



SASCeTS

SOUTH AFRICAN STEM CELL TRANSPLANTATION SOCIETY

25 March 2020

To the medical Advisors of all Managed Care Organizations and Medical Insurance Schemes.

In the context of high dose chemotherapy and stem cell transplantation in the era of the COVID-19 pandemic, practices in South Africa are following international guidelines and recommendations, and this memorandum endorses the following:

1. Non-urgent transplants will be postponed and where indicated; patients will be converted to maintenance therapy. Where the risk of relapse/progression is anticipated to be high, and there is no maintenance option available, we will need to proceed with the planned transplant.
2. For matched unrelated donors (MUD), where uncertainty of product delivery according to planned dates exists (this due to potential for donor infections and lack of sufficient courier / transport options), the preconditioning therapy of the patient will be delayed until the product is present in the transplant center; this will require the product to be cryopreserved until required. This recommendation is in line with EBMT and WMDA guidelines for the current situation.
3. Due to the anticipated interruption in the supply of blood and blood products during the COVID-19 epidemic we wish to increase the growth factor support post-transplant from G-CSF alone to include thrombopoietin receptor agonists and erythropoietin stimulating agents. By starting this prior to the transplant we will improve the baseline counts and by continuing post-transplant the depth and duration of the cytopenias will be reduced. This will reduce the transfusion requirements for the patient and therefore reduce the risk to the patient for bleeding and heart failure during his post-transplant period.

We are mindful of patient safety, as well as the need to reduce the burden on an already (anticipated) strained healthcare system and transfusion supply.

Your urgent consideration is appreciated. Please understand that the relative risk of delaying the transplant with regards to relapse vs. the risk of the transplant in this current circumstance is weighed up and will be considered in each individual case.

Furthermore, where maintenance is available and it is deemed appropriate to delay the transplant, your support of these decisions is appreciated.

Your support is appreciated as is your understanding of the variance from current standards in these trying times.

Yours sincerely

Dr D Brittain
Chairman