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American Red Cross

December 26, 2018

Division of Dockets Management (HFA–305)
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

Submitted via http://www.regulations.gov

Re: Docket No. FDA–2018-D-3324, "Recommendations for Requalification of Blood Donors Deferred Because of Reactive Test Results for Antibodies to Human T-Lymphotropic Virus Types I and II (anti-HTLV-I/II)" draft guidance, September 2018

Dear Dockets Manager:

AABB, America's Blood Centers (ABC) and the American Red Cross (ARC) are jointly submitting comments to the Food and Drug Administration (FDA) on the September 2018 draft guidance, "Recommendations for Requalification of Blood Donors Deferred Because of Reactive Test Results for Antibodies to Human T-Lymphotropic Virus Types I and II (anti-HTLV-I/II) Draft Guidance for Industry" (the September 2018 HTLV draft guidance). Members of the AABB's Transfusion Transmitted Diseases Committee, and representatives from ARC and the ABC Scientific Medical and Technical Committee have prepared these comments.

We support a requalification method for deferred donors based on "a determination that their previous reactive test results for antibodies to human T-lymphotropic virus types I and II (anti-HTLV-I/II) were falsely positive."

We have three comments on Section III, Recommendations for Requalification of Blood Donors Deferred Because of Reactive Test Results for Anti-HTLV-I/II.

4550 Montgomery Avenue
Suite 700, North Tower
Bethesda, MD 20814-3304
+ 1 301.907.6977 MAIN
+ 1 301.907.6895 FAXwww.aabb.org

Our comments are based on currently available testing methods and our expectation that FDA plans to reevaluate the permanent deferral of these donors if and when improved testing methods are available.

Comment 1 – In Section III. A., we disagree with FDA's approach that would make an indefinitely deferred donor ineligible for reentry based on indeterminate supplemental test results.

Section III.A. currently states:

FDA recommends that individuals who were indefinitely deferred with the following test results at any time are not eligible for reentry:

1. *Positive **or indeterminate** for anti-HTLV-I/II with an investigational or licensed supplemental test*
   OR
2. *Positive **or indeterminate** final interpretation with a research-use supplemental HTLV algorithm (e.g., California Department of Public Health Laboratory HTLV algorithm).*

Our Recommendations

1- Draft recommendations in Section III.A.1 and 2 are unnecessary and overly restrictive because they completely remove reentry options based on indeterminate test results.
2- We suggest deleting the phrase "or indeterminate" from Section III.A. (in bold font above).
3- We suggest that indefinitely deferred donors with indeterminate test results are appropriately addressed in Section III. B. and C., based on our suggested revisions and comments for those sections.

Rationale: We do not agree with FDA's assumption that an indeterminate test result is equivalent to a positive result precluding any opportunity for reentry testing. Our position is consistent with the findings of the November 2013 Blood Products Advisory Committee (BPAC) meeting that individuals with indeterminate results *"on the investigational supplemental test likely were not infected*." In the Background section, page 2, FDA states that the BPAC:

> *"…discussed the interpretive criteria for use of an investigational HTLV-I/II supplemental western blot test (Ref. 8). The committee advised that donors with reactive anti-HTLV-I/II tests who had negative results on the investigational supplemental test were not infected. The committee determined that individuals with indeterminate results (i.e., single gag band (p24 only) or multiple gag bands without p24) on the investigational supplemental test likely were not infected; however, the committee did not resolve the issue of whether these results could be considered negative for the purpose of donor qualification and reentry."*

In the absence of specific BPAC advice to consider indeterminate test results as positive for the purpose of donor qualification and reentry, we believe the resulting permanent deferral is unnecessary and overly restrictive. We believe that such indeterminate donors who are now negative on screening tests and on licensed supplemental testing should be eligible for reentry.

Comment 2 – Section III.B. should be revised to provide for reentry testing of a donor who is indefinitely deferred based on indeterminate supplemental test results as follows:

> *Section III.B. Donors who have been indefinitely deferred may be considered for reentry if they had the following test results at the time of the donation that prompted the deferral:*
>
> 1. *Negative* **<u>or indeterminate</u>** *for anti-HTLV-I/II with an investigational or licensed supplemental test*
>
> *OR*
>
> 2. *Negative* **<u>or indeterminate</u>** *final interpretation with a research-use supplemental HTLV algorithm (e.g., California Department of Public Health Laboratory HTLV algorithm) before the licensed supplemental test was*
>
> *available*
>
> *OR*
>
> 3. *Not further tested for anti-HTLV-I/II before the licensed supplemental test was available.*

Rationale: Consistent with Comment 1, we believe an indefinitely deferred donor with indeterminate test results should be eligible for reentry testing because:

- an indeterminate test result should not be considered equivalent to a positive result based on BPAC's conclusion that individuals with indeterminate results *"on the investigational supplemental test likely were not infected,"*
- BPAC did not advise against this reentry option, therefore, the resulting permanent deferral is an unnecessary and overly restrictive.

Comment 3 – We generally agree with the draft recommendations for reentry or deferral in III.C.3. a, b, and c.

Our Recommendation: We would fully support the approach in III.C.3 for reentry testing to determine if a permanent deferral is necessary if, as noted in Comment 2, the recommendations for follow-up testing in III.B. apply to donors with indeterminate test results.

AABB is an international, not-for-profit association representing individuals and institutions involved in the fields of transfusion medicine and cellular therapies. The association is committed to improving health through the development and delivery of standards, accreditation and educational programs that focus on optimizing patient and donor care and safety. AABB membership includes physicians, nurses, scientists, researchers, administrators, medical technologists and other health care providers. AABB members are located in more than 80 countries and AABB accredits institutions in over 50 countries.

Founded in 1962, ABC is North America's largest network of community-based, independent blood programs. The network operates more than 600 blood donor centers providing over half of the U.S., and a quarter of the Canadian blood supply. These blood centers serve more than 150 million people and provide blood products and services to more than 3,500 hospitals and healthcare facilities across North America. America's Blood Centers' U.S. members are licensed

and regulated by the U.S. Food and Drug Administration. Canadian members are regulated by Health Canada.

The ARC shelters, feeds and provides emotional support to victims of disasters; supplies about 40 percent of the nation's blood; teaches skills that save lives; provides international humanitarian aid; and supports military members and their families. The Red Cross is a not-for-profit organization that depends on volunteers and the generosity of the American public to perform its mission. About 5.6 million units of whole blood are collected from roughly 3.3 million Red Cross volunteer donors, separated into 8 million transfusable blood products and supplied to approximately 2,700 hospitals and transfusion centers across the country for patients in need.

Thank you for the opportunity to offer these comments. We look forward to continuing to work with the FDA on patient and donor safety initiatives. Questions concerning these comments may be directed to scarayiannis@aabb.org.

Sincerely,

Sharon Carayiannis, MT(ASCP)HP
Director, Regulatory Affairs
AABB

Louis M. Katz, MD
Chief Medical Officer
America's Blood Centers

Celia P. Clifford
Vice President, Quality & Regulatory Affairs
Biomedical Services Headquarters
American Red Cross