Network of Rare Blood Disorder Organizations
Réseau des Associations Vouées aux Troubles Sanguins Rares

February 26, 2016

The Honourable Jane Philpott
Minister of Health
70 Colombine Driveway
Tunney's Pasture
Postal Location: 0906C
Ottawa, Ontario K1A 0K9

Honourable Minister,

A company has recently opened a private plasma collection centre in Saskatchewan. The centre has been welcomed by the Government of Saskatchewan and licensed by Health Canada. This has, however, raised the question as to whether the federal government should prohibit the practice of compensating donors for plasma destined for further manufacture into plasma-derived medicinal products (PDMPs).

The patient organizations of the Network of Rare Blood Disorder Organizations take the position that there is a global need for plasma products that can only be met through plasma collection practices such as the one introduced in Saskatchewan. Such centres must, of course, respect the most stringent international standards established by the competent regulatory authorities.

The reality is that thousands of Canadians with chronic hematologic and immunologic disorders currently rely on plasma products manufactured from compensated donors in the U.S. for their health and their lives. Of the approximately 30 plasma products distributed by Canadian Blood Services (CBS) and Héma-Québec (H-Q), only one is manufactured from plasma collected wholly from unpaid Canadian donors. Two more, immune globulin and albumin, are derived from a combination of U.S. paid plasma and CBS/H-Q plasma. All the others are manufactured entirely from the plasma of compensated U.S. donors. More than 70 percent of the plasma required by CBS for the PDMPs they distribute is collected from compensated U.S. donors. This figure approaches 90 percent for Héma-Québec. Every year, demand for plasma for immune globulin is rising faster than the plasma supply from non-compensated Canadian donors.

Since the tainted blood tragedy of the 1970s and 1980s, huge changes have taken place in the regulation and manufacture of PDMPs. Thanks to rigorous donor screening, testing of donations and viral clearance procedures, these products have maintained a perfect safety record with regard to pathogen transmission since 1990. It is false to state that PDMPs from compensated donors are less safe than those from unpaid donors.

We see no evidence to suggest that the establishment of such plasma centres will have a negative impact on CBS' and Héma-Québec's capacity to continue to supply Canadians with labile products: red cells, platelets and plasma for transfusion.

Patients who require PDMPs see no merit to the argument that compensation of Canadian donors is unethical, while Canada, and indeed the entire world, rely on paid donors, mainly in the U.S., for the essential raw material needed to produce these life-saving medicines.

We urge you not to prohibit this practice in Canada.

Sincerely,

Wendy Sauve
Chair, NRBDO

Answering T.T.P. Thrombotic Thrombocytopenic Purpura

Aplastic Anemia & Myelodysplasia Association of Canada

Canadian Association for Porphyria
Association Canadienne de Porphyrie

Canadian Hemophilia Society
Help Stop the Bleeding

CIPO Canadian Immunodeficiencies Patient Organization

CORD Canadian Organization for Rare Disorders

FA Fanconi Canada

HAE AOH Canada

SCDAC AAFC
Sickle Cell Disease Association of Canada
Association d'anemie falciforme du Canada

The Network of Rare Blood Disorder Organizations (NRBDO) is a coalition of national patient groups, formed to share the best practices in health care delivery for people with rare blood disorders such as hereditary angioedema; aplastic anemia, Fanconi anemia, paroxysmal nocturnal hemoglobinuria (PNH), and myelodysplasia; primary immune deficiency; porphyria, sickle cell disease, thalassemia, thrombotic thrombocytopenic purpura (TTP), hereditary hemorrhagic telangiectasia (HHT), hemophilia and von Willebrand disease.