Pathogen Reduced Cryoprecipitated Fibrinogen Complex

(INTERCEPT® Fibrinogen Complex)

Implementation at a Large Level 1 Trauma Center

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Objectives

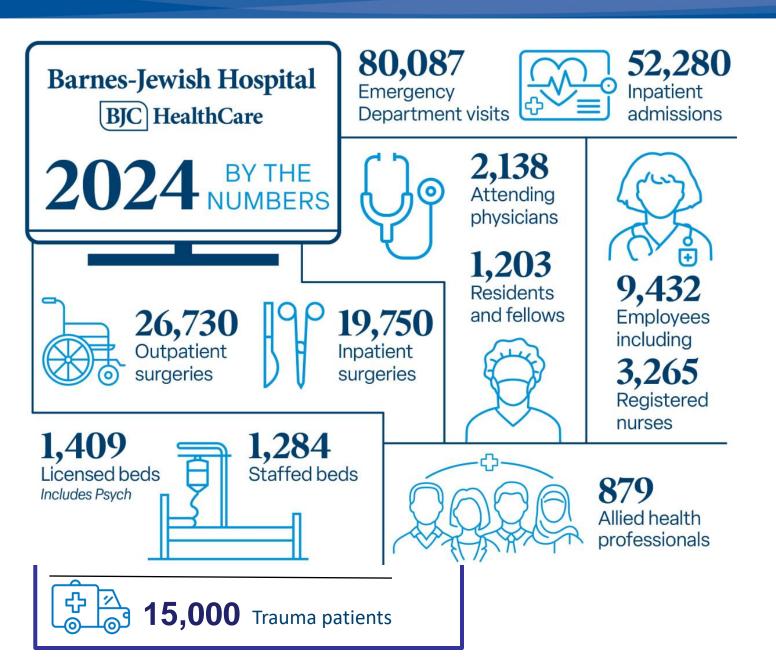
- Barnes Jewish Hospital
- BJH Blood Bank
- What is Intercept Fibrinogen Complex (IFC)?
- Why IFC over pooled Cryoprecipitate?
- Implementation Considerations Solutions
- Where are we today?
- What more can we achieve?



Barnes Jewish Hospital St. Louis, Missouri







- Comprehensive Cancer Center
- High Risk Women & Infants Center
 Service
- Level 1 Trauma
 Center
- Red Cell Exchange/Sickle Cell Program
- Consistently ranked among best in U.S.
 - News & World
 Report BARNES EWISH
 Hospital

Source: https://www.barnesjewish.org/Portals/0/FastFacts2024.jpeg

Blood Bank Statistics

LTWB

Annual Transfusions 2024 = 82,257

•	IFC	1,340
•	Pooled Cryo AHF	919
•	Plasma	8,322
•	Platelets	17,422
•	RBCs	45,890

315 Massive Transfusion Protocols

630

572 Emergency Release Events

Services

- 56 staff (covering 24/7)
 - 16 days
 - 8 evenings
 - 7 nights
- 4 Quidel/Ortho Visions (~400 T&S/day)
- Advanced Reference Lab (~25 workups/day)
- Red Cell Exchange (~20/wk)
- Washed/Deglyced RBCs (~5/wk)
- Rare Frozen RBC Inventory (~35)
- Platelet Modification (~10/day)





What is INTERCEPT® Fibrinogen Complex (IFC)?

- Approved to treat and control of bleeding, including massive hemorrhage, associated with fibrinogen deficiency¹
- Immediate*, enriched source of key factors in effective hemostasis²⁻⁴
- Pathogen reduced: produced from INTERCEPT treated plasma⁵

Day 1	Day 2	Day 3	Day 4	Day 5	
TRANSFUSION-READY: 5-Day Post-Thaw Shelf Life at Room Temperature					
Thaw					



^{1.} INTERCEPT Blood System for Cryoprecipitation for the Manufacturing of Pathogen Reduced Cryoprecipitated Fibrinogen Complex Package Insert. 2. Levy JH et al. Transfusion 2014;54:1389-405; quiz 1388. 3. Schroeder V et al. Seminars in Thrombosis and Hemostasis 2016;42(4):422-428.

^{4.} Peyvandi, F. Blood Transfusion 2018; 16(4):326-328. 5. INTERCEPT Blood System for Plasma Package Insert. *INTERCEPT Fibrinogen Complex is available for immediate use for up to 5 days when stored thawed; and when stored frozen requires thawing prior to use.

The INTERCEPT® Fibrinogen Complex Advantage







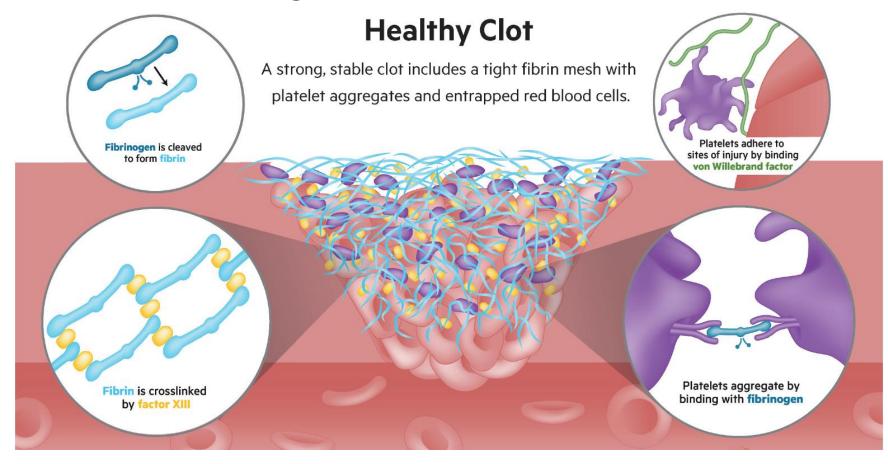






FDA Designated Breakthrough Device to CONTROL

BLEEDING*



IFC is an enriched source of fibrinogen, factor XIII, von Willebrand factor, and other constituents, to restore clot strength and potentiate hemostasis.¹⁻⁴



Pathogen Reduced Cryoprecipitated Fibrinogen Complex¹ Indications, Contraindications, Warnings, Precautions

INDICATIONS

- Treatment and control of bleeding, including massive hemorrhage, associated with fibrinogen deficiency
- Control of bleeding when recombinant and/or specific virally inactivated preparations of Factor XIII or von Willebrand factor (vWF) are not available
- Second-line therapy for von Willebrand disease (vWD)
- Control of uremic bleeding after other treatment modalities have failed

Limitations of Use: Should not be used for replacement of Factor VIII.

CONTRAINDICATIONS

- Contraindicated for preparation of blood components intended for patients with a history of hypersensitivity reaction to amotosalen or other psoralens.
- Contraindicated for preparation of blood components intended for neonatal patients treated with phototherapy devices that emit a peak energy
 wavelength less than 425 nm, or have a lower bound of the emission bandwidth <375 nm, due to the potential for erythema resulting from
 interaction between ultraviolet light and amotosalen.

WARNINGS AND PRECAUTIONS

- Only the INTERCEPT Blood System for Cryoprecipitation is approved for use to produce Pathogen Reduced Cryoprecipitated Fibrinogen Complex.
- For management of patients with vWD or factor XIII deficiency, Pathogen Reduced Cryoprecipitated Fibrinogen Complex should not be used if
 recombinant or specific virally-inactivated factor preparations are available. In emergent situations, if recombinant or specific virally-inactivated
 factor preparations are not available, Pathogen Reduced Cryoprecipitated Fibrinogen Complex may be administered.

 BARNESSEWISH

Why use IFC¹ vs Cryo AHF² for fibrinogen supplementation at Barnes-Jewish?

- Requested by Providers
- Patient safety: Pathogen Reduced
- 5 Day vs 6 Hour post-thaw Expiration
- Ability to pre-thaw; ready to go
- Potential for improved Turn Around Time (TAT) for delivery to patient



Considerations for IFC Implementation

- Does our Blood Supplier have it?
- Cost how to offset impact to budget?
- Dual inventory or solo inventory?
- How much inventory to keep on hand?
 - Cryo AHF usage ~10 units/day
- Staff triage of orders (IFC vs Cryo AHF) Delays?
- Where to store pre-thawed IFC (20-24°C)?





Where we are today

- IFC Inventory built up over 6 months to offset cost
- IFC Implemented April 18, 2024
- IFC as primary; pooled cryo AHF as backup
- Inventory on hand ~100 IFC15
 - Shipment of 60 IFC/week
- Maintain 6 thawed IFC at all times
- Tabletop incubator to hold pre-thawed inventory
 - Helmer PC100-PRO; Rees Temperature Monitor
- Staff stress levels alleviated; no triage of orders
- Waste minimized to eliminated!





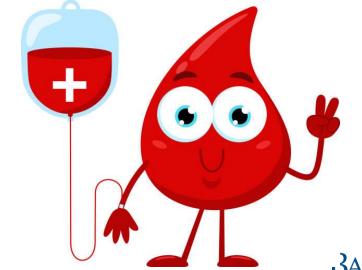
Wins

- Patient Safety: Pathogen Reduced¹
- Marked improvement in TAT:
 - Order to Issue
 - Order to Transfuse
- Cost Recovery as an institution



TAT Improvement

• Order to Issue – 40 minutes to 10 minutes! • Order to Transfuse – 90 minutes to 40 minutes!



Potential Cost Savings – OR (@ в JH)

- OR Time savings of 50 minutes
- OR room now open to support other cases sooner
- Average cost of one minute of OR = \$55/minute
- 50 minutes equates to ~\$2,750 saved for each patient transfused with IFC

Institutional savings achieved!



The future to explore....

- Replacing Fibrinogen Concentrate currently used by OB Services
- Use of IFC earlier in MTP Cycle
- Share IFC utilization across HSO consortium
 - Reduce waste for smaller HSOs/transfer to larger HSO
- Reduction in use of other blood products? (less donor exposure)



For Barnes-Jewish Hospital

- Great Decision Made! Worth the effort!
- Staff LOVE the process!
- Anesthesiologists LOVE the product!
 - "It's a Gamechanger!"
- Trust gained with the surgical staff
 - High quality product
 - Patient safety
 - Received when needed for the patient





Thank you

