

COVID-19 Rapid Guideline: Haematopoietic stem cell transplantation (NG164)

What you need to know

NICE have published new COVID-19 rapid guidelines in relation to Haematopoietic stem cell transplantation (HSCT). The guideline provides guidance on a number of aspects including:

Communication with Patients:

- Communicate with patients and support their mental wellbeing, signposting to support groups and charities where available, to help alleviate any anxiety and fear they may have about COVID-19.
- Minimise face to face contact; using methods such as telephone/ video consultations. Utilise home delivery or drive through pick up points for medication, and coordinate access to blood tests for post-transplant investigations.
- Ask patients to attend appointments with no more than 1 family member / carer or alone if they can.
- Minimise time in the waiting area, by careful scheduling, encouraging patients not to arrive early for appointments and text patients when the clinician is ready to see them.

Patients with new symptoms of COVID-19

- Advise all patients to contact their dedicated transplant programme helpline, rather than 111, if they feel unwell to ensure their symptoms are appropriately assessed.
- Be aware that patients having haematopoietic stem cell transplantation are immunocompromised and may have atypical presentations of COVID-19. Also, symptoms of COVID-19, neutropenic sepsis and viral pneumonitis may be difficult to differentiate at initial presentation.
- If patients have fever, with or without respiratory symptoms, suspect neutropenic sepsis.

Transplant recipients pre-transplant

- Advise patients that for at least 2 weeks before having HSCT they should follow the Government guidance on protecting people extremely vulnerable from COVID-19.
- Test patients for respiratory viruses and COVID-19 at least once, 72 hours before starting conditioning.
- Defer cases of autologous HSCT and allogeneic HSCT, with case by case decisions made by a MDT.
- Defer HSCT by at least 3 months in patients who test positive for COVID-19, except patients who have a high risk of disease progression, morbidity or mortality; for these patients defer HSCT until they no longer show symptoms and have 3 repeated negative PCR tests at least 1 week apart.

Transplant Donors

- For donors not known to have COVID-19, advise sibling donors that for at least 4 weeks before donating they should follow the UK government advice on staying at home and away from others.
- Tell donors about the clinical signs and symptoms of COVID-19, transmission risks and related donation restrictions. For donors who are self isolating, have previously self isolated or have been in close contact with someone with COVID-19, defer donations by at least 4 weeks from the first day of isolation.
- Tell donors to contact the coordinating registry and the collection centre at which they donated if they develop illness within 2 weeks after donating.
- If HSCT is urgent and there is no available donor, assess risk and liaise with the registry.

Transplant recipients post-transplant

- Ensure that patients are managed in strict protective isolation. For patients who have tested positive for COVID-19, isolate in negative pressure cubicles, or neutral pressure cubicles if this is not possible.

Prioritising Treatments

- When considering the prioritisation for patients having HSCT treatment, take into account, the balance of risks posed by their disease compared with post HSCT risks of becoming seriously ill from COVID-19. The risk of needing critical care support and risk of disease relapse. (should this sentence be part of the previous bullet point)
- Discuss the risks, benefits and possible likely outcomes of the different treatment options with patients, families and carers to enable informed decisions about their care and treatment.
- Make decisions as part of a MDT team ensuring each patient is considered on an individual basis.

Full guidance: <https://www.nice.org.uk/guidance/ng164>