



## **COVID-19: Focus on Pre/Post Transplant Patients**

# **Webinar Summary**

*(transcribed from the AAMDSIF webinar on March 31, 2020 with  
H. Joachim Deeg, MD of Seattle's Fred Hutch)*

**Q: What is surprising to you about the COVID-19 (coronavirus)?**

A: That it is so infectious even when the person who has the virus experiences any symptoms.

**Q: What is working in Washington State to prevent the spread of the virus?**

A: Social and physical distancing has certainly helped. We have really benefited from this strategy which we implemented very early for all of us, not just for patients – but for staff, faculty, everybody.

**Q: Do you think we will find a treatment for the virus?**

A: We don't have any treatment yet for the virus. We have a growing number of tests and as testing expands, we will learn more. Right now though, if you don't have symptoms, you probably don't need to be tested.

**Q: Do you have any specific advise for pre/post transplant patients?**

A: The Foundation has put together some recommendations that are good. Follow those but don't become paranoid. Use common sense. Stay home. Washing hands is important. Use hand sanitizer. Don't travel.

**Q: What about for pre/post transplant patients that are exhibiting symptoms?**

A: Contact your doctor. You may have something completely different but be in contact with a medical professional and get some additional recommendations.

**Q: Is there a difference in your risk level if you have an immune system with low white blood count vs a normal or high white blood count? Should I discontinue treatment?**

A: Do you have a weakened immune system in this situation? Yes. You are probably at the higher risk of acquiring the virus and not being able to fight. It's a little too early to say much more about this but I have not been too concerned with the patients I'm dealing with in clinic and they are continuing treatment without dose adjustments.

**Q: I have always been told to use cold water to wash my hands as hot water opens up the pores. Can the virus enter the system via our pores?**

A: You should wash your hands with hot water and soap. There have been lots of studies related to this in HIV and it is highly unlikely that the virus could enter through the pores of the hands.

**Q: What is the risk of COVID-19 to stem cell transplant patients?**

A: We are certainly concerned about the risk, it's higher than for others. We know this from many other viruses and there's no reason to believe it would be less of an issue with COVID-19 for transplant patients.

**Q: Are there procedures in place to protect the health of a donor and are donors being tested for COVID-19 prior to giving the stem cell donation?**

A: Testing is not being done right now automatically but we are screening and we evaluate each donor. I'm not aware of any data that shows that COVID-19 can be transmitted through the bone marrow. However, we're not doing transplants right now so when we do a transplant in the future, we will probably have to test the donor and the patient. Our infectious disease colleagues will help us incorporate that into our standard procedures where we test for other things like chicken pox and varicella. I think this is still evolving but it will depend on a number of factors. Right now, we don't know if this virus will mutate and then could reinfect someone.

**Q: Given travel restrictions that may continue for quite some time, is there any concern about the availability of donors being able to donate for patients who are in the transplant process and getting the donated cells to the donor's clinic?**

A: We have reduced the number of transplants and we are now trying to find donors that are located within regions, like within North America. You can get special permission under certain circumstances. Right now, we're trying to do all of our searches within North America (for example) whereas in the past we would search Europe, Asia and more. Is it possible that a transplant might not happen because donor cells cannot be obtained? Yes. But we know that before we're at the point of transplant so our plan right now is to delay transplant.

Q: Are there any changes to post-transplant patient guidelines for seeking medical attention? For example, if a post-transplant patient has a fever?

A: We have not changed the criteria.

**Q: Should patients use ibuprofen or Tylenol to help with fever?**

A: There is a lot of debate on this right now. Taking Tylenol is probably more appropriate. There are also discussions about other types of standard medications as it relates to COVID-19 but you should talk to your treating hematologist/oncologist.

**Q: If a patient is scheduled to have a transplant, under what circumstances should the patient maybe consider postponing their transplant?**

A: We have a ratings scale (high risk intermediate risk, good risk) which helps us decide if we should proceed with an individual's transplant or delay. For example, a low-risk MDS patient? We would delay transplant. If any aplastic anemia patient and requires only a modest number of transfusions, we would recommend delaying a transplant.

**Q: Are there ways for transplant patients to boost their immune systems?**

A: Well, you'll see and hear about all kinds of recipes and remedies for boosting immune systems and while there are some studies looking at long-term benefits, there's no immediate benefit that a patient would derive from any of the immune-boosters and I would not spend money on expensive drug store preparations.

**Q: When should a stem cell transplant recipient for COVID-19?**

A: Before we proceed to conditioning the patient for transplantation.

**Q: If a stem cell transplant recipient needed to go to their local hospital because they were not well and are concerned about COVID-19, what is the best way for them to explain the risks to the health care team related to them being a transplant recipient?**

A: They should tell them that they are a transplant patient, how long ago the transplant was and if they have GVHD. They should also disclose if they are on a medication like prednisone. I also suggest that they have them call the transplant center where the patient was transplanted to ask for additional and specific recommendations.

**Q: Are patients who have respiratory issues (asthma, bronchitis, pneumonia, heart problems) at a higher risk of getting COVID-19?**

A: Yes.

**Q: Is there any adjustment in medications for transplant patients like adding antiviral medications or something else to protect transplant patients from getting the virus?**

A: No. Everything right now is a wild guess.

**Q: How would a transplant patient determine if they have just a cold or the COVID-19 virus?**

A: You can't, really. If you are symptomatic, call your healthcare provider and they will walk you through a screening process over the phone. As testing expands, you may be able to get tested.

**Q: Are, are you aware of any clinical trials that are currently happening for transplant patients and COVID-19 virus?**

A: I am not aware of any trial specifically aiming at transplant patients.