BMTSANZ

Bone Marrow Transplant Society of Australia and New Zealand Incorporated
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BMTSANZ COVID19 Consensus Position Statement 27th March 2020

In the context of a viral pandemic, utilisation of health care resources may exceed standard capacity. The impact of potential resource limitation on the needs of a stem cell transplant and bone marrow service needs to be carefully considered. Challenges are likely to include reduced availability of highly specialised health care staff due to illness or allocation to other areas of clinical service need, as well as compromised infrastructure and acute care bed capacity.

All the allogenic stem cell transplant centres heads of units in Australia and New Zealand have been in regular communication and have collectively come to a consensus regarding a number of issues:

1. Centres will identify backup donor options for patients undergoing allogeneic transplant from interstate and overseas unrelated donors including haploidentical related donors and cord blood donors. Travel restrictions and illness are likely to reduce the unrelated donor pool.
2. Centres will cryopreserve all unrelated donor products coming from international and possibly interstate prior to starting conditioning. Cryopreservation by the collecting centre will be requested as a preference.
3. Donors who have developed COVID-19 will be excluded for at least 3 months.
4. The ABMDR will update donor questionnaires to include questions specific to risk factors for COVID-19.
5. Transplant recipients will be screened for COVID-19 prior to starting conditioning. Donors and recipients should be screened for symptoms suggestive of COVID-19. Routine donor screening is recommended if feasible.
6. Centres should attempt to triage transplants. Triage will depend on patient, donor and disease factors. This should include consideration of risks of disease progression or relapse and estimated transplant related mortality. It is not possible to develop a strict triage protocol that would take into account all eventualities or the how the COVID19 pandemic will evolve. Nevertheless, in general suggestions for disease-based triage are as follows:

- High priority: Adverse outcomes are expected if transplant is delayed for any reason other than patient factors.
  - Allogeneic transplantation
    - Acute leukaemia with considerations for the DRI and HCTCI
    - High risk myelodysplastic syndrome not responding to bridging therapy
    - Aplastic anaemia
    - Severe combined immune deficiency
  - Autologous transplantation
    - Relapsed/refractory aggressive lymphoma or Hodgkin lymphoma
    - CNS lymphoma in 1st remission
    - T-cell Non-Hodgkin Lymphoma in 1st remission
    - Multiple myeloma failing induction therapy
- Intermediate priority: Patients can be delayed with bridging therapies used where possible to stabilise disease while awaiting transplant.
  - Allogeneic transplantation
    - Myelodysplastic syndrome
    - Stable myelofibrosis
  - Autologous transplantation
    - Multiple myeloma
    - Relapsed indolent lymphoma
    - MCL in first remission
    - High grade lymphoma in first remission
    - Germ cell tumours
- Low priority: Patients can be delayed with low risk of adverse outcome
  - Allogeneic transplantation
    - CML in chronic phase
    - Low grade lymphoproliferative disorders including CLL and indolent lymphoma
    - Sickle cell disease
    - Immunodeficiency
  - Autologous transplantation
    - Autoimmune diseases (multiple sclerosis, myasthenia gravis, systemic sclerosis)
    - Amyloidosis
    - Clinical trials: unless the clinical trial provides standard of care transplantation that patients would otherwise receive.

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