ADRP Senior Leadership Forum: Advancing Donor Management to Support the Growth of Cellular Therapies

Proceedings summary for ADRP members

Session dates: May 12-13, 2026
General session: Building the Future of Cell Therapy Recruitment and Collections
Senior Leadership Forum: Advancing Donor Management to Support the Growth of Cellular Therapies

Prepared for distribution to ADRP members

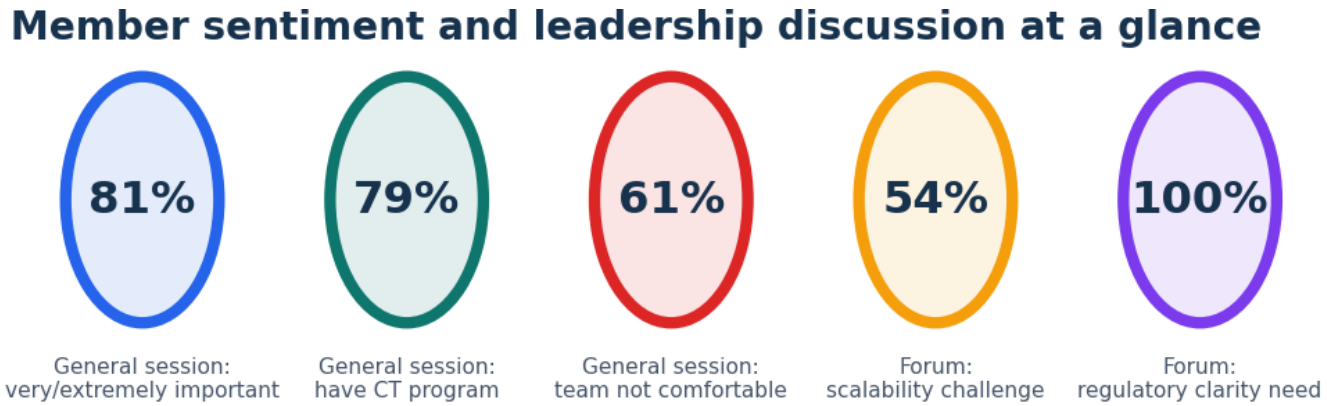


Figure 1. Selected aggregate poll signals from the general session and Leadership Forum.

Bottom line: Broad conference attendee polling shows strong belief in the blood center role in cell and gene therapy while also exposing major comfort, education, and readiness gaps. The Leadership Forum used that broader membership context to explore donor management implications, resource needs, and association priorities in greater depth.

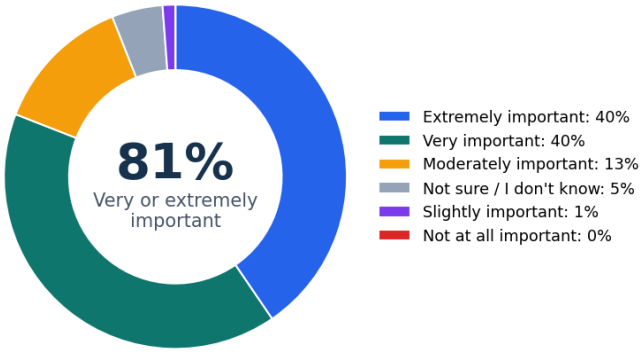
Proceedings Overview

This proceedings document summarizes member sentiment and leadership discussion related to donor management for cellular therapies. Aggregate polling from the ~300 general conference session attendees provided a broader view of membership awareness, readiness, and education needs. The Leadership Forum then explored the operational implications for donor management, including scalability, workforce capacity, consent, regulatory interpretation, and association-led support.

1. General ADRP Membership Sentiment

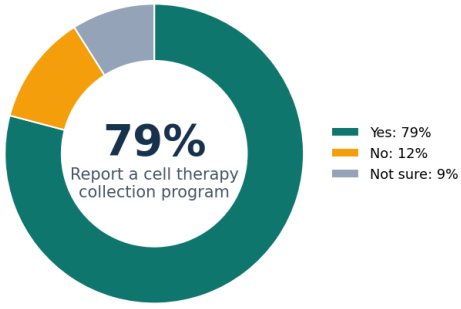
Polling from a general session of all ADRP conference attendees indicated broad recognition that blood centers have an important role in the cell and gene therapy ecosystem. Most general session respondents indicated their centers have a cell therapy program but expressed uneven comfort discussing cell therapy citing limited donor-facing education in many centers.

General session: How important is the blood center in the cell and gene therapy ecosystem?



Base: 84 respondents.

General session: Does your blood center have an Advanced Therapies or Cell Therapy Collection Program?



Base: 67 respondents.

Education and readiness signals

Despite high perceived importance, comfort levels were low, especially when framed around the donor-facing moment: a staff member being asked about cell therapy collections while speaking with a blood donor. Respondents also reported low levels of education being provided directly to donors about cell therapy programs.

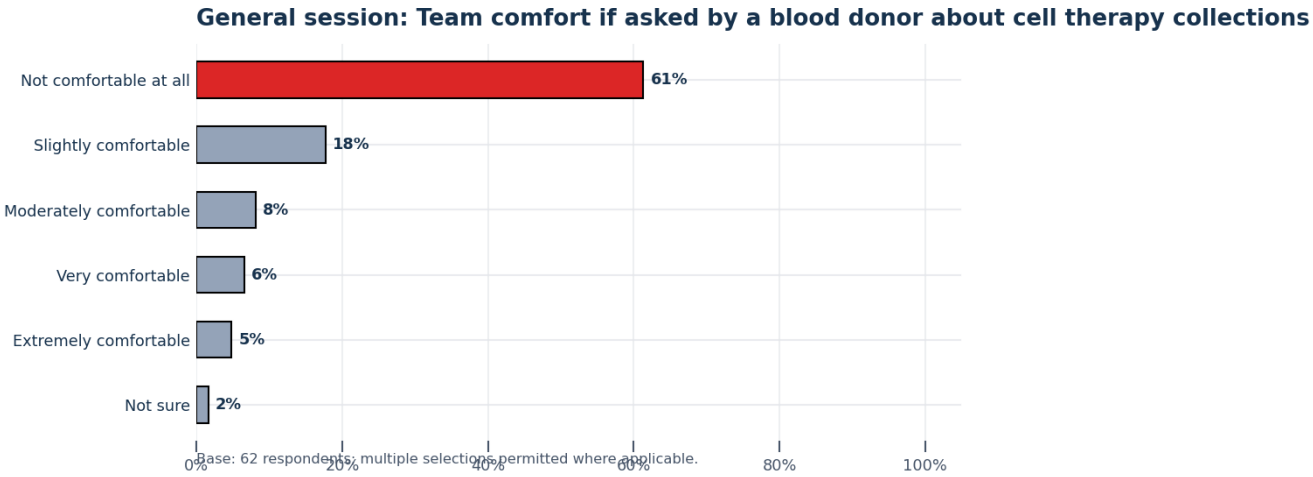


Figure 5. General session responses on team comfort discussing cell therapy collections with blood donors.

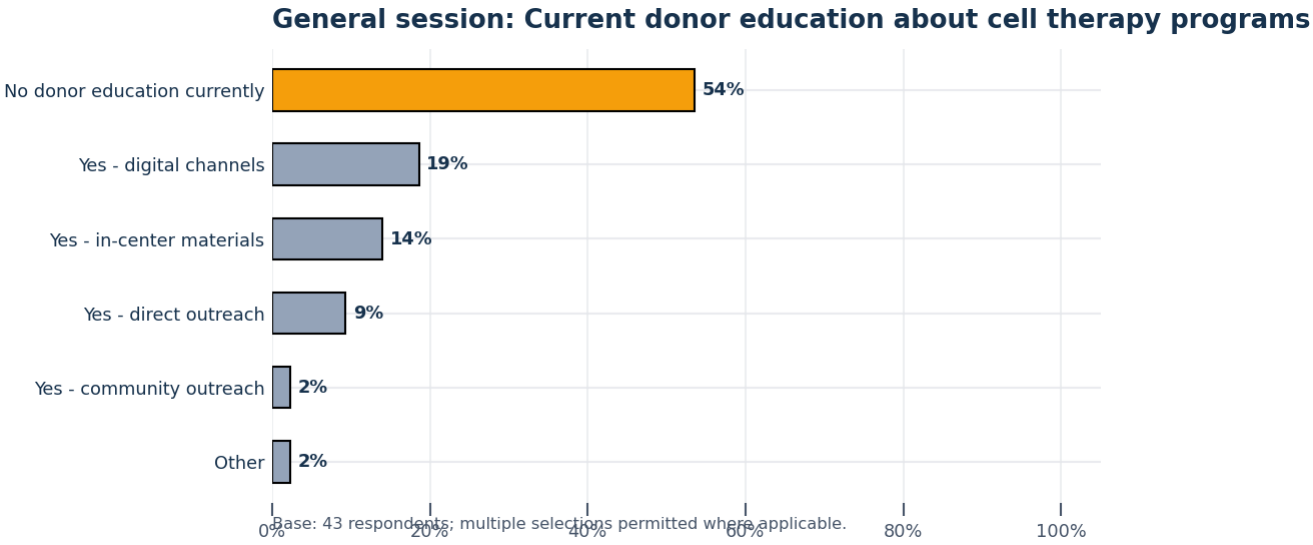


Figure 6. General session responses on current donor education about cell therapy programs.

Operational implication: The membership appears to recognize the strategic importance of cell therapy, but donor-facing education and staff confidence are not yet consistently mature.

2. Senior Leadership Forum Executive Summary

- Leadership Forum participants reported that cellular therapy has not yet fundamentally changed donor management for many organizations, but current approaches often depend on specialized teams, informal workarounds, and existing donor infrastructure.
- Scalability was the leading current operational concern, driven by inconsistent demand, client-specific requirements, staffing limits, and uncertainty around clinical trial volume.
- Workforce capacity is both a hiring challenge and an operating-model challenge; participants emphasized role clarity, competency-based training, and appropriate extender models.
- Consent emerged as strategic infrastructure, touching donor trust, future use, research permissions, genetic sequencing, IRB considerations, and long-term donor engagement.
- Association leadership can add value through model consent language, regulatory education, benchmarking, consensus guidance, common terminology, and coordinated advocacy.

3. Leadership Forum Findings: Current Impact and Emerging Change

Leadership Forum participants indicated that cellular therapy has had limited impact so far for many organizations. However, the discussion made clear that "limited impact" does not mean "low importance." Rather, programs are often adapting existing infrastructure through specialized teams, targeted recruitment, donor data, and local processes.

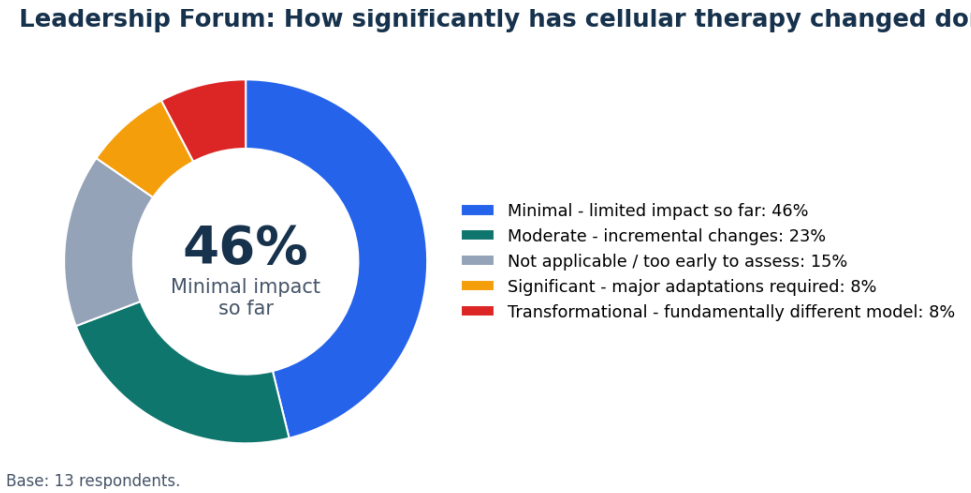


Figure 8. Leadership Forum responses on how significantly cellular therapy has changed donor management.

- Recruitment is often managed by dedicated cellular therapy teams rather than routine collection operations.
- Platelet donors were viewed as an important population for potential prescreening and future recruitment.
- Broad donor outreach campaigns remain useful where centers understand donor willingness and eligibility.
- Some organizations have broad consent models or licensed research facilities to support cellular therapy and research collections.
- Participants described caution around relying on external or paid donor models because repeat donor participation may be difficult to sustain.

Strategic interpretation: Existing blood donor infrastructure is a major asset, but it may need new data, consent, staffing, and education layers to support cellular therapy at scale.

4. Current Donor Management Challenges

The Leadership Forum identified scalability as the most pressing current challenge. This was reinforced by discussion of inconsistent demand, client-specific needs, clinical trial variability, specialized staffing requirements, and planning uncertainty.

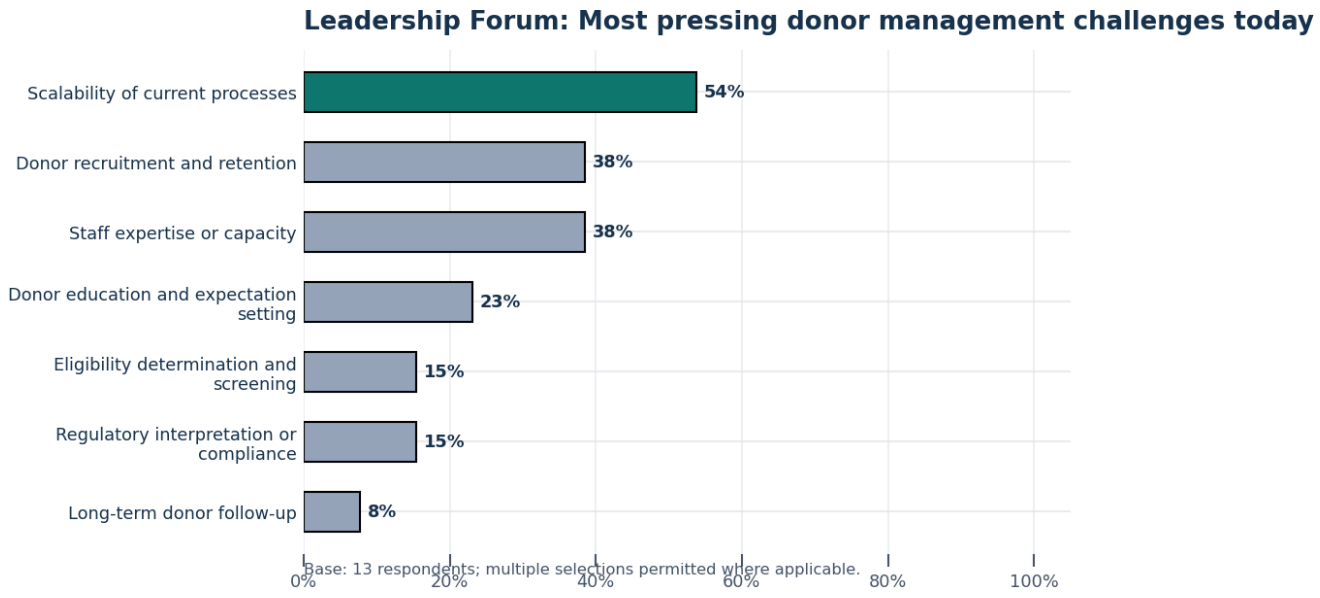


Figure 9. Leadership Forum responses on current donor management challenges.

Deeper interpretation: Scalability is not simply about higher volume. It is about building flexible, repeatable systems that can respond to uneven, specialized, and client-driven demand.

Workforce and staff expertise

Participants raised the challenge of recruiting nurses, but the discussion also focused on designing better staffing models. Several comments emphasized the need to let nurses perform true nurse work while exploring appropriate roles for apheresis technicians, donor support staff, and other trained extenders.

- Clarify which activities require an RN, an apheresis technician, other trained staff, or administrative support.
- Develop competency-based training specific to cellular therapy rather than assuming traditional blood banking experience is sufficient.
- Support advocacy where staffing requirements, CLIA interpretation, or moderate-complexity testing expectations constrain scalable models.
- Tell a stronger workforce story to make these roles more attractive to clinical and technical staff.

5. Regulatory Interpretation, Consent, and Operational Sustainability

Participants emphasized that blood centers may be accustomed to doing more than the minimum requirement, and that conservative blood banking norms may carry into cellular therapy programs. As programs mature, members saw value in reassessing which practices are required, recommended, optional, client-specific, or inherited from legacy processes.

Key distinction raised by members: What is required, what is recommended, what is optional, what is client-specific, and what is simply legacy practice?

Consent was a recurring theme. Participants discussed broad consent for research, long-term consent, genetic sequencing consent, future use of samples or data, donor follow-up, legal review, and the potential value of model language or templates.

Future issues likely to intensify

Looking ahead two to three years, Leadership Forum respondents identified donor burden and long-term engagement, workforce capacity and training, and cost and operational sustainability as the most likely issues to intensify.

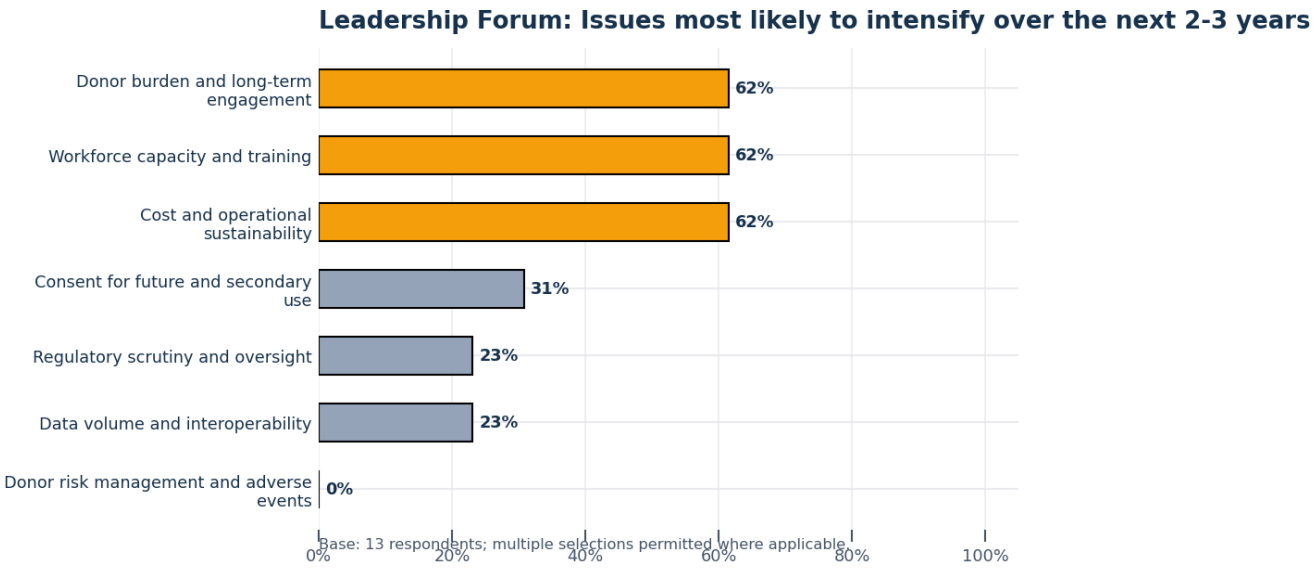


Figure 10. Leadership Forum responses on donor management issues likely to intensify over the next two to three years.

- Donor burden may increase as repeat donor strategies, long-term follow-up, and specialized collections expand.
- Workforce models may become more strained if volume grows faster than staffing pipelines and training infrastructure.
- Operational sustainability will require clearer definitions of standard services, add-on requirements, pricing assumptions, and staffing needs.
- Consent for future or secondary use will require practical guidance that balances flexibility, donor understanding, privacy, and ethical transparency.

6. Association Resource Needs

Leadership Forum participants prioritized practical resources that would reduce duplication, increase consistency, and help organizations move beyond local workarounds. The highest-ranked resource was donor consent templates or model language, followed by regulatory education and interpretation, best-practice guidance, and benchmarking data.

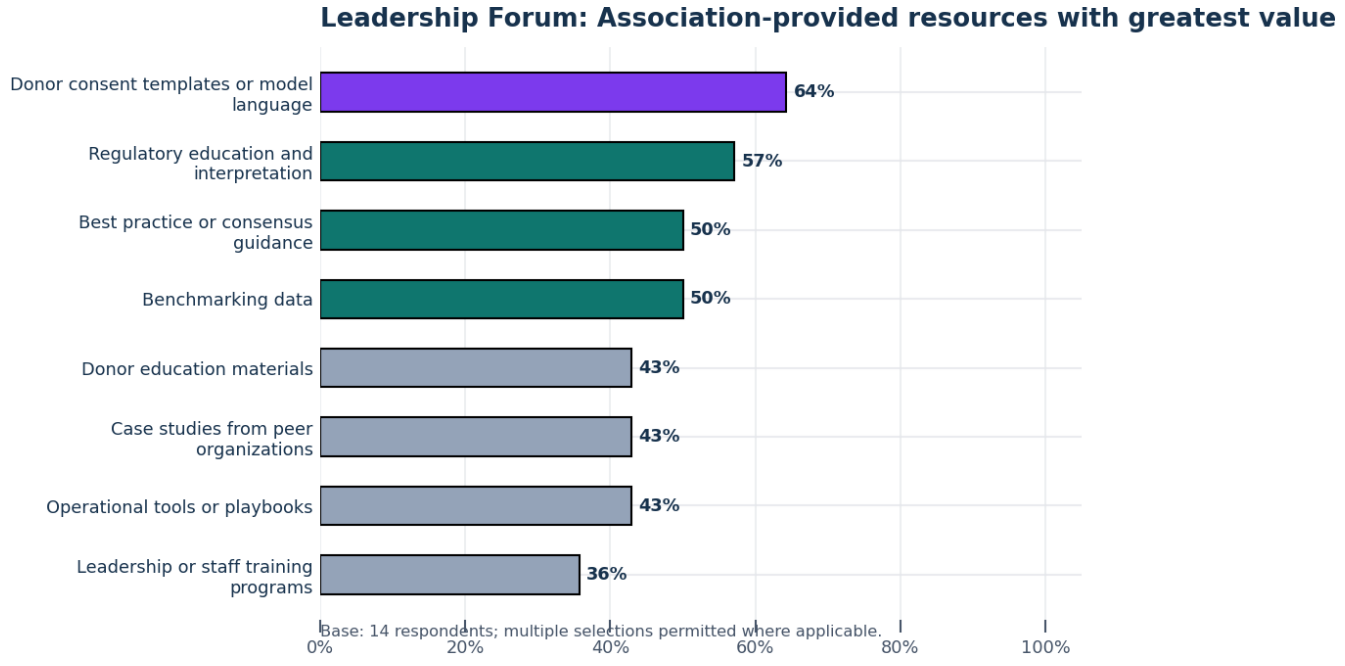


Figure 11. Leadership Forum responses on highest-value association-provided resources.

Recommended resource package

- Modular donor consent templates, including optional sections for research participation, future or secondary use, genetic sequencing, repeat contact, and long-term follow-up.
- Regulatory interpretation briefings to help members distinguish required practices from recommended, optional, client-specific, or legacy practices.
- Benchmarking survey and report on staffing models, recruitment approaches, consent practices, donor retention strategies, and operational capacity.
- Best-practice guide for building cellular therapy-ready donor pools, including platelet donor prescreening, deferred donor pathways, and repeat donor engagement.
- Staff education and competency resources tailored to cellular therapy roles and donor-facing responsibilities.
- IRB-ready donor education and marketing materials that organizations can adapt locally.

7. Advocacy and Coordination Priorities

The strongest Leadership Forum poll signal was the need for regulatory clarity and interpretation. Participants also supported alignment with standards bodies and harmonization where appropriate. The discussion emphasized that association advocacy should be practical, donor-management focused, and coordinated with organizations that own technical, clinical, or standards-setting work.

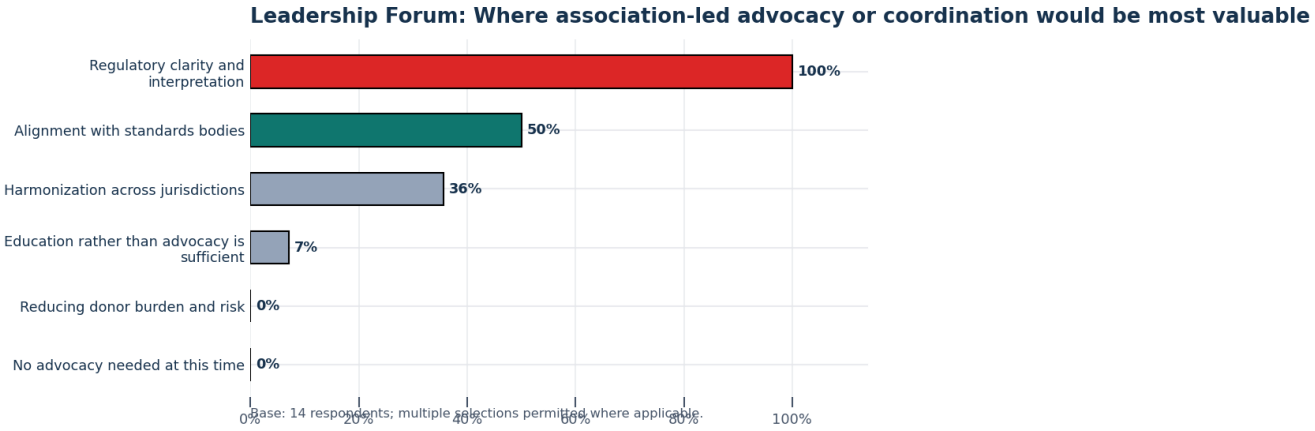


Figure 12. Leadership Forum responses on where association-led advocacy or coordination would be most valuable.

- Convene working groups or forums where blood centers and biotherapies partners can identify shared donor management challenges.
- Coordinate with standards bodies to promote consistent terminology and donor management expectations.
- Develop a common glossary for cellular therapy donor management terms, including terms such as leukopak. Focus association work on donor management, donor recruitment, education, operational guidance, and advocacy priorities.

Closing Observations

The proceedings point to a clear leadership opportunity. General session polling shows that members recognize the importance of blood centers in the cell and gene therapy ecosystem, while also revealing comfort and education gaps. The Leadership Forum discussion then clarified the operational priorities that require collective action: scalability, workforce capacity, consent, regulatory interpretation, common terminology, and practical member resources.