San Diego Blood Bank

Saving Lives Since 1950

April 18, 2001

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

RE: Docket No. 01D-0037: Pre-Storage Leukocyte Reduction of Whole Blood and Blood Components Intended for Transfusion

To Whom it May Concern

San Diego Blood Bank appreciates the opportunity to comment on the proposed guideline entitled '*Pre-Storage Leukocyte Reduction of Whole Blood and Blood Components Intended for Transfusion*' published in the Federal Register on January 31, 2001.

Section I: Scope of Recommendations

This sections states that this guidance will supercede the May 29, 1996 guidance entitled "Recommendation and Licensure Requirements for Leukocyte Reduced Blood Products". Since this proposed document only deals with pre-storage leukocyte reduction, does this mean that bedside filtration has no regulatory requirements? This type of guidance could advance the use of bedside filtration, if true. We request that this guidance include minimum standards and guidance for the use of bedside filtration.

Section IIID: Background Discussion

This section outlines the FDA concern of continued use of bedside filtration, but does not delineate the appropriate use of or quality control of such filters. If the FDA is placing stringent requirements for the manufacture of pre-storage leukocyte reduction of blood products, we request the same requirements for bedside filtered products.

Section IVA2: Manufacturing Recommendations

This section states that the time interval within which filtration should be completed after beginning filtration. The manufacturers of these filters do not currently have guidelines in their package insert. The manufacturers should set up this type of criteria as they have the capability to verify the appropriateness of the time frames. The time intervals should not be set by each individual blood center. We request that the guidance indicate that manufacturers guidelines should be followed for the length of time a product may be filtered.

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Section IVA2: Manufacturing Recommendations (continued)

This section also says that routine use donor screening for sickle trait or use of a validated alternative method should be used for all donors. This is cost prohibitive and impractical. We request that the guidance state that sickle cell testing may be used to determine a cause of a filter failure, but should not be advocated routinely.

Section IVB2: Leukocyte Reduction Procedures

This section states that leukoreduction be completed within 72 hours of blood collections. We request the limit be changed to three days. This time frame is easier to maintain process control and should have no detrimental effect on the leukoreduction process.

SectionIVB3: Process Validation

This section outlines the elements that must be incorporated into a validation protocol. Step one says that a platelet count must be performed as well as plasma content. It is not clear if the FDA is requiring platelet counts on leukocyte reduced red cell products or just leukocyte reduced platelet products. Please revise/clarify section for each specific product type.

This same section refers to a leukocyte reduced process but does not define what a leukocyte reduction process is. Is it the same process if the same filter is used at room temperature or1-6 C, or is it two separate processes? Since the filter used is the same, we request that it be defined as one process.

Section IVE: Quality Monitoring

This section calls for statistical monitoring of the leukocyte reduction process. However, achieving 95 % confidence that 95 % of units meet QC may not be practical with today's current filter technology. These types of statistics require that there be no failures ever in the process. It further states that if just one unit fails that 60 more have to be tested. It does not say that if a defect in the donor or filter is found that testing does not have to be repeated on 60 units, it just says count 60 more. If the investigation finds that an unusual circumstance caused the failure, then the process is sound and more testing should not be required. Also, if testing is occurring every week, routine testing should be sufficient. We request that the parameters be changed to 90% confidence that at least 90% of the product meets the specifications. This would be parallel to the current European standard that 90% of products tested must pass QC.

In addition, they state that weekly testing should be performed for each type of process. This may not be feasible for some blood centers. The scheduling of when to perform QC should be left up to the blood center. Some flexibility should be allowed.

Section IVE2: Sample Collection and QC Testing

This section indicates that blood sample should be collected and tested within 24 hours of leukocyte reduction. The use of EDTA in a sample can add at least 24 hours to the sample integrity and should be allowed, as long as the method has been validated.

Section IVE3: Expected Result and Actions

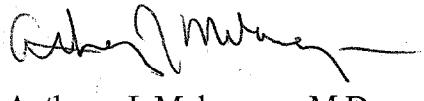
This section states that investigations should be performed on leukocyte reduced blood products that fail to retain at least 85% of the original therapeutic components. If the 85% RBC recovery of a leukocyte re cell is not met, does this trigger an additional 60 units be tested from one process, even if no cause is identified?

Section IVE4: Unexpected Result and Actions

This section says that 60 units must be tested if a single failure is encountered. It also says that other blood products must be recalled and consignees notified. If a failure is encountered, and the cause is isolated to the one unit (such as a positive sickle test), QC testing should not have to be performed on 60 additional units. Additionally, if weekly testing confirms the failure was an isolated event, even if the cause is unknown, then products should be not recalled, and consignees should not be notified. It should be unnecessary to relabel blood products in inventory as not leukocyte reduced.

Thank-you for this opportunity to comment on the proposed guideline entitled '*Pre-Storage Leukocyte Reduction of Whole Blood and Blood Components Intended for Transfusion*'. If you have any questions, please feel free to contact me or the Director, Quality Assurance/Compliance, Ms. Patricia E. Bakke, by phone at (619) 296-6393, or by e-mail at tmelaragno@bloodbank.org or pbakke@bloodbank.org.

Sincerely,



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