region and / or school level rather than ministry level. Canadian Blood Services' future strategy is to have a youth life cycle program that delivers information more consistently, which could potentially be at a ministry / provincial or territorial level.

Question: The partnership with Grifols is innovated and will help patients. Is the 7% plasma sufficiency contribution by Grifols only from Winnipeg or also from Canadian Plasma Resources (CPR)?

Answer: The contribution from Grifols is a combination of the Winnipeg centres as well as the centres that were previously CPR.

## **8. Stakeholder presentations (B. Postl and G. Sher)**

At each open board meeting, members of the public and stakeholders are given the opportunity to present to the board. The following individuals presented to the board, and all will receive a written response following the board meeting.

### **8.1 Josie Sirna, Thalassemia Foundation of Canada**

J. Sirna in her role as a volunteer with the Thalassemia Foundation of Canada expressed gratitude towards all members of Canadian Blood Services while celebrating and congratulating the organization on all the work in the last 25 years to help Thalassemia patients thrive and stay alive. The foundation will continue to stay connected with the ask of how the foundation can help Canadian Blood Services bring ethnically diverse donors needed to save patient lives.

J. Sirna expressed interest on behalf of the foundation on exploring opportunities to collaborate on research of mutual interest. The pandemic negatively impacted the fundraising efforts and grant applications have paused in 2023. The foundation is seeking partners to amplify funding capacity and increase reach to researchers in Canada.

Additionally, the foundation strongly advocates the emerging gene therapy treatment in Canada be covered by the blood operators rather than the through the provincial and territorial drug formularies once approved.

Response: Canadian Blood Services welcomes the support to collaborate to bring diverse donors in the door. Management commits to set-up a conversation on research and development and explore potential partnership opportunities within the centre for innovation. Canadian Blood Services will remain in close discussions with the provincial and territorial governments around gene therapies that are pertinent to blood disorders and to understand the mandate and scope of Canadian Blood Services in this area.

### **8.2 Alvin Merchant, Sickle Cell Disease Association of Canada**

A. Merchant a representative of Sickle Cell Disease Association of Canada as well as a patient living with sickle cell disease conveyed the vital need for blood. Patients living with sickle cell disease need blood that is compatible with their phenotype. A. Merchant requested to have the malaria deferral criteria removed and consider alternative strategies to increase blood supply and diversity to represent varied genetic backgrounds. Furthermore, the request for establishment of a national database of patient red blood cell antigen profiles as an initiative to better support cross matching and reduce the risk of adverse reactions.

Response: Canadian Blood Services empathizes with sickle cell patients through the many barriers faced with care over decades. The organization values the excellent relations with the sickle cell community and looks forward to maintaining the collaboration and partnership. Currently the organization maintains a high range of phenotypically matched products and is interested in determining what it would take to develop a national registry in the country for patients. Canadian Blood Services is open to reevaluating restrictions that have been in place and is presently completing a risk-based decision-making analysis on multiple risk mitigation strategies to both protect the safety of the blood supply and create more opportunities for those who are deferred. The outright removal of the malaria criteria however would be contrary to the organization's objective of patient safety through the blood supply.

### **8.3 Bruce Morton, Answering TTP**

B. Morton an Acquired Thrombotic Thrombocytopenic Purpura (aTTP) patient and representative of Answering TTP is requesting the help of Canadian Blood Services to make a product, Caplacizumab, available to patients. Currently this drug is approved in many countries and has been approved by Health Canada. CADTH issued negative recommendations for Caplacizumab and as such payment is not available for Canadians.

Response: Canadian Blood Services faces two challenges in this circumstance, one being the dependency of CADTH reviews. CADTH relies on the quality of information provided by the vendors and due to significant gaps of the materials submitted, CADTH's recommendation at

the time was not to list the product for reimbursement. And two, under the current criteria, the agent does not qualify for the Canadian Blood Services formulary. More work would be needed with the vendor to research and resubmit data to CADTH for the opportunity of another review.

#### **8.4 Jennifer van Gennip, Network of Rare Blood Disorder Organizations**

J. van Gennip, the executive director of the Network of Rare Blood Disorder Organizations (NRBDO), asks for Caplacizumab to be considered as a plasma related product as part of the PPRP at Canadian Blood Services. NRBDO joins Answering TTP in asking Canadian Blood Services to consider how the organization can help secure access to Caplacizumab.

Response: Canadian Blood Services has no influence over the CADTH review nor the path which a drug takes (common drug review versus the Canadian Blood Services / CADTH review). A drug may be used in conjunction with a blood product, but this doesn't automatically fit the criteria for being carried on the Canadian Blood Services formulary. The organization is in discussion with governments about modernizing the criteria used to determine which drugs can potential be carried on Canadian Blood Services formulary.

#### **8.5 Angela Diano, Alpha-1 Canada**

A. Diano shared the importance of having the right people at the right tables at the right times, to find equitable access to treatment for Alpha-1 patients. Barriers to access were not due to the research, the data, the physicians, the patients, the industry or Canadian Blood Services, it was unfortunately the bottlenecks of the siloed federated system. A. Diano celebrates the announcement of Glassia™ being listed on the Canadian Blood Services formulary in 2024. A. Diano expressed deepest gratitude towards the board, management and teams at Canadian Blood Services for the dedication to ensure equitable access to blood and blood products for Canadian patients.

Response: The board was pleased to learn of the decision by the governments to approve the listing of Glassia™ on the Canadian Blood Services PPRP Formulary. Canadian Blood Services operates in a very complex health system because of the federated structure. Governments do have similar interests, but it can take time to get to some of the decisions. Canadian Blood Services recognizes the importance of evidence-based health technology assessments to inform government decision-making. The organization takes pride in working at a national level to ensure equitable access for patients for therapies appropriate for Canadian Blood Services to carry.

B. Postl thanked everyone for participating in the open board meeting.

The open board meeting adjourned at 12:06 p.m. EST.

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