Preparing For and Ensuring Day of Collection
Product Quality and Donor Safety

John Miller, Vice President, Quality Medical Services – Be The Match
Christian Snyder, Director Vitalant Colorado Marrow Donor Program
Anna Ullrich, Donor Coordinator - Hackensack University Medical Center
Lisa Still, Workup Coordinator - Cook Children’s Medical Center

November 9th, 2018
Learning Objectives

At the conclusion of this session, attendees will be able to:

✓ Recognize appropriate interventions to ensure optimal donor experience.

✓ State how to effectively estimate and communicate realistic expectations for a quality product collection.

✓ Identify processes and available resources to develop a plan for day of collection situations.
# Disclosures

The following faculty and planning committee staff have no financial disclosures:

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
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<tbody>
<tr>
<td>John Miller</td>
<td>Be The Match/National Marrow Donor Program</td>
</tr>
<tr>
<td>Ruth Bakken</td>
<td>Be The Match/National Marrow Donor Program</td>
</tr>
<tr>
<td>Christian Snyder</td>
<td>Bonfils Blood Center</td>
</tr>
<tr>
<td>Lisa Still</td>
<td>Cook Children's Medical Center</td>
</tr>
<tr>
<td>Anna Ullrich</td>
<td>Hackensack University Medical Center</td>
</tr>
<tr>
<td>Jacklyn Barten</td>
<td>Be The Match/National Marrow Donor Program</td>
</tr>
<tr>
<td>Alicia Kasper</td>
<td>Be The Match/National Marrow Donor Program</td>
</tr>
<tr>
<td>Sue Reichling</td>
<td>Be The Match/National Marrow Donor Program</td>
</tr>
<tr>
<td>Monique Hussey</td>
<td>Be The Match/National Marrow Donor Program</td>
</tr>
<tr>
<td>Amy McGarrity</td>
<td>Be The Match/National Marrow Donor Program</td>
</tr>
<tr>
<td>Jennifer Hintze-Olson</td>
<td>Be The Match/National Marrow Donor Program</td>
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Issue #1

• Donor = 27 year old female, 65kg
• HPC, Apheresis requested
• PE done by third party
  • Venous assessment showed no issues
  • Donor self reported a history of difficult lab draws

• What steps do you take to prepare the donor for a successful collection?
Issue #2

• Donor = 23 year old male; 79kg
• Recipient = 53 year old male; 86kg
• HPC, Apheresis requested
  • 860x10^6 CD34+; dose of 10x10^6 CD34+/kg
  • Concentration of nucleated cells be reduced by the addition of autologous plasma and ACD-A to no greater than 250x10^9/L

• How do you manage the high cell count request?
• Day one obtained 5x10^6 CD34+/kg in 15L.
  • Do you continue to process the donor/move to a second day?
• How do you handle the cell concentration requested?
Issue #3

• Donor = 23 year old male; 79kg
• Recipient = 53 year old male; 86kg
• HPC, Marrow requested
  • $430 \times 10^8$ TNC; dose of $5 \times 10^8$ TNC/kg

• How do you manage this high cell count request?
• Should autologous units be collected?
Rate of Meeting or Exceeding $3.5 \times 10^8$/kg
with 95% confidence interval, ordered by number of collections (ascending)
Issue #4

• Donor = 32 year old female; 61kg
  • Pre-apheresis absolute CD34+ was 20 cell/uL
  • Platelets were 196x10^9/L

• Patient = 24 year old female; 73.2kg

• HPC, Apheresis requested
  • 366x10^6; dose of 5x10^6

• What steps do you take when you note the donor did not mobilize optimally?

• How do you calculate the anticipated CD34+ to be collected?

• What planning do you do for a 2\textsuperscript{nd} day collection and 6\textsuperscript{th} dose of Filgrastim?
NMIDP Notification of Poor Donor Mobilizer

In an effort to efficiently manage cases where the donor did not mobilize optimally to meet the TCA requested cell count, Quality Medical Services (QMS) requests the following information to understand the current collection status and expedite NMIDP provider guidance for consideration:

Please provide the information below as it is currently known. NMIDP notification should not be delayed if pieces of information are still forthcoming.

<table>
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<tr>
<th>DID</th>
<th>AC</th>
<th>DC</th>
<th>RID</th>
<th>TC</th>
<th>ACC</th>
<th>DBC</th>
<th>CM</th>
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Pl weight in kg: _____  Requested Total CD34+: _____ (x10^6)  CD34+kg: _____ (x10^6/kg)  
Donor’s Pre-Apheresis Labs:

Plat Count: _____ (x10^6/ml)  
Absolute CD34+: _____ (coll/ul):  OR  WBC: _____ (x10^3/ml)  AND  Peripheral CD34+: _____ %

Collection Progress:

Central line placed: Yes  No

Current donor status/tolerance:

Total number of liters processed at time of notification: _____

Planned number of liters to be processed: _____

Estimated CD34+ to be collected with planned liters processed (if known): _____ (x10^6 CD34+)

Collection efficiency % (if known): _____

Anticipated time the poor collection product CD34+ will be available: _____

AC Physician rationale for current collection plan:

Other Collection Considerations:

Donor and AC ability to perform day two collection: Yes  No

*AC access to a 5th dose of Neupogen (filgrastim): Yes  No

*Donor and AC ability to exceed 24L processed in one or two days: Yes  No

*Please note that NMIDP provider approval is required prior to proceeding with either option.  
Who to contact with questions(updates? Name, email and phone number):

Name of person completing the form (if different from above):

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Document #P12090 rev. 1
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Thank you!