Plasma's Journey from Donor to Patient

'Arm to Arm'

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Introduction

- What is Plasma?
- History of Plasma
- Plasma Fractionation
- Steps from Plasma to Patient
- The economics of Plasma
- COVID-19
- UK Plasma



- Liquid part of blood
- Carries dissolved proteins and other chemicals around the body to where they are needed
- Various functions:
 - Maintain fluid pressure (albumin)
 - Protect against infection (immunoglobulin)
 - Stops bleeding/blood loss (clotting factors)



- Plasma can be donated by people in two ways:
 - Recovered Plasma whole blood donation separated into cells and plasma
 - **Plasmapheresis** returns solid cells to the donor (source plasma)



- 1990s: >100 known proteins
- 2002: 490 by LC-MS
- 2008: 695 by LC-MS/MS
- 2008: HIP² database: 12,787 proteins & 86,831 peptides by MS/MS



- Plasma itself represents about ½ the volume of blood
- Most of the plasma is actually water
- Proteins of interest in the remainder (per litre):
 - 40g Albumin
 - 12g Immunoglobulins
 - 300µg Factor VIII
 - +1000 other proteins



History of Plasma

- Late 17th Century, Europe
 - The blood of a gentle calf
 - Direct, whole blood transfusions from animal to human
 - Direct, whole blood transfusions from human to human – still to transfer personality traits
- Early 20th Century, USA
 - First 'modern' transfusion Father to baby



History of Plasma

• WWI

- Plasma suggested as a treatment but not followed up
- 1930s, USSR, America, Britain
 - Use of plasma on an experimental basis
 - Plasma more robust, but still difficult to work with – Specification by US Navy

• WWII

- Whole blood couldn't survive the journey from USA
- First use of ethanol-fractionated albumin – Pearl Harbor, 1941



Origins of Modern Plasma Fractionation

- Methods for large scale separation of plasma proteins driven by need for "stable plasma protein fraction" (i.e. albumin) in WWII
- Edwin Cohn and co-workers published landmark paper in 1941
- Describes use of ethanol for fractional precipitation of proteins



FIGURE 73.-Edwin J. Cohn, Ph. D.



What is Plasma Fractionation?

- Separation of plasma proteins into definable fractions
- Based on manipulation of specific protein solubility under different conditions of
 - Temperature, ionic strength, conductivity, protein concentration and pH
- Widely known as 'Cohn fractionation' or 'Cold Ethanol fractionation'



Cohn Fractionation

- Identified by Roman Numerals
- I Fibrinogen (Fibrin Foam) & Thrombin
- II Serum γ-Globulin
- III Other globulins
 - Including blood grouping isoagglutinins
- IV Complement components
- V Serum Albumin









Fibrinogen and Thrombin Fraction 1 and Fraction 111-2 Fibrin Foam and Thrombin Fraction I and Fraction III-2

Fibrin Film Fraction 1 and Fraction 111-2





Isoagglutinins Fraction III-1



Serum y-Globulin Fraction II Serum Albumin Fraction V

Cohn Fractionation



Step 1 - Donation

- Donation is exclusively from United States
 - Many markets require this restriction
 - Donor Screening
- Collected by Plasmapheresis
- Frozen at source
 - Held for min. 60 days

- Tested at source
- Shipped frozen
- Tested in-process

Step 2 – Pooling & Cryoprecipitate Separation

- Plasma arrives frozen from donation centers
- Thousands of donations are 'pooled' into a single batch
- Partially thawed
- Separated via centrifuge
 - 'Cryoprecipitate' to Factor VIII
 - 'Cryoprecipitate Supernatant' (Step 2)
 - Constantly cooled
 - Water/Ethanol



Step 3 -Fractionation

- Various stages of precipitation & separation
 - Various intermediates produced as 'pastes' & can be held frozen
- Factors IX and X Coagulation Factors
 - 0.2-5 mg/L (with FVIII)
- Fraction V for Albumin
 - 30 g/L
- Fraction II for Immunoglobulins
 - 5-10 g/L

Step 4 – Purification / Formulation

- Removal of impurities
 - Chromatography
- Virus reduction
 - Solvent/Detergent ('S/D')
 - Filtration
 - Filled Product Incubation
 - Heat Treatment (Pasteurisation)
- Concentration
 - Ultrafiltration / Diafiltration
- Formulation
 - Stabilizers
 - Excipients



Step 5 – Freeze Drying

- Otherwise known as Lyophilization
- Removes liquids from the products
- Stabilises for longer-term storage
- Coagulation factors only
 - Proteases, not suitable for storage in liquid form
- Freeze-dried product good for hostile environments
 - But requires reconstitution, e.g. with Water for Injections (WFI)

Step 6 – The Patient

- Plasma products used to treat a range of conditions
 - Albumin
 - Shock, Burns, Hypoalbumenia
 - Loss of blood
 - IgG (Polyclonal 10¹⁰ Specificities)
 - Passive prophylaxis
 - Immune deficiency disorders
 - Auto-immune disorders, e.g. Guillain-Barré syndrome
 - Specific diseases (hyperimmunes)
 - Coagulation (Clotting) Factors
 - Bleeding disorders, such as Haemophilia A&B, von Willebrand's disease
- Generally, administered intravenously

Disease-specific immunoglobulins

- Hepatitis B
- Rabies
- Tetanus
- Varicella-Zoster (chickenpox, shingles)
- Anti-D (RH₀)

The Economics of Plasma

- Albumin used to be the primary driver
- Then a shift to Coagulation Factors (CF)
 - Factors VIII & IX
- Now, Immunoglobulins are the largest market (~50%), and growing



The Economics of Plasma

- Worldwide demand for plasma products
- North America largest market
- Asia & Pacific growing demand



COVID-19

- CoVIg-19 Plasma Alliance
- Ten plasma companies together to develop anti-SARS-CoV-2 polyclonal hyperimmune globulin
- Used convalescent plasma
- Unfortunately, did not meet its endpoints



UK blood plasma for medicines

- First blood plasma for medicines donations begin - NHS Blood and Transplant (nhsbt.nhs.uk)
- The restriction on using plasma from UK donors was introduced in 1998 as a precautionary measure against vCJD.
- The restriction was lifted by the Department of Health and Social Care in February 2021

Plasma is needed for life-saving medicines

> Save a life Give plasma

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- Starr, Douglas P. Blood : an Epic History of Medicine and Commerce. New York: Alfred
- Surgenor, Douglas M. *Edwin J. Cohn and the Development of Protein Chemistry*. Center for Blood Research and Harvard University Press.