We understand that the COVID-19 pandemic is straining both clinical and research resources at most if not all CIBMTR centers. We also understand that some institutions have put holds on non-interventional research to minimize contact between patients and staff and to conserve resources. We have drafted the attached document, endorsed by both CIBMTR and ASTCT leadership and approved by the NMDP IRB, to address these concerns. In short, CIBMTR reporting does not require any patient contact beyond what is necessary for clinical care. Additionally, data reporting can often be done by staff working off-site if they have access to the electronic medical record. The FormsNet data collection system is fully functional for remote access. As a reminder, all allogeneic HCT transplant recipients at US centers should be reported to the CIBMTR, regardless of consent for research, to fulfill the requirements of the CW Bill Young Cell Transplantation Program. Based on these considerations, many center IRBs have already allowed an exemption to the hold on non-interventional research for CIBMTR data reporting. Even if resource constraints will delay data reporting, it is important that patients continue to be consented so that reporting can occur later for reasons outlined in the attached document. We will be exploring ways to help you catch up on backlogs once the pandemic resolves.

This document can also be found at https://www.cibmtr.org/Covid19/Pages/default.aspx. This site also contains other information on CIBMTR reporting during the COVID pandemic, including relaxation of data submission requirements.

Please let us know if you have questions or require additional assistance.

Thank you for your participation in CIBMTR research.

John R. Wingard, MD
Chair, CIBMTR Advisory Committee