



Validation of Hypoxic Red Blood Cell Storage Procedure and Interrogation of its Vasoregulatory Effects

Thomas Wise, BS¹; Youwei Chen, MD²; Ian Welsby, MBBS^{3,4}; Tim McMahon, MD, PhD^{2,3}

1 Duke University School of Medicine, 2 Duke University Department of Medicine 3 Duke University Health System 4 Duke University Department of Anesthesiology

BACKGROUND

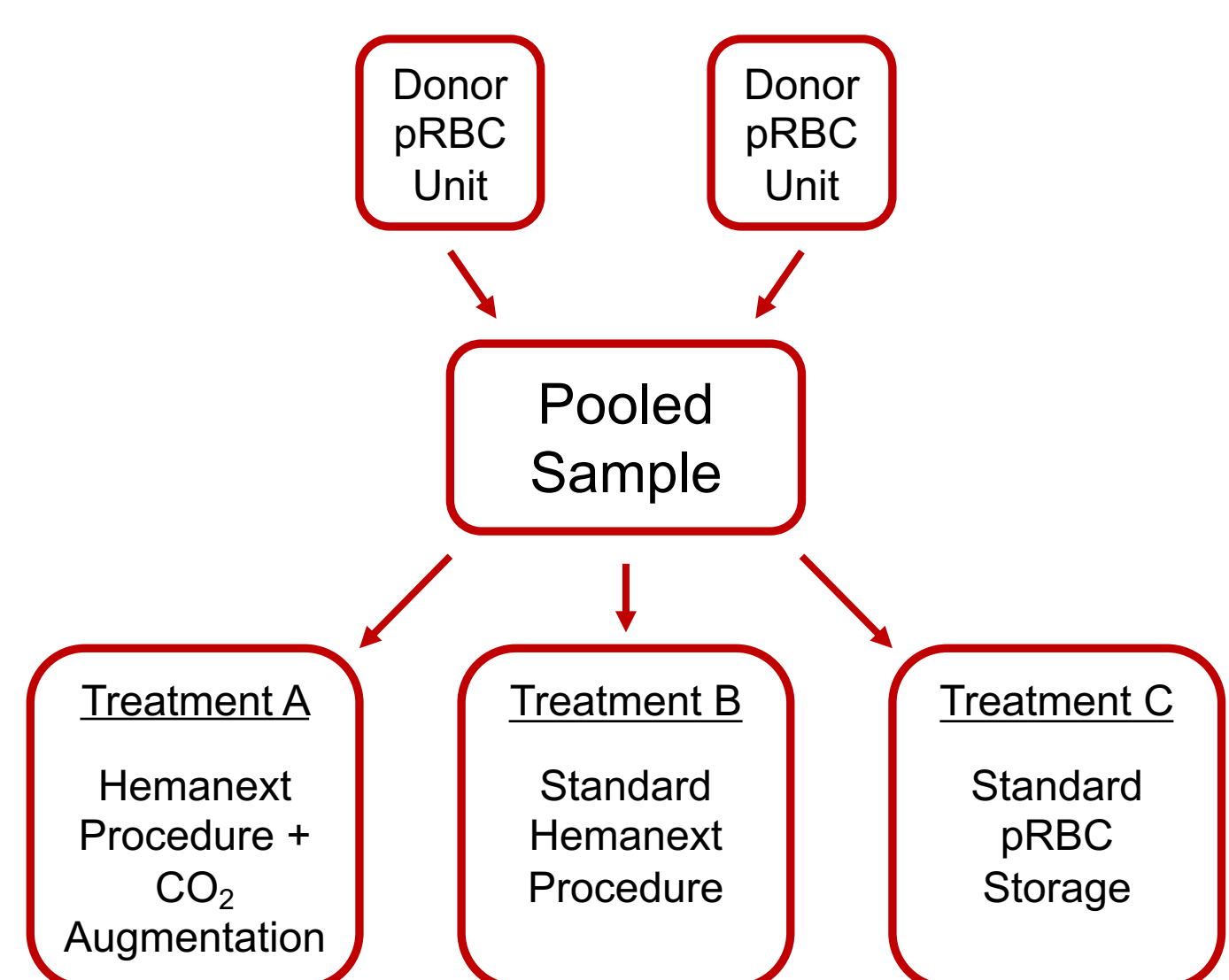
Red blood cells (RBCs) generate and export vasoregulatory mediators as a function of their metabolic context. S-nitrosothiol (SNO) is exported to effect hypoxic vasodilation ensuring tissue oxygenation¹. The generation and export of adenosine triphosphate (ATP) and SNO also assist in the maintenance of RBC deformability necessary for transit through narrow capillaries and the ability of RBCs to resist adhesion to endothelial cells². Conventional RBC storage leads to the development of storage lesions that compromise RBC quality³. Recently, a method of hypoxic RBC storage has been FDA approved, Hemanext, which mitigates oxidative stress (driven by abundant O₂) and preserves 2,3 BPG and to some extent ATP⁴. Hypoxic RBC storage has been shown to provide a protective influence on the appearance of RBC senescence markers (ROS increases, phosphatidylserine exposure, and calcium entry), and favorably influenced outcomes in a rat transfusion model⁵.

OBJECTIVE

To elucidate effects of hypoxic pRBC storage on RBC vasomediator export, specifically SNO and ATP.

METHODS

- So far, we have prepared 10 units of hypoxic stored RBCs and 5 control units
- Of the 10 hypoxic stored blood units
 - 5 underwent CO₂ repletion during the deoxygenation reaction process (which otherwise profoundly depletes CO₂ as well as O₂)
 - 5 underwent the standard Hemanext procedure.
- 5 control units were stored under normal storage conditions
- The units were stored and sampled over the course of 6 weeks with supernatant saved for future assays
 - Blood gases were run on all samples at the time of sampling
 - ATP and SNO assays are planned for future analysis



BLOOD GAS DATA

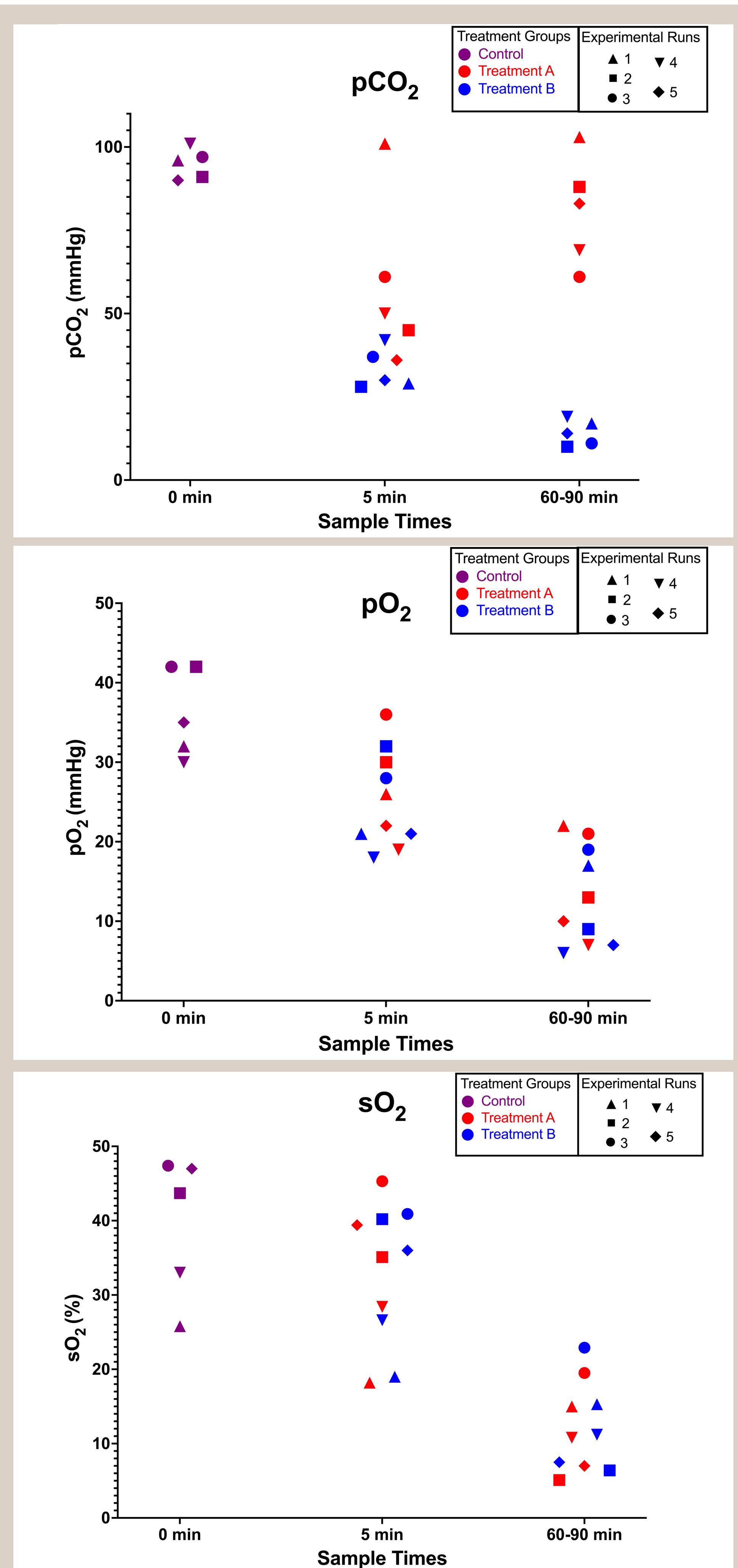


Figure 1
Unit pCO₂ (top) and pO₂ (middle) and sO₂ percentage (bottom) of units throughout hypoxic Hemanext procedure and in control units. Treatment A with CO₂ repletion, Treatment B standard protocol.

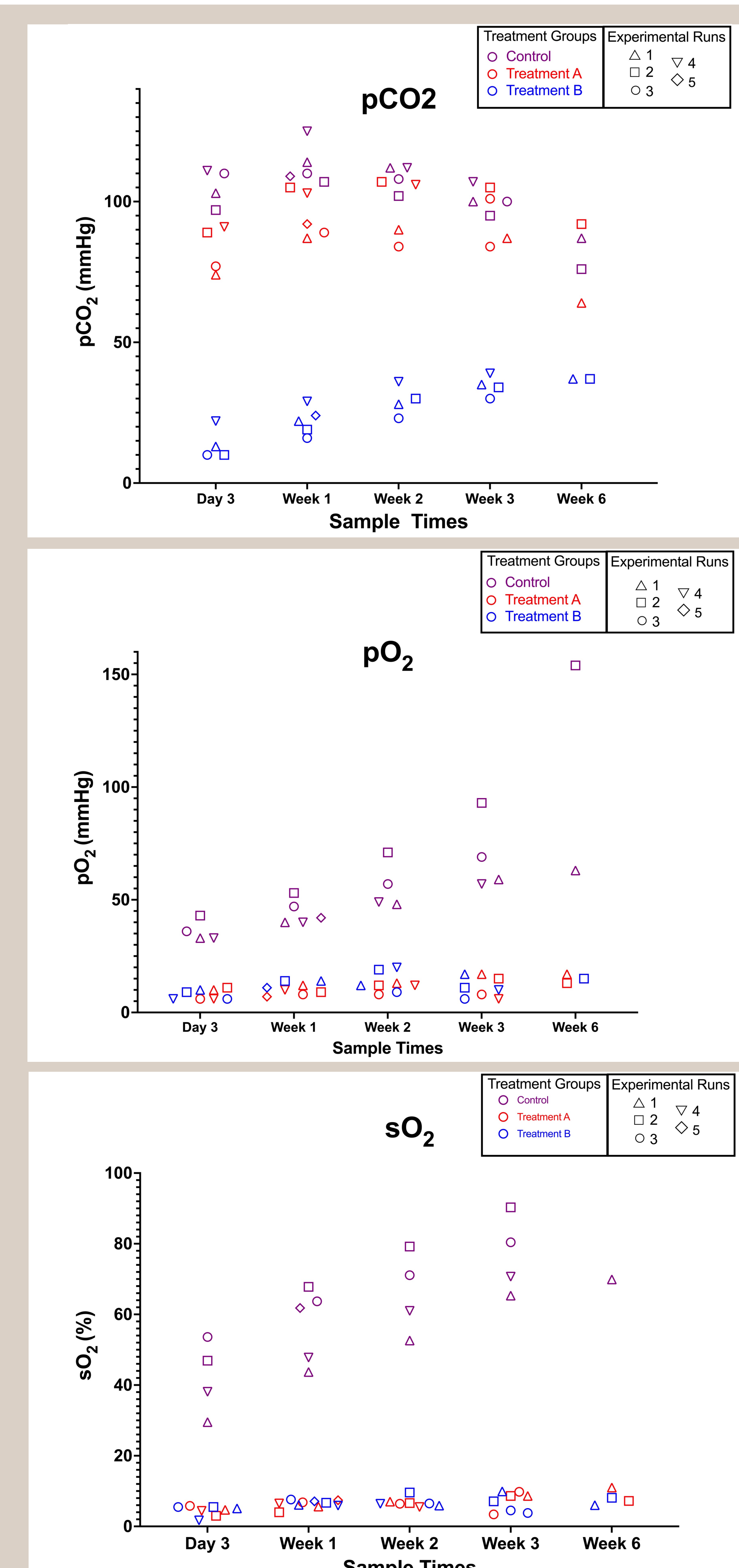


Figure 2
Unit pCO₂ (top) and pO₂ (middle) and sO₂ percentage (bottom) of units during storage following Hemanext procedure. Treatment A with CO₂ repletion, Treatment B standard protocol.

RESULTS

The average sO₂ in the hypoxically stored RBC units was 6.3% and 6.2% for the CO₂ repleted and standard Hemanext procedure respectively, and 61.2% in the control units. The average pCO₂ of the CO₂ repleted group and control group were 90.8 mmHg and 104.2 mmHg, respectively, while standard Hemanext procedure units pCO₂ average was 26.1 mmHg.

CONCLUSIONS

Our study establishes a reliable method of hypoxic blood storage and sampling technique for the assessment of RBC ATP and SNO export throughout the storage duration. Currently, vasomediator assays are underway to complete the study to understand how this novel RBC storage approach might influence responses to RBC transfusion.

REFERENCES

1. Reynolds JD, Posina K, Zhu L, et al. Control of tissue oxygenation by S-nitrosohemoglobin in human subjects. *Proc Natl Acad Sci U S A*. 2023
2. Kirby BS, Hanna G, Hendargo HC, McMahon TJ. Restoration of intracellular ATP production in banked red blood cells improves inducible ATP export and suppresses RBC-endothelial adhesion. *Am J Physiol Heart Circ Physiol*. 2014
3. Yoshida T, Prudent M, D'alessandro A. Red blood cell storage lesion: causes and potential clinical consequences. *Blood Transfus*. 2019
4. Bencheikh L, Nguyen KA, Chadebech P, et al. Preclinical evaluation of the preservation of red blood cell concentrates by hypoxic storage technology for transfusion in sickle cell disease. *Haematologica*. 2022
5. Williams AT, Jani VP, Nemkov T, et al. Transfusion of Anaerobically or Conventionally Stored Blood After Hemorrhagic Shock. *Shock*