

## **Autoimmune Diseases Working Party (ADWP) recommendations in relation to COVID-19 pandemic (27.3.20)**

Under normal circumstances, autologous and allogeneic HSCT are performed in patients with severe autoimmune diseases after careful balance of benefits and risks, and consideration of other non-transplant treatment options. The majority of such patients have chronic diseases, which impact on quality-of-life and can shorten life expectancy, but are rarely life-threatening in the short term. Transplant regimens used in autologous HSCT for autoimmune diseases are generally more immunosuppressive than those used for other indications, and patients have often received other immunomodulatory treatments prior to HSCT, which may continue in some patients after HSCT.

During the COVID-19 epidemic, the EBMT ADWP recommendation is that HSCT for autoimmune diseases is deferred, unless an exceptional patient's condition is clearly life-threatening during this period and proceeding with HSCT is highly likely to offer significant net benefit over other treatment options. Even then, it will be important to consider the susceptibility of individual patients to COVID-19 and its complications, and also limitations in Critical Care Unit support if escalation of care is required for any reason. All patients being considered for HSCT should be discussed in an appropriately constituted MDT meeting (including transplant and disease specialists) with individual assessment of risks and benefits of HSCT as best as possible, along with the potential of non-transplant treatment options during the COVID-19 pandemic. MDT discussions should include consideration of the current and predicted geographical variations in the pandemic related to the transplant centre, referral centre and home locality of the patient (which may be different), given that patients remain significantly immunosuppressed for many months after the procedure.

Individualised decisions should be made for patients who have already started treatment, and screening for COVID-19 according to local policies may provide useful information. With respect to clinical trials, special consideration should be made by the trial management groups, oversight committees, sponsors and local principal investigators in the best interests of patients in relation to the trial protocol and recruitment during the pandemic.

Patients with severe autoimmune diseases who have already undergone the full HSCT procedure should be strongly advised to follow self-isolation and/or rigorous social distancing according to the general and disease-specific policies in their home country. Given the additional immune suppression of transplant regimens used in autologous HSCT for autoimmune diseases, along with the complications and disability of their underlying disease, self-isolation is strongly recommended for patients who are within 12 months of their transplant, and also in patients who are beyond 12 months post-transplant if they have resumed immunomodulatory treatment. This recommendation also applies to patients who have undergone allogeneic HSCT for an autoimmune disease in the previous 12 months, with patients beyond 12 months post-allogeneic transplant recommended to self-isolate if they continue on immune suppressants, have active graft-versus-host disease and/or other features of immunodeficiency. Individualised advice from transplant and specialist referral centres is important and should be followed when provided.

Otherwise routine data reporting should continue into the EBMT registry, and, alongside, we strongly encourage centre participation in the ongoing EBMT-wide prospective survey on the impact of COVID-19 in stem cell transplant recipients coordinated by the Infectious Diseases Working Party (IDWP, for details please contact [idwp.ebmt@lumc.nl](mailto:idwp.ebmt@lumc.nl)).

The situation is under ongoing re-evaluation at EBMT Board and Scientific Council level and the current statement should be read in conjunction with general EBMT guidelines and recommendations on the COVID-19 pandemic (<https://www.ebmt.org/covid-19-and-bmt>) and is valid until further updates.

**John Snowden, Chair, ADWP**

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**On behalf of the Autoimmune Diseases Working Party, 27.3.20**