



Outlook

BY AMY EFANTIS, PRESIDENT & CEO, PPTA

As a college student at the University of Wisconsin, Madison, I supported myself by working at the student union, riding my bike in pre-dawn hours to open the commons desk in time to hand people their subscriptions to *The New York Times*. I also had weekend shifts as a building manager, which afforded me the opportunity to do cool things, like pay the bands after they finished playing in the Ratskellar or greet visiting speakers, including the Dalai Lama. Of course, it also included less pleasant tasks like unclogging drains in the basement kitchen or dealing with students who had been overserved. Looking back, the lessons I learned at that job were as valuable to my development as was my formal education.

My income, however, was not enough. There is a plasma center near the student union and I became a regular donor to help pay my bills. Eventually, I began reading the literature and talking to the phlebotomists about how plasma was used, and I remember being surprised to learn that plasma is used to make lifesaving medicines for life-threatening diseases. That revelation changed the way I looked at my donations. Donating became about more than just earning extra money to pay for ramen noodles — it was about contributing to saving lives. I was making a contribution.

Recently, I was privileged to visit a plasma center in Maryland. As we pulled up to the facility, I was struck by the eye-popping signage covering the windows, all promoting the benefits of plasma and featuring those who benefit from plasma protein therapies. On touring the center, I saw a familiar process, albeit more high-tech than in my donor days. The center manager explained the thorough process of first-time donors, including the myriad health and safety measures that evaluate the donor's health and ensure that they understand each step. I was also taken through the journey of plasma, from collection, processing, and storage at the center. The quality

assurance measures are thorough and followed precisely. Most moving, however, was having the chance to talk with a donor who's a regular at the center. I asked why he donates plasma, and he said, without hesitation, "Because I like to know that I'm helping someone who needs it." I thanked him, sincerely.

Donors make lifesaving therapies possible. On average, it takes 130 plasma donations to treat one adult patient with a primary immunodeficiency for one year. Likewise, 900 donations are required to treat someone with alpha-1 antitrypsin deficiency for a year, while treating someone with hemophilia for a year can take as many as 1,200 plasma donations.

Access to plasma-derived therapies has been lifesaving for countless people. For individuals living with common variable immunodeficiency (CVID), the 10-year survival rate has increased from 37 percent in the early 1970s to more than 90 percent today because of plasma protein therapies.

In this issue, you'll find rich content on patient access, testimonials, stakeholder priorities, an advocacy roadmap, and a profile on the new leader of the International Patient Organisation for Primary Immunodeficiencies (IPOPI). You'll also find coverage of decisions impacting patients and our industry, as well as a piece on how PPTA interacts with regulators.

I am proud of my history of plasma donation, and I am truly privileged, in my new role as President and CEO, to be serving the interests of those who develop and deliver vital medicines to people living with rare, chronic, and life-threatening diseases. ●

A handwritten signature in black ink, appearing to read 'A. Efantis'.

Amy Efantis, PPTA President & CEO