

How to handle triage for potential donor recipients?

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Overview

- Population= 3,5 million
- 30 hematologists for the whole country
- 10 transplant physicians for the whole country (all in the city)
- 3 institutions performing transplants (all in the city)
- 70-80% of the population have Social Security, the rest cover by Government funds and foundations

Potential candidate

SS YES: CSS
SS NO: ION

Verify dx/status of disease

Indication OK

No indication

Auto

Allo MRD

Others type not possible

Problems confronted “on the road”

- Late referrals from distance communities
- Patients who lacks a suitable donor, don't have a chance for other transplant modalities
- There is no formal pathology review process
- Patients with AA or MDS who are candidates for transplant and who do not have social security are not covered by the Government

“Triaging” a patient depends...

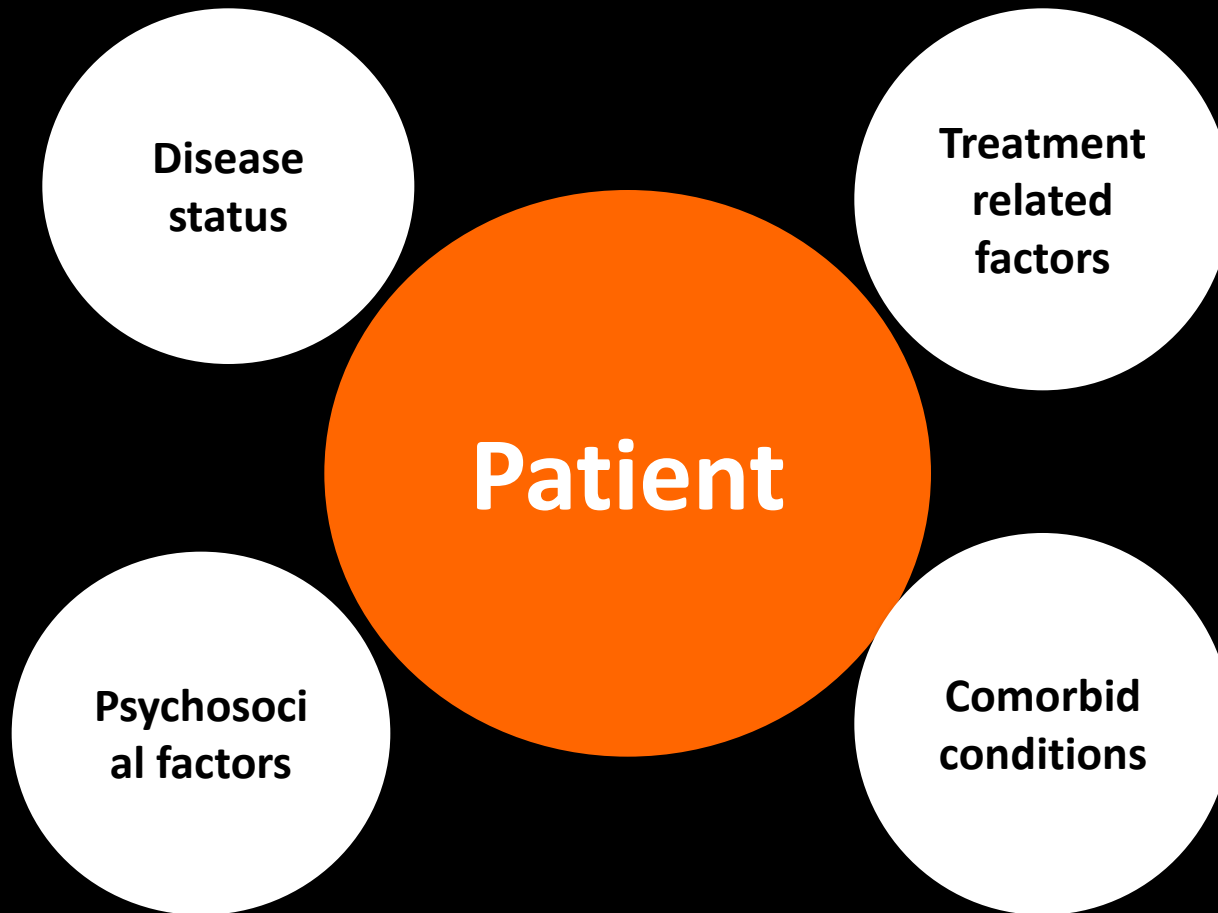
- On what is going to be transplanted
- On who is covering the procedure
- On where the procedure will take place
- And.....

Cure vs Toxicity

.....the capacity of the patient to tolerate the
procedure

Cure vs Toxicity

Factors influencing decision making



mEBMT			HCT-CI			
Parameter		Score	Patients, %	Parameter	Score	Patients, %
Age, years	<20	0	13	Arrhythmia	1	0
	20-40	1	55	Cardiac	1	4
	>40	2	32	IBD	1	1
Disease stage	CR1	0	47	Diabetes	1	4
	CR>1	1	21	Cerebrovascular disease	1	5
Donor type	No CR	2	32	Psychiatric disturbance	1	7
	MRD	0	39	Mild hepatic	1	29
Gender	Other	1	61	Obesity	1	1
	F->M	0	84	Infection	1	23
Combination		1	16	Rheumatological	2	0
				Peptic ulcer	2	3
				Moderate/severe renal	2	0
				Moderate pulmonary	2	28
				Prior solid tumor	3	2
				Heart valve disease	3	2
				Severe pulmonary	3	3
				Moderate/severe hepatic	3	4

CR: complete remission, MRD: matched related donor, F: female, M: male, IBD: inflammatory bowel disease.

We pay special attention to...

- History and physical
- History of previous infectious disease (specially TB)
- Nutritional status
- Social factors (lack of caregivers, return to their environment –LTFU, home conditions)

Areas where we can improve....

- Education to primary physicians (for early referral to where hematologists are and for LTFU?)
- Improve communication between transplant specialist and between general hematologists and transplant physicians
- Concentrate the resources?
- Referral center for the area (CA)?