



**American  
Red Cross**

*Together, we can save a life*

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May 10, 2002

Docket Officer  
Dockets Management Branch (HFA-305)  
Food and Drug Administration  
5630 Fishers Lane, Rm. 1061  
Rockville, MD 20852

**RE: Draft Guidance for Industry: Precautionary Measures to Reduce the Possible Risk of Transmission of Zoonoses by Blood and Blood Products from Xenotransplantation Product Recipients and Their Contacts - [Docket No. 99D-5347; 67 FR 6266 (February 11, 2002)]**

Dear Docket Officer:

The American Red Cross (ARC/Red Cross) wishes to thank the Food and Drug Administration (FDA) for the opportunity to comment on the *Draft Guidance for Industry: Precautionary Measures to Reduce the Possible Risk of Transmission of Zoonoses by Blood and Blood Products From Xenotransplantation Product Recipients and Their Contacts* (draft guidance).

ARC is the largest supplier of blood products and one of the largest providers of blood services in the United States. Each year, the Red Cross collects, processes, and distributes over six million units of whole blood, representing approximately half the nation's blood supply. The blood donated by Red Cross volunteers is also recovered and processed or fractionated into plasma derivatives. Since the new guidance will impact our blood collection and donor deferral processes, we are pleased to be able to offer the following comments.

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## **I. Introduction/Summary**

ARC has reviewed the revised draft guidance, and given full consideration to the policies and new donor questions that are being proposed. While the revised draft contains some improvements over the previous version<sup>1</sup>, fundamental issues are still unresolved. Specifically:

- A deferral policy for Xenotransplantation patients is appropriate, and we believe that the recipients are the *only* donors who need to be deferred under this guidance.
- Additional donor questions are unnecessary since donor health issues are covered extensively in other questions or in the donor educational materials. FDA may also recommend that xenotransplantation researchers educate patients and their families about blood donation restrictions during pre-transplantation counseling.
- The draft guidance is incompatible with the extensive efforts recently completed by the AABB, ARC, ABC and others on the Uniform Donor History Questionnaire Task Force to simplify, streamline, and validate the Questionnaire.
- Many terms used in the guidance remain ambiguous, or are incompletely defined. The likely results are unnecessary deferrals, delays at donor centers, and exacerbating existing blood supply shortages.
- The draft guidance's questions have not been validated. Therefore, there are no data to demonstrate that the questions will identify the donors intended for deferral.
- The additional questions may distract donors from accurately answering other questions about more serious or better defined health risks.

## **II. Deferral Policies for Xenotransplantation Recipients**

ARC agrees that Xenotransplantation recipients should be deferred. However, only a small number of individuals have undergone xenotransplantation as a medical treatment. It is anticipated that very few of them, if any, would be eligible for donation due to the health issues leading to the need for the xenotransplantation.

Rather than complicate the donation process for the small chance that a xenotransplantation patient will volunteer to donate, ARC believes that with reasonable modifications, our Blood Donation Record (BDR) and health history questioning practices can identify potential donors who are xenotransplantation recipients. These

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<sup>1</sup> 64 FR 73562; December 30, 1999.

modifications may include additional training of the health historian, and/or inclusion of information about xenotransplantation in donor education materials. ARC is willing to include such modifications, which should be more than adequate to resolve the primary concern of deferring donors who are xenotransplantation recipients.

### III. Deferral Policies for “Intimate Contacts”

The deferral policies for “Intimate contacts” of xenotransplantation recipients raise more complex issues. ARC asks FDA to reconsider this deferral requirement on a high priority basis. Our concerns include:

- There is no evidence of transmission of pathogens through such contacts. Thus, the risk of disease transmission by an “Intimate contact” of a Xenotransplant recipient is very remote. The guidance would establish highly elaborate deferral criteria for a very small donor subpopulation with a remote theoretical risk.
- The deferral criteria are ambiguous. For example, does a one-time use of someone else’s razor or toothbrush mean they “share” them? Or, is ongoing use, and for how long, cause for deferral? How often does “exposure to blood and body fluids” need to occur to be considered “repeated?”
- Additional, and unnecessary, donor deferrals could reach significant numbers as blood centers err on the side of caution to remain in compliance given the ambiguity of the deferral criteria.

It should be pointed out that several HHS/FDA advisory committees have reviewed either the original draft guidance or the Feb. 11, 2002 revision.<sup>2</sup> None of these Committees gave a strong endorsement to the concept of deferral of “Intimate contacts.” As one SACX committee member noted at the March 12, 2002 meeting when referring to these earlier advisory committee meetings, *“there were nine yes votes and seven no votes ...that was a split vote [at the Xenotransplantation Subcommittee meeting]. There was a subsequent discussion at the BPAC committee and...that was also a divided vote....”* Moreover, the SACX declined to provide additional views on the revised draft guidance without further information on potential risks and donor impacts.

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<sup>2</sup> The Xenotransplantation Subcommittee of the Biological Response Modifiers Advisory Committee (Subcommittee) 1/13/00; The Blood Products Advisory Committee (BPAC) 3/17/00; and the Secretary’s Advisory Committee on Xenotransplantation (SACX) 3/12/02.

#### **IV. Donor Questions**

ARC remains concerned about adding new questions to an already overly burdensome donor questionnaire. While these questions have been simplified from the previous draft guidance, they still lack the clarity needed to be suitable for use in a blood collection setting, have not been validated, and would be added to a donor questionnaire known to be unacceptably lengthy. Rather than include additional questions in a blood donation guidance, ARC requests that FDA include a requirement for counseling the recipients and their families in the xenotransplantation research guidances and protocols. We believe that this approach would be at least as effective, and likely more effective as a means of screening potential donors than attempting to ask the additional questions at the time of donation. In addition:

- ARC has participated in the two-year effort spearheaded by the American Association of Blood Banks (AABB) to simplify the blood donor questionnaire. FDA requested this effort, in recognition that a revision was urgently needed. The Uniform Donor History Questionnaire Task Force has performed an extensive analysis, and obtained input from public focus groups. Much of the public input related to the very issues that the draft guidance's new questions amplify, i.e., the number and clarity of the questions require serious improvement. Thus, the draft guidance's new questions are incompatible with the Task Force's recommendations.
- We question whether volunteer donors will be able to accurately report whether they have had "Intimate contact" with xenotransplantation recipients. Due to the desire to protect their confidentiality, for example, xenotransplant recipients may not inform all friends, family and "sexual partners" of the details of their medical treatments. Thus, many donors may not know of the potential exposure.
- Without validation, it is unknown whether the questions will effectively screen the intended donors.
- There is a substantial risk that the additional questions will distract donors from accurately responding to questions regarding other health risks that are either better documented or more serious than the potential for zoonoses transmission.

#### **V. Recommendations**

ARC agrees with the deferral of xenotransplantation recipients. We urge FDA to avoid including additional questions on the blood donation questionnaire. Instead, allow blood banks to accomplish the deferral through existing questions, donor educational materials, and health historian training. Strong support for the deferral process could also come in the form of FDA guidance to investigators to counsel patients and their families at the time of transplantation. We also recommend that FDA reevaluate the draft

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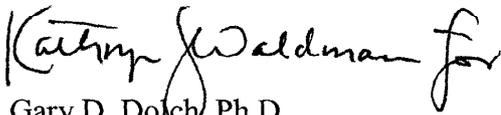
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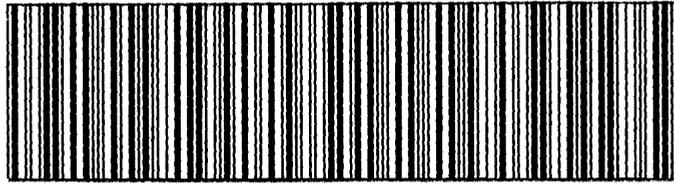
guidance and eliminate the requirement for deferral of "Intimate contacts." Finally, ARC urges FDA to support the industry's efforts to streamline the donor questionnaire by validating new donor questions prior to inclusion in future guidances.

Thank you for the opportunity to comment. If you have any questions, please contact Anita Ducca, Director, Regulatory Affairs, Quality and Regulatory Affairs Department at 703-312-5601.

Sincerely,

A handwritten signature in black ink that reads "Gary D. Dolch" followed by a stylized flourish.

Gary D. Dolch, Ph.D.  
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