British Columbia & Yukon Regional Liaison Committee

Record of Meeting: 2012-11-15

Location: Vancouver, BC

Members in Attendance:
- Chris Brennan, CBS
- Margaret Miedema, CBS
- Shelly Tapp
- Christine Chan, CBS
- Mary Ann Ducedre, CBS
- Steve Raper
- Ed Yee, CBS co-chair
- Pam Danesin
- Ted McGurk
- Heather MacIntosh
- Pam Wishart
- Marcello Dominguez, CBS
- Dr. Robert Skeate, CBS

Observing: Phung Chau

Regrets:
- Lisa Lockerby
- Michael Whelen, co-chair

Meeting Summary:

Welcome and Opening of Meeting:

Ed Yee welcomed everyone to the meeting. A round table of introduction of all participants in attendance was made.

Presenter: Ed Yee

Major Points:

- Ed Yee welcomed everyone to the meeting and introduced our newest members Shelly Tapp and Pam Danesin to the committee. Chris Brennan and Margaret Miedema both from CBS were also introduced.
- The agenda was reviewed and approved with no addition. The previous meeting minutes were approved.

National Fundraising

Margaret delivered a presentation – A Campaign for all Canadians – building Canada’s National Public Cord Blood Bank to the group.

Presenter: Margaret Miedema

Major Points:

- In March 2011 the Ministries of Health, Provincial and Territorial combined and committed 48M over the next 8 years to build Canada’s Public Cord Blood Bank. CBS has committed to raising 12.5M out of the 48M.
- Currently Canadian parents may choose to bank their baby’s cord blood privately. There are 3 private cord blood banks in Canada. Majority of cords are discarded as medical waste. Canada is the only G8 country that does not have a national cord blood bank and one of two counties in the G20.
- Will be working with groups such as CBS Research Ethnic Board, Canadian Stem Cell Network, Canadian Blood Marrow and Transplant Group.
- Collections sites include Ottawa, Edmonton, Vancouver and Toronto. The physical banks will be in Ottawa and Edmonton. Collections kits will be available for remote hospital locations.
• If the cord does not meet the strict guidelines, it can be donated to research and development.
• 70% of patients who require a stem cell transplant will need to look outside their family.
• (Q) What is the percentage or number of stem cell export? (A) Don’t have that data with me but we are not exporting any cords because we currently are not collecting. Most of our imports are from the US, Italy, and Germany.
• The cost of one unit of cord blood is $42,000. A child patient requires one unit and an adult will require two units.
• Three year campaign to rise 12.5M is to support the start-up cost.
• (Q) How are we funding the cord blood registry after three years? (A) It will be able to sustain itself by exporting.
• (Q) Which hospital(s) in Vancouver is selected for the collection site? (A) They have a request for proposal but we don’t know which hospital yet. They will be looking at hospitals with high number of ethnic births.
• (Q) If the umbilical cord is medical waste, why can’t you just take it? (A) We still require consent. Some cultures use the umbilical cord for religious purpose.
• A cord blood unit only contains about 60ml of blood.
• Comments:
  • Hema Quebec should be mentioned, they have an umbilical cord bank.
  • Level of misunderstanding from the public. Ex: Coquitlam newspaper had an article about cord blood transplant and how it’s not available here in Canada. Important that people get the right information or no information is sometimes better than the wrong information.
  • Cord blood can be cryo preserved for a very long time. Unsure of the exact years.
• Challenge with raising funds. Lots of people feel that CBS should be funded entirely by health care.

Action Items:

• Margaret to provide PDF version on Cord Blood Bank pamphlets to members.

New Donor Eligibility Requirements:
Dr. Skeate, CBS Medical Director from Ontario delivers a presentation on Estimated Blood Volume with the group.

Presenter: Dr. Robert Skeate

Major Points:

• Donors who have a higher vasovagal reaction (faints) have the following risk factors: young age, 1st time donor, and low estimated blood volume (EBV).
• Donor recruitments are now focusing on the younger generation so we have seen an increase of vasovagal reactions. CBS have come up with new criteria for 1st time blood donors under the age of 23 for both male and female donors.
• Comments from the group:
  • (Q) When will this be implemented? (A) Have already been implemented last week.
  • (Q) Is CBS staff measuring and weighing donors? (A) No, they’re self-reports.
  • (Q) There is such a difference with the criteria between men and women, do you think it has to do with hemoglobin? (A) There’s not a good relationship between hemoglobin and faint reaction. We don’t like collecting blood from someone with low hemoglobin. Doesn’t mean there’s an increased risk of a reaction.
**Action Items:** N/A

**Elementary School Program:**

Mary Ann Ducedre, CBS Sales Program Manager delivered a presentation on our *Elementary School Program*.

**Presenter:** Mary Ann Ducedre

**Major Points:**

- Mary Ann ran this pilot project in Brampton, ON back in 2005/06 and received really good feedback from teachers and students.
- Our corporate sponsor Bayer donated $125,000 to the project which covers everything from web development to brochures.
- Targeting students in grades 7 and 8. Blood donation fall within their curriculum in terms of biology and science.
- *(Q)* Students in grade 7 and 8 are about 12 years old. How do we keep them engage and interested long enough until age 17 when they are eligible to donate? *(A)* In the process of working on how to track students until they are eligible. We feel that this is the first step on the train and we’re looking at how we can leverage that to our recruitment efforts. For example, we are looking into how to engage moms and dads / older brothers and sisters of the students. They can also run class projects where the class takes on the task of promoting and recruiting for a local blood donor clinic. Want to expose them and plant seed now.
- *(Q)* Any plans to expand this to the grade 9 and 10 group down the road? *(A)* We do revisit them at grade 11 when they’re at age to donate.
- In Prince George, we have a competition every year “young blood for life”. Good way to tie in with that.

**Action Items:** N/A

**Operational Update:**

**Presenter:** Ed Yee

**Major Points:**

- Whole Blood Collection
- Currently YTD we are a little behind on our collection target.
- % growth over previous year is at an ambitious 5.1%. What this means is we have increased our target significantly more than last fiscal. We did this to bridge our import gap and to become more self-sufficient.
- We are only 500 units behind our goal this year. Feel confident that we will be able to make target this fiscal.
- If we continue to collect aggressively as we are doing, hopefully we’ll be able to close the import gap in 4 to 5 years.
- Platelet Collection
- Currently ahead of target at 102.4 % but we also have decreased our percentage growth over previous year.
- We are not in a situation where we want to expand our platelet collection. It is very expensive to collect versus whole blood.
Currently we do not get platelets from our whole blood units collected on Vancouver Island due to logistics and transport issues. We do have plans in place to address that next year.

In the near future, the only area where we cannot get platelets from whole blood is Prince George.

Comments:
Malaria deferral affects our donation rate in Prince George. Seeing a lot more younger people traveling to Mexico during the winter. Would like to see the age demographic from 5 and 10 years ago versus what it is today at the next meeting. Action.

(Q) How do you set the target? (A) We use a lot of numbers in our calculation such as: current size of donor base, hospital demand, average donor frequency, track record of the region, etc.

(Q) When will BCY be self-sustainable? (A) Bit of a myth because we do have a national system where we can draw upon. BCY especially in Vancouver has a low participation rate compared to the average.

(Q) How far are we off from the national average in participation rate? (A) We are about 0.5% off.

Action Items: Stats on age demographic from 5 to 10 years ago versus today.

National Liaison Committee Update:

Steve Raper attended the National Liaison Committee meeting in Ottawa on September 10 & 11, 2012.

Presenter: Steve Raper

Major Points

- Organ and Tissue Donation and Transplantation
- The addition of non-core blood service work under CBS is the form of organ donation is important work. The presentation showed how inefficient and ineffective Canada is on the developed country stage when it comes to transplant and speaks to the need for a central agency that can lead, plan and execute an improved transplant strategy
- In addition, more work needs to be done to increase the donation numbers across the country.
- MSM Update
- The NLC discussed various options for amending the waiting period related to MSM blood donors. A very interesting discussion with a range of opinions, all agreeing that an amendment was needed, but no consensus on the time period.
- Fundraising Office Discussion
- Fundraising was an interesting discussion in that some feel it is inappropriate to direct mail for fundraising purposes. It’s clear the fundraising is becoming more important for CBS, but the role and nature is going to be debated for some time as a government agency.
- Comments: Be careful how you approach this. Many people will think, “first you want my blood, now you want my money”.
- State of the Nation
- Graham Sher discussed the many challenges facing the blood system – donor apathy and growth challenges, funding restriction, and delivery models. It’s clear that CBS will continue to be stretched for resources and have to explore new leaner ways to deliver the same service

Action Items: N/A

MSM Update:

Presenter: Chris Brennan
Major Points:

- Currently in Canada it’s a lifetime deferral. There is now enough scientific evidence to support change to this policy.
- About 18 months ago we reported this to the Board of Director suggesting we change the policy somewhere between 5 to 10 years deferral instead of lifetime.
- Conducted broad scientific study of international programs of what their deferral programs/policies are, the scientific evidence they use to base their policy on, and any impact on patient safety as a result of changes they made. Document was created and distributed across the country.
- General survey with the public (9,000 response) on where your comfort level is in terms of changes to this policy. Overwhelming supportive for change. Took results to over 30 stakeholder groups including LGBTTQ.
- Will be making a submission to Health Canada in the next couple week to change our policy from a lifetime deferral to a 5 year deferral.

Action Items: N/A

DRTV Ads

Presenter: Ed Yee

Major Points:

- Ed led the conversation on Direct TV Ads with the group.
- Very effective recruiting tool.
- (Q) You ran some funny ads previously. Did you notice which ones have more of an impact? (A) The more serious ones. We did want to lighten the mood about 4 years ago and it didn’t have much of an impact. Given our history we have to approach this carefully the next time.
- Being more proactive, we budgeted 1M more this year in advertisement than last year.
- (Q) Have you thought of having a sponsor for TV/radio instead of paying yourselves? (A) No, but good idea.

Action Items: Ed will have Amy Erickson (Partnership Specialist in Prince George) contact Steve regarding putting CBS on Northern Health Authority distribution list.

Next Steps / Next Meeting

- The next meeting will in April 2013. Members will be contacted for tentative dates.
- The meeting was adjourned at 3:45 pm