

Board Meeting Minutes

Date and time: Dec. 1, 2022
9 a.m. – 12:30 p.m. ET **Session type:** Open

Chair Dr. Brian Postl **Recording secretary** Ashley Haugh

Attendees **Board:** Bob Adkins; Kelly Butt; Bobby Kwon; David Lehberg; Anne McFarlane; David Morhart; Lorraine Muskwa; Dr. Jeff Scott; Glenda Yeates; Donnie Wing; Victor Young

Executive Management Team: Dr. Graham Sher (Chief Executive Officer); Jean-Paul Bédard (Vice-President, Plasma Operations); Judie Leach Bennett (Vice-President, General Counsel and Chief Risk Officer); Jennifer Camelon (Chief Financial Officer and Vice-President, Corporate Services); Dr. Christian Choquet (Vice-President, Quality and Regulatory Affairs); Dr. Isra Levy (Vice President, Medical Affairs and Innovation); Andrew Pateman (Vice-President, People, Culture and Performance); Rick Prinzen (Chief Supply Chain Officer and Vice-President, Donor Relations); Dr. Yasmin Razack (Chief Diversity Officer); Richard Smith; (Chief Information Officer); Ron Vezina (Vice-President, Public Affairs);

Guests

Regrets Judy Steele

1. Call to order (B. Postl)

Dr. Brian Postl, Chair, called the meeting to order and welcomed all in attendance to Canadian Blood Services' open board meeting.

Acknowledgment of traditional territory (B. Postl)

It was acknowledged that the land the meeting was held on is the traditional territory of the St Lawrence Iroquoians, Anishinabewaki, Mohawk, and Algonquin peoples.

1.1 Introduction of board members and executive management team (B. Postl)

Members of the board and executive team were introduced.

Board members Lorraine Muskwa, Dr. Jeff Scott, and Vic Young are completing their terms on the board and were thanked for their valuable contributions to Canadian Blood Services.

2. Approval of agenda (B. Postl)

After review, **ON MOTION** duly made and seconded, the agenda for the meeting was approved as amended.

3. Declaration of conflict of interest (M. Cappe)

There were no conflicts of interest declared.

4. Patient story

Canadian Blood Services' commitment to patients is a primary focus for the board. The board reinforces this commitment by starting each board meeting with a patient story; in-person or by video.

Prior to the patient story, two videos from the *Making All the Difference* campaign were shared, one of which highlighted the story of Tom Wong. The videos share the impact of joining **Canada's Lifeline** and all of the ways to give.

Tom Wong joined the meeting and shared how a stem cell transplant saved his life. While waiting to find a stem cell match and since receiving his stem cell transplant, Tom has worked to promote the stem cell registry and the need for diverse registrants. He expressed thanks to his unrelated stem cell donor who he was able to meet two years after his transplant.

5. Special award presentation

Videos featuring national award recipients were shared. These awards recognize the outstanding contributions of people who have generously contributed to Canada's transfusion and transplantation programs:

- Lifetime Achievement - Dr. Shafique Keshavjee
- Lifetime Achievement - Dr. Norman Kneteman

- Logan Boulet Award - Cindy Brown for Canadian Transplant Association
- Schilly Award - Alan Han

6. Report of the Chair (B. Postl)

B. Postl, Chair, shared:

- November 25th marked the 25th anniversary of Justice Horace Krever's inquiry into the tainted blood crisis. Much has evolved over the last 25 years and Canadian Blood Services' foundation in safety and prioritization of patient needs remain paramount.
- Canadian Blood Services is experiencing higher than typical cancellations and all eligible individuals across Canada are encouraged to donate blood, plasma, platelets, make a financial contribution, or register to become a stem cell or organ donor.
- With support from federal, provincial and territorial governments, Canadian Blood Services will be increasing Canada's plasma supply by opening eleven plasma collection centres by 2024, all based on Canadian Blood Services' voluntary blood donation model. Once all sites are running at full capacity, the organization will collect enough plasma to meet at least 25 per cent of the demand for immunoglobulins in Canada.
- Through two comprehensive risk analyses, it was determined that Canada should collect enough plasma to meet the needs of at least 50 per cent of patient need for immunoglobulins in this country. One recommendation to help close the gap between the plasma the organization collects and the amount needed to meet patient need is to explore collaboration with the commercial sector, which is already growing in Canada.
- In September 2022, Canadian Blood Services announced an agreement with Grifols that will benefit patients in Canada who depend on immunoglobulins to live. This agreement was reached after a robust, independently monitored request for proposal process. Grifols will collect plasma in Canada through their paid-donor model, while Canadian Blood Services will continue to collect plasma in a non-remunerated model. All plasma Grifols collects in Canada will be used to benefit patients in this country. Grifols has also acquired a manufacturing plant in Montreal, so this agreement not only increases plasma collection in Canada, it will also enable the first ever end-to-end domestic supply chain for immunoglobulins when it opens in 2025.
- This agreement will ensure the needed domestic supply chain for immunoglobulins under the purview of Canadian Blood Services, while maintaining the integrity and accountability of Canada's national blood system. It will also eliminate the risk of

disruption that many cross-border supply chains for essential products continue to experience.

- The organization continues the necessary steps to evolve its diversity, equity and inclusion and Indigenization efforts. A recent major accomplishment was the public launch of the organization's Reconciliation Action Plan based on efforts from employees and Indigenous community members, Elders, consultants and partners. The action plan is the organization's roadmap for furthering Truth and Reconciliation efforts and building meaningful, and reciprocal relationships with Indigenous communities, organizations and individuals across the country.
- In September 2022, Canadian Blood Services moved to sexual behaviour-based screening for all donors. This means the removal of long-standing and exclusionary eligibility criteria specific to men who have sex with men. This change is the latest outcome from years of rigorous, evidence-based work to address systemic barriers to donation. It's an important milestone and a significant step towards greater inclusion, but we know we have more work to do to address the historical and ongoing harm and stigma experienced by members of 2SLGBTQIA+ communities, racialized communities and their intersections.
- On behalf of the board, thank you to Canadian Blood Services' dedicated employees and volunteers, especially those on the frontlines, for providing excellent service and keeping **Canada's Lifeline** strong.

7. Report of the CEO (G. Sher)

G. Sher, Chief Executive Officer, presented the organization's 2022-2023 mid-year review:

- Continued to ensure that Canadian patients have reliable access to safe, high-quality products
- Continued adaptability and resilience in a challenging environment
- Blood for life
 - Continued to successfully manage the supply and demand of blood products – ongoing inventory management; optimized collection and recruitment plans; onboarding continues for online hospital ordering platform
 - Red blood cell (RBC) shipments and collections returned to pre-pandemic levels while inventory and discard rate decreased
 - Active donor base increasing

- Above target acquisition of new whole blood donors in Q2 2022-2023
- Continued to focus on the donor experience
- Plasma for life
 - Reviewed total plasma for fractionation
 - Ensuring the security of supply of immunoglobulin – plasma sufficiency; plasma donation centres
 - Risk-based decision making (RBDM) - Undertaking risk mitigation measures with urgency; pursue a range of 50 to 60 per cent as a target for domestic plasma sufficiency; leverage both not-for-profit and commercial sectors; continue working with the National Emergency Blood Management Committee; maintain active monitoring of the supply and demand for immunoglobulins
 - Contract with Grifols - move closer to an end-to-end supply chain (from plasma collection to fractionation and product distribution) for immunoglobulin as soon as possible; governed by non-encroachment, non-competition and governance controls
 - Demand for immunoglobulin continues to grow, but at a slower pace than pre-pandemic
 - Continued to mature the plasma protein and related products (PPRP) program to benefit patients – product reviews; request for proposals for plasma-derived products: pilot project in Alberta to distribute take-home products through specialty pharmacies; expanded pilot project involving integrating pharmacists into hemophilia care teams
 - Reviewed total PPRPs inventory
- Stem cells for life
 - The stem cell program has a continued focus on meeting patient needs – stem cell registry; cord blood collections, CAR-T cells
 - Reviewed Canadian stem cell transplants and cord blood units distributed for transplant
- Organs and tissues for life
 - The organ and tissue donation and transplantation program worked to mature national programs and improve system performance

- Reviewed statistics regarding kidney paired donation (KPD) program and highly sensitized patients (HSP) program
- Number of transplants facilitated are within expected performance levels for the programs
- System development – education and awareness; increased accessibility for diverse audiences; updated guidance document to ensure patients who opt for medical assistance in dying (MAiD) can consider organ and tissue donation as part of their end-of-life process
- Safety, surveillance, innovation, quality and research
 - Continued monitoring of emerging pathogens and other threats of concern
 - Continued contributions to the federal COVID-19 Immunity Task Force
 - Pathogen inactivation – roadmap; milestones
 - Quality indicators – all met /are close to targets
 - High-impact research and development – new products; advancing patient care; evolving donation policy
- Workforce and organizational highlights
 - Identified areas to enhance the employee experience
 - Supported the mental and physical well-being of the workforce
- Diversity, equity and inclusion (DEI) and Indigenization
 - New sexual behaviour-based screening implemented in September 2022
 - Reconciliation Action Plan
 - Evolution of DEI and Indigenization strategy and action plan
- Financial results – productivity; summary of financial results; cost of PPRP and foreign exchange

Discussion included:

- The organization is moving to 100% online ordering of products from hospitals. Faxes or other mitigating measures will still provide backups. In the future, there is hope for further integration of technology (e.g., smart shelves in hospitals) to better enable inventory management.

- A risk analysis is currently underway related to donation criteria and Creutzfeldt-Jakob disease.
- The Make All the Difference campaign highlights Canadian Blood Services' multiple product lines.
- Work is ongoing to reach out to diverse communities across Canada to build relationships and trust in Canadian Blood Services.
- The global demand for immunoglobulin continues to grow. The US, which supplies 70+% of the world supply, is reaching/has reached a maximum saturation point for new plasmas donation centres. It is essential that Canada, and other countries, increase their domestic plasma sufficiency to meet future demands for immunoglobulin.

8. Public questions and answers

A question and answer period, open to any member of the public, was held during the meeting.

Question: I read a news story recently about blood being grown in a lab and given to a patient for the first time as part of a trial. How promising is this development? Will we still need blood donors in the future?

Answer: This has been under development for many years. There has been phase one trials growing red blood cells from stem cells and tested in the same donor. Testing is now moving to unrelated donor and recipients. Any impact to the blood industry is likely many years away.

Question: Why has Canadian Blood Services not brought back masking in clinics? COVID is surging across the country again and this is such an easy way to help keep people safe.

Answer: Canadian Blood Services has an extensive COVID-19 governance framework that has served the organization well during the pandemic. At the beginning of the pandemic, before vaccines and when many people were hospitalized with COVID-19, masks were one of the only widespread defense measures for the population. Since then, there have been many changes in the environment. Currently the Canadian population, and especially Canadian Blood Services' donors, have a high vaccine rate and Public Health is not requiring masking in all public settings. Canadian Blood Services continues to follow Public Health guidance and will remain a mask friendly environment. Monitoring will continue and changes will be implemented if necessary.

Question: For many years, my gay brother hasn't been able to donate blood and I know this upset him and many of his friends. I understand this has changed recently. Can I ask what took so long?

Answer: This change is the latest outcome from years of rigorous, evidence-based work to address systemic barriers to donation. It represents an important milestone on the organization's continual journey to build a more diverse, equitable and inclusive national transfusion and transplantation system. There is still a tremendous amount of work to do to redress past and ongoing harms, build trust and improve relationships with 2SLGBTQIA+ communities and other equity-deserving groups. Canadian Blood Services is deeply committed to this work.

Question: What is being planned to reengage with the LGBT2Q+ communities, specifically Trans, BIPOC (Black, Indigenous, People of Colour) communities, in the next year?

Answer: There is still a large amount of work to do, and the organization is committed to working with stakeholders to rebuild and repair relationships.

Question: I'm hoping you can clear something up. Is there a difference between vaxxed and unvaccinated blood. Does blood services need to keep separate supplies?

Answer: There is not a difference, and vaccinated or unvaccinated blood is safe. There is no reason to keep a separate supply.

Question: CBS frequently expresses gratitude to donors for giving blood and plasma. But the vast majority of the plasma used in the form of plasma therapies by Canadian patients comes from donors in the United States. Are there plans to say "thank you" to American plasma donors? Has CBS expressed gratitude to these donors, who are also a part of Canada's Lifeline?

Answer: When thanking donors, the organization is thanking all donors, regardless of geography, who provided life saving products to Canadian patients. This could be stem cells, rare blood, or plasma from donors within and outside of Canada.

Question: I'm curious Dr. Sher, in your perspective on some of the key things health administrators should take away from this pandemic. We've seen that the old way of doing things in terms of logistics, scheduling, remote work doesn't necessarily translate to our current reality. What are you taking from this?

Answer: There are many learnings from the pandemic: a few include supporting the mental and physical wellbeing of staff, donors, volunteers; building resilience into the supply chain; and being more agile in planning.

Question: Is Canadian Blood Services going to start coming back to places it used to collect given low inventories?

Answer: The organization remains deeply appreciative of the strong commitment of many communities to Canadian Blood Services. The balance between permanent and mobile collection events is constantly reviewed. In addition to blood or plasma donations, there are other ways to support Canadian Blood Services including registering as a stem cell or organ donor or making a financial donation.

9. Public Presentations (B. Postl)

At each open board meeting, members of the public and stakeholders are given the opportunity to present to the board. The following individuals presented to the board, and all will receive a written response following the board meeting.

9.1 Dr. Warren Fingrut, Founder, Stem Cell Club and Sylvia Okonofua, Stem Cells Club

Dr. Fingrut spoke about the need to building a more inclusive transfusion and transplantation system in Canada and strategies to address disparities.

Response: The Stem Cell Club was thanked for the work it has done to engage many people and registrants, especially in diverse communities. The stem cells and DEI teams will connect with the Stem Cell Club to continue this conversation and explore opportunities to further this important work.

9.2 Angela Diano, Executive Director, Alpha-1 Canada

A. Diano shared that Canadian patients have been safely using products manufactured by paid plasma donors for many years. Alpha-1 Canada thanked Canadian Blood Services for

developing a partnership with a commercial operator to safely collect plasma for Canadian patients and increase self-sufficiency of products in Canada. Alpha-1 Canada continues to be concerned regarding access to augmentation therapy for Alpha-1 patients and the timelines to review products.

Response: Canadian Blood Services appreciates the continued dialogue on this issue, and the work Alpha-1 Canada does to tell the stories of those living with this condition. The organization recommended to the provincial and territorial governments that a request for proposals be conducted to seek a lower price for an Alpha 1-Proteinase Inhibitor therapy and it is hoped there will be a decision soon.

9.3 Donna Hartlen, Executive Director, GBS/CIDP Foundation of Canada

D. Hartlen expressed support for the agreement Canadian Blood Services has reached with Grifols for an end-to-end plasma supply chain in Canada to safely provide products for Canadian patients. Canadian Blood Services' help was requested to advocate with the provinces and territories (PTs) for access and reimbursement for Rituximab for CIDP patients that do not respond well to immunoglobulin treatment. This will improve the quality of life for many patients and provide cost savings overall to the PTs.

Response: Canadian Blood Services believes that products for the same indications can be better coordinated and managed when they are on the same formulary. It is a system challenge when they are separated amongst formularies, as is the case for Rituximab. Because this therapy is used for multiple indications, coordination among formularies is particularly challenging. There are discussions taking place to try to identify solutions.

9.4 Jennifer van Gennip, Executive Director, Network of Rare Blood Disorder Organizations (NRBDO)

J. van Gennip expressed that increased supply and having access to products when needed are essential to people with rare blood disorders who receive blood and blood products. NRBDO supports Canadian Blood Services' recent plasma expansion and the announced agreement with Grifols so the organization can meet the 50% immunoglobulin self-sufficient rate in a safe and timely way.

Response: Ensuring Canadian patients have secure access to the products they need has been the central focus in the work Canadian Blood Services has been doing for many years. The support from NRBDO, and the important lived experience and perspective it and other patient organizations have brought to the discussion, is important.

B. Postl thanked the board, management, employees, stakeholders, and members of the public for participating in the open board meeting.

The open board meeting adjourned at 12:30 p.m. ET

* * *