

June 30, 2011  
Reference No.: HOLM11003

**VIA EMAIL**

Dr. Jerry Holmberg, Senior Advisor for Blood Safety  
Office of Assistant Secretary for Health  
Office of Secretary  
U.S. Department of Health & Human Services  
1101 Wootton Parkway, Tower Building, Suite 250  
Rockville, MD 20852  
[biovigilance@hhs.gov](mailto:biovigilance@hhs.gov) (attention Dr. Jerry Holmberg)

**SUBJECT:** Request for Information (RFI) to Identify and Obtain Relevant Information  
from Public or Private Entities with Interest in Biovigilance  
Plasma Protein Therapeutics Association  
Mary Gustafson, Vice President, Global Regulatory Policy  
147 Old Solomons Island Road, Suite 100, Annapolis, MD 21401  
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Dear Dr. Holmberg:

The Plasma Protein Therapeutics Association (PPTA) appreciates the opportunity to provide comments to the U.S. Department of Health & Human Services (HHS) on the possible development of a public-private partnership (PPP) designed to facilitate the identification of risks and strategies to assure safety of the U.S. supply of blood and blood components, tissues, cells, and organs.<sup>1</sup> PPTA is the international trade association and standards-setting organization for the world's major collectors of Source Plasma and manufacturers of plasma derived products and recombinant analogues, collectively referred to as plasma protein therapies. The therapies are used in the treatment of a number of rare diseases. The diseases are often genetic, chronic, life-threatening conditions that require patients to receive regular infusions or injections of the therapies for the duration of their lives. The therapies include clotting-factor therapies for individuals with hemophilia A and B and other bleeding disorders; immunoglobulins to treat a complex of diseases in individuals with immune deficiencies; therapies for individuals who have alpha-1 anti-trypsin deficiency, which typically manifests as adult onset emphysema and limits substantially life expectancy; and albumin, which is used in emergency-room settings to treat individuals with shock, trauma, burns, and other conditions. Members are committed to assuring the safety and availability of these medically needed, life-sustaining therapies.

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<sup>1</sup> Notice, 76 Fed. Reg. 22,900 (Apr. 25, 2011).

Partially quoting from the report “Biovigilance in the United States: Efforts to Bridge a Critical Gap in Patient Safety and Donor Health” [hereinafter “Gap Analysis”],<sup>2</sup> the above-cited Federal Register (FR) notice defined biovigilance as

“a comprehensive and integrated national patient safety program to collect, analyze, and report on the outcomes of collection and transfusion and/or transplantation of blood components and derivatives, tissues, cells, and organs. This definition does not include vaccines, allergenic products, and most recombinant human proteins.” Safety surveillance for plasma derivatives, while a logical part of biovigilance, already falls under FDA mandated drug adverse event reporting and is not addressed in the current HHS initiative.<sup>3</sup>

With this definition and modifiers, PPTA is most affected by the donor biovigilance segment of the overall effort. Most, but not all comments, will be therefore limited to the specific domain of donor biovigilance.

### **Goal of FR Notice**

As stated, the RFI “seeks to identify and obtain relevant information regarding the possible development of a public-private partnership (PPP) designed to facilitate the identification of risks and strategies to assure safety of the U.S. supply of blood and blood components, tissues, cells, and organs.”<sup>4</sup> It is the view of PPTA that the HHS should reconsider whether it is appropriate or feasible to establish a single PPP to address the broad range of activities listed in the definition of “a comprehensive and integrated national patient safety program ... outcomes of collection and transfusion and/or transplantation of blood components and derivatives, tissues, cells, and organs.”<sup>5</sup> Because of the comprehensive definition, the affected biologic products, donor and recipient populations, and often diverse and unrelated business practices of the entities participating in these activities, it is not feasible to expect that all can be served under a single umbrella organizational structure.

It appears that the proposed action plan should first be established, taking into account the deficiencies identified in the Gap Analysis after prioritizing the “gap” areas based on risk. The action plan should be developed with maximum transparency and stakeholder input. When all considerations of the proposed HHS five-year action plan are taken into account, the feasibility of one or multiple PPPs should be more evident since the road map for the five-year plan will be clearer.

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<sup>2</sup> See <http://www.hhs.gov/ash/bloodsafety/biovigilance/index.html> (last visited June 29, 2011). The Public Health Service Biovigilance Task Force drafted the October, 2009, Gap Analysis in response to recommendations of the HHS Advisory Committee on Blood Safety and Availability.

<sup>3</sup> Notice, 76 Fed. Reg. at 22,900.

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

## **Scope**

As stated above, the scope of the biovigilance proposal is so broad as to appear unmanageable. The long-term goal of a comprehensive program should first examine need and use a risk-based approach to assist in focusing on manageable goals for the shorter (five-year plan) priorities and milestones. We further recommend that this be done in a public setting with a transparent process using the Gap Analysis as a starting point.

It is only through managing the scope of the biovigilance efforts that other factors, such as structure, governance, funding, and partnering, can be addressed.

## **Confidentiality of data; other legal issues**

A biovigilance program that involves one or more PPPs would need to ensure the protection of the privacy of donors and recipients as well as of the confidentiality of entities that provide and analyze data. No information is provided on how HHS intends to ensure confidentiality and data protection in a PPP situation. There needs to be a more open process for discussing these issues, perhaps in a workshop format, with participation by existing PPPs, legal and privacy experts, and advocates.

## **PPTA-specific comments**

**Plasma protein therapies:** As mentioned in the FR notice, the definition of biovigilance includes “derivatives,” but it is modified by the statement: “Safety surveillance for plasma derivatives, while a logical part of biovigilance, already falls under FDA mandated drug adverse event reporting and is not addressed in the current HHS initiative.”<sup>6</sup> PPTA agrees with this position as mixing the mandatory reporting of drug adverse events with the voluntary recipient biovigilance system will increase the burden of reporting and add confusion with duplicate and/or discrepant adverse event reporting. It is more important to increase the value of the current adverse event reporting system than to create a second system.

**Plasma donor biovigilance:** The plasma collection industry in the U.S. collected in excess of 20 million donations in 2009. The majority of Source Plasma is collected by companies that have vertical integration of plasma collection and plasma protein therapy manufacturing. Therefore, the volume of donations per company is large. Companies have corporate systems for collecting and analyzing adverse events from plasma donations. Because of the corporate control and large number of donations, the true value of a national database has not been clearly communicated. The Gap Analysis states little directly applicable to plasma donation. While Gaps 5 – 7 are

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<sup>6</sup> *Id.*

donor-directed, the examples are from the blood community.<sup>7</sup> The lack of denominator data is most readily transferable to plasma donation as well as blood. Gap 7 does state that “[d]ata for apheresis should also be considered separately due to the unique characteristics of this critical donor subset and the higher frequency of collections.”<sup>8</sup> PPTA agrees with this statement. Also, as stated above in the “Scope” section, prioritization of the “gap” areas should be performed based on need and risk.

## Conclusion

PPTA appreciates the opportunity to comment on the RFI to Identify and Obtain Relevant Information from Public or Private Entities with Interest in Biovigilance. PPTA welcomes questions regarding these comments and/or requests for additional information.

Thank you for your consideration.

Respectfully Submitted,



Mary Gustafson  
Vice President, Global Regulatory Policy  
Plasma Protein Therapeutics Association

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<sup>7</sup> See Gap Analysis at 33-38.

<sup>8</sup> *Id.* at 37-38.