

Life Link

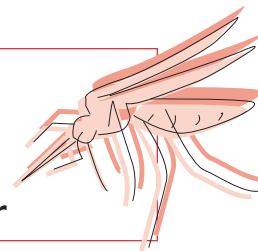
A link between donors, volunteers, staff & friends of the Stanford Blood Center



Susan Galel, M.D.

Blood Center Is Prepared for West Nile Virus

A message from the Associate Medical Director



By Susan A. Galel, MD,
Associate Medical Director

West Nile Virus may be headed for California this year, but we are prepared. We added a new donor screening question June 1, and we will have implemented an investigational donor screening test for West Nile Virus by the time this newsletter goes to press.

West Nile Virus (WNV) first appeared in the Northeast U.S. in 1999. Since that time, the virus has spread steadily through North America, with a larger area affected each year. By 2002 most of the U.S. was affected, with 4,156 cases of WNV infection and 284 deaths.

WNV primarily infects birds. The infection is transmitted to humans and other animals incidentally through the bite of mosquitoes that have fed on infected birds. Peak transmission to humans occurs in late summer and early

fall. In a given geographic region, WNV is usually found in birds prior to the onset of any human infections. As of July 1, 2003, WNV has not been found in any birds in California.

WNV infection in humans usually is not associated with any symptoms. About 20 percent of people with WNV infection develop a non-specific flu-like illness with symptoms that may include fever, headache, eye pain, body aches, generalized weakness, new skin rash, or swollen lymph nodes. In approximately one out of every 150 infections, symptoms may be severe, including encephalitis, meningitis, or a polio-like illness. Individuals over the age of 50 and those with impaired immune systems are thought to be at increased risk of these severe WNV manifestations.

During the 2002 WNV epidemic, there were at least 21 cases of apparent transmission of WNV through blood transfusion in the U.S. In response, the U.S. Food and Drug Administration (FDA) encouraged the development of tests that could be used to screen donated blood for WNV. The FDA is encouraging the use of these investigational assays

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The Need For Blood Never Takes A Vacation!

How true this is! You may see our banners or flyers during summer with this message. While our staff, volunteers and donors have summer vacation plans, patients unfortunately still need blood.

Summer is an especially difficult time to collect blood. The high schools and colleges that we have regular blood drives with during the academic year are out on summer break. Company blood drives see less appointments because of summer vacations, and great Bay Area weather keeps people busy outdoors.

This is why we urge you to donate this summer. Before you go out of town or when you get back, please give us a call at 888-723-7831. Help prevent a blood shortage and make an appointment to donate. Thank you for your continued support! We couldn't help patients without you.

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News & Events

Around the Hemo Globe

A Mother's Thank You

Recently, we had our first donor make 400 donations at Stanford Blood Center alone! A wonderful article was published in the April 19 issue of the *San Jose Mercury News* chronicling Dick Tagg's accomplishment. The article prompted a mother to write Mr. Tagg. He wanted to share her note with all donors, volunteers and staff who help patients receive the precious gift of blood.



DICK TAGG MAKES HIS RECORD 400TH BLOOD DONATION AT THE STANFORD BLOOD CENTER.

Dear Mr. Tagg,

I read the article in today's paper about your incredible blood donation record. My 16-year-old daughter has been a leukemia patient at Lucile Packard Children's Hospital at Stanford for the past three and a half years. After a bone marrow transplant two years ago, she is in complete remission. Without generous people like you, she would not have survived to be the vibrant and healthy teenager she is today.

Have you ever seen how a whole blood transfusion restores oxygen and energy to a listless child? How about how platelets reverse the tendency toward uncontrollable bleeding? I have seen this multiple times, and each time I have prayed that the donor would be abundantly blessed for giving such a precious gift to a stranger. I have no idea if my daughter was a direct recipient of your giving, but on behalf of many children who are now well because of you--an enormous thank you. Your gifts are truly appreciated.

Sincerely,
Jeanette Yama

thank you

August

Wild August Singles Night BBQ

WEDNESDAY, AUGUST 27

4:30 P.M. – 7:30 P.M.

Be a party animal at this wild animal theme blood drive! BBQ, live music and fun for all. Bring a friend, meet a friend.

A Moment In History

1818 James Blundell, a British obstetrician, performs the first successful transfusion of human blood to a patient for the treatment of postpartum hemorrhage. Using the patient's husband as a donor, he extracts approximately four ounces of blood from the husband's arm and, using a syringe, successfully transfuses the wife. Between 1825 and 1830, he performs 10 transfusions, five of which prove beneficial to his patients, and publishes these results. He also devises various instruments for performing transfusions and proposed rational indications.

(SOURCE: AMERICAN ASSOCIATION OF BLOOD BANKS/WWW.AABB.ORG)





MARDI GRAS

Fun

We celebrated Fat Tuesday on a Wednesday this year with our Singles Night Mardi Gras Blood Drive. Donors enjoyed fried chicken and created their own mini Mardi Gras floats after donating. Several lucky partygoers won gift certificates in our prize drawing. Thanks to Mimi's Café, Creola, Kingfish and Nola for donating the spicy prizes! The next Singles Night event will be Wednesday, August 27.

Don't miss out on the next fun event! To get a monthly e-mail update, send your e-mail address to czks@stanford.edu with SUBSCRIBE in the subject.

BLOOD CENTER IS PREPARED FOR WEST NILE VIRUS CONT. FROM FRONT COVER

during the 2003 WNV season. WNV is thought to be present in the bloodstream only transiently, early in WNV infection, prior to the development of an antibody (immune) response. Only a sensitive test that detects very small amounts of virus could identify potentially infectious donors. On July 1 we implemented an investigational test that is designed to detect WNV genes (nucleic acid) in donor blood. This test was developed by Roche Molecular Systems (RMS). We worked with RMS to develop a clinical trial protocol that can be used by multiple donor testing sites throughout the U.S. and Canada. We will be evaluating the performance of the test

and its ability to detect WNV infections in blood donations. Of course, we will notify any donors that test positive on this investigational assay, and will offer follow-up testing.

In addition to encouraging the use of investigational WNV tests, the FDA has requested that blood centers implement a new donor-screening question: "In the past week, have you had a fever with headache?" The FDA hopes that this simple question may screen out some donors with WNV, even though most people with WNV do not have any symptoms. In addition, we will continue to request that donors notify us if they develop a fever within two weeks fol-

lowing their donation; we will evaluate these reports and retrieve donated blood products from donors who have symptoms suggestive of WNV infection. Altogether, we hope that these efforts will reduce the risk of WNV transmission during this summer season.

Blood is always in short supply during the summer, when donors go on vacation but patients do not. With every new safety initiative, our task of ensuring adequate blood is made more difficult. We appreciate all your efforts to squeeze us in to your schedule—please stay healthy!



Events & News 3

News & Events



Bacterial Detection: A Rising Concern

By Nicolas Beck, Stanford Student with the Community Service Writing Program

With the significant reduction of viral risk in the blood supply, safety awareness in the blood community has shifted to focus on the detection of bacteria in blood. Currently, our nation's blood banks have no set standard for testing for bacterial infections in a blood donation, with the exception of the preliminary verbal screening of all donors. Bacteria, however, is speculated to go often times undetected because donors may occasionally possess some bacterial infections, such as urinary tract infection, and not show any symptoms. In addition, topical bacteria can penetrate a donation if it is on the donor's skin at the time of donation. Although a solution is applied to the skin before blood is donated, this solution is not 100 percent effective in eliminating topical bacteria. While the combination of preliminary screening and topical cleansing is effective in eliminating a large percentage of bacteria in a blood donation, even the smallest amount of bacteria can multiply under certain conditions. This multiplication process is what puts platelet donations in the highest risk category.

Platelets are essential to the clotting function of our blood and cannot be stored at low temperatures. Platelets are stored for up to five days in a room-temperature environment. This unfortunately allows for bacterial growth more so than the other two main components of blood. Red blood cells are refrigerated, which kills almost all bacteria; this results in a 1 in 8 million chance that a red blood cell transfusion would result in fatal reactions due to bacteria. Plasma can be frozen, which results in an almost impossible environment for bacteria to grow. This knowledge has led the medical community to focus its bacterial detection efforts on platelets, which have a 1 in 500,000 chance of fatal results. Although this is a relatively low rate, most

experts believe that this statistic is underestimated because it is very difficult for a doctor to discern whether or not a transfusion was the cause of a patient's illness. In addition, the study that gathered these statistics was conducted on a voluntary report basis, which is likely to result in incomplete reporting. Our lack of tangible methods for bacterial detection has made the problem difficult to quantify.

Currently, three methods are being proposed by the medical community to address growing concerns. Ideally, physicians would like to have a rapid method for determining blood safety right on the spot, prior to transfusion. While various pharmaceutical companies are working hard to develop something similar to a blood dipstick, nothing substantial has developed yet. The second method that has been proposed is one that involves a pathogen inactivation. Scientists have developed chemicals that bind to the DNA or RNA of any organism and prevent the organism from multiplying. The danger with such a product is that we can't completely remove these chemicals, which could be harmful to other cells. The third and most immediately available method for increased bacterial detection is a simple culture process. Scientists propose waiting for 24 hours after the blood has been donated and then testing a culture of the blood for bacteria. The problem with this is that the test for bacteria involves a 24-hour period for the culture to incubate and be tested. This would result in a 48-hour delay, which for platelets, the blood component for which we have the most concern, is two-fifths of the time blood centers are capable of storing it. While this delay is indeed substantial, the Stanford Blood Center is looking to implement just such a procedure within the next year. We are confident that by using this method, we can greatly reduce the risk of bacterial infection to patients receiving blood from our facility.

New Studies at NMDP

By Nicolas Beck, Stanford Student with the Community Service Writing Program

The National Marrow Donor Program (NMDP) has always worked hard on advancing its registry of willing donors and on providing marrow for those in need. Now, however, the organization is giving some new thought to the area of research and is currently embarking on two new studies that may revolutionize the ways we look at marrow donation.

The first of these studies focuses on the effectiveness of peripheral blood stem cells versus stem cells harvested from bone marrow. Peripheral blood stem cell donation through apheresis is becoming



the preferred method by many donors and hospitals across the nation, providing an alternative to the classical approach of harvesting bone marrow through surgery. The process of donating stem cells through apheresis is actually very simple. The donor takes a drug called filgrastim for four to five days prior to donation. This drug forces stem cells into the blood stream.

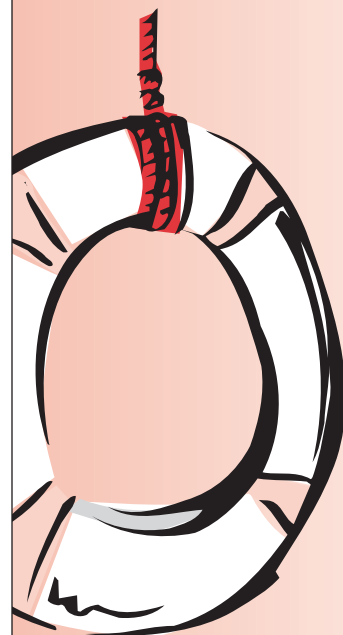
Those stem cells are then harvested during one or two three to five-hour procedures. The harvesting is done by using a state-of-the-art apheresis machine. This machine draws the donor's blood into a centrifuge, which then separates the stem cells from the rest of the blood. After the machine has isolated the stem cells, it then returns the unneeded components of blood back into the donor's body. With minimal side effects from the filgrastim, most donors who have donated using this method describe the process as a comfortable one. The stem cells derived by this method have long been believed to be a purer and more effective product. The NMDP's study is going to focus on whether the stem cells derived through the apheresis technique actually differ in any way from those derived from traditional methods.

The second study on which the NMDP is embarking is one of preventative therapy for marrow that has been donated. The therapy is aimed at inactivating the T-Cells in the donated marrow to lower the rate of graft versus host disease in the recipient. T-Cells are a component of the immune system and can cause donor cells to reject (attack) the recipient's body. Doctors are currently suggesting that a toxin might be created that could bind to the DNA of those T-Cells and inactivate them. The therapy would actually prevent the T-Cells from replicating once they are transplanted into the recipient. The problem with such toxins is that they are hard to control. In previous decades, attempts were made to destroy T-Cells in order to eliminate rejection problems. We now, however, are more aware of the functions that T-Cells play in our bodies and are now seeking to only temporarily incapacitate the T-Cell's attacking abilities. Various drugs are being tested to perform such a specific function; developments on such therapies however, are still in early stages.

Regardless of research study results, the NMDP's efforts to explore areas surrounding marrow donation will lead to better outcomes for those patients in need of life-saving stem cells.

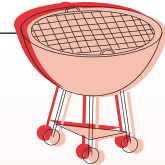
Another Way To Save A Life...

Contact Stanford Blood Center's Marrow Donor Coordinator, Diane Hill, and make an appointment to donate blood and request that it be screened for the National Marrow Donor Program (NMDP) Registry. Call (650) 723-5532 or send an email to Diane.Hill@Stanford.edu. For more information about the Marrow Donor Program, log on to the Stanford Blood Center web site, and then click the red **Donate** button on the left side of your screen. This will reveal the gray **Marrow** button. Click and you're there.



News & Events

Mountain View Turns On The **Heat**



On Tuesday, July 1, Mountain View donors received an Independence Day treat - a BBQ! We offered Donor Buddy T-shirts to people donating with friends, and had fun prizes for all. Burgers and dogs were grilled by our dedicated apheresis donors Eric Buhr and Robert Chan.



O! What A Party!

Thursday, August 21
7:30 a.m. – 7:30 p.m.

Don't miss this fun-filled day! O types and others can party with Oldies 99.7 FM KFRC and enjoy O foods, O prizes and free T-shirts!



Stanford Medical School
Blood Center



Arm Chair Angels



A Patient Success Story

By Michele Gassaway, Community & Media Relations Coordinator



RON PRESTON (CENTER) WITH HIS WIFE, KIM (LEFT), AND SISTER, JUDY (RIGHT).

Ron Preston had been ignoring a lump in his stomach for a month before he finally saw a doctor. He actually didn't have a regular doctor because he hadn't been sick in years. "I was diagnosed two weeks before my 40th birthday," Ron said. He had Chronic Myeloid Leukemia. His spleen had grown ten times its original size as his body tried to process an elevated white cell count. In April 2000, he spent his 40th birthday in Maui with his wife thinking about his odds for survival.

Doctors told him that he needed a bone marrow transplant (BMT) to live. Fortunately, his sister was a bone marrow match. "I met people who aren't here today because they didn't have a marrow match," Ron explains.

In October 2000, Ron underwent a bone marrow transplant and had to be hospitalized and kept in a quarantined room for two months. "What people don't realize is that my sister saved my life but potentially hundreds of blood donors also did."

On the BMT unit, doctors kept a chart of his cell counts. Among other things, it helped keep track of his platelet and red cell levels. Ron received many platelet transfusions. His doctor wouldn't let him use a toothbrush because it could make his gums bleed and they didn't want him to bleed to death. "I never knew it took so much blood to keep people alive in the BMT area. It's staggering to know I

was there for 10 months getting blood products, sometimes daily."

After being released from the hospital, he had a difficult time maintaining a healthy red cell count. He required a transfusion of two units a week for eight months. "To give blood, it takes 10 to 20 minutes. To receive it, it took me six to eight hours."

Now, Ron spends his free time "pleading with people to get into a routine of donating blood and ensure that they're registered in the marrow registry."

Ron now volunteers and speaks on behalf of The Leukemia & Lymphoma Society's Team In Training®, the world's largest endurance sports training program. In exchange for training and support, participants raise money toward cures for leukemia, Hodgkin's and non-Hodgkin's lymphoma, and myeloma. This year, Ron and his wife are heading back to Maui to celebrate their 20th wedding anniversary. He'll also be there in time to cheer on participants at a Team In Training® event.

Ron laminated the chart of his cell counts and keeps it on his wall at work. "Even my worst day doesn't compare to that," he remembers.

Ron often tells the following story to illustrate the importance of giving blood. A friend of his is a platelet donor. One day, he was called and asked to give platelets immediately. He was really busy and it was going to be inconvenient but he decided to juggle his schedule and give blood. He donated platelets but this time, instead of seeing the bag of platelets being carried off to who knows where, he saw an ambulance waiting to rush the platelets to a hospital for a specific patient in need. It was then that he knew how important his donation had been. Everyone needs a reminder of how important it is to give and someone to say thank you.

A Moment In History

1951 The AABB Clearinghouse is established, providing a centralized system for exchanging blood among blood banks. Today, the Clearinghouse is called the National Blood Exchange.

(SOURCE: AMERICAN ASSOCIATION OF BLOOD BANKS/WWW.AABB.ORG)

People



NOT PICTURED:
VIDA REVILLA AND
CARMEN FONG.

They've Got Your **Number**

By Nate Leung, Stanford Student with the Community Service Writing Program

Blood shortages develop when the amount of blood donated does not meet the needs of patients. Acute blood shortages take place in many areas of the country. In order to prevent blood shortages from occurring at the Stanford Blood Center, we have to continuously acquire more donors. The Telerecruitment department keeps the show running.

A Moment In History

1907 Hektoen suggests that the safety of transfusion might be improved by crossmatching blood between donors and patients to exclude incompatible mixtures. Reuben Ottenberg performs the first blood transfusion using blood typing and crossmatching in New York. Ottenberg also observed the mendelian inheritance of blood groups and recognized the "universal" utility of group O donors.

(SOURCE: AMERICAN ASSOCIATION OF BLOOD BANKS/WWW.AABB.ORG)

They take care of all the nitty gritty details of filling those donation appointment slots with eligible blood donors. For numerous reasons, potential donors never actually make it to the donation station. New, stricter FDA guidelines and regulations, general public apathy and unawareness, and current donors

being kept busy with their normal lives are all factors contributing to the lack of available blood donors. Because of these reasons, the Telerecruitment department has to fight to fill those seats as best they can, aiming for 125 to 140 donors a day. The reality is that no one wins 100 percent of the time, and Telerecruitment usually gets an average of 80 or 90 donors a day.

Headed by Supervisor Mike Sage, the team of about 10 people is responsible for creating a call list and asking those people to come to the Blood Center and donate whole blood, platelets or plasma. The call list they use is compiled from a database software program called SafeTrace that uses basic demographic information of previous donors to produce lists depending on the current needs. Not only are they responsible for getting new donors, but they also schedule appointments to donate. It takes a lot of effort, energy and patience to acquire the numbers of necessary donors that the Telerecruitment staff is able to get. Their success is mostly a result of the amazing dedication that they have toward making a difference in the community by playing an important role in saving lives. Without Telerecruitment, the Stanford Blood Center would not have the necessary numbers of donors to support the extensive community that depends on the life-saving blood that is collected there.

Volunteer **Spotlight:** Shirley Marsh

By Tessa Moore, Volunteer Services Manager

On April 30, 1986, Shirley Marsh retired from Hewlett Packard (HP). May 5, 1986, found her filling out an application form for volunteering at the Stanford Medical School Blood Center (SMSBC). Shirley was a donor with Peninsula Blood Center, before SMSBC existed, and then at Stanford. As she approached retirement, she knew she wanted to become a volunteer and knew that SMSBC needed volunteers. "I didn't even give myself a month," Shirley told me smiling, "Sometimes I could just kick myself!" After 17 years and over 4500 hours, Shirley is still volunteering once a week at SMSBC.



Throughout her volunteer career at SMSBC, Shirley has done a number of things. She started by preparing blood bags, and then did a regular shift in the canteen at the Welch Road Center. She was also trained to help in reception, in the days that we used a typewriter and a new card had to be typed for a donor each time they came in. Working on mobile blood drives followed, and training for label table, which Shirley says she thought she would never get the hang of, if not for

CONT. ON PAGE 10



September

Labor Day Event

Donate at one of our Centers
Wednesday, August 27 through Wednesday, September 3,
and receive a pair of Stanford Football tickets!

Quotes That Count

"A COMMUNITY IS LIKE
A SHIP; EVERYONE OUGHT
TO BE PREPARED TO TAKE
THE HELM."

— HENRIK IBSEN



People

Quotes That Count

“HOW YOU SPEND YOUR TIME IS MORE IMPORTANT THAN HOW YOU SPEND YOUR MONEY. MONEY MISTAKES CAN BE CORRECTED, BUT TIME IS GONE FOREVER.”

– DAVID B. NORRIS

VOLUNTEER SPOTLIGHT
CONT. FROM PAGE 9

the patience of the people training her. Today, Shirley does a label table shift on a mobile each week, but will also help in the canteen and do shuttles as needed.

“I just love having Shirley on a mobile,” says Charge Nurse Carol Weinrich, who frequently works with Shirley. “She’s a delight to work with and so dependable. We’re lucky to have her as a volunteer.”

Shirley is about as local a resident as you can get. She was born in Berkeley but moved to Mountain View when she was three. Apart from a couple of college years in Missouri, she has lived in Mountain View ever since. Her husband is from western New York State, and they met when he was stationed at Moffett Field. One of her claims to fame is that all the Mountain View schools she attended have been torn down – the fire station has replaced the Dana Street School, Highway Elementary School on El Camino is now a combination of residential and retail space, and Mountain View High School, which was on Castro Street, is now shops, eateries and condominiums. In May, Shirley returned to Mountain View High School (even though it was in the “wrong” place!) to do label table at their blood drive.

Shirley has three children, all born at the old Palo Alto Hospital (better known now as Stanford University Medical Center), and five grandchildren. Before retiring she worked in the Marketing Department at HP for 20 years where she was in charge of returns. This gave her the opportunity to talk to people from all over the country, as well as internationally; on one trip to England she visited the HP site and met some of the people she interacted with over the phone.

Besides traveling, Shirley loves to read, and especially enjoys reading biographies about the authors she is reading. She walks to keep healthy, and loves the local hills and Shoreline Park. She also volunteers at Mountain View Community Services, which is why she can never help at a mobile on a Tuesday – that’s “their” day!

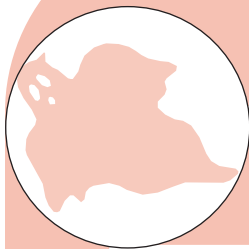
Thank you, Shirley, for your dedication and commitment to SMSBC. We truly appreciate your help.

October

Halloween Singles Night

Wednesday, October 29, 4:30 p.m. – 7:30 p.m.

Hang with the coolest vampires this side of Transylvania - donate at our Halloween Singles Night monster bash! Spooky fun, not to be missed!





The Blue Platelet Special

Learn Your **ABCs**



GRACE PENULIAR WITH A TRIMA ACCEL, AN AUTOMATED BLOOD COLLECTION (ABC) MACHINE.

By Jennifer Reczkowski, Center Recruitment Consultant

Most of our donors are familiar with the term apheresis, which is, loosely, Greek for “to separate.” We have hundreds of devoted apheresis donors, and we even have a special section of Life Link devoted to this special type of donation. We often talk about apheresis as platelet donation. But there’s exciting change on the horizon in this developing area of blood collection, so you’ll need to learn your ABCs!

When you donate blood, you can either donate whole blood or blood components through apheresis, also known as Automated Blood Collection (ABC). After a whole blood donation, the unit is separated into its three main components: red blood cells, platelets and plasma. One unit of whole blood provides one dose of red blood cells and small amounts of platelets and plasma.

Did you know that it takes six whole blood donors to produce only one dose of transfusable platelets? This is why automated blood donations are the most efficient way to donate blood. We can collect full therapeutic doses of platelets, red blood cells or plasma, or double doses of certain components, depending upon the needs of local patients and what you’re able to give. Most donors can provide at least two doses of a blood component, and some can provide three. Automated Blood Collection technology makes this possible.

Automated donations take a little more time than whole blood donations. The donation time is dependent on your body size, blood counts and the components being collected. During your donation you can listen to music or even watch a movie. After the first automated donation, you will have a better idea of your donation time.

A Moment In History

1665 *The first recorded successful blood transfusion occurs in England: Physician Richard Lower keeps dogs alive by transfusion of blood from other dogs.*

(SOURCE: AMERICAN ASSOCIATION OF BLOOD BANKS/WWW.AABB.ORG)

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Automated Blood Collection

LEARN YOUR ABCS
CONT. FROM PAGE 11

December

DAILY DECEMBER DRAWINGS

Enter to win our Daily December Drawings! Just donate Monday, December 1, through Saturday, January 3, at any of our Centers or mobile locations. Gift certificates donated by local merchants will be given to lucky donors each day throughout the holiday season.

HOLIDAY EVENT

Donate in one of our Centers Monday, December 22, through Saturday, January 3, and you'll receive our newest special edition T-shirt, too!

TO MAKE AN APPOINTMENT FOR ANY OF THESE BLOOD DRIVE EVENTS, CALL 1-888-723-7831.

If you donate whole blood, this concept may be new to you. If you are used to making apheresis donations, the process will be the same, but we'll be using the term Automated Blood Collection, or ABC, instead. Here are some other quick facts:

- Blood is drawn from one arm and channeled through a sterile single-use tubing set to an automated system.
- The system separates and collects the selected components and then safely returns the remaining blood components back to you, along with some salt water.
- The collection system is designed specifically to customize the volume and products collected from you to assure you do not give too much blood.
- Patients benefit because they can receive the blood they need from fewer donors, reducing the risk of transfusion reactions.
- With automation, you can donate multiple products, helping to support patients' blood needs even more.
- By knowing daily patient needs and using automated blood collection technologies, we are able to tailor your blood donation to local demands and your personal characteristics.

Quotes That Count

"WE COULDN'T CONCEIVE OF A MIRACLE IF NONE HAD EVER HAPPENED."

— LIBBIE FUDIM

Over the coming months, you will begin to see more and different ABC opportunities at our drawing locations. We hope to introduce double red cell collections by the end of this year, and will continue to collect platelets, plasma and single red blood cell units in all our donor center locations. Watch for more information and consider how you can move into ABC donations!

ABC Machines Upgraded

By Mars Mallari, Apheresis Supervisor

One of Stanford Medical School Blood Center's missions is to provide blood products and related services of the highest quality to the Stanford community. To achieve this, we have to keep abreast of the latest technology. We have upgraded some of our Amicus machines to the latest software version and now we are in the process of validating our Trima automated blood collection machines to the new Accel collection system. There are changes in both hardware and software that have shown benefits to everyone. For patients, the Accel has consistently produced better leukoreduction. For donors, efficiency is enhanced by Accel single stage separation, smoother procedures and an overall reduction in the collection time. For the staff, tubing kits are easier to load and the computer screen display is easier to monitor. These upgrades are another step towards our goal of providing the highest quality products and service.



Predicting Transplant Success

Stanford Blood Center's Histocompatibility Lab has been a crucial part of Stanford Hospital's transplant programs for years but is now playing an even more instrumental role in monitoring the success of kidney transplants. Headed by Medical Director Carl Grumet, the Histocompatibility Lab matches all prospective organ transplant recipients with compatible donors. Histocompatibility refers to the matching of a donor and recipient for transplantation so that the transplanted organ is not rejected.

Recently, a Stanford team of researchers led by Samuel Strober, MD, professor of immunology and rheumatology at Stanford School of Medicine, discovered a way to transplant kidneys without having the patient remain on a lifelong course of immune-suppressing drugs in order to prevent rejection. These powerful drugs leave kidney recipients open to infection and increase the risk of heart disease or cancer later in life.

This new approach to kidney transplantation began the usual way, with surgery followed by immune-suppressing drugs, which were needed to prevent organ rejections while the team completed the next step.

After the transplantation, the kidney recipient received multiple small doses of radiation targeted to the

immune system combined with a drug to reduce the number of cells capable of an immune attack. The team then injected blood stem cells from the kidney donor to the recipient. The stem cells made their way to the recipient's bone marrow where they produced new blood and immune cells that mixed with those of the recipient. After this procedure, the recipient's immune cells appear to become more tolerant of the donor's organ.

The Stanford team monitored the recipient's new hybrid immune system, looking for a mixture of cells from both the recipient and the donor. This is where Dr. Grumet's Histocompatibility Lab comes in. They take post-transplant blood samples from the recipient and amplify the DNA using a technique called polymerase chain reaction (PCR). Within that amplified DNA, they then look for repeating sequences, called short terminal repeats (STR) specific to the donor. This enables the investigators to demonstrate how effectively the donor's stem cells are surviving in the recipient's bone marrow.

"If the stem cells take, you have the right combination, and this should help identify those recipients who should tolerate the graft without drugs," said Grumet. At this time, Strober's team slowly weaned the patient away from the immune-suppressive drugs.

A Moment In History

1961 The role of platelet concentrates in reducing mortality from hemorrhage in cancer patients is recognized.

(SOURCE: AMERICAN ASSOCIATION OF BLOOD BANKS/WWW.AABB.ORG)

November



Thanksgiving Event

Donate Monday, November 17, through Saturday, November 29, in one of our Centers and receive our newest special edition T-shirt!





Vampire Bites

EACH YEAR, STANFORD BLOOD CENTER HOLDS ITS DAILY DECEMBER DRAWINGS. THROUGHOUT THE HOLIDAY SEASON, WE HOLD DAILY PRIZE DRAWINGS TO THANK OUR BLOOD DONORS FOR THEIR LIFE-SAVING EFFORTS. WE WOULD LIKE TO THANK THE FOLLOWING MERCHANTS FOR GRACIOUSLY DONATING PRIZES:

Andale Taqueria

Andronico's

Bob & Bob

Cardinal Hotel

Cassis

Celia's

Diamonds of Palo Alto

Disco Rex Pharmacy

Fresh Choice

Garden Court Hotel

Gleim the Jeweler

Hair International

Hobee's California

Restaurants

La Morenita Restaurant

Leaf & Petal

Maddalena's

Pacific Hotels

Peninsula Beauty Supply

Pluto's

Sheraton Palo Alto Hotel

Stanford Lively Arts

Su Hong

Taxi's Restaurant

The Bead Shop

The Prolific Oven

Winter Lodge

Yoga Center of Palo Alto

Zao Noodle Bar

Donor Letter

MANY OF OUR DONORS SCHEDULE THEIR DONATIONS AROUND OUR SPECIAL EVENTS. ONE REGULAR DONOR KNEW SHE WOULD HAVE TO MISS OUR MOST POPULAR EVENT, SINGLES NIGHT, BUT WAS ABLE TO DONATE A FEW DAYS LATER. WE HAD A SURPRISE WAITING FOR HER WHEN SHE CAME IN!



April 2, 2003

Hello Jen,

I just wanted to thank you so much for saving me not one, but two cool t-shirts from the Stanford Blood Center!

I stopped by and donated blood about a week after the last "Singles Night" you guys had, and I got the envelopes with the T-shirts and the fun Mardi Gras things you placed in there as well.

That was so thoughtful of you...thank you!

I just love donating blood at the Stanford Blood Center. Everyone there is always so kind, and the singles nights are especially fun and well-done.

I'll see you at the next one!

Sincerely,
Jennifer Gibbs
"Blood Donor"

Calling All You Creative Cats...

Are you a great cook, cool cartoonist, or wacky wordsmith? We could use your talents in our next newsletter.

Help donors boost their hemoglobin levels by sending in a healthy recipe that is loaded with iron. Draw a funny cartoon about the Blood Center. Put your wit to the test with a poem. Or come up with your own way to entertain us. The sky's the limit. Share your thoughts, feelings and stories about the Stanford Blood Center, or let us know about an experience that you've had with us. Send your fun stuff or letter to the editor to:



Stanford Blood Center
Attention: Newsletter
800 Welch Road
Palo Alto, CA 94304

or e-mail them to: mgassaway@stanford.edu

Please limit letters to no more than 300 words. Letters may be edited.



Vampire Vittles



Mariel's Spinach & Cranberry Salad



LISA SCOTT-PONCE,
BLOOD DONOR

Recipe courtesy Lisa Scott-Ponce, Blood Donor

My friend at work brought this delicious salad to a recent potluck, and I begged her for the recipe. It is really great and easy, too!

Ingredients:

- 1 bag baby spinach
- 1/4 to 1/2 cup dried cranberries
- 1/2 cup chopped walnuts, toasted
- 1/4 to 1/2 cup sliced red onion
- 4 ounces crumbled bleu cheese
- 3 tablespoons balsamic vinaigrette dressing

Preparation:

Mix spinach, cranberries, walnuts, red onion and bleu cheese together in a salad bowl. Toss with balsamic vinaigrette dressing. Makes 4 servings.

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We would like to thank the following merchants for their continued contributions to our Centers:

BETTER BAGELS
MOUNTAIN VIEW

ANDRONICO'S
LOS ALTOS

JJ & F
PALO ALTO

NOAH'S BAGELS
PALO ALTO

HOBEE'S
PALO ALTO

STANFORD FLORAL DESIGN

Hemoglobin Humor



Three vampires walk into a bar. "Give me a blood," says the first to the bartender.

"What will you have?" the bartender asks the second vampire. "I'll have a blood, too," answers the second.

The bartender looks to the third vampire, as if to ask, and for you?

"I'll have a plasma," answers the third vampire.

The bartender recaps, "so that will be two bloods and a blood lite?"



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A special thanks to the following people who contributed to the newsletter:

Susan A. Galel, MD,
Associate Medical Director

Michele Gassaway,
Community & Media Relations
Coordinator

Mars Mallari,
Apheresis Supervisor

Tessa Moore,
Volunteer Services Manager

Patricia Stayner, RN,
Director of Donor Services

Jennifer Reczkowski,
Center Recruitment Consultant

Vince Yalon,
Administrator

Jennifer Gibbs,
Blood Donor

Lisa Scott-Ponce,
Blood Donor

Nicolas Beck,
Stanford Student with the Community
Service Writing Program

Nate Leung,
Stanford Student with the Community
Service Writing Program

STANFORD BLOOD CENTER
800 WELCH ROAD
PALO ALTO, CA 94304

STANFORD BLOOD CENTER
OF MOUNTAIN VIEW
515 SOUTH DRIVE, SUITE 20
MOUNTAIN VIEW, CA 94040

APPOINTMENTS:
(650) 723-7831 OR (888) 723-7831
RESOURCE NURSE: (650) 725-9968
ADMINISTRATION: (650) 723-7994
FAX: (650) 725-4470
Web site: <http://bloodcenter.stanford.edu>

Please send Life Link questions & comments to:
Stanford Blood Center
Attention: Michele Gassaway
800 Welch Road
Palo Alto, CA 94304
mgassaway@stanford.edu
Or call, (650) 723-8237

**STANFORD BLOOD CENTER
DONOR HOURS**

WHOLE BLOOD DONATIONS –
Palo Alto Center
Monday 9:00 am – 5:30 pm
Tuesday 9:00 am – 5:30 pm
Wednesday 9:00 am – 5:30 pm
Thursday Noon – 7:30 pm
Friday Closed
Saturday 8:00 am – 12:00pm*
(*open 1st & 3rd Saturday s only)

WHOLE BLOOD DONATIONS –
Mountain View Center
Monday 9:00 am – 5:30 pm
Tuesday Noon – 7:30 pm
Wednesday 9:00 am – 5:30 pm
Thursday 9:00 am – 5:30 pm
Friday 9:00 am – 5:30 pm
Saturday 8:00 am – 12:00 pm*
(*open every Saturday)

APHERESIS DONATIONS –
Palo Alto
Monday 12:30 pm – 6:30 pm
Tuesday 12:30 pm – 6:30 pm
Wednesday 7:00 am – 1:00 pm
Thursday 12:30 pm – 6:30 pm
Friday 7:00 am – 1:00 pm
Saturday 7:00 am – 1:00 pm

APHERESIS DONATIONS –
Mountain View
Monday 1:00 pm – 6:30 pm
Tuesday Closed
Wednesday Closed
Thursday 1:00 pm – 6:30 pm
Friday Closed
Saturday 7:30 am – 1:00 pm

PALO ALTO AND MOUNTAIN VIEW CENTERS
CLOSED SUNDAYS AND HOLIDAYS.

ON JUNE 4, A RECEPTION WAS HELD TO THANK AND RECOGNIZE ALL THE VOLUNTEERS THAT MAKE A DIFFERENCE AT THE BLOOD CENTER.



STANFORD MEDICAL SCHOOL
BLOOD CENTER

Stanford Blood Center
800 Welch Road
Palo Alto, CA 94304

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