PLUS
PLATFORM OF PLASMA PROTEIN USERS

Dr. Dominik Schnichels
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Cc: Stephan Van der Spiegel
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Subject: Recommendations from PLUS organised 2017 Stakeholders Conference on the potential revision of the EU Blood Directive 2002/98/EC

Dear Dr. Schnichels,

The Platform of Plasma Protein Users (PLUS)[1] convened the Stakeholders Estoril Conference which brought various stakeholder organisations (see Annex I) in the field of blood and plasma products on January 12th and 13th January 2017 in Estoril (Portugal). The meeting was aimed at discussing key elements in the current European Union Blood Directive that should be reviewed in a future revision.

Agreements on the following key aspects were reached by the undersigned stakeholders:

It was unanimously recognised that the revised Directive should be patient- and donor-centred, as recognised in the published Dublin Consensus Statements[2]. All stakeholders including patients and donors should be consulted in the revision of the Blood Directive.

Agreement was reached that the revised Directive should cover quality, safety and supply. It was agreed that the scope of the revised Blood Directive should clearly cover blood, blood components, including plasma for transfusion, and plasma for manufacturing/fractionation of Plasma Derived Medicinal Products (PDMPs). In addition, the need for more plasma in Europe, both plasma recovered from whole blood donations and by apheresis, should underpin the

[1] The Platform of Plasma Protein Users (PLUS) is a consortium of 7 patient organisations representing people living with treatable rare plasma related disorders such as haemophilia, primary immunodeficiencies and alpha1 anti-trypsin deficiency among others. Together these organisations they represent the views of more than 110,000 people living with treatable rare plasma related disorders in Europe. The organisations represented are the following: the Alpha-1 Global Foundation, the European Haemophilia Consortium (EHC), the GBS/CIDP Foundation International, the International Patient Organization for C1-Inhibitor Deficiencies (HAEI), the International Patient Organisation for Primary Immunodeficiencies (IPOPI), the ITP Support Association and the World Federation of Haemophilia (WFH).

[2] Dublin Consensus Statement (2011): "*Patients whose continued health is dependant on the use of blood components or PDMPs have a right, through their representative organizations, to be consulted on any issue which may have an impact on the safety, efficacy or supply of the treatment they receive*. "

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review process of the Directive. As such, plasma should be further defined throughout the revised Directive. The use of the current terminology "blood and blood components" should be enlarged to "blood, blood components, plasma for transfusion and plasma for manufacturing of PDMPs" to provide further clarity and consistency.

It was unanimously recognised that recovered plasma and apheresis plasma are both required for the manufacturing of PDMPs. The European Union should promote increased plasma collection to assist in meeting patients' growing medical needs for PDMPs. This should be done without compromising the safety of donors. The revised Blood Directive should encourage Member States to implement good manufacturing practices and testing requirements in line with the European Medicines Agency Plasma Master File (PMF) guidelines as a prerequisite to use such plasma for manufacturing of PDMPs. Agreement was reached that Member States, where feasible, should be urged to develop plasmapheresis programmes. The revised Directive should ensure that efforts are made to avoid the wastage of recovered plasma.

The undersigned stakeholders strongly suggest that the availability and continuity of supply of blood components and PDMPs in the European Union be emphasised in the revised Directive[3]. The revised Directive should promote the availability of essential and life-saving blood, blood components and PDMPs.

Given that there are imprecise and conflicting terms currently in use in different national and European regulations and guidelines to describe various blood components, the undersigned stakeholders call for precise and agreed definitions, as proposed below:

- "blood" shall mean whole blood collected from a donor and processed either for transfusion or for manufacturing.

- "blood components" shall mean the therapeutic constituents of blood (e.g. red cells, white cells, platelets, plasma) that can be prepared by various methods.

- "plasma" shall mean the liquid part of blood that can be separated from whole blood donations or collected through apheresis to be used either for transfusion or for manufacturing of PDMPs.

- "plasma for transfusion" shall mean the liquid part of blood that can be separated from whole blood donations or collected through apheresis intended for transfusion.

- "Plasma for fractionation" shall mean the liquid part of human blood remaining after separation of the cellular elements from blood collected in a receptacle containing an anticoagulant, or separated by continuous filtration or centrifugation of anticoagulated blood in an apheresis procedure; it is intended for the manufacture of plasma-derived products.

[3] Dublin Consensus Statement (2012): "*Supply is a safety issue (…) an insufficient supply is a major safety risk to patients*".

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- "recovered plasma" shall mean plasma separated from whole blood donations and used for the manufacturing of PDMPs.

- "apheresis plasma" shall mean plasma collected by apheresis either:

    - as a starting material for the manufacturing of PDMPs, also referred to as "source plasma";
    - or for transfusion.

Should the European Commission intend to define "voluntary unpaid donation" (VUD), the undersigned unanimously agree that this should be done with the input of all relevant stakeholder organisations, including patients and donors.

It was further agreed that as part of the revision of the blood Directive and the technical Directives (2004/33/EC, 2005/62/EC, 2005/61/EC, 2011/38/EC, 2009/135/EC, 2014/110/UE) the EU Commission should explore options for more flexible adaptations of the technical requirements surrounding blood and plasma to mirror scientific and technical advances.

We hope that the key consensus points outlined in this letter are taken into consideration during the upcoming revision of the Directive. We would be pleased to individually or collectively further elaborate on these and additional aspects during the consultation process.

Yours sincerely,

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European Haemophilia Consortium (EHC)

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Henrik Balle Boysen,
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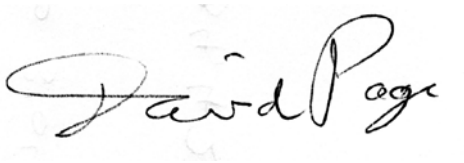

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Participants to the PLUS Consensus Conference in January 2017 were the following:

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