

Donor Registry Status Report

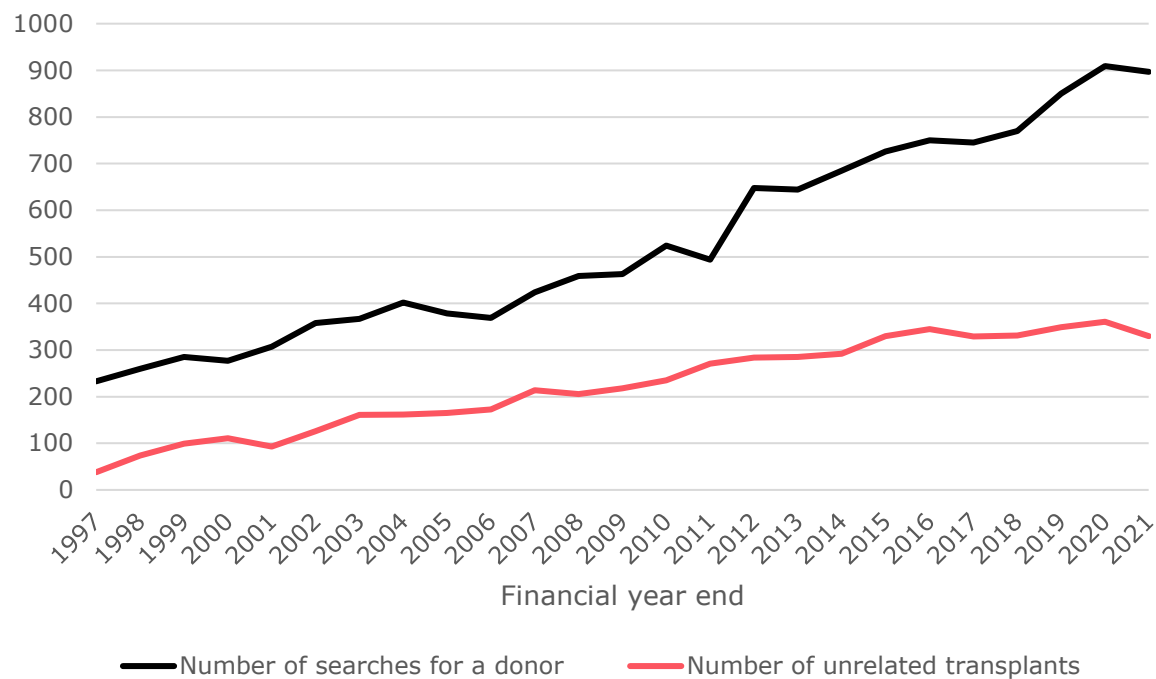
February 2022



The pandemic has slowed growth in Australian patients relying on unrelated HSC donations

Australian patient searches & transplants

New unrelated donor searches¹ for Australian patients (1997-2021)



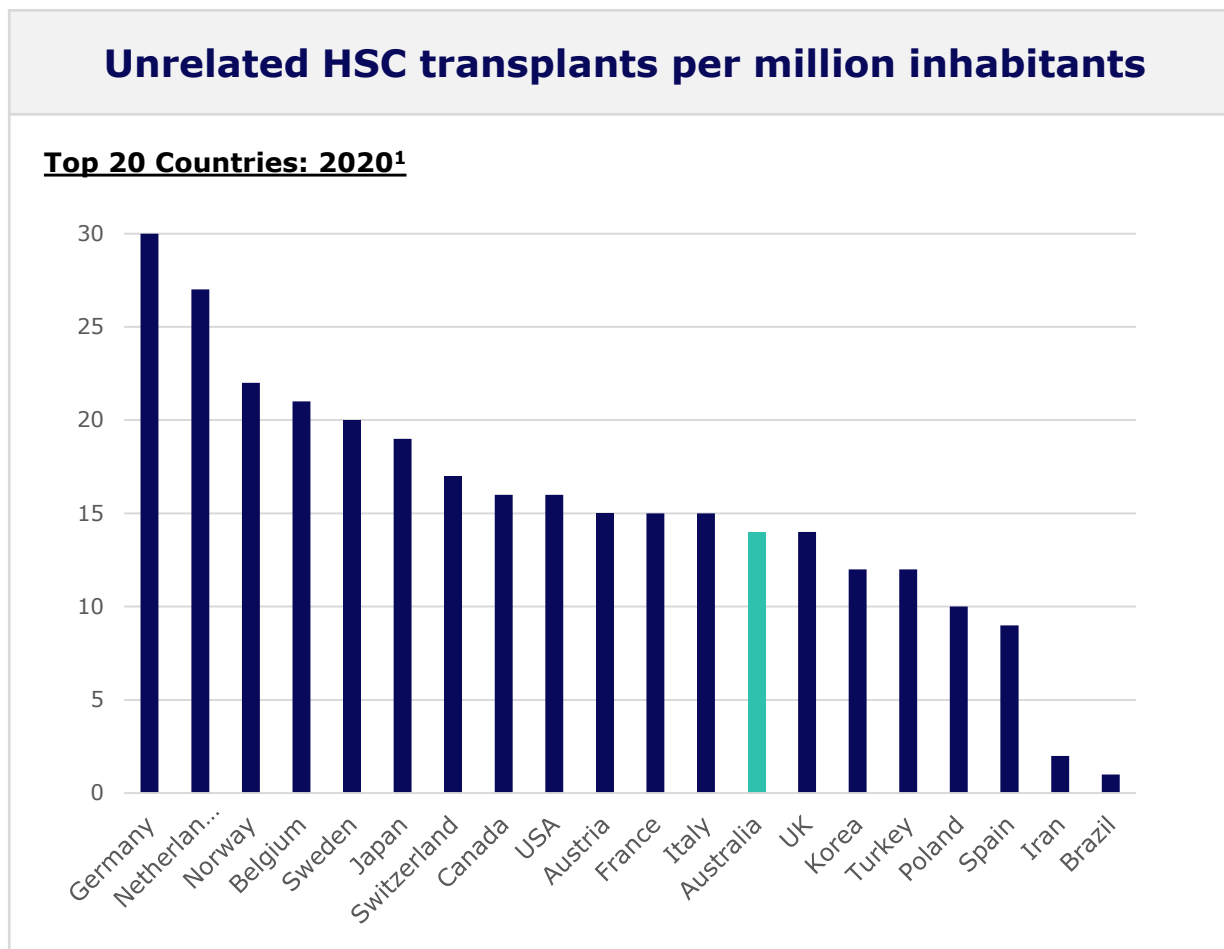
In the 3 years prior to the pandemic in 2020, Australian patient searches grew at an average rate of 4.7% p.a.; and Australian patient transplants grew at an average of 2% p.a. over the same period.

The pandemic has caused some disruption to these longer-term trends; this is expected to be temporary as underlying disease burden remains.

The number of completed transplants involving unrelated HSC is down 10% in 2021 compared to the year prior.

¹ Financial years. Excludes subsequent searches i.e., when a patient relapses (approx. < 10% of patients per financial year)
Source: ABMDR (2021).

Australia remains one of the top transplanting nations globally



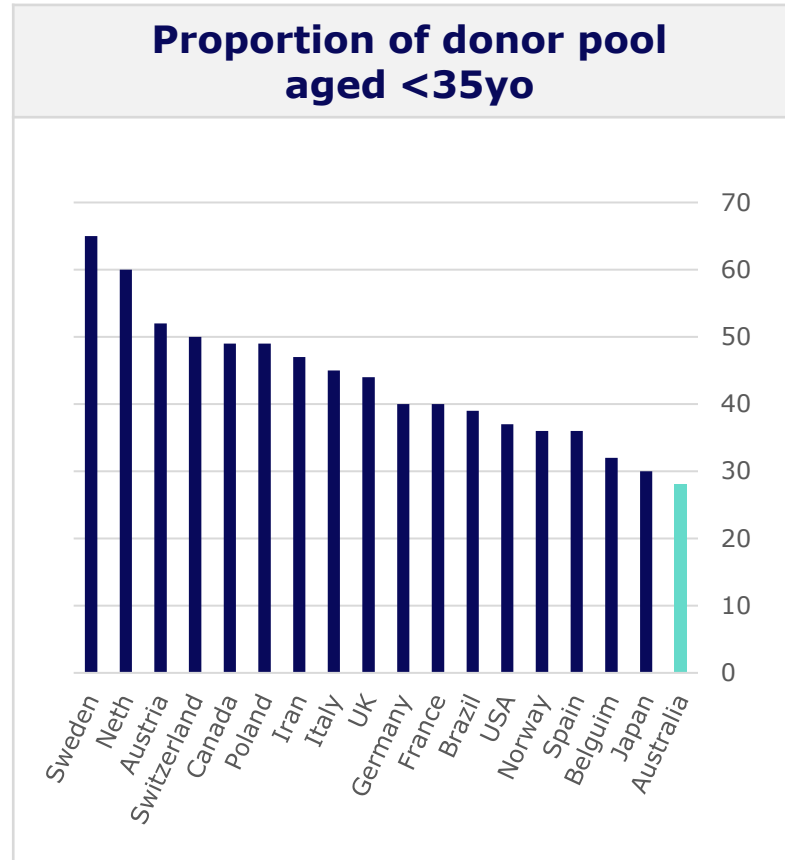
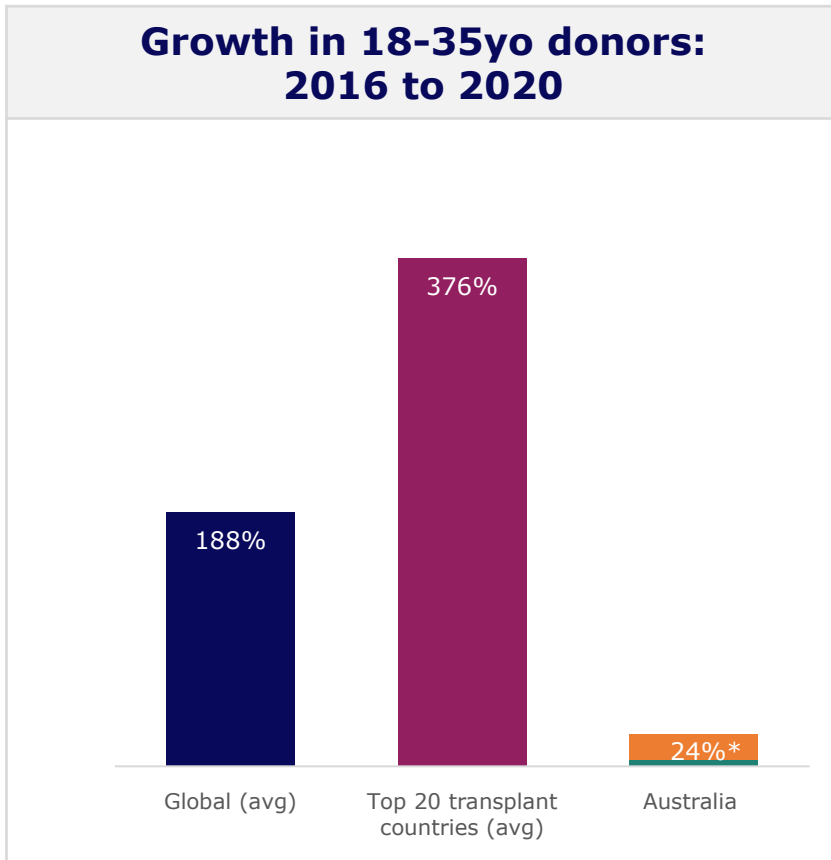
Australia undertakes a significant number of unrelated HSC transplants (per million inhabitants) each year.

Countries with the **highest demand** for unrelated HSC donors **have the highest ethical obligation** to be as self-sufficient as possible.

Aus governments continue to investigate the feasibility of recruiting Australian donors by swab, as has been routine practice in most overseas countries since around 2010.

1. Analysis excludes countries with <100 transplants p.a.
 Source: WMDA (2021) *Global Trends Report 2020*.

Australia's donor pool is not fit for purpose; significantly more donors are required



Govt's **goal of improved self-sufficiency** can only be achieved by significantly increasing recruitment.

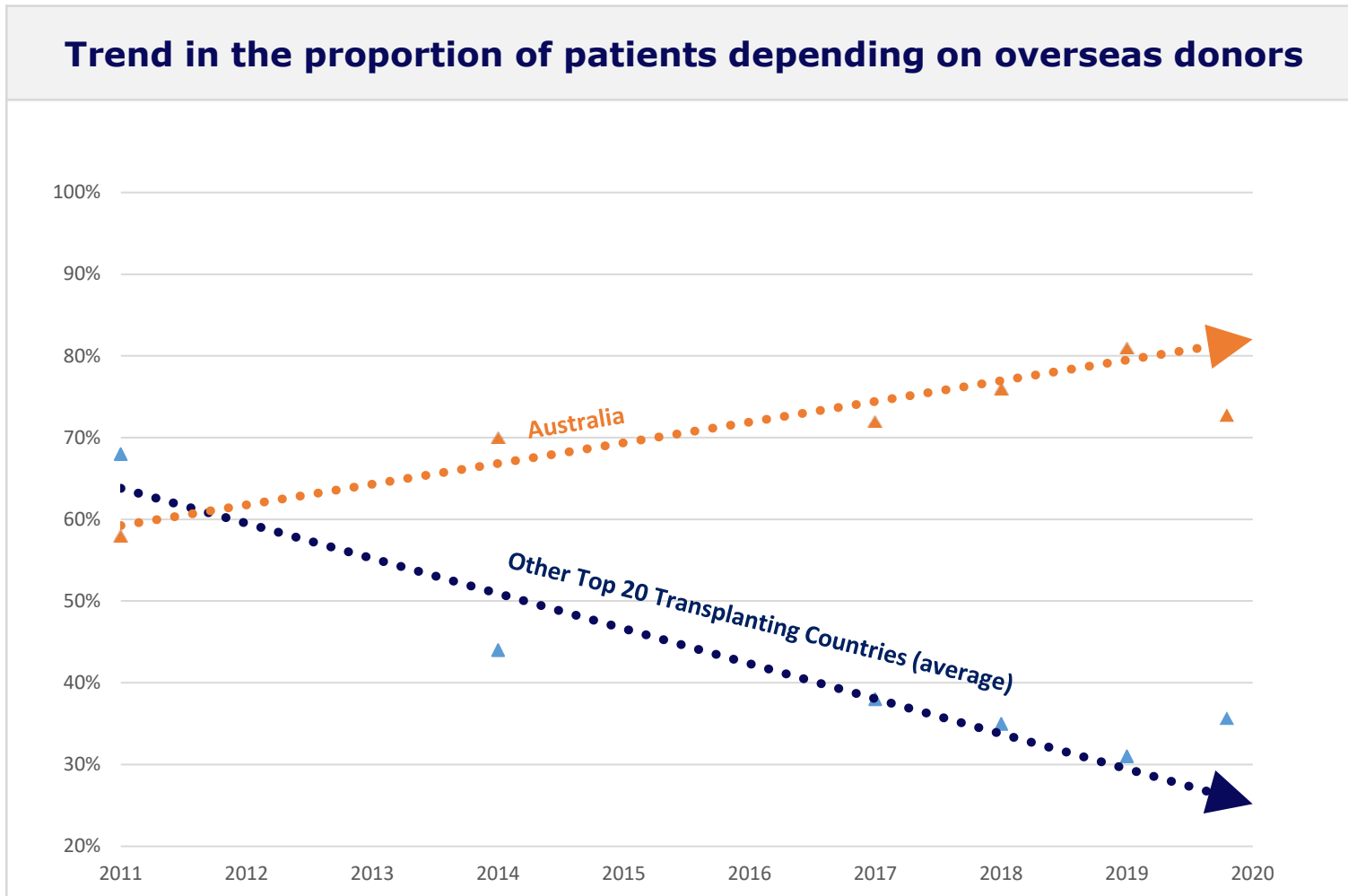
Comparable countries have improved their self-sufficiency through **ending recruitment constraints** for 'blood donors only' and **significantly increasing recruitment** scale.

ABMDR's target is for the donor pool to contain **3% of Australia's 18-35 population** (~180,000 young donors) within 5 years¹.

Simply replacing Aus donors as they 'age-out' at 60 will **not deliver govt's goal**.

¹2016 Australian Census data. *Australia's 24% growth breakdown: 19% from Strength to Give pilots, 5% from blood donor recruitment. Source: ABMDR (2021); WMDA (2021) *Global Trends Report 2020*; WMDA (2022) *Global Trends Report 2021*

But Australia is increasing its dependency on overseas donors, unlike comparable countries



Australia has the **highest dependency** on overseas donors of comparable transplanting countries, despite the logistical difficulties.

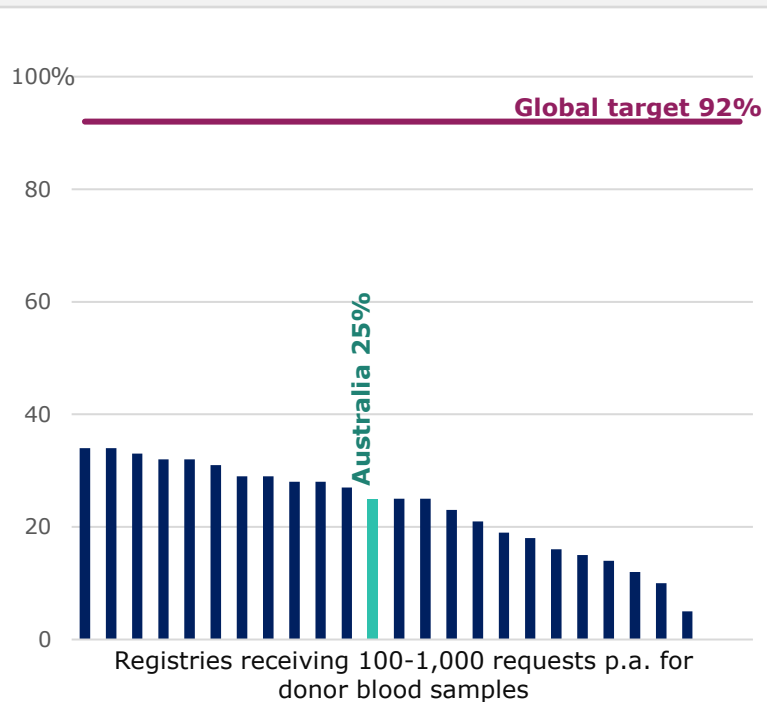
The pandemic has highlighted the **risks to patients** from this dependency in terms of reduced access to overseas donors and increased risk of transport delays and damage.

Australian clinicians have tried to minimize these risks by choosing higher numbers of **less optimal local donors** for patients (i.e. older donors); slightly improving Australia's self-sufficiency in 2021.

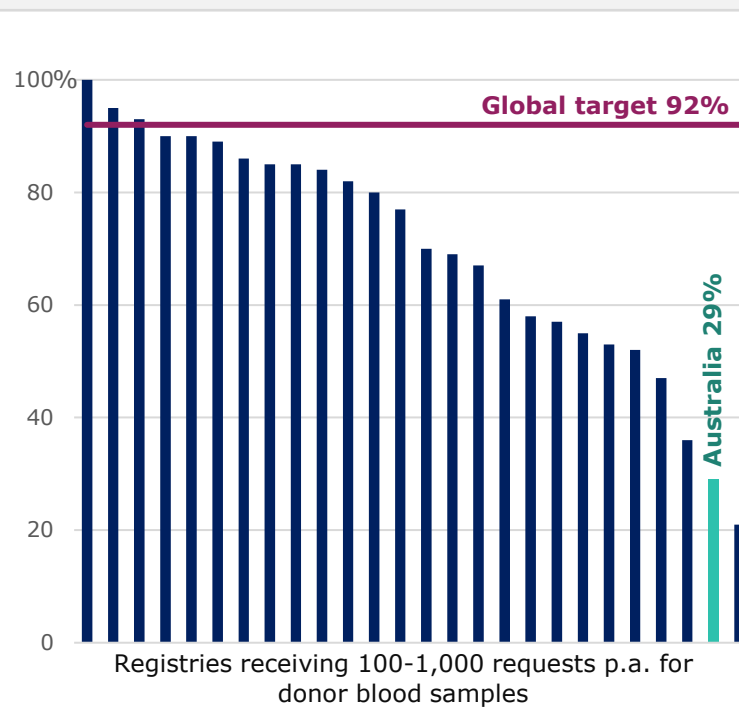
This is likely to be temporary as the root cause has not been addressed.

The responsiveness of Australia's donor pool has fallen behind its peers

Donor responsiveness¹: 2011



Donor responsiveness: 2020



A donor pool that is responsive to registry requests is **critical to minimize delays** to patient treatment; and is a key KPI for registries globally.

Overseas donor pools are responsive. Their responsiveness increased after switching to swab recruitment.

Aus transplanters report **“relief” at finding matching donors** from some overseas countries, especially Australia’s major donor source, Germany

¹Responsiveness measures the % of requests (for local donors to provide blood samples to confirm/verify patient matches) completed in 14 days.

Governments have committed to improving Australia's self-sufficiency

Governments' joint *National HPC Framework* (2021) notes improving Australia's donor self-sufficiency will:

- **reduce transplant risks** and better meet the needs of Australian patients
- **improve equity of health outcomes** as many Australian patients cannot find suitable matching donors through overseas registries
 - Indigenous patients may not be matched through global donor pools
 - patients with ethnicities common in Australia are often not well represented in the global donor pool
- **lower expenditure** on HSC importation
 - Importing international cells costs \$30,000-\$50,000 vs \$1,500-\$3,500 for Australian donor collections
- **protect HSC supply** during crises
 - COVID has highlighted the risks of dependency on imported cells: a prolonged need for cryopreservation, international collection delays and capacity fluctuations, complexity of transport logistics
- **uphold Australia's ethical obligations** to the global community

No new funding is required. The target can be achieved by re-purposing unused cord blood already reserves held by ABMDR (contract variation). Blood-donor recruitment can continue.

Australian **patients already rely on swab-recruited donors** from overseas. Barriers to swab implementation in Australia will only exacerbate this demand and the resulting consequences.