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The Role of the Graft Processing Laboratory in Stem Cell Transplantation

Doug Padley, MT (ASCP) Mayo Clinic Rochester MN USA

Stem Cell Product Life Cycle

- Procurement
- Transport to laboratory
- Processing and testing
- Storage
- Transport to patient bedside
- Administration to patient



Procurement

Physician request(s) for procurement and processing

- Scheduling with lab ensures proper staffing
- Product type and target dose
- Date of collection
- Donor and recipient identifiers
 - Allows laboratory to confirm product identity at receipt
- Donor identified before procurement
- Product labeled immediately post procurement
 - Unique identifier needed



	* Complete Donor Information fo	r Allogeneic Collections Only
Recipient Mayo Clinic Number	Donor Mayo Clinic Number *	
Necipient Name	Donor Name *	
	Start Date (Month DD, YYYY)	Location
Recipient Weightkg		LI GONDA 10 LI SMH LI
Diagnosis	Consented to Cen and Serum Bann	K - IKB 1087-01
On Protocol for BMT	Informed Consent Obtained for Col	liection
Braduat to be Collected Larget Deco		
	6 CD211kg Intended Number of Transplan	te
	CD2/kg	ID
	r GDS/ Ng	
	 Nucleated Cells/ kg 	
· IKB NUMDer		
Protocol Name		
Center (Describe)		
Draposeing Doguostod		
Processing Requested		
Give Fresh BBC Reduction Needed Class	7 No	
Roth (Describe)		
Spacial Processing Permost		
oposial Processing Reducar		
Cellular Therapy Product		
· IRB Number		
- Protocol Name		
Chinar (Describe)		
Control (Describe)		
I authorize Transfusion Medicine personnel to order and collect in	fectious disease testing as needed per proc	edure.
• •		
Rhysician Signature	Pager Number	Date (Month DD, YYYY)

Sample Product Request

Transportation Within the Hospital

- Product labeled after procurement
- Carried by hand in a cooler or closed container
- No ice or cold packs necessary
- Processing usually begins shortly after product receipt in laboratory



Long Distance Transportation (non-frozen product)

- Usually from unrelated donor
 - Not processed before transport
- Insulated cooler required
 - Ice or Ice packs can be included
- Hand carried by courier instead of shipping company
- Should arrive <48 hours after collection
 prolonged transport = worse outcomes



Long Distance Transportation (frozen product)

- Usually from cord blood bank
- Shipped in "dry shipper"
 - Liquid nitrogen in absorbent material
- Holds temperature for several days
 Usually shipped without courier
- Monitor temperature during shipment







Receipt

- Assign or record unique laboratory identifier
- Document date/time of receipt
- Inspect for proper appearance
- Compare label to physician request
- Process per request





- Collection Time
- Unique identifier
- Expiry date
- Blood Type
- Product Type
- Additives
- Blood Type
- Collection site
- Other required phrases and warnings

ISBT 128

- International Labeling Standard for Cellular Therapies
 - Standardized terminology and numbering system
 - Standardized label format
- Easier international exchange of products
- Being phased in over the next several years
 - Not widely used yet



Cellular Therapy Laboratory Documentation - Product Manufacturing

- Manufacturing record for each product
 - All details of product manufacturing
 - Receipt
 - Testing- tests and results
 - Details of processing
 - Staff involved
 - Materials and reagents used
 - Lot numbers, expiry date
 - Cell counts, volumes, process performed
 - Equipment used for testing and storage
 - Storage conditions
 - Deviations or events
 - Disposition of product
 - Administered, shipped, or discarded



Processing for Fresh Administration

- No processing
 - Perform required testing only
 - Label and distribute for administration
- Red Blood Cell Reduction
- Volume Reduction



Red Blood Cell Reduction

To remove incompatible red cells

- Type A, B or AB donor to type O recipient
- ABO mismatched transplants are not unusual
 - Hemolytic reaction without removing RBC
- Bone marrow > 300 mL RBC
- PBSC 10-30 mL
- Red cells removed by centrifugation or sedimentation in blood bags
 - HES improves process
- Predictable loss of stem cells (~15-25%)



Volume Reduction

- For pediatric patients
- To remove plasma containing antibodies against recipient rbcs
- Centrifugation in blood bags
- High recovery of stem cells





Cryopreservation

Autologous transplants
Some allogeneic transplants

Usually for logistic reasons
Donor and recipient are not available at the same time or in the same location

Long term storage of stem cells



Steps of Cryopreservation

- Cell count
- Concentration/volume reduction
- Addition of Cryoprotectant
 - 10% DMSO, Electrolyte solution, plasma
- Freezing
 - Controlled rate or mechanical freezer
 - Controlled rate more expensive + LN2 source
 - Mechanical shorter term storage



Computer Controlled Freezing













Storage of Products

Liquid/Vapor nitrogen tanks -196 C Best for long term storage Less susceptible to power interruptions Mechanical Freezer • - 80 C to -150 C Need back up power supply Both methods need back up plan with alternate storage location



Storage of Products

- Temperature monitoring of storage location
 Continuous recording or regular frequency
- Alarm system to notify of abnormal temperature
- Inventory system to track/locate products

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Product Certificate of Analysis

- Document summarizing product details
 - Donor identifier, if applicable
 - Processing
 - Additives
 - Test results all meet specifications
 - Biohazard warnings, if applicable
 - Reviewed by laboratory director prior to administration



Preparation for Administration (frozen products -1)

- Physician request to administer cells
- Locate product in freezer
- Confirm identity of product with physician request
- Ensure proper labeling
- Ensure all required tests are completed
 - Infectious diseases
 - Cell dose
 - Sterility culture of product



Preparation for Administration (frozen products -2)

- Compare product label with recipient identity
- Prepare waterbath
- Thaw product
- Administer product
 - IV infusion
 - No Leukoreduction Filter



Post Administration

- Monitor for adverse events
- Track patient outcome as quality monitor



Process Control and Traceability/Trackability

- A well documented, controlled, reproducible, manufacturing process is the best way to ensure high quality products
- It is critical to document all steps of product manufacturing from procurement to administration
 - To facilitate recalls and lookbacks (Biovigilance)
 - To allow for thorough investigations of adverse events or other outcomes
- Process control and traceability/trackability equals cGMPs
- This is accomplished via Quality Systems



Elements of a Quality System

- Organization, Leadership, and Customer Focus
- Facilities, Work Environment, and Safety
- Human Resources

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- Suppliers and Supply Management
- Equipment Management

- Process Management
- Documents, Records, and Information Management
- Nonconforming Events
- Monitoring and Assessment
- Continual Improvement

The laboratory and BMT program should have processes, policies, and procedures addressing each of these topics.