For over 40 years, Terumo Blood and Cell Technologies has been providing expertise, data and technology for our customers. We are pleased to offer Veda Solutions — an expanded suite of collaborative offerings empowering you to grow your business.

Visit our booth to learn more.

Unlocking Potential
CORPORATE SUPPORTERS

ASFA wishes to acknowledge the support of all companies and organizations that contributed generously to the ASFA 2022 Annual Meeting.

PLATINUM LEVEL SUPPORTERS:

Mallinckrodt Pharmaceuticals

TERUMO
BLOOD AND CELL TECHNOLOGIES

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ALEXION
AstraZeneca Rare Disease

FRESENIUS KABI
caring for life

TERUMO
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COMMERCIAL SUPPORTER:

TERUMO
BLOOD AND CELL TECHNOLOGIES
WEDNESDAY, MAY 4, 2022

11:30am – 12:30pm

CORPORATE LUNCH SYMPOSIUM
Supported by Terumo Blood and Cell Technologies
(Open to all registered delegates - arrive early as seating is limited)

ARE YOU READY FOR THE ACCELERATION IN CELL THERAPY?
Learn about the role of apheresis in cell collection for cell therapy. A panel of biotech and apheresis experts will discuss the challenges and opportunities they see from their perspective in the process. Hear how Veda Solutions, an expanded suite of collaborative offerings from Terumo Blood and Cell Technologies can help you grow your organization’s future in cell collections for cell therapy.

Learning Objectives:
• Learn how to navigate and find the opportunities in cell therapy
• Learn what biotechs are looking for from their collection partners
• Learn how to grow your apheresis business

Speakers:
Doreen Condon, Gene Therapy Apheresis Expert, bluebird bio
Tiffany D Rau, PhD, Owner and Principal Consultant, Rau Consulting
Dr. Kyle Annen, DO, Associate Professor at Department of Pathology, University of Colorado Anschutz Medical Campus

Moderator:
Matt Hemstreet, MBA, Director of Global Marketing, Cell Therapeutics, Terumo Blood and Cell Technologies

7:00pm – 9:00pm Welcome Reception in Exhibit & Poster Hall

THURSDAY, MAY 5, 2022

10:00am – 6:30pm Exhibit Hall Open

10:15am – 10:45am Break in Exhibit & Poster Hall
# CORPORATE PROGRAM

## THURSDAY, MAY 5, 2022

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>12:30pm – 1:30pm</td>
<td><strong>CORPORATE LUNCH SYMPOSIUM</strong>&lt;br&gt;Supported by Alexion&lt;br&gt;(Open to all registered delegates - arrive early as seating is limited)&lt;br&gt;ARE YOUR PATIENTS AT RISK?&lt;br&gt;Exploring thrombotic microangiopathies and atypical-HUS in a patient with renal failure on apheresis&lt;br&gt;Speaker: Tina Ipe, MD, MPH, Clinical Pathology, Laboratory Medicine and Transfusion Medicine, Associate Professor&lt;br&gt;Medical Director, University of Arkansas for Medical Sciences – Transfusion Division&lt;br&gt;Program Objectives:&lt;br&gt;• Review a case of a patient with renal disease and evidence of TMA&lt;br&gt;  • Review pathophysiology and clinical considerations of TMAs&lt;br&gt;  • Discuss considerations for differential diagnosis of TMA etiologies&lt;br&gt;• Examine the benefit and risk of therapeutic plasma therapy in different forms of TMA&lt;br&gt;• Review factors that inform appropriate disease management of patients with atypical-HUS</td>
<td>Liberty C</td>
</tr>
<tr>
<td>12:30pm – 1:30pm</td>
<td>Lunch in Exhibit Hall</td>
<td>Liberty A</td>
</tr>
<tr>
<td>3:15pm – 3:45pm</td>
<td>Break in Exhibit &amp; Poster Hall</td>
<td>Liberty A &amp; Liberty Ballroom Foyer</td>
</tr>
<tr>
<td>5:30pm – 6:30pm</td>
<td>Poster Networking Evening in Exhibit &amp; Poster Hall</td>
<td>Liberty A &amp; Liberty Ballroom Foyer</td>
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## FRIDAY, MAY 6, 2022

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<td>10:00am – 4:30pm</td>
<td>Exhibit Hall Open</td>
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<tr>
<td>10:15am – 10:45am</td>
<td>Break in Exhibit &amp; Poster Hall</td>
<td>Liberty A &amp; Liberty Ballroom Foyer</td>
</tr>
<tr>
<td>12:15pm – 1:30pm</td>
<td>Lunch in Exhibit Hall</td>
<td>Liberty A</td>
</tr>
<tr>
<td>3:45pm – 4:15pm</td>
<td>Break in Exhibit &amp; Poster Hall</td>
<td>Liberty A &amp; Liberty Ballroom Foyer</td>
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</tbody>
</table>
For patients with Homozygous FH (HoFH) aged 12 years and older:

EVKEEZA® powerfully reduced LDL-C levels by an average of ~50% as an adjunct to current LLTs.¹*

INDICATION
EVKEEZA® is an ANGPTL3 (angiopoietin-like 3) inhibitor indicated as an adjunct to other low-density lipoprotein-cholesterol (LDL-C) lowering therapies for the treatment of adult and pediatric patients, aged 12 years and older, with homozygous familial hypercholesterolemia (HoFH).

Limitations of Use:
- The safety and effectiveness of EVKEEZA have not been established in patients with other causes of hypercholesterolemia, including those with heterozygous familial hypercholesterolemia (HeFH).
- The effects of EVKEEZA on cardiovascular morbidity and mortality have not been determined.

IMPORTANT SAFETY INFORMATION
Contraindication
EVKEEZA is contraindicated in patients with a history of serious hypersensitivity reactions to evinacumab-dgnb or to any of the excipients in EVKEEZA. Serious hypersensitivity reactions, including anaphylaxis, have occurred.

Warnings and Precautions
Serious Hypersensitivity Reactions: Serious hypersensitivity reactions have occurred with EVKEEZA. If signs or symptoms of serious allergic reactions occur, discontinue EVKEEZA infusion, treat according to the standard-of-care, and monitor until signs and symptoms resolve.

*The LDL-C—lowering effect of EVKEEZA may be measured as early as 2 weeks. At week 24, the LS mean treatment difference between EVKEEZA and placebo in mean percent change in LDL-C from baseline was -49% (95% CI: -65% to -33%; P<0.0001). LS mean percent change in LDL-C from baseline with EVKEEZA was -47% and with placebo was +2%.

LDL-C: low-density lipoprotein-cholesterol; LDLR: low-density lipoprotein receptor; LLTs: lipid-lowering therapies; LS: least squares.

Scan the code or visit EVKEEZAhcp.com to learn more about EVKEEZA.
**EVKEEZA® lowered LDL-C by ~50%, on average, at 24 weeks**^1

Calculated LDL-C LS mean percent change from baseline over time through week 24^1

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Placebo + LLTs</th>
<th>EVKEEZA + LLTs</th>
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<tr>
<td>2</td>
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<tr>
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<td>40</td>
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<tr>
<td>24</td>
<td>21</td>
<td>43</td>
</tr>
</tbody>
</table>

At week 24, EVKEEZA lowered LDL-C by an average of 135 mg/dL from baseline in patients receiving EVKEEZA^2

**Study design**

The efficacy and safety of EVKEEZA in the treatment of HoFH was demonstrated in a multicenter, double-blind, randomized, placebo-controlled study in patients with HoFH. The mean age of patients at baseline was 42 years (range: 12 to 75 years). Patients were on a background of LLTs, including maximally tolerated statins, ezetimibe, PCSK9 inhibitor antibodies, lomitapide, and lipoprotein apheresis. The mean LDL-C at baseline was 253 mg/dL. In the double-blind treatment period, 43 patients were randomized to receive EVKEEZA 15 mg/kg IV every 4 weeks and 22 patients to receive placebo. In the open-label treatment period, 64 patients received EVKEEZA 15 mg/kg IV every 4 weeks. The primary endpoint was percent change in LDL-C from baseline to week 24. At week 24, the LS mean treatment difference between EVKEEZA and placebo in percent mean percent change in LDL-C from baseline was -49% (95% CI: -65% to -33%; P<0.0001). LS mean percent change in LDL-C from baseline with EVKEEZA was -47% and with placebo was +2%. A key secondary endpoint was the LS mean change in LDL-C from baseline to week 24. At week 24, the LS mean change in LDL-C from baseline for patients receiving EVKEEZA was -135 mg/dL compared with -3 mg/dL for patients receiving placebo (treatment difference =132 mg/dL; 95% CI: -175 to -89; P<0.001).^3

At week 24, the LS mean difference between EVKEEZA and placebo for ApoB and non-HDL-C was -37% (95% CI: -49% to -25%; P<0.001) and -52% (95% CI: -65% to -38%; P<0.001), respectively.^

ApoB=apolipoprotein B; CI=confidence interval; DBTP=double-blind treatment period; IV=intravenous; non-HDL-C=non-high-density lipoprotein-cholesterol; PCSK9=proprotein convertase subtilisin kexin type 9; SE=standard error.

**IMPORTANT SAFETY INFORMATION (continued)**

**Embryo-Fetal Toxicity:** EVKEEZA may cause fetal harm when administered to pregnant patients. Advise patients who may become pregnant of the risk to a fetus. Consider obtaining a pregnancy test prior to initiating treatment with EVKEEZA. Advise patients who may become pregnant to use effective contraception during treatment and for at least 5 months following the last dose.

**Adverse Reactions**

Common adverse reactions (≥5%) were nasopharyngitis (16%), influenza-like illness (7%), dizziness (6%), rhinorrhea (5%), and nausea (5%).

**Use in Specific Populations**

**Pregnancy:** EVKEEZA may cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. If a patient becomes pregnant while receiving EVKEEZA, healthcare providers should report EVKEEZA exposure by calling 1-833-385-3392.

**Lactation:** There are no data on the presence of evinacumab-dgnb in human milk or animal milk, the effects on the breastfed infant, or the effects on milk production. Maternal IgG is known to be present in human milk. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for EVKEEZA and any potential adverse effects on the breastfed infant from EVKEEZA or from the underlying maternal condition.

**Females and Males of Reproductive Potential:** Consider pregnancy testing in patients who may become pregnant prior to starting treatment with EVKEEZA. EVKEEZA may cause fetal harm when administered to a pregnant woman. Females of reproductive potential should use effective contraception during treatment with EVKEEZA and for at least 5 months following the last dose of EVKEEZA.

**Pediatrics:** The safety and efficacy of EVKEEZA have not been established in pediatric patients with HoFH who are younger than 12 years old.

**References:**


**Evk22.02.2018 03/2022**

**Regeneron**

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**EVK22.02.2018 03/2022**

**Regeneron**

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EVKEEZA (evinacumab-dgnb) injection, for intravenous use

**INDICATIONS AND USAGE**

EVKEEZA is an ANGPTL3 (angiopoietin-like 3) inhibitor indicated as an adjunct to other low-density lipoprotein-cholesterol (LDL-C) lowering therapies for the treatment of adult and pediatric patients, aged 12 years and older, with homozygous familial hypercholesterolemia (HoFH).

**Limitations of Use**

- The safety and effectiveness of EVKEEZA have not been established in patients with other causes of hypercholesterolemia, including those with heterozygous familial hypercholesterolemia (HeFH).
- The effects of EVKEEZA on cardiovascular morbidity and mortality have not been determined.

**CONTRAINDICATIONS**

EVKEEZA is contraindicated in patients with a history of serious hypersensitivity reaction to evinacumab-dgnb or to any of the excipients in EVKEEZA. Serious hypersensitivity reactions, including anaphylaxis, have occurred (see Warnings and Precautions [5.1]).

**WARNINGS AND PRECAUTIONS**

5.1 Serious Hypersensitivity Reactions

Serious hypersensitivity reactions occurred in EVKEEZA-injected patients. In clinical trials, 1 (1%) EVKEEZA-treated patient experienced anaphylaxis versus 0 (0%) patients who received placebo. If signs or symptoms of serious hypersensitivity reactions occur, discontinue EVKEEZA infusion, treat according to the standard-of-care, and monitor until signs and symptoms resolve. EVKEEZA is contraindicated in patients with a history of serious hypersensitivity reaction to evinacumab-dgnb (see Contraindications [4]).

5.2 Embryo-Fetal Toxicity

Based on the findings in animal reproduction studies, EVKEEZA may cause fetal harm when administered to pregnant patients. Administration of evinacumab to rabbits during organogenesis caused increases in fetal malformations at doses below the human exposure. Adverse effects may become pregnant of the risk to the fetus. Consider obtaining a pregnancy test prior to initiating treatment with EVKEEZA. Adverse reactions in pregnant patients who may become pregnant to use effective contraception during treatment with EVKEEZA and for at least 5 months following the last dose of EVKEEZA (see Use in Specific Populations [8.1]).

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in the labeling:

- **Hypersensitivity Reactions** (see Warnings and Precautions [5.1])

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. Safety data are based on pooled results from two randomized, double-blind, placebo-controlled trials that included 81 patients treated with EVKEEZA. The mean age of EVKEEZA-treated patients was 48 years (range: 15 to 75 years), 52% were women, 5% were African American, 62% were non-Hispanic, 7% were Asian, 3% were Black, and 9% Other. Forty-four (54%) EVKEEZA-treated patients had HoFH. Patients received EVKEEZA as add-on therapy to other lipid-lowering therapies, including maximally tolerated statin, ezetimibe, PCSK9 inhibitors, lipids-lowering agents, and apheresis. Adverse reactions led to discontinuation of treatment in 2 (2%) patients treated with EVKEEZA, including 1 case of anaphylaxis, and 1 (2%) patient who received placebo. The most common adverse reactions (reported in greater than 3% of EVKEEZA-treated patients and more frequently than in placebo) are shown in Table 1.

### Table 1: Adverse Reactions Occurring in >3% of Patients Treated with EVKEEZA and Greater than Placebo in 24-Week, Pooled, Placebo-Controlled Trials

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Placebo (N=81)</th>
<th>EVKEEZA (N=80)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasopharyngitis</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>Influenza-like illness</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>Hematuria</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Nausea</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Pain in extremity</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>Adipose</td>
<td>0%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Other adverse reactions occurring less than 3% of patients treated with EVKEEZA and greater than placebo included constipation, upper respiratory tract infection, nasal congestion, and abdominal pain. Transient, mild to moderate decreases in diastolic blood pressure and increases in heart rate occurred in clinical trials of EVKEEZA infusion but did not require intervention and resolved post-infusion. Serious Hypersensitivity Reactions

Anaphylaxis was reported in 1 (1%) patient treated with EVKEEZA and 0% in patients who received placebo. Infusion Reactions

Infusion reactions were reported in 6 (7%) patients treated with EVKEEZA and in 2 (4%) patients who received placebo. The following infusion reactions occurred in EVKEEZA-treated patients: infusion site pruritus, pyrexia, muscular weakness, nausea, and nasal congestion.

6.2 Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to EVKEEZA in the studies described below with the incidence of antibodies in other studies or to other products may be misleading. No patients developed treatment-emergent antibodies to EVKEEZA.

### 8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

**Risk Summary**

Based on data from animal reproduction studies, EVKEEZA may cause fetal harm when administered to pregnant patients. Available human data are insufficient to evaluate for a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Evinacumab-dgnb is a human IgG monoclonal antibody (see Description [11] in the full prescribing information), and human IgG is known to cross the placental barrier; therefore, evinacumab-dgnb has the potential to be transmitted from the mother to the developing fetus.

Subcutaneous administration of evinacumab-dgnb to pregnant rabbits during the period of organogenesis resulted in fetal malformations (demed head, hydrocephalus, and flexed limbs) at doses below the maximum recommended human dose (MRHD). No adverse embryofetal effects were observed with subcutaneous administration of evinacumab-dgnb to pregnant rats during the period of organogenesis at doses below the MRHD. Maternal evinacumab-dgnb serum concentrations were observed in fetal rabbits and rat sera at birth, indicating that evinacumab-dgnb, like other IgG antibodies, crosses the placental barrier (see Data). Advise pregnant women of the potential risk to a fetus.

The estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2.4% and 15-20%, respectively.

If a patient becomes pregnant while receiving EVKEEZA, healthcare providers should report EVKEEZA exposure by calling 1-833-385-3392.

**Data**

An embryofetal development study in pregnant rabbits, evinacumab-dgnb was administered subcutaneously at doses of 1, 5, 10 and 30 mg/kg every 3 days (Q3D) during the period of organogenesis from gestation day 7 to day 19. Evinacumab-dgnb was well-tolerated in rabbits, causing demed head, dilation of the lateral and third ventricles of the brain, and flexed fore/hind paws at maternal evinacumab-dgnb exposures below human exposure at the MRHD of 15 mg/kg every 4 weeks, based on AUC. Other fetal malformations, consisting of irregular and abnormal ossification in the face and metacarpal, and enlarged anterior and/or posterior fontanelles occurred and were consistent with significant maternal toxicity (including early deaths due to abortion and premature delivery at all doses, reduction in maternal body weight gain, and reduced maternal food consumption). Increased incidences of post-implantation losses, resorptions (total, early, and late), and decreased fetal body weight were also consistent with maternal toxicity. Evinacumab-dgnb was present in the sera of fetuses born from mothers at 10 and 30 mg/kg/Q3D at levels higher than in maternal serum.

In an embryofetal development study in pregnant rats, evinacumab-dgnb was administered subcutaneously at doses of 5, 10, 30 and 100 mg/kg/Q3D during the period of organogenesis from gestation day 18 to day 21. Maternal exposures to evinacumab-dgnb were below the human exposure measured at the MRHD. Evinacumab-dgnb resulted in unexplained maternal deaths at 100 mg/kg/Q3D. Evinacumab-dgnb crossed the placenta and was present at rat serum levels from 0.42 to 0.35. No adverse effects on embryofetal development were observed at any dose.

In a combined fertility, embryofetal, and pre- and postnatal development study, female rats were administered evinacumab-dgnb via subcutaneous injection at doses of 30 and 100 mg/kg/Q3D beginning 2 weeks prior to mating and continuing to gestation day 21 or lactation day 21. Mean maternal systemic exposures were below the human exposure at the MRHD throughout the study. No maternal or developmental toxicity was observed.

8.2 Lactation

**Risk Summary**

There are no data on the presence of evinacumab-dgnb in human milk or animal milk, the effects on the breastfed infant, or the effects on milk production. Maternal IgG is known to cross the human milk barrier. The effects of local gastrointestinal exposure and limited systemic exposure in the breastfed infant to evinacumab-dgnb are unknown. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for EVKEEZA and any potential adverse effects on the breastfed infant or from the underlying maternal condition.

8.3 Females and Males of Reproductive Potential

**Pregnancy Testing**

Consider pregnancy testing in patients who may become pregnant prior to starting treatment with EVKEEZA (see Warnings and Precautions [5.1] and Use in Specific Populations [8.1]).

**Contraception**

Female

Based on animal studies, EVKEEZA may cause fetal harm when administered to pregnant patients (see Use in Specific Populations [8.1]). Patients who may become pregnant should use effective contraception during treatment with EVKEEZA and for at least 5 months following the last dose of EVKEEZA.

8.4 Pediatric Use

The safety and effectiveness of EVKEEZA as an adjunct to other LDL-C-lowering therapies for the treatment of HoFH have been established in pediatric patients aged 12 years and older. Evinacumab-dgnb is contraindicated in patients under 12 years of age (see Contraindications [4]). Evinacumab-dgnb injection was studied in adolescents 12 years and older (see Adverse Reactions [6.1] and Clinical Studies [14]). The safety and effectiveness of EVKEEZA have not been established in pediatric patients with HoFH who are younger than 12 years old.

8.5 Geriatric Use

Clinical studies of EVKEEZA did not include sufficient numbers of patients 65 years of age and older to determine whether they respond differently from younger adult patients.

**REGENERON**

Manufactured by: Regeneron Pharmaceuticals, Inc.

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EVK.20.12.0029
EXHIBITOR FLOORPLAN

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<td>UC San Diego</td>
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<td>University of Virginia</td>
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</table>

ENTRANCE
EXHIBITORS

ALEXION

Alexion, AstraZeneca Rare Disease, is the group within AstraZeneca focused on rare diseases, created following the 2021 acquisition of Alexion Pharmaceuticals, Inc. As a leader in rare diseases for nearly 30 years, Alexion is focused on serving patients and families affected by rare diseases and devastating conditions. Headquartered in Boston, Massachusetts, Alexion has offices around the globe and serves patients in more than 50 countries.

BAXTER HEALTHCARE CORPORATION

Baxter

Saving and sustaining a life of a critically ill patient is nothing short of a mission. That’s why Baxter’s Integrated Care Solutions team is taking a bold new step to unite innovative therapies with industry-leading technologies and solutions. The result is a more integrated care experience for clinicians as they navigate the complexities of critical care. Integrated Care Solutions (ICS) is uniting leading technologies for today’s critical care complexities and the next generation of innovative therapies to support clinicians in the work of saving and sustaining lives.

BD

BD is one of the largest global medical technology companies in the world and is advancing the world of health by improving medical discovery, diagnostics and the delivery of care. The company develops innovative technology, services and solutions that help advance both clinical therapy for patients and clinical process for health care providers. BD and its 70,000 employees have a passion and commitment to help improve patient outcomes, improve the safety and efficiency of clinicians’ care delivery process, enable laboratory scientists to accurately detect disease and advance researchers’ capabilities to develop the next generation of diagnostics and therapeutics. BD has a presence in virtually every country and partners with organizations around the world to address some of the most challenging global health issues. BD helps customers enhance outcomes, lower costs, increase efficiencies, improve safety and expand access to health care. bd.com

FRESENIUS KABI

Fresenius Kabi is a global health care company that specializes in lifesaving medicines and technologies for infusion, transfusion and clinical nutrition. Our products are used to help care for critically and chronically ill patients.

Fresenius Kabi is a leader in transfusion medicine. The company offers a comprehensive portfolio of transfusion technologies for manual and automated blood collection, separation and storage, as well as therapeutic apheresis and cell collection procedures. The people of Fresenius Kabi are driven by a common purpose: to put lifesaving medicines and technologies in the hands of people who care for patients, and to find answers to the challenges they face.

KANEKA MEDICAL AMERICA, LLC

LIPOSORBER® LA-15 System is indicated for Clinically Diagnosed Hypercholesterolemia patients with either established Coronary Artery Disease (CAD) or Peripheral Arterial Disease (PAD).
CORPORATE PROGRAM

- 1) LDL-C≥100 mg/dl or
- 2) Lp(a)≥60 mg/dl and LDL-C≥100 mg/dl

In combination with diet & maximum tolerable lipid-lowering drug therapies that failed to achieve the recommended therapeutic targets. LIPOSORBER® is also indicated for the treatment of adult and pediatric patients with nephrotic syndrome associated with primary focal segmental glomerulosclerosis (FSGS) when:

- Standard treatment options, including corticosteroid and/or calcineurin inhibitors, are unsuccessful or not well tolerated and the patient’s glomerular filtration rate (GFR) ≥ 60 mL/min/1.73 m² or
- The patient is post renal transplantation.

MALLINCKRODT PHARMACEUTICALS

Mallinckrodt is a global business of multiple wholly owned subsidiaries that develop, manufacture, market and distribute specialty pharmaceutical products and therapies. The company’s Specialty Brands reportable segment’s areas of focus include autoimmune and rare diseases in specialty areas like neurology, rheumatology, nephrology, pulmonology, ophthalmology, and oncology; immunotherapy and neonatal respirator critical care therapies; analgesics; cultured skin substitutes and gastrointestinal products. Its Specialty Generics reportable segment includes specialty generic drugs and active pharmaceutical ingredients. To learn more about Mallinckrodt, visit https://mallinckrodt.com

MILTENYI BIOTEC

Miltenyi Biotec is a global provider of products and services that empower biomedical discovery and advance cellular therapy. Our innovative tools support research at every level, from basic research to translational research to clinical application. This integrated portfolio enables scientists and clinicians to obtain, analyze, and utilize the cell. Our technologies offer solutions for cellular research, cell therapy, and cell manufacturing. Our more than 30 years of expertise spans research areas including immunology, stem cell biology, neuroscience, cancer, hematology, and graft engineering. In our commitment to the scientific community, we also offer comprehensive scientific support, consultation, and expert training. Today, Miltenyi Biotec has more than 3,500 employees in 28 countries – all dedicated to helping researchers and clinicians around the world make a greater impact on science and health.

SANOFI

We are an innovative global healthcare company, driven by one purpose: we chase the miracles of science to improve people’s lives. Our team, across some 100 countries, is dedicated to transforming the practice of medicine by working to turn the impossible into the possible. We provide potentially life-changing treatment options and life-saving vaccine protection to millions of people globally, while putting sustainability and social responsibility at the center of our ambitions.

SEATTLE CANCER CARE ALLIANCE – NOW FRED HUTCHINSON CANCER CENTER

On April 1, Seattle Cancer Care Alliance (SCCA) and Fred Hutchinson Cancer Center announced that they have merged to form Fred Hutchinson Cancer Center. Fred Hutchinson Cancer Center is an independent, nonprofit, unified adult cancer care and research center that is clinically integrated with UW Medicine, a world leader in clinical care, research and learning. The only National Cancer Institute-
designated cancer center in the Pacific Northwest, Fred Hutch’s global leadership in bone marrow transplantation, HIV/AIDS prevention, immunotherapy, and COVID-19 vaccines has confirmed our reputation as one of the world’s leading cancer, infectious disease and biomedical research centers. Based in Seattle, Fred Hutch operates eight clinical care sites that provide medical oncology, infusion, radiation, proton therapy, and related services, and network affiliations with hospitals in five states. Together, our fully integrated research and clinical care teams seek to discover new cures to the world’s deadliest diseases and make life beyond cancer a reality.

TERUMO BLOOD AND CELL TECHNOLOGIES

Terumo Blood and Cell Technologies is a medical technology company. Our products, software and services enable customers to collect and prepare blood and cells to help treat challenging diseases and conditions. Our employees around the world believe in the potential of blood and cells to do even more for patients than they do today.

www.terumobct.com

UNIVERSITY OF VIRGINIA

The Therapeutic Apheresis Academy is a multidisciplinary 2½ day course for physicians in nephrology, hematology, pathology/blood banking, and other allied health professionals with an interest in therapeutic apheresis. This conference will build upon previously established interprofessional learning using modern learning techniques. The interactive didactic sessions on Thursday and Friday will present an overview of current practice and information on building a new therapeutic apheresis service. The small group and fully interactive Saturday demonstration workshops will showcase clinical applications and provide an opportunity to glean practical tips from expert practitioners.

UC San Diego Health System has one of the largest therapeutic apheresis programs in the United States. Directed by David Ward, MD, an international leader in the field, the Apheresis Program is dedicated to the highest level of patient care.

UC San Diego Health System Apheresis Program offers:

- The only photopheresis and LDL apheresis in San Diego County.
- Outpatient plasmapheresis, photopheresis, LDL apheresis, red cell exchange apheresis, white cell reduction apheresis, platelet reduction apheresis and hematopoietic stem cell harvest apheresis.
- The largest hematopoietic stem cell (HSC) collection facility in San Diego County.
- Onsite physician presence during treatment.
- Latest state-of-the-art technology.

UC San Diego Health

UC San Diego Health System is San Diego’s only academic health system and is comprised of hospitals in San Diego, including UC San Diego Medical Center in Hillcrest, and UC San Diego Thornton Hospital, Moores Cancer Center, Shiley Eye Center, Sulpizio Cardiovascular Center and Jacobs Medical Center (opening in 2016) in La Jolla. UC San Diego Health.
NOTES
An Implantable Solution
Designed for both apheresis and infusion therapy needs

- **Optimized for Long Device Life** - Bench tested up to 1,000 accesses¹
- **Engineered for Maximum Flow** - Large 9.6F catheter
- **Bench Tested for High Flow Performance** - Unique design and access delivers flow rates up to 150 mL/min at low pressure²

**PowerFlow™**
Implantable Apheresis IV Port

Visit the BD Booth to Access a PowerFlow™ Port

**BD Insyte™ AutoGuard™**
Shielded IV Catheter

¹ After 1000 IV catheter insertions, bench top leak testing was performed with both the device accessed (both 14G and 16G IV catheters tested separately) and with no IV catheter present. Bench testing may not be indicative of actual clinical performance. Different test methods may yield different results. Data on file, BD, Tempe, Arizona.
² Mean flow rates, 25 cm catheter, when tested in a benchtop model using a blood simulant with viscosity of 3.5 Pa-s. Simulated testing may not be indicative of actual clinical performance. Changes in blood viscosity, catheter length, and IV type will affect achievable flow rates.

The PowerFlow™ Implantable Apheresis IV Port is indicated for patient therapies requiring repeated access to the vascular system and can be used for long-term therapeutic apheresis, withdrawal of blood and infusion of medications, IV fluids, parenteral nutrition solutions, blood and blood products. The devices are contraindicated for hemodialysis use.
SAVE THE DATE

- Propose a Session
- Recommend a Speaker
- Submit an Abstract
- Register to Attend
- Reserve Your Exhibit Space
- Book Your Corporate Symposium or Focus Group

Program Format:
- Scientific Symposia
- Education Sessions
- Oral & Poster Presentations
- Interactive Case Studies & Discussion
- Receptions
- Committee Meetings
- Corporate Symposia & Focus Groups
- Exhibit Hall
- Apheresis Review Session

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ASFA 23
Minneapolis, MN
April 26-29, 2023

An Educational and Networking Forum For Professionals in the Field of Apheresis Medicine