

Cell Therapy Transplant Canada

Position Statement on COVID-19

Latest Revision: November 3, 2021

CTTC continues to monitor closely the rapidly evolving pandemic situation and is committed to engaging and supporting our membership. We have a dedicated web page to collate and aggregate position statements from other societies and have an online forum for community discussion (www.CTTCanada.org). We recommend the following:

1. Centres should identify backup donor options for patients undergoing allogeneic transplant. Canadian Blood Services (CBS) is able to assist with logistics of product transport, and in the use of cord blood products as alternate sources of stem cells.
2. Commercial couriers should be used for stem cell transport for products coming from outside Canada.
3. Within Canada, several options exist. Commercial couriers, hospital staff, or volunteers are all considerations, based on local preference. Ideally, staff without direct patient care responsibilities should be chosen.
4. The choice to cryopreserve donor product or not should be left up to each individual centre to decide. The decision should be based on several factors including where the donor is coming from, distance from the donor, risk of travel disruption, the prevalence of Covid in the jurisdiction of both the donor and recipient and the donor's vaccination status.
5. As an alternative to cryopreservation, for products being collected locally, consideration should be given to routine testing of asymptomatic donors prior to the start of mobilization.
6. Prior to the start of the preparative regimen, all donors should be screened clinically for signs and symptoms of COVID-19, and transplant deferred if symptoms are present.
7. Centres can continue to perform bone marrow harvests if resources exist within their local hospital.
8. For donors who have developed COVID-19, a 28-day deferral is required, to comply with Health Canada CTO regulations.

9. Donor questionnaires should continue to include questions specific to risk factors for COVID-19. CBS has developed questionnaires that can be adapted for related/autologous donors.
10. Centres should test for SARS-CoV-2 in asymptomatic transplant recipients. While the sensitivity of this test in this scenario is unknown, a positive test would change management. Recipients with a positive test are at risk for development of symptoms later in their disease course, after cytotoxic or immunosuppressive therapy, which would likely be associated with adverse outcomes. In addition, they are at risk of transmission of infection to health care workers and other highly vulnerable transplant patients.
11. Centres should use universal personal protective equipment when providing care to all transplant recipients, as recipients are highly vulnerable post-transplant. In areas with high prevalence of COVID-19, or other high-risk scenarios (positive tests by other staff members or patients) CTTC would support routine testing of asymptomatic health care workers. This statement is made considering the highly vulnerable patient population we provide care for.
12. Capacity for CAR-T therapy in Canada cannot meet current demand. Most American centres are still accepting patients from out of country, and this is considered an acceptable reason to cross the Canada-United States border.
13. There is a small supply of COVID-19 antibody products available in Canada that might be useful for COVID-19 positive transplant patients. One such product is Regeneron. Patients who test positive for COVID-19 or otherwise meet criteria for the clinical trials of monoclonal therapies should be considered candidates to receive such products based on their high-risk status.