Memo to CIBMTR Working Committees

As our world faces an unprecedented medical crisis, we are all busy either dealing with or preparing to deal with caring for patients with COVID-19 – AND all of the other patients who still need our attention.

In transplant programs across the globe, people are taking measures to prevent infections in their patients and in the people who care for them, to treat those with infection in the best possible way (though hampered by lack of information about what IS the best possible way), and to continue to provide transplants to those who need them.

We want to share with you what CIBMTR is doing in the face of this pandemic and to answer a few questions we have received.

1. Is CIBMTR still open for business?
The answer to that is an emphatic YES. All CIBMTR staff on both campuses are working from home (except for those who also have clinical responsibilities) – but we are all working. This transition was probably a little easier for us than for many for a few reasons. First, we have stellar IT support at both our Minneapolis and Milwaukee offices who made sure everyone had what they needed to be productive at home. There are a few not unexpected hiccups as WebEx and phone systems are not yet fully adapted to the increased traffic but that has only affected very large gatherings. Otherwise, things are going reasonably smoothly. Second, because we do have two locations, we are used to working with many colleagues remotely even during normal times. Finally, the people in our Network – you and your research staff – are also used to working with us remotely.

2. Are studies still going forward?
Again, the answer to this is YES. Right now, we plan to try to keep to the previously established timelines for ongoing studies and to accept additional studies that were discussed at the recent Working Committee meetings in Orlando (seems a long time ago, doesn't it?). However, we realize that our Scientific Directors (most of whom are active BMT physicians) and Study PIs may not have as much time to devote to these studies as they originally anticipated. We understand.

What we ask is that PIs communicate with their Committees’ MS statisticians to let them know if they will be delayed from working on
their studies for a long time. We can then adjust our work schedule to focus on other projects that can move forward. If you are participating in a study that requires a lot of queries to centers or supplemental data collection, you should be aware that many centers now have limited capacity to respond to these, and those studies may also be delayed.

One other consideration is having resources to do analyses deemed important to aid the community in dealing with the COVID crisis (see below). To ensure this, we may not go forward with quite as many new proposals as initially anticipated. The CIBMTR Advisory Committee will be discussing this issue on March 31st, but we expect any reduction to be modest.

3. Are centers still submitting data?

Yes, most centers are still submitting data but capabilities vary across centers, as many research staff are working remotely and have variable access to health records. We understand and have suspended Continuous Process Improvement (CPI) assessments for timely reporting for this quarter. We urge everyone to continue to consent patients for data submission, even if that submission cannot occur right now. These data will be critical to understanding the impact of this pandemic on current and future patients.

4. Is CIBMTR collecting COVID data?

YES. We rapidly adapted our current infection forms to include COVID-19 as a specific pathogen option, so for patients on the CRF tracks and Cell Therapy tracks, COVID infections are now captured. A separate system to register COVID infections in patients reported on the TED track (which does not require an infection form) is being developed and should be operational the week of March 29th.

A more detailed COVID-specific form will be implemented in FormsNet on or about April 24th. That form can be submitted for any patient, regardless of the reporting track, at any time. We are considering ways to collect those data via other mechanisms before the April 24th FormsNet release date. Your transplant directors and data managers received detailed information about these changes on March 26th.

Our plan is to make data collected via these mechanisms rapidly available in an ongoing fashion. We are working with ASTCT and many other members of the transplant community in planning how to do this effectively. Your help in reporting data on COVID patients at your center would be appreciated – not just by CIBMTR but by the hundreds of transplant physicians who are seeking data to guide clinical care.

5. What else is CIBMTR doing to help?

While we do not currently have data on COVID-19 in transplant patients, we do have a lot of data, some of which is helpful in this situation. A couple of examples are listed below.

a. Cryopreserved grafts

Most centers are now freezing grafts in advance to ensure that the cells are available when needed. For unrelated donor transplants, this is now a requirement as NMDP/Be The Match continues its heroic efforts to keep the international and national flow of cells from donors and recipients intact. This has raised questions about the relative efficacy of fresh and frozen cells, particularly when GVHD prophylaxis with posttransplant cyclophosphamide (PTCy) is planned. The
CIBMTR is analyzing 277 recipients of cryopreserved grafts with subsequent PTCy and will have results of that analysis available by early the week of March 29th. (Sneak preview – on preliminary analysis, the outcomes look pretty similar.) We are doing a similar analysis in patients receiving calcineurin-based GVHD prophylaxis with results expected to be available not too much later.

b. Who is immune suppressed?

We had a recent inquiry about whether patients who received tocilizumab to treat cytokine release syndrome have an increased risk of viral infection. Although the data we collect is not perfect (e.g., we do not collect number of doses), we plan to use the data in our cellular therapy registry to try to address this question.

We are prioritizing these questions in an effort to support physicians trying to make difficult decisions in the absence of adequate data.

Thank you for your continuing support of CIBMTR Research Programs. Please let us know if you have additional questions or comments at contactus@cibmtr.org.