MATCHIS
THE DUTCH CENTRE FOR STEM CELL DONORS

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Minimal criteria to access a donor from Matchis Foundation stem cell donor database

General

In this document the minimal criteria to access a donor listed in the Matchis Foundation Donor database are described. These criteria include:

- Quality criteria for the transplant centers and acceptable transplant indications
- Provisions that are applicable when requesting a donor
- Specific provisions applicable for a subsequent donation request
- Responsibilities of the transplant centers after a request is made
- Responsibilities of Matchis (Donor services, collection- and apheresis centers).

When these criteria cannot be met, Matchis will consult their Medical Advisory Board to reach a decision on whether or not the request will be handled. In this document we take into account that some or all of the responsibilities of the transplant center described in the document may have been outsourced to a transplant center coordinating unit or search coordinating unit, possibly performed by a stem cell donor registry.

Matchis Foundation

Matchis is accredited as a stem cell donor registry by the World Marrow Donor Association (WMDA) and therefore adheres to the WMDA standards and where applicable the appropriate WMDA recommendations. Matchis outsources the collection to a center licensed for procurement by the national Competent Authority. Our contracted collection- and apheresis centers are JACIE accredited and licensed. Matchis holds a license from the Competent Authority to distribute human hematopoietic stem cells across the Dutch national border. Matchis is ISO27001 certified (information security, cybersecurity and privacy protection).

The transplant centers/requesting centers

Quality criteria

The transplant center must be eligible or accredited with the appropriate bodies e.g. JACIE and registered with the appropriate national or international transplant outcome organization for allogeneic transplantation e.g. the European Group for Blood and Marrow Transplantation (EBMT), Center for International Blood and Marrow Transplant Research (CIBMTR).
The transplant center must be active in allogeneic HSC transplantation and must have performed for the last 2 years and plan to perform a minimum of 10 new allogeneic HSC transplants per year.

The transplant center must obtain informed consent of the patient for the transplantation according to (inter)national laws and regulations such as the WMDA standards. The transplant center must obtain informed consent of the patient for sharing personal and medical data with Matchis according to (inter)national laws and regulations such as General Data Protection Regulation.

It is the Transplant Center responsibility to inform the patient that the donor has the right to withdraw at any time or can be determined unsuitable to donate stem cells by the donor center.

Transplant indications

Transplant indications for which a donor can be requested for a specific patient are accepted if indicated as standard of care and clinical option by appropriate bodies such as the EBMT. When a donor is requested for a

patient who is treated according to a procedure where a transplant is generally not recommended or that is considered experimental, must be reviewed and approved by the independent medical advisory board of Matchis. In addition, a full informed consent of the donor is required.

To that end the transplant center must indicate the existence of those situations and provide detailed information about the diagnosis of the patient, the planned treatment, the experimental protocol, the scientific evidence supporting it and the prognosis of the patient.

Responsibilities during the different stages of the search- and request process

Preliminary search stage

The following information must be provided by the transplant center at the preliminary search stage:

- Patient ID
- Patient HLA type
- Patient date of birth
- Patient sex
- Patient diagnosis
- Patient transplant
- Transplant Center or Registry information
- Donor GRID

Matchis will not reserve the donor for that specific patient during this stage.
Matchis will only perform repeat searches on request of the transplant center.

Formal search stage

The following information must be provided by the transplant center at a minimum at the formal search stage (request for a specific donor):

- Patient ID
- Patient high resolution HLA typing (A,B, C, DRB1)* (at time of formal request for stem cell donation)
- Patient name
- Patient date of birth
- Patient sex
- Patient weight
- Patient diagnosis and diagnosis date
- Patient stage of the disease
- Donor GRID
- Donor HLA typing
- Specification of required additional tests

Matchis will reserve the donor for that specific patient, making the donor unavailable for selection by other transplant centers. The reservation period will be for a period of 90 days after a blood sample request and for a period of 14 days after the results of a typing request are available. The transplant center will be notified when the reservation period has ended and will be asked if extension of the period is needed.

Formal request for stem cell donation

In case a donor is formally requested for a stem cell donation all information as indicated on the WMDA stem cell request forms is required, including required date of clearance, duration of the conditioning, type of conditioning (myeloablative or non-myeloablative) .

Matchis will reserve the donor for that specific patient, making the donor unavailable for selection for other patients. The reservation will end automatically 1 year after stem cell donation.
In case the donor is considered a research subject the donor center must be informed by the transplant center in order for the Matchis donor registry to be able to inform the donor and to be able to obtain the applicable consent from regulatory bodies and/or review board(s).[1] In case the requested donor is not the primary donor, the donor will be reserved as backup.

The transplant center is allowed to request samples that are needed for additional (infectious disease or other) testing. The total combined volume of these samples shall not exceed 50 ml. The transplant center must send all results of testing performed on donor samples, such as Infectious Disease Markers and HLA-typing, to Matchis.

Preference for product of an adult stem cell donor

The transplant center is asked to state their preference for the source of stem cells: from the peripheral blood or from bone marrow. The preference of the transplant center will be indicated to the donor as appropriate. Donor safety considerations or donor's personal choice may cause a that a donor is not available for the requested method of stem cell collection. This will be communicated to the transplant center. In case of failed mobilization during a peripheral stem cell collection, the donor can be assessed for the possibility of a rescue bone marrow collection. If it is clear in advance that a rescue bone marrow collection will not be an option for the donor, this will be communicated to the transplant center prior to donation.

Transport of the product

It is the responsibility of the transplant center to pick up and transport the stem cells to the transplant center. This responsibility starts immediately after hand-over of the product to the courier as arranged by the transplant center. It is the responsibility of the transplant center to ensure that transport takes place in a safe and fast manner. The transport containers must be validated and fit for purpose. The transport conditions must be clearly indicated to the pickup courier and to Matchis. It is the responsibility of the transplant center to provide import requirements and documents.

Matchis will prepare the appropriate paperwork that should accompany the stem cell product as instructed by the transplant center. If the transplant center does not provide these instructions, the appropriate WMDA documents are used.

The product

The product is intended solely for the purpose of immediate therapeutic treatment of the intended recipient as indicated on the request forms. Excess cells may be stored for future therapeutic treatment for this patient. No other uses of the cells are permissible. Cells not used for the therapeutic treatment of the above mentioned patient must be disposed of properly. The donor center must be provided detailed information concerning the use and/or disposal of all portions of this cell product. By accepting the product, the transplant physician also accepts these terms and conditions.

Deviations from these terms are not permitted without prior written approval from the donor center. If the transplant center request to cryopreserve the product upon arrival or at the collection center, additional terms and conditions will apply.

[1] In case any part of the treatment involving the stem cell transplantation is considered research (a systematic investigation that is clearly formulated in an experimental protocol and designed to develop or contribute to generalizable knowledge) and this does involve obtaining individually identifiable donor data or donor material (e.g. cells) that will be used as part of the research the donor is considered a research subject. From: RJ King, DL Confer, HT Greinix et al Unrelated Donors as a Research Subject, BMT (2011) 46, 10-13.

Post donation outcome data

The transplant center must inform Matchis of any Serious Product events or adverse reactions (SPEAR) after the occurrence in accordance with the Standard Operation Procedure SEAR/SPEAR of the WMDA and within the time limits as described in this SOP. See www.wmda.info.

After donation the requesting transplant center should provide regular updates on patient outcome (100 days, one year and two year) and a onetime report on product quality to Matchis. These data are requested to be able to inform our collection centers about product quality, the donor on request and for our quality assurance program.

Confidentiality – donor patient contact

All donations are made anonymously and by national law, Matchis does not assist in any way, that donor and recipient will meet each other.

Matchis will not reveal the identity of donor to patient or vice-versa. Our standards do not allow any personal contact other than a communication under specific conditions laid down in Matchis policy, like through an anonymous, unidentifiable English written letter, card or small gift.

The sender must be aware that both the donor center and the transplant center are entitled to refrain from forwarding the message.

Donor informed consent and donor suitability

It is the responsibility of Matchis to obtain informed consent of the donor for the donation according to (inter)national laws and regulations such as the WMDA standards.

It is the responsibility of Matchis to determine whether a donor is suitable to donate stem cells, based on applicable (inter)national guidelines. It is not allowed to communicate with the TC about the details of this decision.

It is the responsibility of Matchis to inform the transplant center as soon as possible when it is foreseen that the product of choice cannot be delivered within the requested time frame or at all.

In case during the work-up for a PBSC collection the donor is determined to be unsuitable to donate marrow this will be communicated to the transplant center in order to make clear that there is no alternative option in case the donor is a non-mobilizer.

If there are positive findings regarding transmittable disease or deviations from standard operating procedures that may have an impact on recipient safety it is the responsibility of the transplant center to formally accept the potential risks by signing the compassionate use declaration in case they have determined that there is no better alternative treatment for their patient. Hepatitis E is endemic in The Netherlands, as in many (North-West European) countries. It is assumed that the transplant center has knowledge of that risk. In the work-up schedule proposal the TC is informed about the IDM testing policy.

Subsequent donations

In order to review these requests at least the following information is required: reason for second donation and back-up product availability, details of the first or previous donation, graft data, patient's current condition, cancer recurrence, current laboratory data including chimerism, proposed subsequent donation type, assessment of patient survival and possibility of cure. Generally a fully completed "Previous Transplant History and Formal Request for Subsequent Stem Cell Donation" form of the WMDA will suffice.

If indicated, an independent Medical Advisory Board will review the information provided by the transplant center within two business days after receipt of the request by Matchis. The interval between the first review and reaching the decision will depend on the additional information that is requested of the transplant center. Additional information will be reviewed within one business day after receipt of that information.

The decision on acceptance of the request will be based on (published) literature on the outcome of subsequent (stem)cell therapy in comparable cases, the treatment protocol proposed, the prognosis of the patient and (transient) additional causes for the condition of the patient that may form a contra-indication for transplantation.

Minimal HLA matching requirements between patient and donor

The minimum HLA match requirement between patient and donor for marrow or PBSC is an 8/10 match on the antigen recognition domain (ARD) for HLA-A*, -B*, -C*, -DRB1*, and –DQB1*.

These matching criteria may differ from the matching requirements used by the transplant center for donor selection. If the donor/patient match does not meet the minimal HLA matching criteria as described above, Additional questions may be asked before a decision is made on acceptance of the donor workup request.

Maximum volume or number of procedures for PBSC or marrow harvest

Donors are allowed to donate stem cells at a maximum frequency of three times in a lifetime. A second PBSC donation is only allowed for the same patient.

Where a conventional bone marrow donation is offered, the maximum volume that can be aspirated is 1500 ml or 15ml/kg donor weight, whichever is the lesser.

For a PBSC collection a maximum of two apheresis collection procedures is undertaken. Per collection a maximum of 24 liters is processed during a maximum of eight hours.

If, after apheresis day one, a second apheresis collection is indicated, the Apheresis Center physician will proceed only if the donor can tolerate this and if test results are within specified ranges.