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Division of Dockets Management (HFM-305)
Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20861

Re: Draft Guidance: Collection of Platelets by Automated Methods (Docket No. 2005D-0330)

Dear Sirs:

Please accept the following comments for consideration related to the draft guidance, "Collection of Platelets by Automated Methods."

Page 5, III (A): Aspirin Deferral Period

- *"You should not collect Platelets, Pheresis from donors who have ingested drugs that adversely affect platelet function. These include, but may not be limited to:*

Aspirin (ASA)/ASA-containing drugs – 5 days from last dose (Ref. 10)

Non-steroidal Anti-inflammatory Drugs (NSAIDS) – 3 days from last dose (Ref. 9)"

- **Comments:** Adopting these limitations is overly restrictive and will have a significant impact on the availability of platelet products for patients. Years of experience suggest that patients are not at increased risk given the current guidelines. Furthermore, there is no current peer-reviewed transfusion medicine data that suggests that the current guidelines are placing patients at risk.
- **Recommendation:** Given that there have been no known issues under the current guidelines for aspirin-containing medications or for NSAIDS, we recommend that keeping the current guidelines for aspirin-containing medications in place.

Page 5, III (B1): Platelet Count

- *"You should collect only a single Platelet, Pheresis collection from first-time donors who do not have a pre-donation platelet count."*
- **Recommendation:** The guidance should be clarified as follows: "You should collect only a single therapeutic dose of Platelet, Pheresis from first-time donors who do not have a pre-donation platelet count available either prior to or immediately following the initiation of the procedure." The guidance document needs to clearly state that this restriction is only for the collection of platelets and does not apply to concurrently collected RBC or plasma.

Page 6, III (B2): Platelet Count

- *"A post-donation platelet count should be performed after each collection."*
- **Comment:** The potential of chronic platelet depletion is addressed with the pre-procedure platelet count requirement. There has been no data that donor safety has

been compromised under the current guidelines nor is there any evidence that a post-donation platelet count will add an additional layer of safety.

- **Recommendation:** We respectfully request that this requirement be removed from the guidance.

Page 6, III (B2): Donation Frequency

- *“You should collect no more than 24 total Platelets, Pheresis components in a 12-month period. Two components collected from a double collection of Platelets, Pheresis and three components collected from a triple collection of Platelets, Pheresis would be counted as two components and three components respectively.”*
 - **Comments:** This action is likely to have a significant negative impact on availability of blood products and result in platelet shortages and hardships to patients. There is no evidence that there is a risk to a volunteer donor by donations of multiple components 24 times in a 12-month period. Given the limits set by other guidances and regulations regarding the minimum platelet count of an eligible donors (count must remain above 150,000/ μ L), setting additional limits on the frequency of donation based on the type of collection is unnecessarily restrictive and will not add any additional element of donor safety. All platelet pheresis donations should be treated similarly regardless of the number of platelets actually collected.
 - **Recommendation:** The donation frequency should continue to be maintained at 24 donations (sessions) per 12-month interval irrespective of the number of therapeutic doses or products collected.

Page 7, III (D): Medical Coverage

- *“...a qualified physician able to arrive at the premises within 15 minutes.”*
 - **Comment:** The requirement for a physician to be available within 15 minutes to attend a donor undergoing plateletpheresis is unnecessary and unnecessarily restrictive. Given the utilization of current apheresis instruments which minimize citrate administration and require low extra-corporeal volumes, significant donor reactions are rare and readily handled by trained collection personnel. Reactions that require additional care can be initially handled by well-trained nursing staff who report to a licensed physician for additional intervention as needed. In the very rare instance that transport to an emergency facility is necessary, prior establishment of protocols to ensure timely access to such services would be essential; having a physician on site would not likely provide additional benefit.
 - **Recommendations:** The guidance should require 1) the prompt availability of assistance from a medical practitioner (i.e. registered nurse) who is familiar with the causes and treatment of medical problems associated with apheresis; 2) a similarly rapid availability of telephone contact with a physician trained and knowledgeable in such areas; and 3) a viable plan to obtain medical assistance on-site within 15 minutes from either a licensed physician or emergency medical personnel and services.

Page 8, IV: Information Provided to the Donor

- *“A description of the number of Whole Blood, apheresis Red Blood Cells or plateletpheresis collection procedures and/or components that may be collected per year, and the donation interval for each.”*
 - **Comments:** The information provided to the donor should be restricted to information necessary for a donor’s informed consent. Given the variability in products collected coupled with the complexities of red cells loss and intercurrent

whole blood donations, providing a complete list of inter-donation intervals would be confusing and unnecessary.

- **Recommendation:** Information provided to the donor should be limited to the essentials in order to provide informed consent including possible side effects and complications as well as pertinent contact information. An example regarding inter-donation interval could be worded as follows: “The products collected during your donation will determine how soon you may donate again. A staff member will be happy to let you know when you can donate again.”

Page 8, V(B): Target Platelet Yield

- *“To assure that each component obtained from a multiple collection of Platelets, Pheresis results in an actual platelet yield of at least 3.0×10^{11} platelets, you should use the following targets. When collecting: Double components, the device’s target platelet yield setting is at least 6.5×10^{11} . Triple components, the device’s target platelet yield setting is at least 10.0×10^{11} . “*
 - **Comment:** Apheresis collection facilities experience different precision with respect to platelet yield predictions based on laboratory methods, hematology analyzers, apheresis practices, and apheresis device. The manufacturers of the apheresis devices are practiced and expert in guiding an individual facility in understanding this precision and determining appropriate yield targets. It is inappropriate for the agency to set these targets given the documented variance between collection facilities/instruments.
 - **Recommendation:** Encourage facilities to work with the respective manufacturer to determine the appropriate targets.

Page 11, VI (D): Product Performance Qualification (Component Collection)

- *“Perform bacterial contamination testing on 500 collections with 0 failures.”*
 - **Comments:** FDA guidance should be consistent: 500 with 0 failures versus 99% (on page 12). Furthermore, if the intent is to monitor the sterility of the collection process, the likely source of contamination should be considered (e.g. donor, collection set, venipuncture site preparation or culturing process). “Failures” should be defined so as not to include false positives secondary to the culturing process.
 - **Recommendation:** Requirement of 99% sterility with 100% of units not contaminated during the apheresis collection process seems appropriate. The number of collections required during the qualification process should be consistent with that number required for other parameters.
- *“Test one third of the components for qualification during the first third of the dating period; one third during the second third of the dating period, and on third the day of outdate.”*
 - **Comments:** The timing for testing of individual parameters should be specified and may not be indicated at various intervals during the shelf-life of a product (for example, WBC count should be performed within 24 hours of collection). Furthermore, due to the limited supply and the high demand placed on these products, very few remain on the shelf at the time of outdate and would not be available for testing on the day of outdate.
 - **Recommendation:** Determine timing/frequency based on individual parameters and intent of product performance qualification.

Page 15, VII (A2): Actual platelet yield

- *“The platelet yield from each collection of Platelets, Pheresis should be provided to the transfusion facility.”*

- **Comment:** There is a minimum therapeutic dose requirement for each issued platelet product and the precise value is not taken into account by the clinical services in prescribing treatment for the patient, therefore, this requirement is unnecessary and does not provide any patient-care benefit.
- **Recommendation:** We respectfully request that this requirement be removed from the guidance.

Page 20, VII (C2): Acceptance criteria

- *“Component bacterial contamination testing: Rates of bacterial contamination of platelet-pheresis should be monitored, and rates that exceed 1:3000 (Ref. 7) should be considered potentially non-conforming, and an investigation be initiated.”*
 - **Comment:** This rate is not based on current practice. Once baseline positive rates for current testing schemes have not been determined, it may be appropriate to specify an action level for the blood center.
 - **Recommendation:** Rates of bacterial contamination of platelet pheresis should be monitored with each individual facility setting alert and action levels for positive rates based on its detection methods. The facility should also establish a plan for investigation of rates exceeding expected levels.

Thank you for the opportunity to comment on this document.

Sincerely,

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