



## CANADIAN PLASMA RESOURCES

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[www.giveplasma.ca](http://www.giveplasma.ca)

### The Case for a Canadian Plasma Strategy

As Ontario legislators debate Bill 178, which would eliminate the opportunity for Canadian Plasma Resources to help address the province's enormous shortage of domestic plasma supply, it is clear Canada and Ontario need a plasma strategy.

The proposition of Bill 178 by the Ontario Minister of Health and Long Term Care demonstrates the Minister is in complete denial of the fact that almost all plasma protein therapies used in this province are imported and made from plasma from paid donors in the United States. The fact that Bill 178 designates blood and plasma collection facilities as Specimen Collection Centres also reveals the absolute ignorance of the Minister regarding the regulations governing safety and quality of plasma collection, which fall under Health Canada's Food and Drug Regulations, Part C: Drugs.

The donation of blood and plasma is a life-saving act for patients requiring a transfusion, and Canadian Blood Services (CBS) and Héma-Québec (HQ) have built an excellent system to ensure a safe supply from volunteers across the country. But we have not had a national discussion about the growing need for life-saving pharmaceuticals that require far more plasma than voluntary donations can provide. For every liter of plasma used for direct transfusion into patients, Canada requires 25 liters of plasma for further manufacturing into therapies. Currently we are amongst the highest per capita users of plasma derived therapies globally yet our contribution to the global supply is minimal. It is well past time for Canada to develop its own plasma strategy.

Health Canada, CBS and HQ have clearly and unequivocally stated that Canada is committed to maintaining a 100 percent voluntary, self-sufficient blood and plasma transfusion system. But plasma collected to manufacture plasma-based drugs is an entirely separate issue, and it's time we discussed it further. Plasma products are used in the treatment of life-threatening diseases, and the demand for them is increasing rapidly around the world, including here in Canada.

The problem is in the supply. While the voluntary system collects enough blood for transfusions, there simply aren't enough donations of plasma for pharmaceutical products. The Canadian health care system, through CBS and HQ satisfies most of this shortfall by purchasing plasma protein products from the United States and Europe, and these products are almost entirely made from plasma collected from paid donors in the United States.

"We need to be talking about this. This is a health issue, it's a safety issue, it's an economical issue and for many it's an emotional issue as well," said Dr. Barzin Bahardoust, CEO of Canadian Plasma Resources. "We need to solve this shortfall to ensure a sufficient supply of vital life-saving drugs, and we need it to be a Canadian solution."



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Canada's need for plasma products significantly exceeds our current capacity to produce plasma for further manufacturing. We currently import large quantities of plasma products, most of which are manufactured from plasma from paid donors. For example, more than 70% of immunoglobulin, which is used in Canada to treat a number of diseases, is made from paid donor plasma from the United States.

We can continue to rely on purchased plasma protein therapies from the United States and Europe, or we can begin to develop a made-in-Canada solution. Encouraging greater voluntary donations is important. For the quantities we require we must give serious consideration to providing incentives for repeat, committed plasma donors. These qualified donors commute and donate plasma up to once a week and spend 100 hours annually on plasma donations. Compensation of time and out of pocket expenses can be consistent with what the province of Ontario is already giving to living organ donors.

Introduction of a reliable plasma industry in Canada is the first step towards satisfying the country's need for plasma entirely from domestic sources while maintaining a safe, secure supply of fresh blood products available for transfusion. Local production should be encouraged by a government that spends hundreds of millions of dollars importing plasma protein products from paid donors. We need a solution for Canadians, by Canadians.

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