



2001-2002 ANNUAL REPORT



Give **blood.**
Give **life.**



HÉMA-QUÉBEC

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121 transfusions

Today, Carolyn is alive with laughter
Leukemia



Today, Sophie is alive with energy
Thalassemia

Monthly transfusions



Today, Patrick is alive with bliss
Ganglion cancer

300 transfusions

Give **blood.**
Give **life.**



Today, Johanne is alive with joy
Difficult delivery

5 transfusions



Today, Émilie is alive with happiness
Leukemia

42 transfusions

PROFILE OF THE ORGANIZATION

As a blood supplier, HÉMA-QUÉBEC is responsible for recruiting donors, holding blood donor clinics and drives, ensuring the quality of blood products, and supplying hospitals. HÉMA-QUÉBEC complies with the internationally recognized safety standards of Health Canada's Blood Establishment Regulation Division. A non-profit government organization, HÉMA-QUÉBEC has a Board of Directors that includes representatives of every link in the blood-supply chain, from donor to recipient.

Each year, HÉMA-QUÉBEC holds more than 2,500 mobile and fixed blood donor clinics throughout Québec so as to supply its hospitals with 388,000 blood components required to treat patients. To meet the hospitals' requirements, HÉMA-QUÉBEC relies on close to 287,000 donors, as well as over 25,000 volunteers who help to organize and support blood drives.

MISSION

HÉMA-QUÉBEC's mission is to:

- Provide Quebeckers with sufficient quantities of safe, top-quality blood components, derivatives and blood substitutes to meet the needs of hospitals
- Provide and develop expertise and services, along with specialized, novel products, in the fields of transfusion medicine and tissue transplantation

VALUES

- Authenticity and transparency
- Solving problems at the source
- Getting it right the first time
- Always putting "service" first

MESSAGE FROM THE EXECUTIVE DIRECTOR AND THE CHAIRMAN OF THE BOARD



The tragic event that occurred in the United States on September 11, 2001, left a profound impression on all of us. In the days that followed the tragedy, large numbers of Quebecers, moved by the seriousness of the events, felt compelled to make some gesture in aid of the victims. For many of them, that support took the form of giving blood.

HÉMA-QUÉBEC reacted quickly to the situation, deploying crisis-management procedures designed both to handle the significant traffic at donor sites and to properly respond to requests for information from the public. Although in the end it was not necessary to deliver any blood and blood products to the United States, HÉMA-QUÉBEC was ready to lend assistance should the need have arisen.

These outpourings of goodwill on the part of donors speak to a remarkable desire and capacity for mutual assistance and solidarity. We cannot ignore, however, that the September 11 tragedy brought a magnified reflection of a daily reality: every day, hundreds of people living with illnesses depend on blood products for their health. An event like the terrorist attacks is a reminder of just how important it is to maintain blood supplies at optimum levels, so as to be prepared for all possible situations.

In 2001–2002, HÉMA-QUÉBEC completed some significant projects aimed at improving its efficiency. Without question, one of the most significant of these was the construction of a new building in the borough of Saint-Laurent on the Island of Montréal. These new facilities, equipped with state-of-the-art technology and inspired by the best manufacturing practices, will enable us to ensure that the organization continues to develop, and continues to meet the most stringent quality and safety standards, all while enhancing its efficiency.

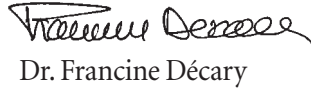
To realize its vision of becoming the North American leader in its field by 2005, HÉMA-QUÉBEC has adopted a strategic plan focused on the following performance areas: safety of the blood supply (both quantitative and qualitative); efficiency; customer service; innovation; and human resources.

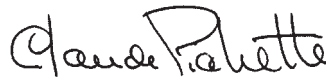
The *Highlights* section lists the main achievements of HÉMA-QUÉBEC in these performance areas. The past year also saw us develop a training program for our executives and professionals, the goal of which is to give concrete expression to the organization's values.

HÉMA-QUÉBEC can count itself fortunate to have the support of thousands of volunteers, be they blood donors, organizers or volunteers working on blood drives and telephone recruiting. These volunteers' sustained commitment and huge generosity help save lives. Throughout 2001—declared the International Year of Volunteers by the United Nations—we sought to underscore the exceptional work done by all of our volunteer partners. Each member of our staff proudly wore a specially designed pin to call attention to the exemplary support provided by these everyday heroes.

In conclusion, we would like to acknowledge the leadership shown by the Board of Directors and its advisory committees, the management, and our entire staff as concerns the safety of Québec's blood supply and the sound management of the organization.

Lastly, we thank all those men and women who, day in and day out, allow us to benefit from the trust of the general public and to effectively carry out our mission.


Dr. Francine Décary
Executive Director


Claude Pichette
Chairman of the Board



Carolyn
121 transfusions

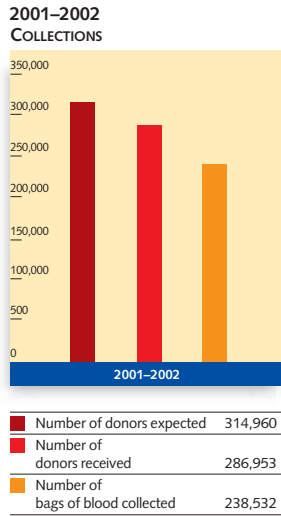
2001–2002 HIGHLIGHTS

SAFETY OF THE BLOOD SUPPLY

• QUANTITY

COLLECTIONS AND DELIVERIES TO HOSPITALS

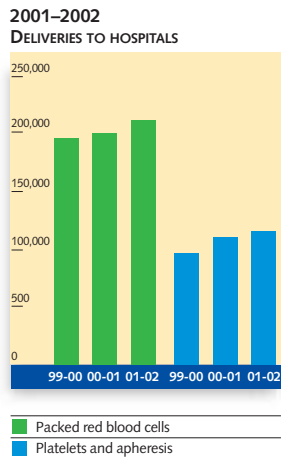
In 2001–2002, HÉMA-QUÉBEC received 286,953 donors and collected 238,532 bags of blood. It was thus able to effectively meet the 5% increase in demand for red blood cells and concentrate of platelets.



• QUALITY

EXCLUSION POLICY RELATED TO VARIANT CREUTZFELDT-JAKOB DISEASE—WESTERN EUROPE

Although the risk of Variant Creutzfeldt-Jakob Disease (vCJD) transmission through blood transfusion remains strictly hypothetical, HÉMA-QUÉBEC's policy is to act with extreme caution on this issue, as per the recommendations of the Krever Report. Generally recognized as being caused by a prion protein, vCJD is a neurodegenerative disease that is always fatal. It is believed to result from human exposure to the agent responsible for so-called mad cow disease, or bovine spongiform encephalopathy (BSE), which appeared in the United Kingdom in the early 1980s.



Previously, in September 1999, HÉMA-QUÉBEC had moved to exclude all prospective blood and plasma donors who had spent a total of 30 days or more in the United Kingdom; this was followed by a similar exclusionary measure in August 2000, affecting donors who had spent six months or more in France. Since October 1, 2001, further measures have been added to exclude all prospective donors who have spent three months or more in France (including Corsica and Monaco), cumulatively, since 1980. Exclusionary measures also apply to all prospective donors who have spent six months or more, cumulatively, in the following countries designated as Western European nations: Austria, Belgium, Denmark, Germany, Italy, Liechtenstein, Luxembourg, the Netherlands, Portugal, the Republic of Ireland, Spain and Switzerland (including France). These measures go beyond the directive issued to this effect by Health Canada in August 2001.

AUTOMATION OF SCREENING TESTS

In keeping with its mission to ensure an optimum-quality blood supply to the public, HÉMA-QUÉBEC signed an agreement with the firm Abbott to acquire an Abbott PRISM® system. This new fully automated system is specially designed to effect high-volume screening for the following antibodies and antigens: anti-HCV, anti-HIV-1/2, anti-HTLV-I and anti-HTLV II, and HBsAg. HÉMA-QUÉBEC is the first blood products supplier in North America to use this high-precision technology, which has previously been adopted by several transfusion centres in Europe and Australia.

The PRISM® system will enable HÉMA-QUÉBEC to much more rapidly conduct a number of tests that are currently performed using semi-automated techniques. Other advantages offered by the system include standardization of analyses, greater compliance with Good Manufacturing Practices, and an excellent system for documenting operator intervention. Services to Québec hospitals and patients will be improved as a result, since the system will enable HÉMA-QUÉBEC to reduce response times and free up products more quickly.

RENEWAL OF BLOOD ESTABLISHMENT REGULATION DIVISION (BERD) LICENCE

BERD inspectors renewed HÉMA-QUÉBEC's operating licence following yearly procedural audits conducted between December 6 and 14, 2001, at the organization's Montréal facility, and between February 4 and 8, 2002, at its Québec City site.

Throughout their site visits, the BERD inspectors noted that the safety of blood components remains the top priority for all HÉMA-QUÉBEC personnel.

NON-COMPLIANCE MANAGEMENT

During 2001–2002, the Quality and Standards department introduced an upgraded process for the management of non-compliances. The process is based simultaneously on detailed analysis of trends in instances of non-compliance and on analysis of observations recorded during internal and external audits conducted at HÉMA-QUÉBEC's premises.

With the new non-compliance management process, HÉMA-QUÉBEC can now better target the corrective actions necessary to improving its processes.

At the same time, the department oversaw benchmarking activities that led it to analyse audit reports from a certain number of U.S. blood banks and from Canadian Blood Services.

FDA LICENCE APPLICATION

In July 2001, HÉMA-QUÉBEC filed a licence application with the Food and Drug Administration (FDA), the organization entrusted with the mission of protecting the health of U.S. citizens. Awarding of an FDA licence would enable HÉMA-QUÉBEC to be recognized by a further regulatory agency, and to export some of its surplus labile products to the United States, which would represent a potential source of savings for Québec taxpayers.

ORGANIZATIONAL EFFICIENCY

CONSTRUCTION OF A NEW BUILDING IN SAINT-LAURENT

Construction work on the new HÉMA-QUÉBEC facility in the borough of Saint-Laurent, which began in September 2000, was completed according to

schedule in March 2002. The project, which required an investment of over \$17 million, had come about because of a lack of space at the original building in Montréal, and was also in response to new technological requirements.

With the inauguration of the new building, all of the organization's Montréal facilities are now housed under one roof. With a total floor space of 7,900 m², the new building includes areas reserved for manufacturing of blood products, qualification activities, hospital ordering and distribution, immunohematology services, blood donor clinic preparation, and a warehouse. It houses close to 300 employees and was opened in May 2002.



ACTIVITY-BASED COSTING

During 2001–2002, HÉMA-QUÉBEC introduced an activity-based costing (ABC) system. ABC, which allows identification of the unit cost of individual products and services offered, represents a preparatory step toward the hospitals billing project, which comes in response to one of the recommendations in the Final Report of the Krever Commission.

The ABC model is distinct from conventional blood product accounting models in that it allows for the attribution of overhead costs to the activities that generate those costs. This allows HÉMA-QUÉBEC to obtain more accurate data on the items making up the cost of its products and services and, in turn, allows its managers to better control budgets.

Currently, HÉMA-QUÉBEC is able to attribute more than 75% of costs using ABC; the remainder is attributed according to a conventional accounting model. Updating and continuous improvement procedures should enable the organization to increase the proportion attributed using the ABC method. The ABC model adopted by HÉMA-QUÉBEC is inspired by that in use at the Établissement Français du Sang, in France.

MANAGEMENT INFORMATION SYSTEM

In November 2001, the Information Technology department appointed a team to design and implement a computerized system for measuring the organization's management performance.

MANAGEMENT FRAMEWORK FOR INFORMATION SYSTEMS PROJECTS

During 2001–2002, HÉMA-QUÉBEC developed a stringent framework designed to ensure proper management of information systems projects. Based on continuous improvement principles, the management framework allows the organization to develop, in the most cost-effective manner possible, systems that meet the highest quality and security standards as well as fulfill the requirements of the Health Canada Blood Establishment Regulation Division.

INDUSTRIAL SECURITY

HÉMA-QUÉBEC created a new division, Industrial Security, whose mission is to implement preventative measures designed to ensure that staff, visitors and organization assets benefit from the greatest possible security. The Industrial Security Operations Centre, which is in operation 24 hours a day, 7 days a week, is responsible for management of all security-related systems, including building access cards, alarms, keys, and remote surveillance.

HUMAN RESOURCES

CULTURE SHIFT

In 2001–2002, HÉMA-QUÉBEC completed another phase of the major shift in its corporate culture begun the previous year. Readers are reminded that the culture shift is focused on continuous improvement and concrete expression of HÉMA-QUÉBEC's values, i.e.:

- authenticity and transparency;
- solving problems at the source;
- getting it right the first time; and
- always putting "service" first.

A milestone in the transition to the new corporate culture was achieved on July 5, 2001, with the implementation of the final structure of the Human Resources department. Another key step is interest-based negotiation. On this basis, management and union representatives are continuing to negotiate the collective agreements, which should be signed in 2002.

EXECUTIVE TRAINING

In October 2001, HÉMA-QUÉBEC instituted an executive skills enhancement program founded on the organization's values; the program is also in keeping with the organization's ongoing culture shift. An initial training activity entitled *Vers une gestion exemplaire de nos ressources humaines* ("Toward exemplary management of our human resources") was designed and given to approximately one hundred executives. The main purpose of this day-long session was to introduce the management philosophy favoured within HÉMA-QUÉBEC and its effects on roles and procedures.

The training session also introduced the performance management program, which will be implemented beginning in 2002-2003. The program will ensure that executives receive the training and supervision they need to enable the organization to incorporate the management style advocated as a means of attaining the objective it has set for 2005. A significant portion of the executive performance assessment process will involve core competencies related to the organization's values.



In early 2002, an adapted version of the training provided to executives began to be provided to approximately one hundred professionals. In addition, training plans specific to the various managerial levels will be developed and implemented in the year to come.

CUSTOMER SERVICE

POSITIVE BLOOD DONATION EXPERIENCE

During the year, HÉMA-QUÉBEC introduced a brand-new blood donor clinic concept, dubbed “Globule,” whereby donors can give blood in warm, inviting surroundings. The first Globule centre opened its doors in October 2001 at the Place Versailles shopping centre on Sherbrooke Street East in Montréal. It is open seven days a week. A second Globule centre, devoted to special donations, has since opened at the HÉMA-QUÉBEC building in the borough of Saint-Laurent.

The opening of the Globule centres is part of an initiative dubbed “Positive blood donation experience,” whose goal is to enhance the blood donation experience by, among other means, providing pleasant surroundings and placing greater emphasis than ever before on the quality of the service provided to donors.

ADVERTISING CAMPAIGN

Launched in late May 2001, HÉMA-QUÉBEC’s new blood donation awareness campaign featured five adult blood recipients who have “a new lease on life,” and for whom blood donors have particular significance. The results of a study conducted in January 2002 revealed that the campaign had a positive impact on Quebecers’ willingness to give blood, which is at an all-time high.



WEB SITE UPGRADE

In the fall of 2001, HÉMA-QUÉBEC unveiled an improved version of its Web site. Featuring enhanced usability, the site now includes banners depicting the same blood recipients featured in the ad campaign. In addition, the home page now includes quick links to information on blood drives for the next four weeks. The number of visitors to the HÉMA-QUÉBEC Web site is constantly increasing.

FRACTIONATION PRODUCTS

HÉMA-QUÉBEC created a new Fractionation Products division, entrusted with the mission of providing sufficient quantities of top-quality fractionation products to meet the needs of Québec hospitals,

in the most cost-effective manner possible. The family of fractionation products includes therapeutic proteins (such as coagulation products for treatment of hemophilia), a wide range of immunoglobulines, and albumin. These products are obtained either through fractionation of the various proteins in human blood plasma, or by using so-called recombinant manufacturing techniques, which require little or no plasma. Fractionation products distributed to Québec hospitals account for more than half of HÉMA-QUÉBEC’s budget.

INNOVATION

WORK BY THE HÉMATECH GROUP

The HÉMATECH group undertook its initial work to assess new technologies designed to optimize the quality and availability of blood components. The work was done by teams selected among staff in the Operations, Medical Affairs, and Research and Development departments, and involved



the development and validation of a sampling unit equipped with a bypass pouch for the first few millilitres of blood; assessment of three new cell fractionators for thrombapheresis; and the use of a new ELISA screening test for IgA serum deficiency among blood donors.

MOTIVATION OF BLOOD DONORS

The HÉMA-QUÉBEC Board of Directors, following a recommendation by the Scientific and Medical Advisory Committee, entrusted the organization with the mission of conducting research into the motivation of blood donors, still an under-explored research field. To this end, the HÉMA-QUÉBEC epidemiological unit established formal collaboration on this topic with researchers at Université Laval.

CENTRE DE CONSERVATION DE TISSUS HUMAINS DU QUÉBEC

In December 2001, HÉMA-QUÉBEC acquired the assets of the Centre de conservation de tissus humains du Québec (Québec Human Tissue Conservation Centre, known by its French acronym CCTHQ), which became a new department of the organization. HÉMA-QUÉBEC and the CCTHQ share several interests, as the regulatory framework for the sampling and distribution of human tissue will be quite similar to that for blood products, both products being considered to be medication or medical material. The CCTHQ, jointly with the Quality and Standards department, is currently preparing an application for registration with the American Association of Tissue Banks.

NETWORKING WITH VOLUNTEERS



During 2001, the International Year of Volunteers, HÉMA-QUÉBEC organized a program of activities to underline the generosity of donors who have given blood 100 or more times, via a series

of appreciation evenings held in 11 Québec cities.

These get-togethers provided a highly distinctive way for HÉMA-QUÉBEC to acknowledge the indispensable contribution made by hundreds of donors who display an exceptional commitment to giving blood.

OUTREACH

AWARDS

- The Marketing division was named the recipient of the “Coup de cœur” award in the Flèche d’or competition, which recognizes excellence among Québec call centres.
- The Public Affairs division was given an Équinoxe award in recognition of the quality of the communications plan developed to support the implementation of the PROGESA software application.



RESEARCH AND DEVELOPMENT

The Research and Development department is an active participant in the training of students, in partnership with Université Laval, Université du Québec à Trois-Rivières, cégep de Sainte-Foy and cégep de Lévis-Lauzon.

In 2001–2002, the HÉMA-QUÉBEC R&D team included five masters’ and PhD candidates, eight university-level interns, and two cégep-level interns. Two of these students have been awarded postgraduate scholarships, one from the Natural Sciences and Engineering Research Council of Canada (NSERC) and one from the Fonds québécois de la recherche sur la nature et les technologies, while four summer interns were recipients of NSERC Undergraduate Student Research Awards in Industry.

In addition, the Bayer-CBS-HÉMA-QUÉBEC Partnership Fund renewed its grants for two research projects on the mechanisms of action of intravenous immunoglobulines.

PRESENTATIONS BY THE ORGANIZATION

• South Africa

HÉMA-QUÉBEC was invited to lead a workshop on September 12, 2001, as part of the 8th International Colloquium of the Recruitment of Voluntary Non-Remunerated Blood Donors, held in Johannesburg, South Africa. The event was jointly organized by the World Health Organization, the International Federation of Red Cross and Red Crescent Societies, South Africa National Blood Services, and the International Federation of Blood Donor Organizations. A team from HÉMA-QUÉBEC led a training workshop entitled *Programme de marketing humanitaire d'HÉMA-QUÉBEC* (“The HÉMA-QUÉBEC humanitarian marketing program”). Approximately 60 participants from 12 countries—most of them professionals in the fields of blood donor recruitment and marketing—attended the workshop.

• Ivory Coast

In August 2001, HÉMA-QUÉBEC provided five days of training in blood bank quality to a group comprising 22 representatives of 11 French-speaking African nations. The course was part of a one-month training program set up by the World Health Organization. The program’s purpose is to train quality specialists, whose mission will be to implement quality-assurance programs in their respective transfusion centres.

• Canada

HÉMA-QUÉBEC was given the mandate to organize a workshop on serology and platelet genotyping as part of the 27th Congress of the International Society of Blood Transfusion, to be held in Vancouver in August 2002. HÉMA-QUÉBEC prepared a kit containing 15 serum samples, 10 DNA samples taken from volunteer donors, and a questionnaire on clinical cases for discussion. Conference-goers who register for Platelet Workshop 2002 will analyze the serum samples

to detect antibodies to platelet antigens, then perform genotyping of the DNA samples. A total of 32 kits have been sent to transfusion medicine specialists around the world. HÉMA-QUÉBEC, which operates one of the largest platelet laboratories in Canada, will also compile the results and disseminate them during the congress.

PARTNERSHIPS

- Awarding of a research grant to Dr. Paul Hébert, Associate Professor in Medicine and Epidemiology at the Ottawa Health Research Institute/University of Ottawa, for a study entitled “Evaluation of Universal Leukoreduction.”
- In collaboration with Canadian Blood Services, organization of the Consensus Conference *Blood-Borne HIV and Hepatitis: Optimizing the Donor Selection Process*, held in November 2001 in Ottawa.
- Financial support for the *Journée scientifique provinciale en médecine transfusionnelle* (“province-wide scientific day on transfusion medicine”), held in November 2001 in Sainte-Foy.
- Sponsorship of simultaneous translation services for the Joint Scientific Conference in London, Ontario, in May 2001.
- Support for a series of seminars organized by the Microbiology and Immunology Department of the Faculty of Medicine, Université de Montréal.

CODE OF ETHICS AND PROFESSIONAL CONDUCT

Note that during 2001–2002, there were no occurrences of situations requiring application of the Code.



Émilie
42 transfusions

SCIENTIFIC PAPERS

15TH SPRING MEETING OF THE CANADIAN SOCIETY FOR IMMUNOLOGY, LAC LOUISE, CANADA, APRIL 2001

POSTERS

BAZIN (R.), AUBIN (E.), BOYER (L.), ST-AMOUR (I.), ROBERGE (C.), LEMIEUX (R.). *Biological Activity of Human Monoclonal Anti-Rh(D) Antibodies in a NOD-Scid Mouse Model.*

DE GRANDMONT (M.-J.), ROY (A.), NÉRON (S.). *Effect of Intravenous Immunoglobulins (IVIg) on Expansion and Differentiation of CD40-Activated Human B-Lymphocytes.*

HABEL (M.-E.), DROUIN (M.), RICHARD (M.), JUNG (D.). *Elaboration of a New Expression System to Increase Production of Recombinant Antibodies in Eucaryotic Cells.*

CAMBRIDGE HEALTH INSTITUTE FOURTH ANNUAL PROTEIN EXPRESSION, McLEAN, UNITED STATES, APRIL 2001

POSTER

JUNG (D.), CÔTÉ (S.), DROUIN (M.), SIMARD (C.), LEMIEUX (R.). *Increased Viability of B Cell Hybridomas at the Late mAb Secretion Culture Phase Using Inducible Bcl-Xl Expression.*

CANADIAN SOCIETY FOR TRANSFUSION MEDICINE CONFERENCE, LONDON, CANADA, MAY 2001

PAPER

PROULX (C.). *Strategies to Replace/Supplement Donor Derived Platelets.*

POSTERS

BAZIN (R.), AUBIN (E.), ROBERGE (C.), LEMIEUX (R.). *Molecular Basis for the False Positive Reactions in HIV1/2 EIA.*

CÔTÉ (S.), SIMARD (C.), LEMIEUX (R.). *Overexpression of Survivin Prolongs the Viability of IL-6-Dependent Hybridoma Cells Following Cytokine Deprivation.*

DE GRANDMONT (M.-J.), ROY (A.), NÉRON (S.). *Effect of Intravenous Immunoglobulins (IVIg) on Expansion and Differentiation of CD40-Activated Human B-Lymphocytes.*

JUNG (D.), CÔTÉ (S.), DROUIN (M.), SIMARD (C.), LEMIEUX (R.). *Increased Viability of B Cell Hybridomas at the Late mAb Secretion Culture Phase Using Inducible Bcl-Xl Expression.*

PROULX (C.), BOYER (L.), LEMIEUX (R.). *Synergy between TPO and Other Cytokines for the Expansion of Human Cord Blood Megakaryocytic Cells.*

ST-LOUIS (M.), PERREAU (J.), LEMIEUX (R.). *NAT-Based Rh(D) Genotyping of Fetal Cells to Evaluate the Risk of Developing Hemolytic Disease of the Newborn (HDN).*

THIBAUT (L.), LONG (A.), BEAUSÉJOUR (A.). *Evaluation of a New Method for Red Cells Phenotyping of Blood Donors using Microplates.*

1ST CANADIAN CONFERENCE ON HEPATITIS C, MONTRÉAL, CANADA, MAY 2001

POSTER

GERMAIN (M.), POULIN (L.), DELAGE (G.). *Dépistage du VHC par test d'amplification des acides nucléiques (TAN) chez les donneurs de sang à HÉMA-QUÉBEC.*

**6TH ANNUAL MEETING OF PROCESS
DEVELOPMENT AND PRODUCTION ISSUES
FOR MONOCLONAL AND RECOMBINANT
ANTIBODIES, MIAMI, UNITED STATES,
MAY 2001**

PAPER

CHEVRIER (M.-C.), CHÂTEAUNEUF (I.), LEMIEUX (R.).
*Development of an Efficient Monoclonal AntiIgG:
Peroxidase Conjugate for the Detection of Human IgG.*

**VII EUROPEAN CONGRESS OF THE ISBT, PARIS,
FRANCE, JULY 2001**

PAPER

BAZIN (R.), AUBIN (E.), BOYER (L.), ST-AMOUR (I.),
ROBERGE (C.), LEMIEUX (R.). *Biological Activity
of Human Monoclonal Anti-Rh(D) Antibodies in
a NOD-Scid Mouse Model.*

POSTERS

GERMAIN (M.), DELAGE (G.). *Men who Have Sex with
Men (MSM) and Blood Donation: a Risk-Benefit
Assessment of Adopting a Less Stringent Deferral Policy*
[abstract published in *Transfus Clin Biol* 2001 June;
8 Suppl. 1:198s].

JUNG (D.), DROUIN (M.), RICHARD (M.), LEMIEUX (R.).
*Frequency of the vCJD-Associated M/M 129 PRNP
Genotype in the Québec Population.*

**AMERICAN ASSOCIATION OF BLOOD BANKS
ANNUAL MEETING, SAN ANTONIO,
UNITED STATES, OCTOBER 2001**

PAPER

DE GRANDMONT (M.-J.), ROY (A.), LEMIEUX (R.),
NÉRON (S.). *Effect of Intravenous Immunoglobulins
(IVIg) on the Proliferation, Expansion and
Differentiation of Normal Activated Human
B-Lymphocytes* [abstract published in *Transfusion
Medicine*, (41)36S, 2001].

POSTERS

BAZIN (R.), AUBIN (E.), ROBERGE (C.), LEMIEUX (R.).
*Molecular Basis for the False Positive Reactions
in HIV1/2 EIA* [abstract published in *Transfusion
Medicine*, (41)36S, 2001].

BEAUSÉJOUR (A.), LONG (A.), THIBAUT (L.). *Evaluation
of a New Microplate Method for Red Cells Phenotyping
of Blood Donors.*

**51ST ANNUAL MEETING OF THE AMERICAN
SOCIETY OF HUMAN GENETICS, SAN DIEGO,
UNITED STATES, OCTOBER 2001**

POSTER

JUNG (D.), DROUIN (M.), RICHARD (M.), LEMIEUX (R.).
*Frequency of the vCJD-Associated M/M 129 PRNP
Genotype in the Québec Population.*

**NATIONAL BLOOD SAFETY COUNCIL,
ALTERNATIVES FOR BLOOD USAGE: ISSUES OF
SAFETY AND IMPLEMENTATION, WINNIPEG,
CANADA, NOVEMBER 2001**

DÉCARY (F.), participation in an expert panel.

**BLOOD-BORNE HIV AND HEPATITIS:
OPTIMIZING THE DONOR SELECTION PROCESS,
A CONSENSUS CONFERENCE, OTTAWA,
CANADA, NOVEMBER 2001**

PAPERS

GERMAIN (M.). *Application of a Risk Modelling
Technique to Blood Donor Deferral Issues.*

GOLDMAN (M.). *Review of Current Donor Selection and
Testing in Canada.*

**43RD AMERICAN SOCIETY OF HEMATOLOGY
ANNUAL MEETING, ORLANDO, UNITED STATES,
DECEMBER 2001**

POSTERS

BAZIN (R.), BOUILLON (M.), AUBIN (E.), ROBERGE (C.),
LEMIEUX (R.). *Effect of Eluting Low Affinity Non-Specific
Antibodies on the False Positive HIV 1/2 Antibody
Reactivity of Blood Donor Sera.*

CÔTÉ (S.), SIMARD (C.), LEMIEUX (R.). *Temporal
Restriction of the Interleukin-6 Biological Activity
during Myeloma Cell Growth to the G1 Phase of the
Cell Cycle.*

PROULX (C.), BOYER (L.), DUPUIS (N.), LEMIEUX (R.).
*Low Oxygen Tension Enhances Megakaryocyte and
Platelet Production in Cord Blood Stem/Progenitor
Hematopoietic Ex Vivo Cultures.*

ONE LAMBDA, FEBRUARY-MARCH 2002

PAPER

RICHARD (L.). *Is There a Role for Anti-HLA Antibodies
in Neonatal Alloimmune Thrombocytopenia?*



Sophie
Monthly transfusions

PUBLICATIONS

- BAZIN (R.), AUBIN (E.), BOYER (L.), ST-AMOUR (I.), ROBERGE (C.), LEMIEUX (R.). *Functional in vivo characterization of human monoclonal anti-D in NOD-scid mice*. Blood 2002;99:1267-1272.
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