

## NHSBT's R&D Strategy: 2015 – 2020

Improving outcomes for donors and patients

Dr Nick Watkins BSc DPhil MBA  
Assistant Director – R&D

**Caring Expert Quality**

- PhD University of York (1996)
- Joined Prof Ouwehands' group in 1995
- Over 100 peer-reviewed publications
- Secured over £40M R&D Funding
- MBA University of Cambridge (2008)
- 2 years as Safety Programme Coordinator
- Head of Cambridge Centre since 2005
- Appointed AD-R&D June 2011
  - Responsible for delivery of R&D Strategy

# Who we are , what we do

## Blood Supply



1.7 million donations  
900,000 donors  
21,000 + sessions  
Team of 3,000  
£285m turnover  
13% decline in demand over 5 years

## Organ Donation & Transplantation



1,281 deceased donations last year  
21m registrants on the ODR  
4,415 transplants  
Team of 420  
£71m grant

## Diagnostic & Therapeutic Services



12,000 tissue implants  
50% UK stem cell transplant market  
40% NHS H&I testing market  
Team of 750  
£65m turnover

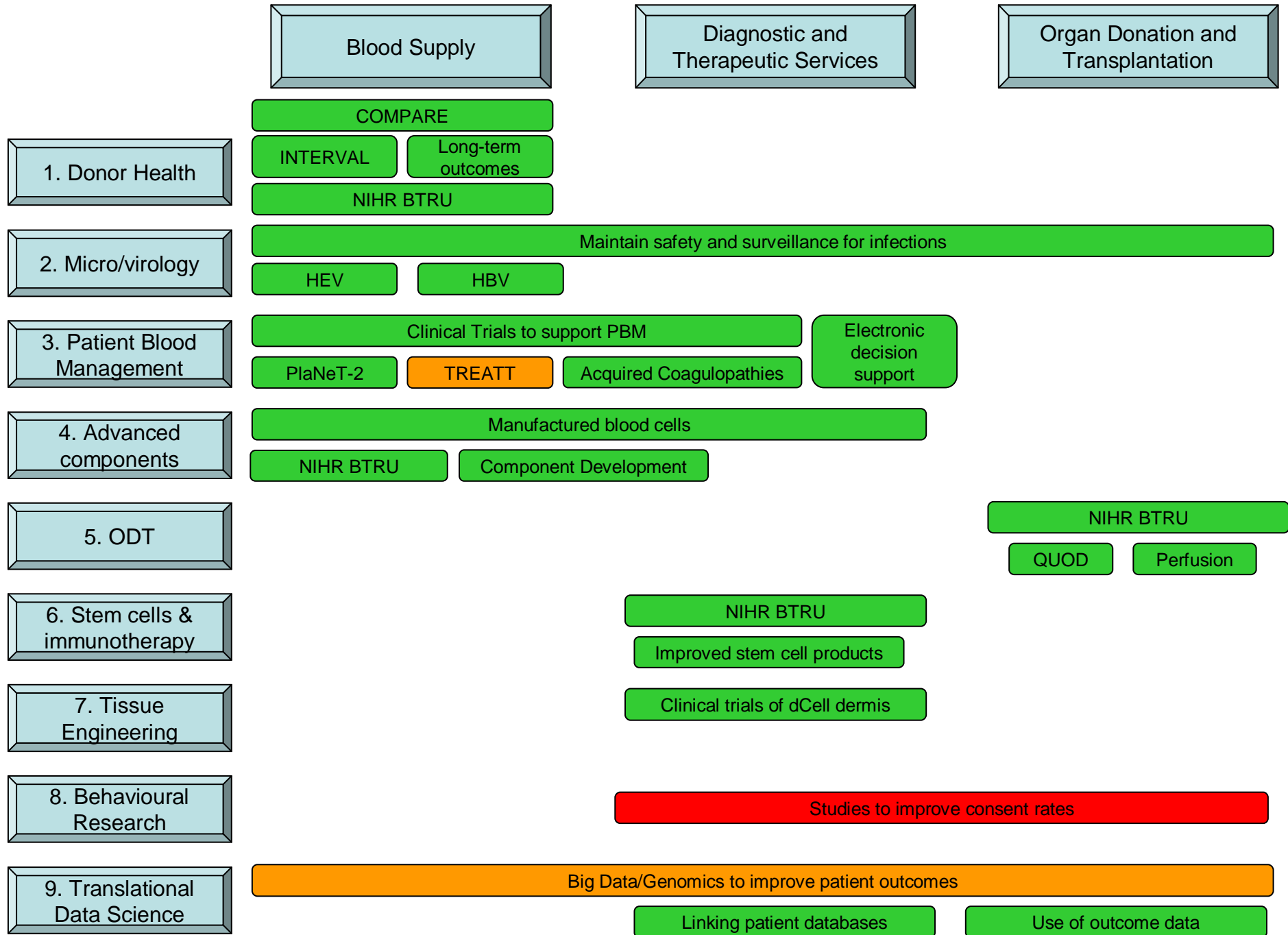
## Our capabilities – supporting the NHS

## Why does NHSBT do research?

- **To improve outcomes for patients and donors and to improve our services to the NHS**
- Maintains credibility and international reputation – ours is a scientifically-led field
- Attracts medical and scientific talent which benefits teaching and service provision
- Competitive edge
- Investment in R&D continues to be important

## Our Strategic intent: 2015 - 2020

- To deliver an innovative and translational R&D programme:
  - through strong academic partnerships;
  - based around our unique capabilities
    - Embedding studies in operational environment
    - Large datasets
- To deliver improvements in donor care and patient outcomes.



# Working in partnership with four new centres of academic excellence

Donor Health and Genomics  
University of Cambridge  
John Danesh/Emanuele di Angelantonio

Iron stores and blood cells  
Health consequences of donation  
Personalised donation

Organ Donation & Transplantation  
University of Cambridge/Newcastle  
Andrew Bradley/Andy Fisher

Improve donor management  
Assessing organ quality & function  
Reducing re-transplantation

**£14.4M**

Stem Cells & Immunotherapies  
University College London  
Karl Peggs/Amit Nathwani

Predict high risk GvHD  
Re-direct immune cells  
Correcting inherited blood disorders

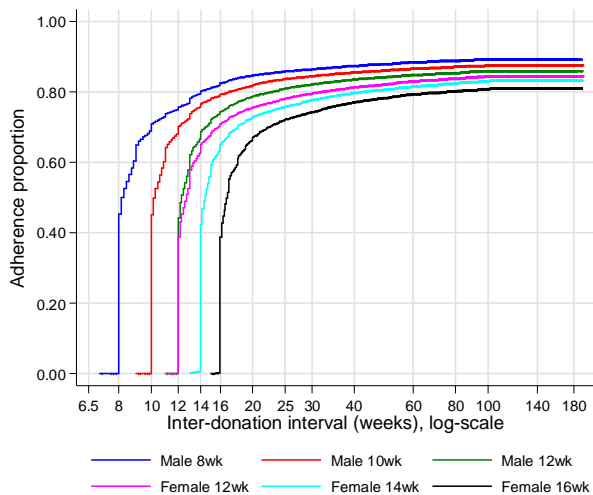
Manufactured red cells  
University of Bristol (TBC)  
Dave Anstee/Ash Toye

cRBCs as a lead ATMP  
Generate a small-scale product  
Complementary to BloodPharma

# Improving donation practices

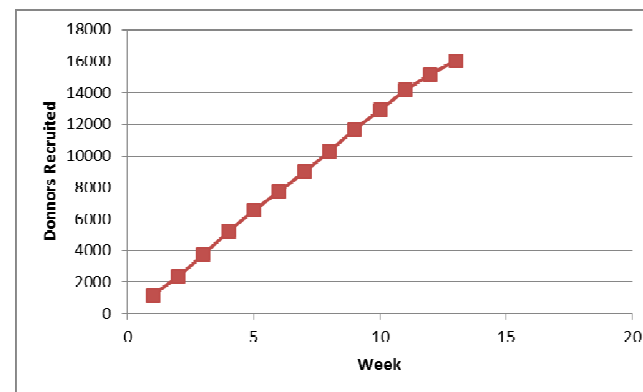
## INTERVAL

- Personalising donation intervals



## COMPARE

- Hb measurements in 31,000 donors



- Results expected November
- Actively recruiting to Phase I

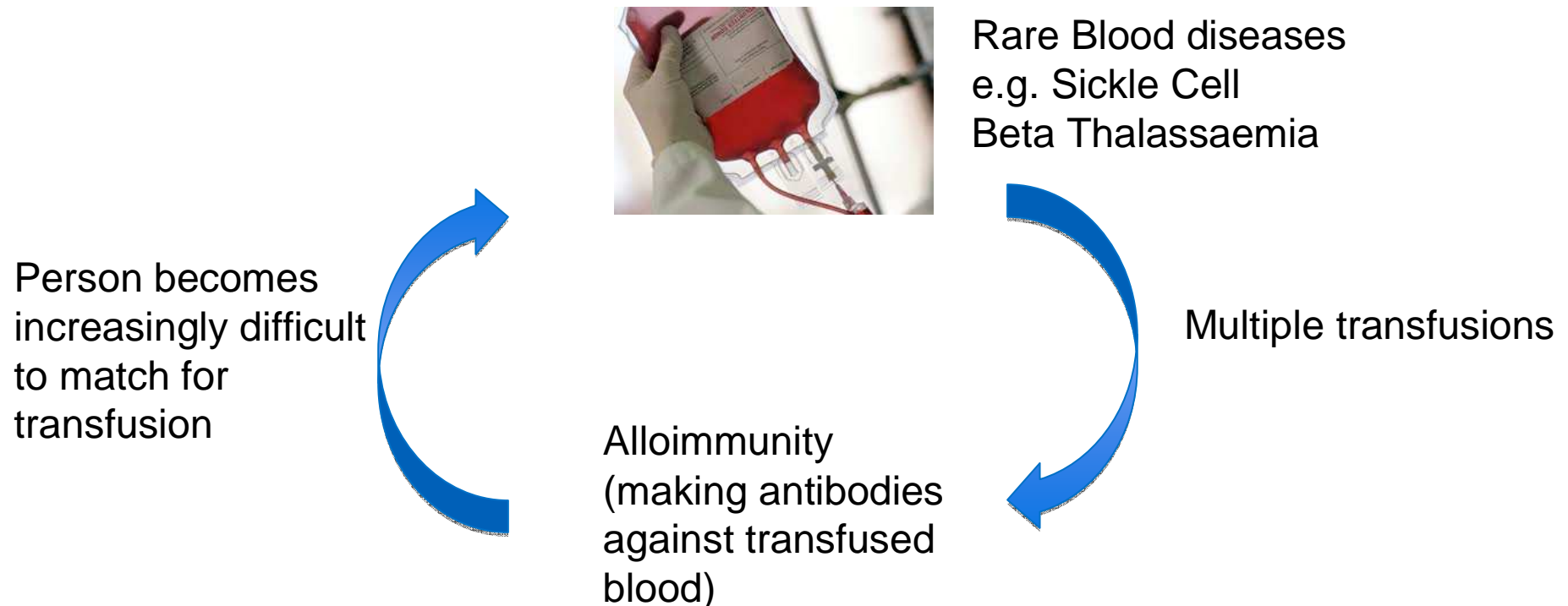


# Maintaining blood, tissue and organ microbiological and virological safety

- Recruited a new PI as part of succession planning:
  - Dr Nick Matheson, University of Cambridge
- Working in partnership with Public Health England:
  - Blood Borne Virus Unit, epidemiology team
- Focus on Hepatitis E virus:
  - Large study on frequency in blood donors published;
  - Findings used to inform SaBTO decision making;
  - Current study looking at HEV in transplant recipients
- vCJD assay development and testing activities brought to a close:
  - All affected members of staff were successfully redeployed



## Advanced blood components: alternatives for patients who are very difficult to match

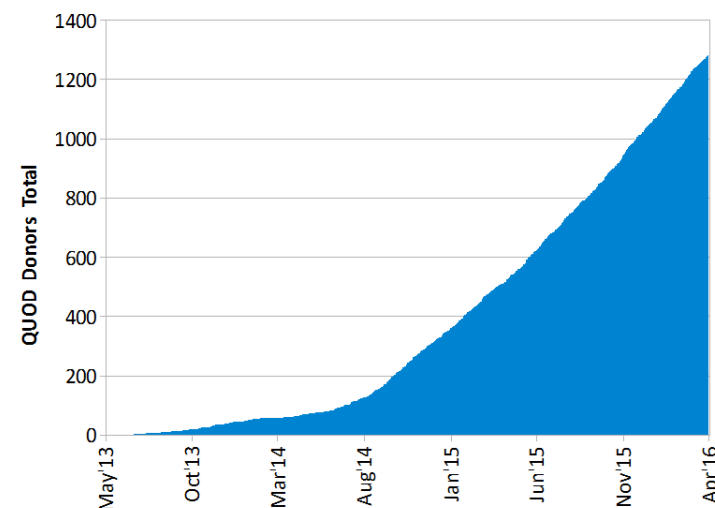


1. Manufactured red blood cells (mRBC) would enable NHSBT to provide blood for these individuals
2. Manufactured platelets could have HLA silenced to remove need for matching.

- **RESTORE: Recovery and Survival of Stem Cell Originated Red Cells**
  - Mini-dose of red cells derived from CD34 pos cells from adult blood vs standard donated RBCs
- **Current status:**
  - Scientific Project Manager appointed
  - Manufacture transfer to GMP (Filton); ATMP licence in progress;
  - Trial Steering Committee established;
  - Patient/Public group established and reviewing documentation;
  - IMPD for MHRA in preparation;
  - Ethics application in preparation
  - Donors being approached- positive response
  - First transfusions planned for 2017

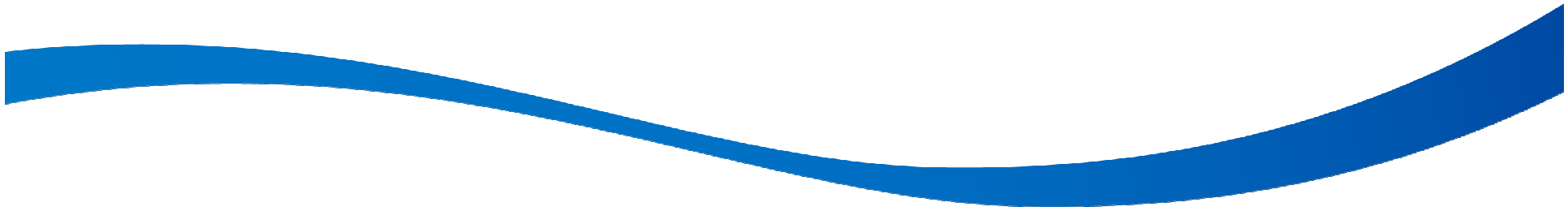
# Improving outcomes in organ transplantation

- Over 1,300 donors consented to the QUOD bioresource
- 18 studies have applied for samples from the bioresource:
  - Assessment of a kidney and liver donor histopathology service
  - Reimbursement scheme being developed
- Fast-track allocation scheme in pancreas transplant



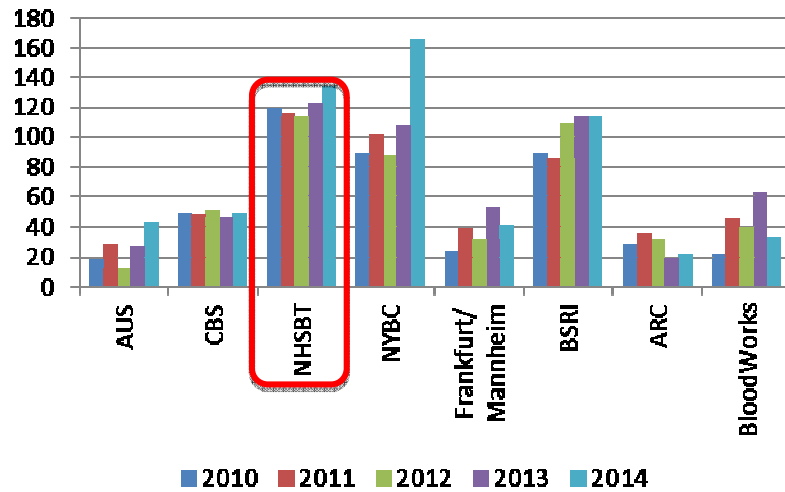
# Developing the next generation

- 18 PhDs obtained in 2015
- 7 Clinical Research Fellows
- 2 Academic Clinical Fellows
- 1 Academic Clinical Lecturer
- 5 year junior group leader position recruited in Cambridge - Dr Marloes Tijssen
- Second tenure track post for Bristol in regenerative medicine

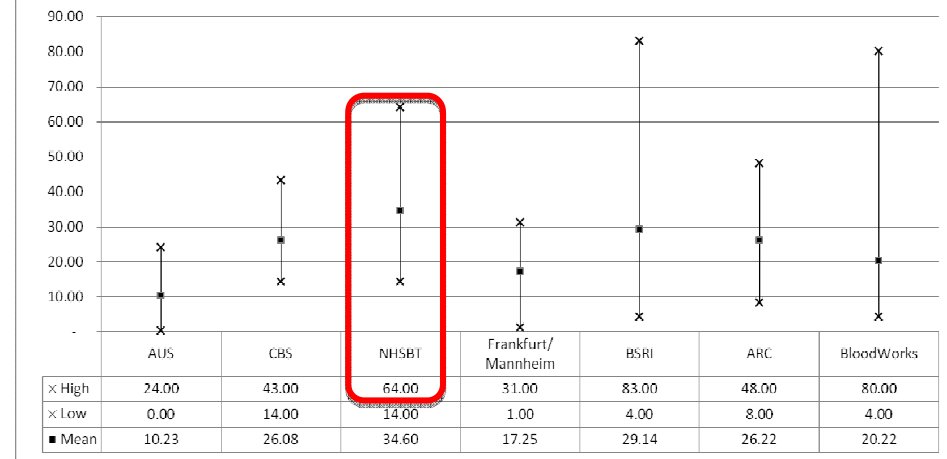


# Benchmarking - ABO R&D working group

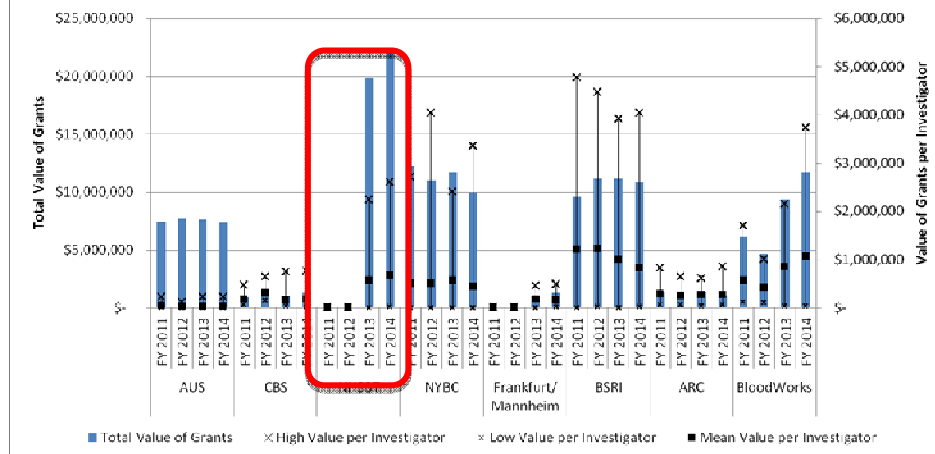
### Publications



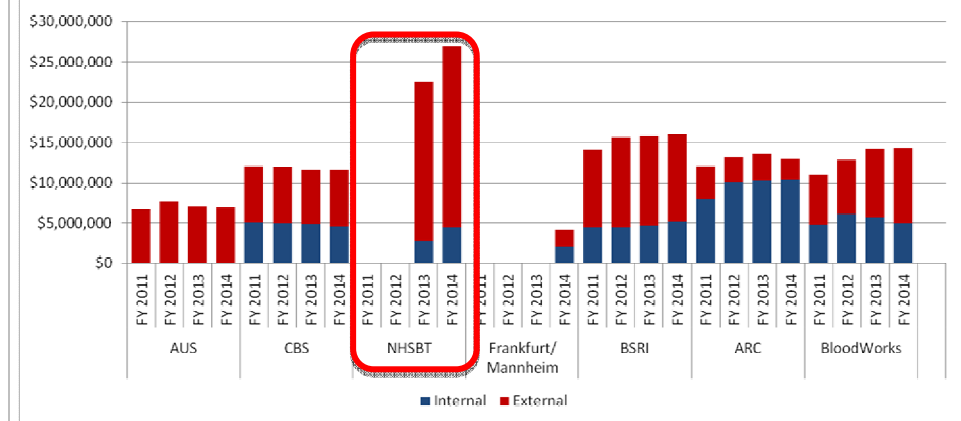
### H-Index by Organization



### Value of Grants Received by Organizations (in USD)



### R&D Funding - Internal vs External Sources (in USD)



# Translating R&D outputs into service

- Tissue Development Laboratory:
  - Temperature validation of eye transport boxes
  - Reduced cryomedium exposure time during skin processing
  - Temperature validation of kidney transport boxes
- Component Development Laboratory
  - New process for manufacture of cryoprecipitate (Saving time/cost)
  - Extension of the shelf-life of thawed FFP (Reduced wastage)
  - Remanufacture of exchange transfusion units (Reduced wastage)
- COPE trial of hypothermic kidney preservation supported routine use of machine perfusion
- Implemented next generation HLA sequencing for better graft matching and to type all adult and cord blood donors (H&I Service Development)
- Rare inherited platelet disorder diagnosis using next generation sequencing
- Diagnostics Development and IBGRL moved into DTS



**Our R&D Strategy will ensure we provide innovative and advanced treatments to those who depend upon our products and services**



**[www.nhsbt.nhs.uk/research-and-development](http://www.nhsbt.nhs.uk/research-and-development)**



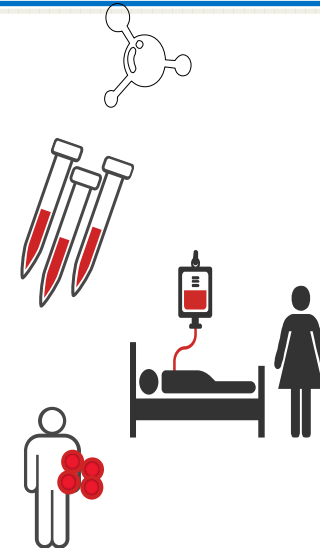
## Research & Development

**NHS**

## Blood and Transplant

### Increasing safety & improving outcomes

- **Next Generation Sequencing** for HLA – maximising efficiency of stem cell donors and donations
- Research in microbiology & virology to **maintain blood, tissue and organ safety**
- Clinical trials to support **Patient Blood Management**
- Development, assessment and clinical delivery of innovative **Regenerative Medicine** based therapies



### Supporting R&D through our unique position

- **INTERVAL** Study - research with 50,000 blood donors to develop **personalised donation practices**
- **Quality in Organ Donation (QUOD)** – **increasing numbers and quality** of deceased donor organs for transplantation



# Headlines

- Renewed 5 years NIHR funding to 2020: £14.4M
  - Established four Blood and Transplant Research Units;
- Recruited to three leadership positions in Cambridge:
  - Dr Simon Mendez-Ferrer - Reader in Stem Cell Biology;
  - Dr Nick Matheson - Senior Research Fellow in Virology;
  - Dr Marloes Tijssen - Research Scientist – Programme Lead;
- £5.1M funding from external funders:
  - £1.9M from HTA/NIHR for a clinical evaluation of dCELL dermis in diabetic leg ulcers;
- 153 manuscripts in international scientific journals;
- Clinical trials unit achieved UK Clinical Research Collaborative registration
- Recruited to clinical studies from operational environment:
  - INTERVAL concludes at the end of June 2016
  - 1,300 organ donors have provided samples for QUOD
- Planning for first-in-man trial of manufactured red cells (RESTORE)

# Our Goals (2015 – 2020)

1. To establish and ensure delivery of NIHR Blood and Transplant Research Unit objectives through partnership working
2. To enhance our programme of research in transfusion/transplantation microbiology and virology to maintain blood, tissue and organ safety
3. To deliver clinical trials to support patient blood management
4. To strengthen our position in the development, assessment and clinical delivery of regenerative medicine based therapies
5. To establish a Behavioural Research programme to identify behavioural change interventions which significantly increase donation and consent rates
6. To establish a Translational Data Science programme to build and exploit big data resources that deliver improvements to our services
7. To provide facilities and resources to support an innovative research programme
8. To ensure that our workforce have the skills and expertise to deliver the R&D Programme