

Bulletin #2: Practical suggestions for BMT programmes dealing with COVID-19

Since the first bulletin was circulated on 09 March 2020, there have been a number of important developments in relation to the COVID-19 situation worldwide.

As of 14 March 2020, time:matters, the courier service used for the majority of overseas transport of unrelated donor products, continue to accept requests for all areas apart from mainland China, Israel, and Northern Italy (1). However, significant challenges are anticipated due to developing travel restrictions. Transport of cryopreserved products (cord blood units, CAR-T cells) continues as usual via unaccompanied dry shippers.

Updated recommendations from WMDA, ASTCT, EBMT, and ABMDR are summarised below.

Table	WMDA ²	ASTCT ³	EBMT ⁴	ABMDR ⁵
Date	12 March 2020	9 March 2020	8 March 2020	13 March 2020
Donor workup	4-week deferral for donors with contact or geographical exposure. 3-month deferral for donors with history of infection. Provision of a new cord blood selection advisory service.	COVID-19 diagnosis: may consider for donation if no severe respiratory disease and 28 days elapsed since negative respiratory sample. Contact or geographical exposure: defer 28 days	COVID-19 diagnosis: indefinite deferral. Contact or geographical exposure: defer 28 days	Per WMDA.
Donor & graft travel	Consider pre-collection and cryopreservation where donor is at risk of community-acquired infection	Per NMDP recommendation, consider cryopreservation of all donor products as far in advance of initiation of conditioning as possible. Ensure alternative source of stem cells.	Consider cryopreservation of unrelated donor grafts prior to conditioning. Ensure alternative source of stem cells available All donors practice good hygiene (per WHO) and avoid large group gatherings for 28 days pre-donation.	ABMDR will no longer facilitate international travel for donors or couriers – use commercial couriers instead. Will consider requests to cryopreserve product up to 4 months ahead of donation, where there is a high degree of certainty that transplant will proceed. Consider cord blood products.
Recipient care	N/A	Diagnosis of COVID-19: defer 3 months if possible, or until asymptomatic and 3 x PCR negative at least 1 week apart and minimum 14days. If community prevalence high consider deferral of transplant where feasible (e.g. myeloma, germ cell tumour). If community prevalence high test all recipients prior to conditioning.	Diagnosis of COVID-19 pre-transplant: defer for 3 months if possible, or until asymptomatic and 3 x PCR negative at least 1 week apart. Case contact or high-risk travel: defer conditioning 21 days if possible.	N/A

In addition to hospital and community-wide measures being taken by health authorities, some BMTSANZ members are now taking the following measures at their own centres:

1. Regular review of transplant schedule with a view to postponing non-urgent transplants in order to reduce future burden to hospital and ICU capacity.
2. Careful review of donor travel and contact history prior to donation.
3. Review recipient travel and contact history prior to transplantation and consider postponing conditioning by 3 weeks if recent contact.
4. Cryopreservation of related donor products prior to patient commencing conditioning regimen. In some cases, this is being considered well ahead of transplant to avoid problems with donor infection or contact in setting of greater future community prevalence.
5. Review all unrelated donor status and cell access. Request permission to cryopreserve unrelated donor products prior to patient commencing conditioning regimen – either at transplant centre or donor centre. Some centres are abandoning all overseas unrelated donors and using alternative donors (e.g. haploidentical) instead.
6. Request minimum of 5×10^6 CD34+/kg for HPC A products to allow for cell loss after cryopreservation.
7. Identify and work-up a second, 'back-up' donor for all allogeneic transplant recipients. These may be unrelated donors (preferably domestic), haploidentical donors, or cord blood units.
8. Review clinic lists weekly and switch patients to 'phone only' review where possible.
9. Restriction of visitors to BMT wards and day therapy areas.
10. Discussion with ICU prior to infusion of CAR-T products to ensure access to supportive care in the event of severe CRS or ICANS.

All members of the BMT community are encouraged to consider BMTSANZ proposals (circulated separately) to share data relevant to the COVID-19 situation. These include:

1. retrospective review of post-thaw quality of cryopreserved HPC products. This data may help inform choices regarding cryopreservation of donor products in the months ahead.
2. Data relating to the overall impact of COVID-19 on BMT practice in Australia and New Zealand.
3. Information regarding BMT recipients with COVID-19 including a proposal to biobank samples.

References:

1. time:matters update via WMDA available at: <https://share.wmda.info/display/LP/COVID-19+-+Impact+on+Registry+Operations#COVID-19-ImpactonRegistryOperations-time:matters>, accessed 14 March 2020
2. WMDA: share.wmda.info, accessed 14 March 2020
3. ASTCT: Interim Guidelines for COVID-19 Management in Hematopoietic Cell Transplant and Cellular Therapy Patients Version 1.1, March 9 2020 available at https://higherlogicdownload.s3.amazonaws.com/ASBMT/a1e2ac9a-36d2-4e23-945c-45118b667268/UploadedImages/COVID-19_Interim_Patient_Guidelines_3_9_20_V2.pdf, accessed 14 March 2020
4. EBMT: 'CORONAVIRUS DISEASE COVID-19: Updated EBMT Recommendations (8th March 2020)' available at <https://www.ebmt.org/sites/default/files/2020-03/EBMT%20COVID-19%20guidelines%20v.2%20%282020-03-10%29.pdf>, accessed 14 March 2020
5. ABMDR: 'ABMDR COVID-19 Advisory 2 - Consideration on cell selection and changes to travel' email correspondence received 11 March 2020 and personal correspondence received 13 March 2020