

COVID & me

an EBMT webinar for patients and caregivers

EBMT online webinar April 3rd 2020

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presented by Bregje Verhoeven, Hélène Schoemans & Per Ljungman

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Bregje Verhoeven, MSc

Role: EBMT Patient Advocacy Committee - Chair

International patient advocate for Foundation Hematon, the Dutch organization for lymphoma and blood cancer patients

"We can find comfort in beauty, knowledge and the support of others"



European Society for Blood and Marrow Transplantation (EBMT)

- EBMT is a non-profit organisation composed of scientists and health care providers.
- After consent, it collects anonymized data on diagnosis, treatments, procedures, complications and outcomes.
- This data is registered (Registry) and secured.
- Data is used for research on bone marrow transplantation and cellular therapies & can lead to:
 - Development of new technics
 - Changes in clinical practices
 - Improvements in patient care
 - Better outcome for patients

EBMT Patient Advocacy Committee (PAC)

Patient representatives, patient organization leaders, and patient advocates from Europe

Representing patients through these objectives:

- Ensure that patients' meaningful concerns are well integrated in all of EBMT activities and organizations
- Ensure that patient perspectives are integrated in scientific activities
- Build an educational program during EBMT Annual Meeting (Patient Family Donor Day & Patient Advocacy Sessions)
- Build and maintain a Network of patients & patient advocates organizations in Europe

Interested in our activities? Email to leadership@ebmt.org

Hélène Schoemans, MD, PhD

Hematologist and Stem Cell Transplantation Physician

EBMT Late Complications Sub-committee Chair (Transplant Complications Working Party)

EBMT Patient Engagement Task Force

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Disclosures

No relevant disclosures for this presentation

Because of the rapidly evolving knowledge about COVID, the information presented today will need to be re-evaluated in the near future based on the evolution of our understanding of the disease.



Learning objectives

Our aim is to inform patients and care-givers the current state of knowledge regarding the COVID pandemic and its impact on stem cell transplantation and cell therapy as of April 3rd 2020.

What is our current understanding of the impact of COVID on stem cell transplantation and cell therapy?
 Where can you find good sources of medical information & support?
 What can you do as patient/care-giver to get through the COVID pandemic?
 What is EBMT doing to help during the COVID pandemic?



Introduction

Vocabulary

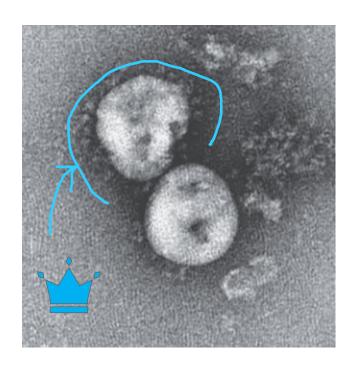
CoV = Corona Virus

SARS-CoV-2 =

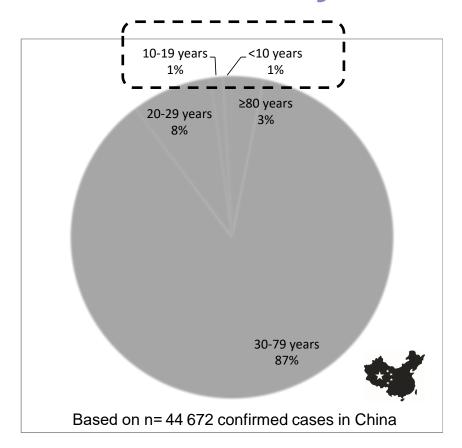
<u>Severe Acute Respiratory Syndrome - related Corona Virus</u>

COVID-19 =

Corona Virus Disease 2019



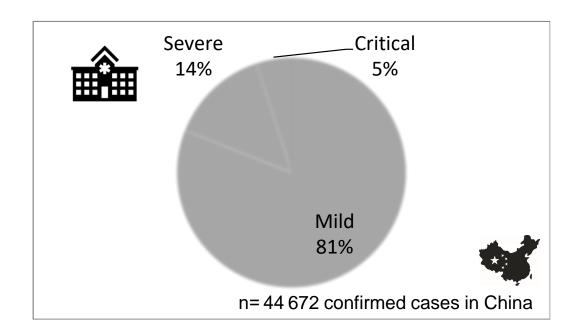
COVID is mainly an adult disease





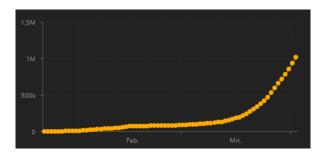
COVID is very often a mild disease





The major problem with COVID-19 is more at the society's level than at the individual level







COVID clogs up the health care system

Influx of COVID patients in the hospital means



less hospital and intensive care beds for other diseases and interventions



need for dedicated care pathways to avoid cross-contamination



constant fear of contamination



↓ access to standard care↑ need for self-management

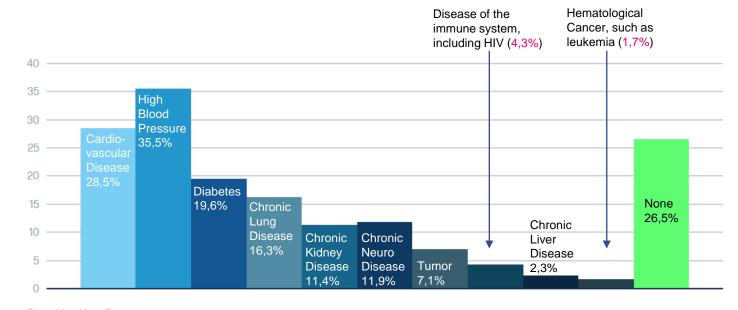


COVID & Cancer

Data from COVID Hospitalisations in Belgium



as of March 26^{th} 2020 (n = 1286)



Underlying medical condition

↑ risk of COVID with cancer?



In the Department of Radiation and Medical Oncology, University Hospital of Wuhan during the first two months of the outbreak, the COVID infection rate was:

0.79% (about 12 COVID+ cases out of 1500 cancer patients)

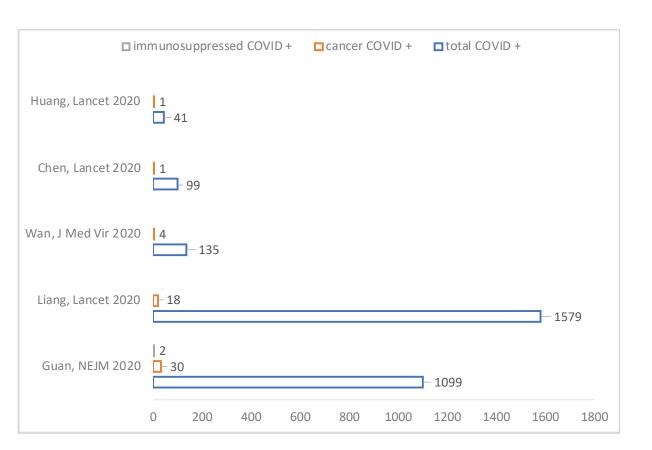
VS.

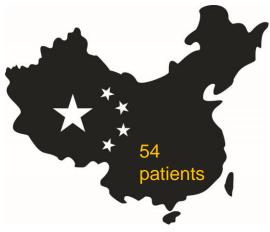
0.37% (about 41 000 COVID+ cases out of 11 000 000 from the general population)

tested

not-tested

Limited published information about cancer & COVID

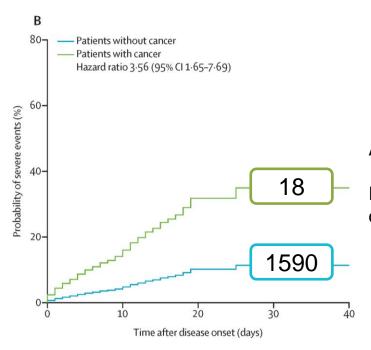




Huang et al Lancet Feb 2020; 395; 497-506 Chen et al Lancet Feb 2020; 395; 507-513 Wan et al J Med Virol. Mar 21st 2020 Liang et al Lancet Oncol. 2020 Mar;21(3):335-337 Guan et al, NEJM Feb 28th 2020

↑ risk of severe event with cancer?





All cancers lumped together (1/3 lung cancer, only 1 lymphoma).

Patients with cancer were significantly older and had a higher rate of smoking history than non-cancer patients.

Liang et al Lancet Oncol. 2020 Mar;21(3):335-337 Xia et al Lancet Oncol. Mar 23rd 2020 Wang et al Lancet Oncol. Mar 3rd 2020

Too early to be sure...

Very limited published information



Cancer prevalence & care is likely to differ from country to country









... we are learning on the job ...



& Cell Therapy

COVID & Transplantation/Cell therapy

There is currently NO published DATA to support formal recommendations → use common sense

Other medical issues (heart, lung, ...)

Dysfunctional immune system

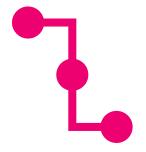


Impact on your transplant care - BEFORE

Overload due to COVID can reduce access to care

Transplantation/Cell therapy = complex chain of events...

- The donor / patient can get infected
- The supply chain can be delayed
- Transfusion product / Medication shortages can occur
- Clinical studies can be put on hold



- → Your team will adapt depending on the local context
 - ? Delay non-urgent transplantation / cell therapy
 - ? Freezing cells for urgent transplantations

EBMT guidelines / ASTCT guidelines, March 30th 2020 Fred Hutchinson Cancer Research Center COVID-19 guidelines, March 17th 2020 Rose C, NEJM March 18th 2020 Kutikov et al, Ann Intern Med. Mar 27th 2020

Impact on your transplant care - AFTER

41% of COVID infections in Wuhan



Many non-urgent follow-up appointments after transplantation / cell therapy can be postponed or replaced by telephone contacts



Know where to call if you have a issue



COVID & you

COVID is contagious

- Each patient spreads the infection to 2-3 people
 (! droplets)
- It is unclear whether the virus can be stable in air, but it can probably stay on plastic/stainless steel (72h) + cardboard (48h)
- Incubation (time infection → symptoms)
 is 1-14 days, median 5 days



Lauer SA et al. Ann Intern Med. 2020; [Epub ahead of print 10 March 2020]

Guan W et al. NEJM Feb 28th2020

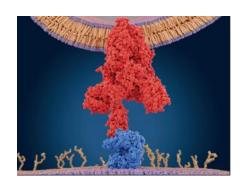
van Doremalen et al. NEJM March 17th 2020

Desai & Patel JAMA. Published online March 20th 2020

Li et al, Science, March 16th 2020

Avoiding COVID infection

- ✓ Wash your hands with soap/water for 20 sec
- ✓ Practice social distancing (! Closed spaces)
- ✓ Cancel all travel + non-essential appointments
- ✓ Exercise
- ✓ Sleep
- Eat healthy



Please do not...

- X Touch your face with your hands
- X Stop your current medication
- X Buy / Start new medication based on what you read in the media
- X Panic ©

What about masks ?!?

Medical masks can be used to prevent the spread of respiratory infections. e are 2 main types of medical masks: face masks and N95 respirators. There is a global shortage on masks. Face mask N95 respirator

Face masks fit more loosely and prevent the wearer from spreading large sprays and droplets when coughing or sneezing.

N95 respirators fit more tightly and prevent the wearer from inhaling smaller, airborne infectious particles. N95 respirators are not recommended for use by the general public.

The majority of masks do not offer adequate protection against virus but they can serve as physical barrier against droplets.

Mask etiquette

If you decide to wear a mask...

- ✓ Put it on/off correctly
- ✓ Do not continuously touch your face to adjust it !!

Face masks should only be used by

- ✓ Individuals with symptoms of respiratory infection such as coughing, sneezing, and sometimes fever
- ✓ Health care workers

Persons taking care of or in close contact with someone with a respiratory infection

How do I use a face mask?

- 1) Wash hands for at least 20 seconds prior to putting on a face mask.
- 2 Place face mask over nose and mouth. Ensure a tight seal with no gaps and secure elastics or straps.



- 3 Avoid touching the front of the face mask. If you do, wash hands for at least 20 seconds.
- 4 Remove the face mask without touching the front. Discard in a closed bin.
- 5 Wash hands again for at least 20 seconds.



What can you feel when COVID starts?

- ☐ Fever
- ☐ (Dry) cough
- ☐ Shortness of breath
- Muscle pain
- ☐ Sore throat / runny nose
- ☐ Change in smell or taste (?)
- ☐ (fatigue)
- ☐ (diarrhea)





What if you get a COVID diagnosis?

Make sure that your Transplantation/Cell Therapy team knows about it



- 1. Tell them about your COVID diagnosis
- 2. Make sure other transplantation issues have been taken into account
- 3. Ask what to do with your medication

How to cope with anxiety?

Keep contact virtually / with a distance



Notice the solidarity around you

Reserve some time to think about something else

- Exercise
- Read books
- Watch movies
- Use online links (museum tours, online concerts, ...)
- Meditate?



COVID & EBMT

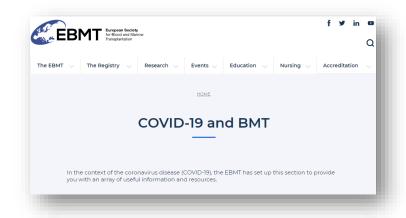
What is EBMT doing about COVID?

Guidelines

Helpful links

Webinars ©

Collect data about COVID cases



https://www.ebmt.org/covid-19-and-bmt

EBMT registration study about COVID

As of April 2nd 2020, there have been 84 cases reported to the EBMT registry (Italy 25; Spain 22; France 11; Belgium 6; UK 4; Sweden 3; Switzerland 3; Germany 3; Denmark 2; the Netherlands 2; Iran 2; Greece 1)

Median age 55 years (range: 4 - 77)

66 allo-Tx, 17 auto-Tx, 0 CAR-T; 1 unknown

Collection of follow-up data is ongoing.



Information is limited since most patients have been reported the last 10 days.

Your transplantation team can register COVID cases in the EBMT database

Your story can help us better understand this disease and how to help other transplantation patients!







Thanks!

All information will be available at

https://www.ebmt.org/covid-19-and-bmt https://www.ebmt.org/information-patients-donors https://www.ebmt.org/patient-advocacy-committee