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To WMDA members and affiliated transplant & collection centres, professional societies and all whom this may concern.

S(P)EAR alert

Timely Patient Verification and Extended Typing

WMDA S(P)EAR Committee has received three (3) reports of serious incidents in which the patient's extended and/or verification HLA-typing was performed ***after*** final donor selection. The results showed a significant mismatch or even complete discrepancy with the typing on which the donor was matched.

In one case the collection of bone marrow had already been completed and in another case the donation procedure had already been started (initial dose of granulocyte colony stimulating factor (G-CSF) been injected).

Due to the pandemic, an increasing number of transplant centres have implemented the recommendation to delay the start of conditioning until the safe arrival of the hematopoietic stem cell product followed by cryopreservation and storage of the product until transplantation. This practice increases the risk that final checks on the patient side are delayed. If the results of the final checks were to be discrepant with previous test results, this might result in unnecessary donor burden.

As a preventive measure, the S(P)EAR Committee deems it necessary to add a recommendation to the existing accreditation standards[1,2,3,4], with the aim that transplant centres specifically require the patient's HLA-typing to be complete and verified ***before*** final donor selection.

In conclusion and endorsed by the WMDA Board, the S(P)EAR Committee makes the following recommendation for best practice during final donor selection stage:

"Transplant centre must confirm the final donor selection and assess and confirm the recipient's eligibility for a scheduled transplant before the donor starts the donation procedure (i.e. start of mobilization or hospital admission for bone marrow donation).

This confirmation should, at a minimum, be based on

- patient's verification and extended HLA-typing;
- HLA match grade with the donor;
- Other important conditions such as, but not limited to:
  - a recent recipient health status
  - sufficient financial resources for transplant expenses
  - sufficient capacity in the transplant centre.

Additional information or criteria may be required at the discretion of the providing donor registry. Where cryopreservation is planned, the donor centre or registry should define the necessary data before approval of a cryopreservation request. If this information is not provided in a timely manner, the donor centre, collection centre or (receiving) registry may decide not to proceed with the donation request.

References:

1. World Marrow Donor Association International Standards for Unrelated Hematopoietic Stem Cell Donor Registries, WMDA Standard 6.04.1 (find here the weblink: https://wmda.info/wp-content/uploads/2020/02/WMDA-Standards-2020-copyright-version-Final-table-of-content-.pdf)
2. FACT-JACIE International Standards for Hematopoietic Cellular Therapy, Standard B 6.4.12.2 (find here the weblink: https://www.ebmt.org/sites/default/files/2018-06/FACT-JACIE%207th%20Edition%20Standards.pdf)
3. European Federation for Immunogenetics Standards for Histocompatibility & Immunogenetics Testing, EFI Standard E 5.3.4.3.2 (find here the weblink: https://efi-web.org/committees/standards-committee)
4. American Society for Histocompatibility and Immunogenetics Standards for Accredited Laboratories, ASHI Standard D5.3.3.1.3.2 (find here the weblink: https://cdn.ymaws.com/www.ashi-hla.org/resource/resmgr/docs/standards/2019/approved/2020_0221_-_clean_2019_ashi_.pdf)