NHS Blood and Transplant

The quality of platelet concentrates with pathogen inactivation treatment using INTERCEPT Blood System

Sue Proffitt

Component Development Laboratory, Cambridge

Caring Expert Quality

Introduction

- Bacterial risk reduction technologies to reduce TTI
- INTERCEPT Blood System
- Amotosalen hydrochloride and UV-A illumination
- Permanent bonds in nucleic acids

 Study impact of PI on the quality of NHSBT platelet concentrates (PC)

Effect of PI on platelet components under standard conditions

- Apheresis platelet concentrates (in Plasma using Trima)
- Apheresis neonatal splits
- Washed apheresis PC (SSP and SSP+)
- Buffy coat derived PC (8 pooled BC developed*)

Effect of PI under conditions of natural variations in collection and distribution

- High concentration apheresis platelet concentrates
- Worst case transport/agitation conditions

pH at expiry – under standard conditions

Studies are pool and split with 2 arms

	Control Non Treated	INTERCEPT Treated
Apheresis PC (Day 7)	7.25 (7.14-7.36)	6.95 (6.82-7.08)
Neonatal PC (Day 7)	7.05 (6.96-7.14)	6.84 (6.68-7.00)
BC Derived PC (Day 7)	7.43 (7.39-7.49)	7.29 (7.10-7.37)
Washed PC SSP (24hr)	6.73 (6.61-6.93)	6.72 (6.58-6.93)
Washed PC SSP+ (24hr)	7.22 (7.20-7.25)	7.19 (7.16-7.21)

n=6 showing Mean (Min and Max)

- Specification pH at end of shelf life ≥6.4 (95% components tested)
- All PC above the minimum specification



- Concentrations
 - Normal concentration
 1400x10³/µL
 - High concentration
 1700x10³/µL
- Transport/no agitation
 - NHSBT transport bags
 - Wrapped in a plastic bag (standard procedure)
 - Guidelines No longer than 24 hrs, no single period of more than 8 hours
 - Worst case 3 periods of 8 hours
 - Good/Normal 4 periods of 2 hours





n=6 Sent for bacterial screening at end of storage





n=6 mean (min-max)









n=6 mean (min-max)





- Specification pH at end of shelf life ≥6.4 (95% components tested)
- All PC above the minimum specification

pH during storage – normal concentration with PI treatment



pH during storage – normal concentration with PI treatment



pH during storage – high concentration with PI treatment



• At Day 7 - 3 of the 6 PI treated high concentration/poor storage pH≤6.4

n=6 mean (min-max)



Conclusions

- pH is well maintained in all the INTERCEPT treated components under standard conditions
 - supported by other test parameters
- High platelet concentration has greater impact on the quality than poor transport/agitation
 - when combined with INTERCEPT treatment there is potential for pH failures
 - impacts on small numbers of PC with high platelet concentration that have also undergone poor transport

Potential solutions

- Use larger volume storage container (Cerus)
- Apheresis platelets in additive solution
- Reduce the variation in platelet concentration
 - on the day platelet counts
- Reduce shelf life
- Investigate the effect of plastic wrapping platelets in transport

Important – This study looked at Worst Case transport, not actual NHSBT conditions



Wonderful Donors



- My colleagues in NHSBT
 - Component Development Laboratory, Cambridge
 - Blood Donation Clinic and Alan Blakeman, Cambridge
 - Hospital Services, Cambridge and Filton
 - Manufacturing and Hospital Services, Filton
 - National Bacteriology Laboratory, Colindale
 - Donna Blair, Donation Technology
- Also
 - Alan Cole, Terumo
 - Nick Moerman, Cerus



Any Questions?



STUDY DESIGN



Platelet Concentrate Characteristics

Pre INTERCEPT Treatment

	Mean	Minimum	Maximum
Concentration x10 ⁹ /L	1412	1264	1580
(Normal)			
Concentration x10 ⁹ /L	1660	1538	1850
(High)			
Volume mL	417.90	415.92	419.51
Yield Plts x10 ¹¹ /unit	5.92	5.30	6.63
(Normal)			
Yield Plts x10 ¹¹ /unit	6.96	6.43	7.73
(High)			

Cerus Guardbands

Platelet Count x1011/unit	Volume mL
2.5-7.0	300-420
7.1-8.0	375-420



Lactate and Glucose





At Day 7 glucose was undetectable in one high conc/poor storage/PI treated

