

Cell Therapy Transplant Canada

Position Statement on COVID-19

Latest Revision: July 23, 2020

CTTC is monitoring closely the rapidly evolving situation and is committed to engaging and supporting our membership. We have scheduled a series of virtual town halls, have dedicated a web page to collate and aggregate position statements from other societies, and have an online forum for community discussion (CTTCanada.ca).

1. Centres should identify backup donor options for patients undergoing allogeneic transplant from unrelated donors (haploidentical related donors, cord blood donors). 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. Centres should not routinely cryopreserve products coming from areas with a low prevalence of COVID-19 (< 5% test positive rate) and a low risk of travel disruption. Most related donors, unrelated donors from within Canada, and unrelated donors from Europe meet this criteria at this time. Cryopreservation should be considered for regions with a high prevalence or a risk of travel disruption.
5. Centres can safely resume bone marrow harvests, if resources exist within their local hospital.
6. For donors who have developed COVID-19, a 28 day deferral is required, to comply with Health Canada CTO regulations.
7. Donor questionnaires should be updated to include questions specific to risk factors for COVID-19. CBS has developed questionnaires that can be adapted for related/autologous donors.
8. 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.

Consideration should be given to testing asymptomatic donors. A positive asymptomatic donor would be at risk of becoming symptomatic prior to collection, which would have resource implications and pose a risk to collection staff. There is not thought to be a risk of transmission of SARS-CoV-2 in cryopreserved stem cell products.

9. 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.
10. Centres should use universal personal protective equipment when providing care to all transplant recipients, as recipients are highly vulnerable patients post-transplant.
11. Capacity for CAR-T therapy in Canada cannot meet current demand. Most American centres are still accepting patients from out of country. Centres should ensure they have appropriate supply of tocilizumab sequestered for specific CAR-T patients prior to infusion of cells, as given the widespread off label use of this medication in COVID-19 patients, shortages are possible.