

Concluding Remarks

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Day 1, Plenary Session

- Welcome from the Meeting Organizers
- The WHO positions on HCT from Dr. José Nunez
- Overview of the global condition of HCT by Dr. Dietger Niederwieser
- Overview of HCT in Africa and regional transplantation activities



Day 1, Establishing a Transplant Program in Emerging Countries

- Personnel (physicians and nurses) with training and experience in clinical hematology, transfusion medicine and supportive care
- Infrastructure and adequate facilities
- A robust plan for blood transfusion support. Sustained access to appropriate pharmaceuticals
- Quality system (SOPs)
- Donors (haplo vs CB banks)



Day 1, Starting with Autologous or Allogeneic HCT?

- What is your target population?
 - What sort of diseases are most prominent: non-malignant vs malignant
- Where are the available resources?
 - Donor availability
 - Storage of PBSC (non-cryopreserved?)
 - Availability of non-HCT strategies (drugs etc)



Day 1, Starting with Auto or Allo HCT?

- Focus mainly in allo for non-malignant diseases
- High prevalence of hemoglobinopathies exceeds capacity – importance of patient selection
- Allogeneic HCT for CML as a cost effective treatment – not generally accepted given the availability of generic TKI
- Autologous HCT for AML as a substitution for multiple consolidations.



Day 1, Regulatory Frameworks

- Lack of sufficient numbers of trained professionals in many countries
- Lack of regulations on HCT in Africa
 - WHO Blood Regulators Network
 - African Society for Blood Transfusion: step-wise accreditation program
 - Human Tissue Legislation in SA
- WHO leadership is important
- National or regional societies: establish trust between regulatory and professionals



Day 1, What Indications?

- Sickle cell anemia
 - Lack of knowledge – no referrals to HCT
 - Only patients with severe disease should receive HCT early in disease course
 - More evidence needed: registries
- Patient factors: age, distance from transplant center, comorbidities, donor availability
- Likelihood of success
- Availability of cost-effective alternative therapies



Day 2, Donor Selection and Safety

- Available stem cell sources in Africa
- Algorithms for related donor work-up in Africa
 - HIV prevalence
- Available unrelated donor registries
 - South Africa, Ghana, Nigeria
 - Costs of HLA typing
 - Increasing visibility: WMDA, WBMT



Day 2, Donor Selection and Safety

- Evaluation of donors
 - Minimizing donor risk while maximizing transplant success
- Special considerations for minors: independent donor advocacy
- Requirements for SC donation by elderly and donors with comorbidities: Guidelines from WBMT
- Long-term donor follow-up
 - Limited resources, costs



Day 2, Training and Dissemination

- Lack of clinical hematologists
- Requirements for physicians, nurses, technicians and other staff
 - Importance of formal training
 - Face to face training, internet-based training, web-based training
 - www.esh.org
- www.cure4kids.org
- Experience of training abroad
 - Funding, duration, choice of institution
 - Continuous mentoring



Day 2, Blood Transfusion

- Access to safe and effective blood transfusions
 - Up to 70% whole blood supply
 - Blood component therapy for minority
- National guidelines for blood transfusions
 - Lack of governmental commitment for implementation
 - Lack of Hospital Transfusion Committees
 - Lack of standardization for whole country
- Safe blood supply during infectious disease outbreaks



Day 2, Cell Processing

- Establishing a facility in Africa
 - Pretoria East Hospital's experience
- Survey on graft processing across Africa: biggest barriers
 - > 40% finances
 - Donor availability and costs
- Review of minimal requirements for cell processing lab
- Requirements for graft characterization



Day 2, Quality Systems

- Overview of Quality Systems
- Essential Elements Project
- AHCTA
- Several organizations are dedicated to establishing standards and programs for accreditation that cover aspects of HCT
 - Transplant centers, HCT collection sites, cord blood banks, processing laboratories, HLA laboratories, & donor registries



Day 2, Patient/Donor Registration and Outcome Database

- Reporting of activities (Global Survey) and results (Outcomes Registries)
 - Rationale for collection/ uses for data
 - Frameworks and existing tools
 - Challenges and needs
- Developing the AFBMT Registry
- Sharing Information –
 - Vehicles for dissemination
- Important target audiences for HCT communications



Overall Observations

- Be thoughtful and plan well
- Establish a trustful relationship with Health Authorities
- Maximize the resources available and seek a multidisciplinary environment
- Ensure that training and expertise of all staff are maximized
- Set realistic goals and plan ahead



Conclusions

- Resources are required – funding, HLA typing, other lab support, QM, blood supply and essential graft processing
- Training of physicians and staff in hematology and HCT is essential
- Logistics must be addressed – late referral, distance from the center
- Political will, governmental support, assistance by NGOs, national and international societies are essential to establish and maintain HCT centers



Success!

- 212 total attendees!
- 33 countries
 - 19 Africa (12 Sub-Saharan)
 - 6 Asia
 - 6 Europe
 - 2 Americas



Thank you very much!

- Nicolas Novitzky
- Nosa Bazuaye
- Mahmoud Aljurf
- Jose Nunez
- Yoshihisa Kodera
- Dietger Niederwieser
- Mickey Koh
- Marcelo Pasquini
- Paula Watry

