



# Workshop of the WBMT

in cooperation with the

World Health Organization (WHO)

Hanoi, Vietnam, November 10 – 11, 2011



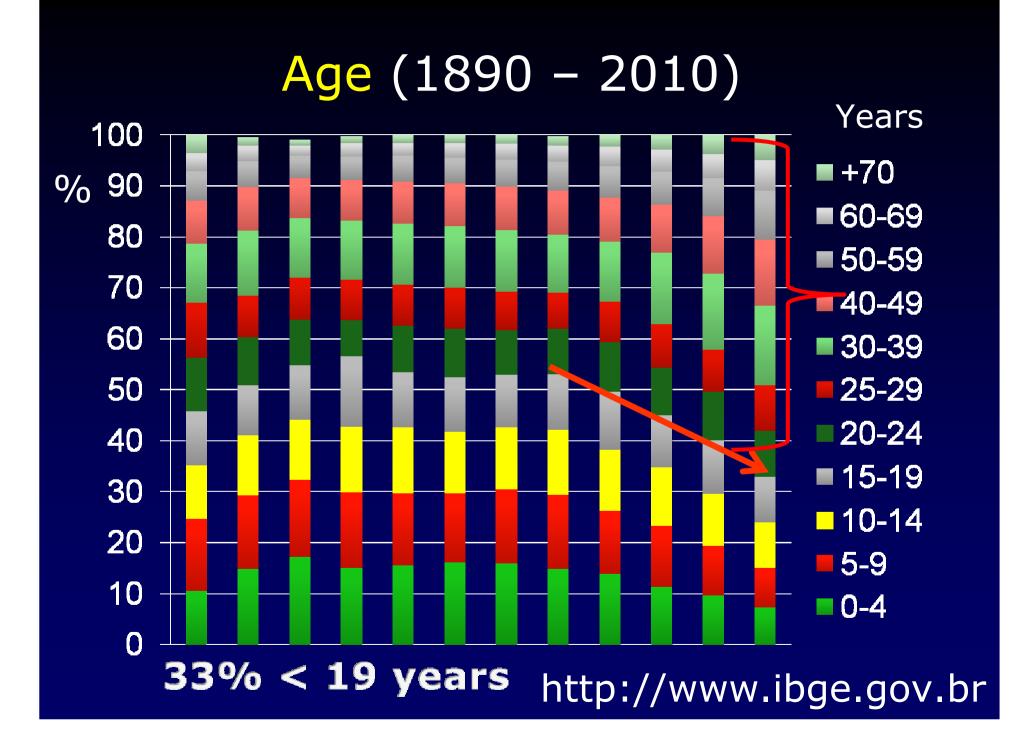
Sao Paulo Brazil Adriana Seber

#### Hanoi Vietnam

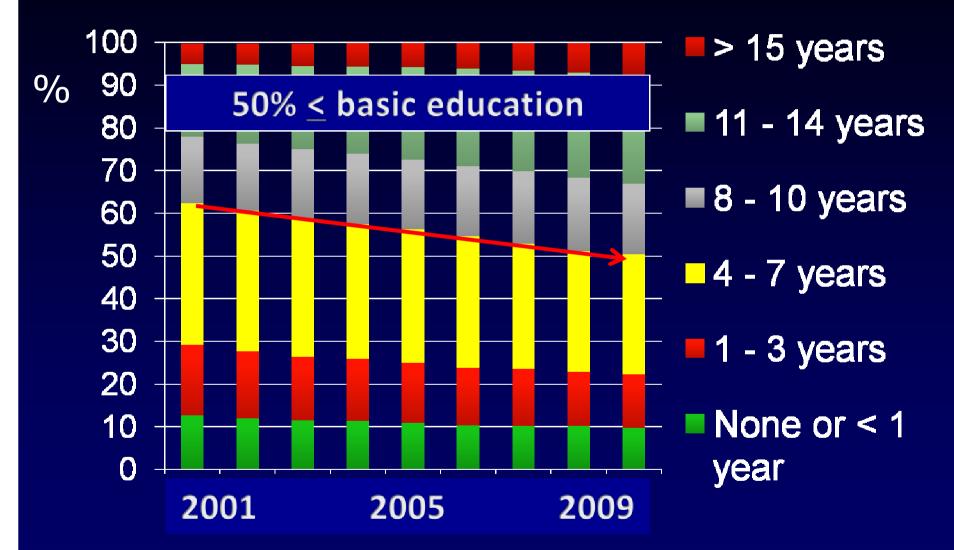
## Brazil

Population: 191 million
33% < 20 years of age</li>

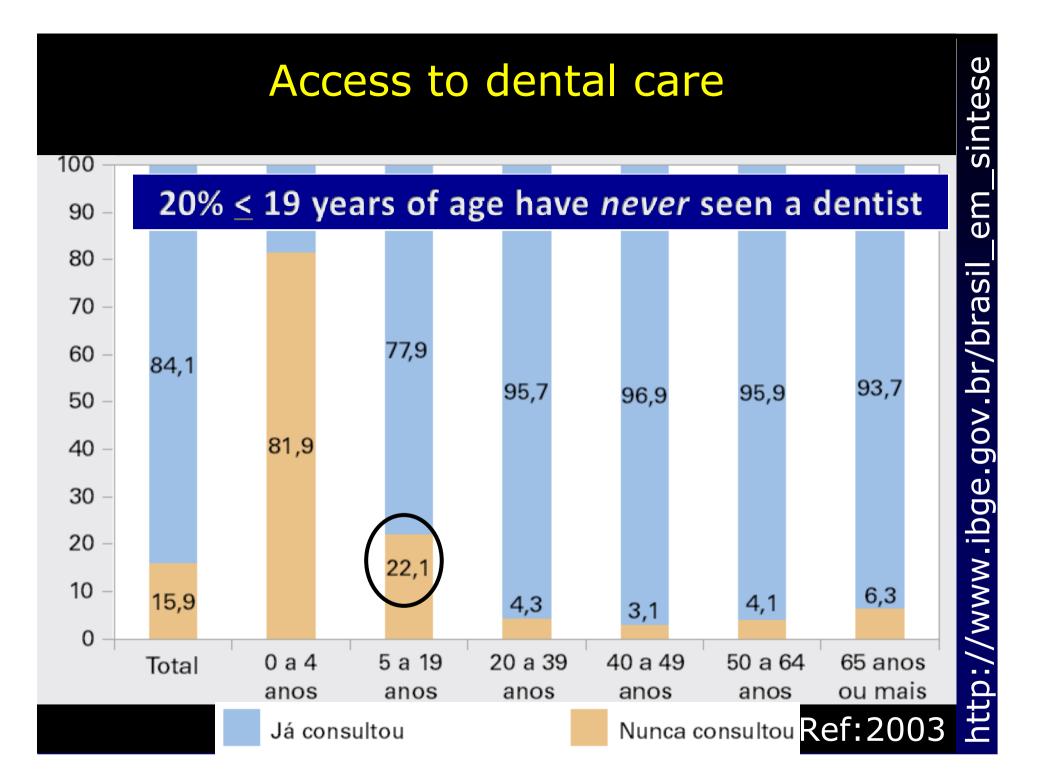
www.censo2010.ibge.gov.br www.abtmo.org.br



#### Years of Education



http://www.ibge.gov.br



# Brazil

✓ Population: 191 million
 ✓ 33% < 20 years of age</li>
 — 1 500 transplants/year
 — 78 transplants/10 million inhabitants
 ● 60% autologous

www.censo2010.ibge.gov.br www.abtmo.org.br

#### Hematopoietic Stem Cell Transplants in Brazil



#### www.abtmo.org.br

Starting a Hematopoietic Cell Transplantation Program A Perspective from the Frontline

- How the program was started
- What barriers were encountered
- How these challenges were overcome

#### Pediatric Oncology Program

- 1987 Two beds at the University Hospital São Paulo
  - Chemotherapy administered in the corridor
- 1991 GRAACC (Support Group for Children and Adolescents with Cancer) was founded by physicians, volunteers and patients' families.
  - GRAACC rented a house for the children to receive chemotherapy

# **1992**

Ministerio de Edicecte

GRAACC bought two more small houses and built, across the street from the University Hospital, the "Pediatric Oncology Institute"









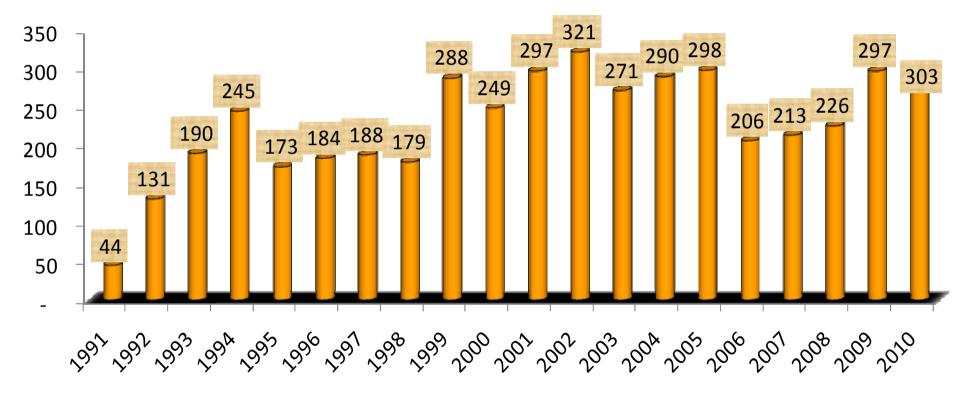
Instituto de Oncologia Pediátrica

## Pediatric Oncology Institute



#### **IOP-GRAACC-Unifesp**

#### Approximately 300 new pediatric oncology patients/year





## History

1987 ✓ Pediatric ward at the university hospital

1991 ✓ Grupo de Apoio ao Adolescente e à Criança com Câncer was founded
1998 ✓ Pediatric Oncology Institute
1999 ✓ Pediatric BMT Unit

First transplant in May 21, 1999



#### **BMT** Inpatient Unit

#### Hepafilter Positive pressure

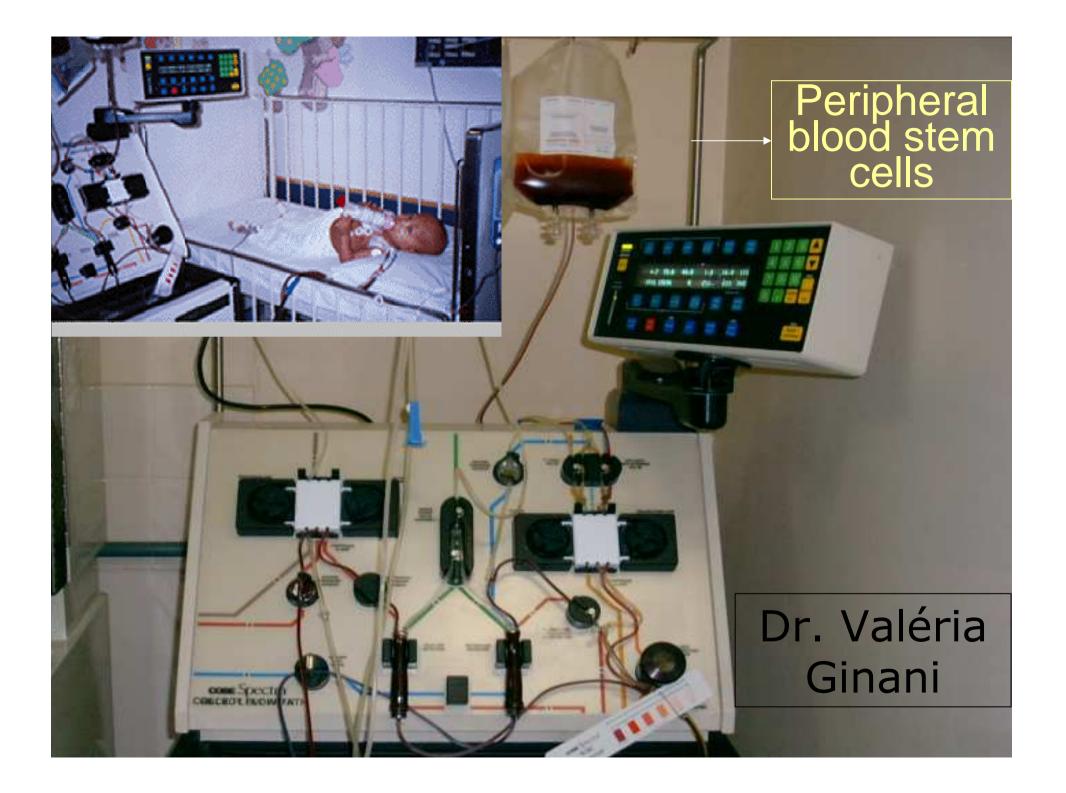
4 rooms with 1 – 2 beds (total = 6) Privative restrooms

#### **BMT Laboratory**

CBS

Biol. Olga Oliveira Félix Pharm. Paulo Simões Dr. Valéria Ginani





## Day Hospital



## Ronald McDonald Family House



Pediatric Hematopoietic Stem Cell Transplantation IOP – GRAACC – Unifesp April 1999 – October 2011

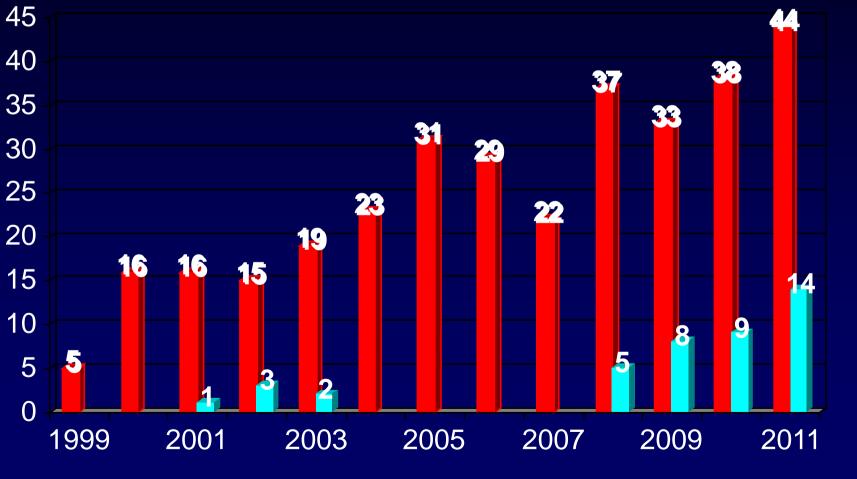
#### Total = 329 transplants

<ul> <li>Autologous</li> </ul>	N=158
<ul> <li>Allogeneic</li> </ul>	N = 171
– HLA-compatible sibling	N= 120
<ul> <li>Other family donors</li> </ul>	N= 9
– Unrelated	N= 42

40 pediatric only transplants/year

#### Number of Transplants TMO IOP – GRAACC - UNIFESP

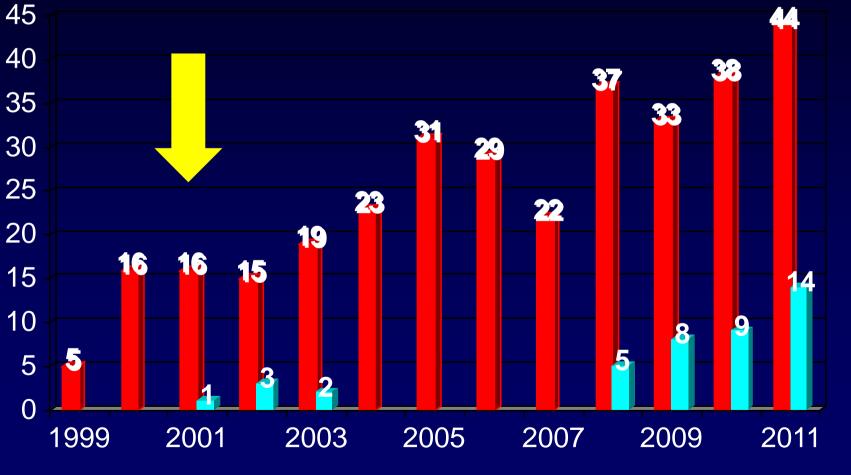
\* Unrelated donor



\* 21/07/2011

#### Number of Transplants TMO IOP – GRAACC - UNIFESP

\* Unrelated donor



\* 21/07/2011

## Challenges

- Start from the ground in a new hospital
- No team
- No routines
- No infra-structure
  - laboratory tests, imaging (X-Ray and Ultrassound)
- Fair blood bank support
- No platelet apheresis
- No trained staff

### **Overcoming the initial challenges**

- Huge dedication nobody to rotate with for three years....
- ✓ BMT fellowship program kept the best
- ✓ Continuous training

#### Celebration of 100 transplants in May, 2005



### **Overcoming the initial challenges**

Cryopeservation laboratory

## Overcoming the initial challenges



Cryopeservation laboratory

# SuppliesEquipment

#### **Cell Processing Laboratory**

- All equipment is imported
- No adequate local maintenance
- No assistance during holidays (at all)
- All parts are imported and may take a month to get to Brazil
- Supplies are imported, overtaxed
- Companies have no interest to register the products in the national "FDA equivalent" because it is a small market

#### **Cell Processing Laboratory**

#### Solutions

- Duplicate all essential equipment centrifuge, freezer, nitrogen storage tank
- Local staff is always checking functioning and laboratory technicians are always on call
- Research projects to import supplies and equipment under lower prices

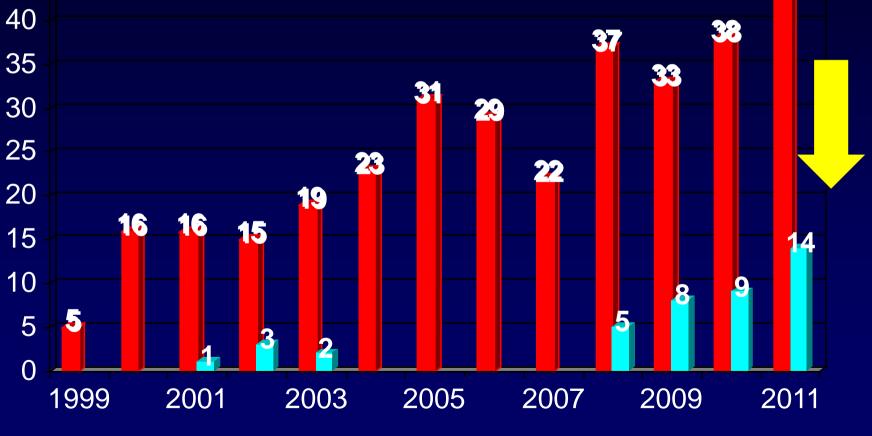
### **Overcoming the initial challenges**

- Established routines
- Imported non-available key medications
  - Defibrotide, cidofovir, foscarnet...
- Contracts for specific tests
  - CMV, chimerism (VNTR/STR), respiratory viruses, drug levels (CsA, antibiotics, phenytoin)
- Donated extracorporeal photoapheresis procedures to treat refractory acute GVHD
- ✓ New imaging center: CT, MRI (PET)
- ✓ Independent blood transfusion service

#### Number of Transplants TMO IOP - GRAACC - UNIFESP

45

\* Unrelated donor 37



\* 21/07/2011

- Patients are much sicker than after HLAidentical transplants
- Chronic graft versus host disease consultations
- Infectious disease specialist
- Contract with viral laboratory – EBV, BK, HHV-6
- Contract with mycology laboratory for galactomanan testing, identification and sensitivity to (expensive) antifungals

- Fusarium outbreak in the transplant unit
  - City water system has Fusarium! outbreaks in many hospitals
  - Intensified cleaning in the restrooms
  - Increased the frequency of changing the filters of the air handling system
  - Took off all shower heads from the transplant unit – dry baths
     o no further cases

- Unrelated stem cell collection (obligatory)
  - Only young donors (< 40 years of age)</li>
  - One dedicated physician with > 10 years experience in marrow and peripheral stem cell collections and central line insertions (strongly discouraged)

- New BMT physician
- New intensive care specialist
- 2nd nurse practitioner
- First data manager 😊
- Cost analysis
- Quality program and accreditation ....
- Haplo (post-transplant Cyclophosphamide)
- Transplants for sickle cell disease
- New 15-bed transplant unit

# Public health care reimbursement – flat rate

Autologous

R\$ 23,000 = U\$ 14,000

Allogeneic

Related
R\$ 55,000 = U\$ 33,000

Unrelated

R\$ 71,000 = U\$ 43,000

Fund raising (50% of the hospital cost)





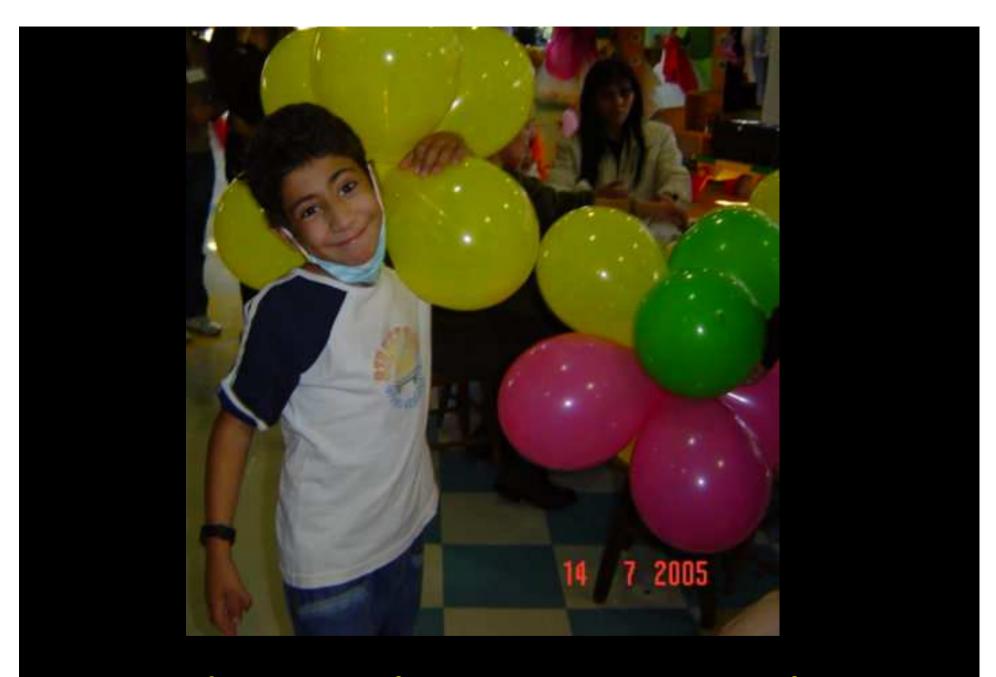
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### Future

- Clinical pharmacist
- Radiation therapy
- Blood bank
- Biochemistry laboratory
- Continuous training for our staff
- Inpatient-Outpatient Unit
- Hospice

## Thank you!!!





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