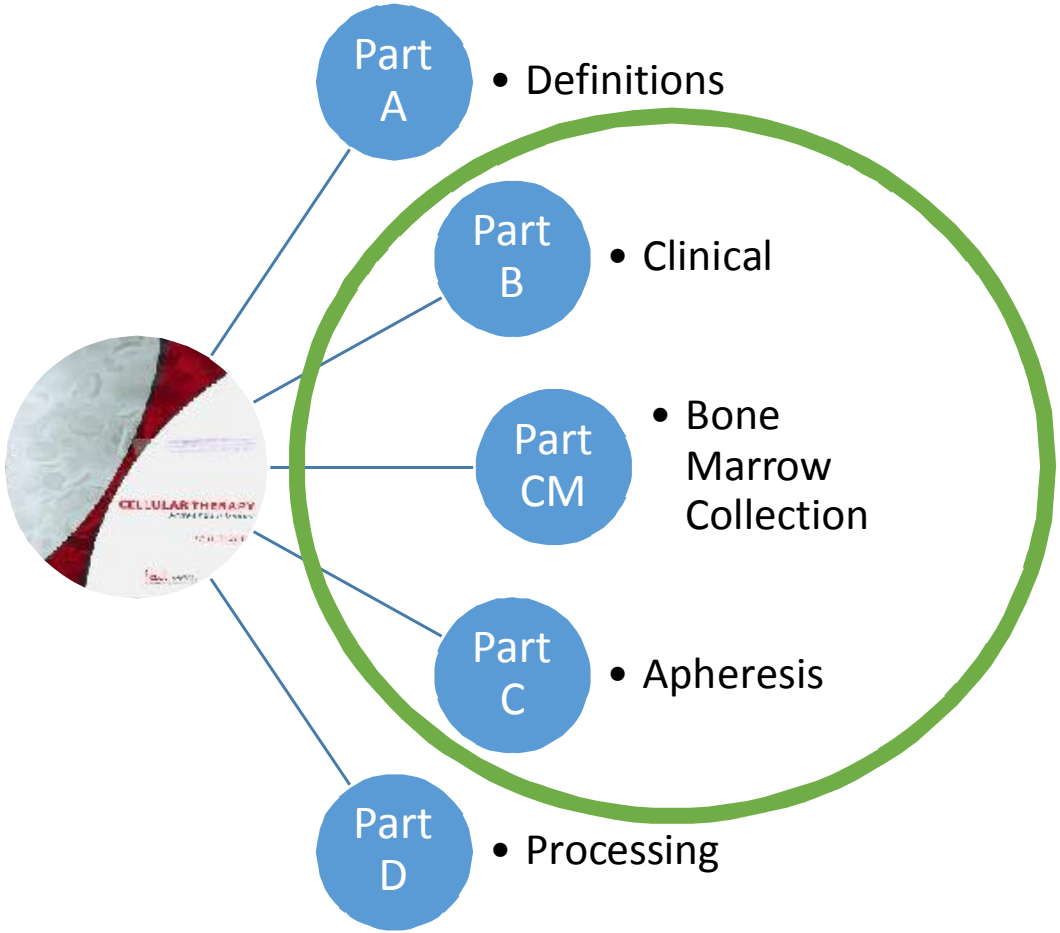
B6

Donor Selection, Evaluation & Management

FACT-JACIE Standards



Definition

- Donor: A person who is the source of cells or tissue for a cellular therapy product.

- The term “donor” is used by these Standards even in the autologous setting because considerations for informed consent and suitability (i.e., safety) of the individual include issues above and beyond the individual’s status as a transplant patient.

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B6: ALLOGENEIC AND AUTOLOGOUS DONOR SELECTION, EVALUATION, AND MANAGEMENT

- These Standards are intended to promote the safety of the donor and recipient as well as the safety and efficacy of the cellular therapy product.
- For allogeneic donors, **all** the requirements in B6 apply, including standards to safeguard appropriate confidentiality, confirm histocompatibility matching, and help protect the recipient from the risks of transmissible disease.
- For autologous-only Clinical Programs, **many, but not all**, of the requirements in this section apply. The standards and substandards under B6.1, B6.2, and B6.3 apply to autologous transplantation except for those that specify allogeneic donors only.

- B6.1 There shall be written criteria for allogeneic and autologous donor selection, evaluation, and management by trained medical personnel

- The inspector may ask to verify compliance with donor selection SOPs by reviewing a specific donor evaluation.
- If a Clinical Program only performs allogeneic transplants, then the written criteria need only pertain to allogeneic donors.
- If a program performs only autologous transplants, then the written criteria need only reflect autologous donors.
- If the program performs both allogeneic and autologous transplants, then the criteria for both types of transplant must be written.

Written criteria for allogeneic donor selection, evaluation, and management

Criteria to include:

Criteria for the selection of allogeneic donors who are minors or elderly.

Criteria for the selection of allogeneic donors when more than one donor is available and suitable.

Information regarding the donation process should be provided to the potential allogeneic donor prior to HLA typing.

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Examples of written criteria for allogeneic donors include:

- Infectious disease markers obtained within the appropriate time frame before collection for a donor.
- Criteria for an ineligible but acceptable donor (for example, an international donor may be ineligible but acceptable if all other donor criteria are fulfilled).
- The number of times a sibling donor can donate cells.
- The role of the donor advocate.

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B6.2 Donor rights

- Opportunity to ask questions and receive full information
- Right to refuse to donate
  - Allogeneic donar must be informed of consequences of refusal

B6.2.1 Minimum donor information

B6.2.2/3 Translation / Interpretation

- Interpretation and translation shall be performed by individuals qualified to provide these services in the clinical setting.
- Family members and legally authorized representatives should not serve as interpreters or translators.

B6.2 Consent process

1. Consent from the allogeneic donor should be obtained by a licensed health care professional other than the intended recipient's primary health care professional

2. Donor shall give informed consent and authorization in advance to release the donor's health information to the transplant physician and/or the recipient as appropriate

3. Documentation of consent shall be available to the Collection Facility staff prior to the collection procedure

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B6.2.9 Storage & discard policy

- The donor shall be informed of the policy for cellular therapy product discard or disposal, including actions taken when an intended recipient no longer requires the cellular therapy product.

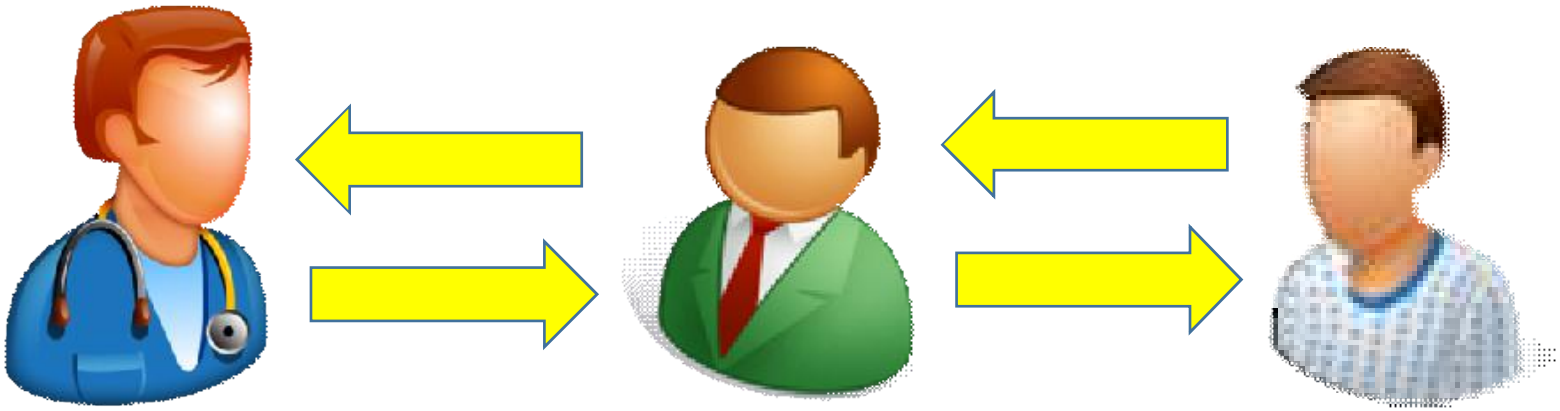
B6.3.2 Risk evaluation

- Possible need for **central venous access**
- **Mobilization** therapy for collection of HPC, Apheresis
- **Anesthesia** for collection of HPC, Marrow
- **Risk of hemoglobinopathy** prior to administration of the mobilization regimen
- **Pregnancy test**: within 7 days before mobilization/collection or initiating patient's preparative regimen (whichever occurs earliest)

B6.3.7 Written order

- There shall be a written order from a physician specifying, at a minimum,
  - timing
  - goals of collection and processing.

B6.4.1 Donor advocate



FOR WHOM?

To represent allogeneic donors who are:

- Minors

or

- Mentally incapacitated
- In line with regulations

6th edition – now obligatory ("shall")

B6.4 Additional requirements for allogeneic donors

- Allogeneic donors and allogeneic recipients
  - Tested for ABO group and Rh type using two independently collected samples
- A red cell antibody screen shall be performed on allogeneic recipients

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HLA typing

- Allogeneic donors and recipients shall be tested at a minimum for **HLA-A, B, DRB1** type by a laboratory accredited by **ASHI, EFI**, or equivalent. **HLA-C** testing shall be performed for **unrelated allogeneic donors** and related allogeneic donors other than siblings.
- DNA **high resolution molecular typing** shall be used for DRB1 typing.
- **Verification typing** shall be performed using an **independently sample** prior to allogeneic donor selection.

B6.4.6 Medical History & Risk Evaluation for Allogeneic Donors

- Vaccination
- Travel
- Blood transfusion
- Communicable disease
- Inherited conditions
- Hematological or immunological disease
- Malignant disease

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B6.4.5 Disease testing

When?

Within thirty (30) days prior to collection

What?

- HIV type 1
- HIV type 2
- Hepatitis B virus
- Hepatitis C virus
- CMV (unless +)
- T.pallidum(syphilis)

Other:

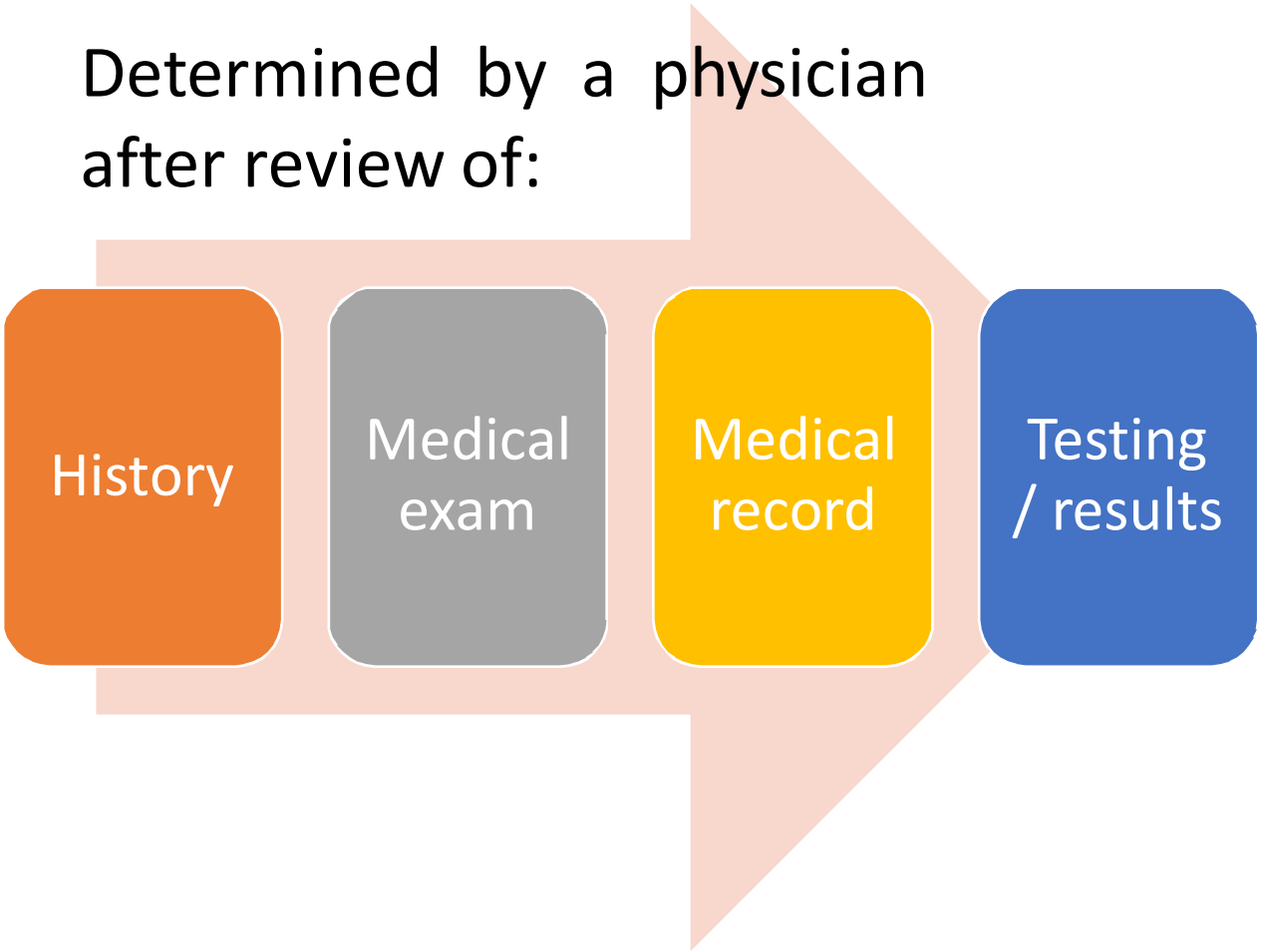
If required by regulations:

(HTLV I/II, WNV, Chagas...)

Clinical Programs in EU member states are required to perform a risk assessment to determine if testing for HTLV I and II or other diseases is appropriate for their patient populations.

B6.4.13 Donor eligibility

Determined by a physician after review of:



Documented in the recipient's medical record <u>before</u>:

- Recipient's preparative regimen is initiated
- Allogeneic donor begins mobilization regimen

B6.4.13 Use of an ineligible allogeneic donor

Documented → Physician's rationale for donor's selection & suitability

Documented → Urgent medical need

Documented → Informed consent of the donor & patient

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C6.3.6 Test results communication

- The Clinical Program shall inform the Collection Facility and Processing Facility of donor test results or if any testing was not performed.

C6.3.9 Donor follow-up

- There shall be a policy for <u>follow-up of donors</u> that includes routine management and the management of collection-associated adverse events.

Regulatory framework

- EU Directives
  - 2005/23/EC
  - 2006/17/EC
  - 2006/86/EC
  - 2012/39/EU
  - 2015/565
  - 2015/566

HTA
Human Tissue Authority

Code of practice 6

Donation of allogeneic bone marrow and peripheral blood stem cells for transplantation

HTA
Human Tissue Authority

Guidance to Bone Marrow and Peripheral Blood Stem Cell Transplant Teams and Accredited Assessors

May 2015

Scenario: Separating consenting from treating

- B6.3.1.2 Allogeneic donor suitability shall be evaluated by a licensed health care professional who is not the primary health care professional overseeing care of the recipient.

- BMT team answers this Standard with "Not Applicable" and says that they do not have the staff to separate the two processes. How do you respond as the Inspector?
  - Programs are not required to have sufficient staffing to evaluate donors using their own attending physicians.
  - Physicians and licensed health care professionals outside of the program may perform this function, including
    - a clinician who is a member of a different transplant team
    - the donor's primary care physician (if he/she possesses knowledge of the donation procedure)
    - a general internal medicine clinic; or
    - a clinic not directly associated with the Clinical Program

Scenario: risk of hemoglobinopathy

- B6.3.3 The donor should be evaluated for the risk of hemoglobinopathy prior to administration of the mobilization regimen.
- Programme does not do testing

- Testing is not required, although it is an acceptable method.
- Hemoglobinopathy risk assessment may include testing for the detection of Hemoglobin S (e.g. Sickle Dex) or an Hb-electropheresis test, but a test is not required.