ACI NSW Agency for Clinical Innovation

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Biological Science Section
Office of Scientific Evaluation
Therapeutic Goods Administration
PO Box 100,
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To whom it may concern,

Re: Submission on TGA consultation: Proposed standards for human blood and blood components, human tissues and human cellular therapy products

On behalf of the NSW Agency for Clinical Innovation (ACI) Blood and Marrow Transplant (BMT) Network, which represents all publicly-funded BMT facilities in NSW, we thank you for the opportunity to comment on the following draft documents:

- Standards for minimising infectious disease transmission via therapeutic goods that are human blood and blood components, human tissues and human cellular therapy products
- General requirements for the labelling of biologicals

The BMT Network clinician responses, collated by Dr Annette Trickett BMT Network Quality Manager and Dr Nicole Gilroy BMT Network Infectious Disease Physician, are given in the tables on the subsequent pages.

Yours sincerely

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Standards for minimising infectious disease transmission via therapeutic goods that are human blood and blood components, human tissues and human cellular therapy products

SUBMITTING ORGANISATION: The NSW Agency for Clinical Innovation Blood and Marrow Transplant (BMT) Network

Reference	Issue	Comment
6. (3) (b)	Exemptions for HPC	We support the exemption applied to donors of haematopoietic progenitor cells (HPC) from complying with this draft Therapeutic Goods Order. ▪ The majority of autologous and related allogeneic donor HPC products for transplant are currently collected, processed and infused under the supervision of the medical practitioner responsible for the whole BMT program and hence would be exempt. The frequent exceptions to this are: (a) related donor transplants where the age difference between the donor and recipient necessitates involvement of both adult and paediatric BMT facilities, and (b) where HPC are processed and stored by a centralised laboratory that is under the supervision of a different medical practitioner to the one responsible for HPC collection and patient care. It would seem incongruous to not exempt such transplants, given that management of these donors is generally performed by a linked hospital that is either on the same campus, within the same area health service, or where a formal agreement has been established and common operating procedures have been developed. In NSW, processes have recently been implemented to formalise the roles and responsibilities of each hospital in such transplants, to make sure that all relevant investigations are performed to ensure the safety of the product, donor and recipient. ▪ In Australia, HPC products from unrelated donors are collected under the supervision of a separate medical practitioner and hence would **not** be exempt.
8. (1) (b) & 9. (2) (a)	Interview & blood sample time frame	The proposed time frame for performing the donor interview is from 7 days prior to 30 days after the product collection, and blood sampling requirements are from 7 days prior to 7 days after the product collection. This contrasts both currently applicable standards* which stipulate that the donor questionnaire and blood sampling must be performed within 30 days prior to HPC collection. Hence facilities that collect unrelated donor HPC would need to perform these tasks within 7 days prior to HPC collection to

		meet the requirements set out in this TGO and the other 2 standards. This is potentially dangerous since conditioning of the recipient has usually commenced prior to this timeframe, and hence it would be too late to exclude an ineligible donor. Recipients of allogeneic HPC transplants usually start conditioning with myelotoxic chemotherapy 7 – 12 days prior to cell harvest and hence it is imperative that donor eligibility be assured prior to this time. We propose that this TGO be harmonised with the FACT International standards.*
8. Table 1 (d)	Permanent ineligibility if non-prescription drug injection	The proposed permanent ineligibility if the donor discloses any episodes of injecting non-prescription drugs may exclude the only suitably matched HPC donor for patients with life-threatening diseases. Since comprehensive infectious disease testing is performed in all donors, we propose that an appropriate and safe approach would be to render such donors ineligible if evidence of risk behaviour within the past 12 months.
8. Table 1 (f) & (g)	Permanent ineligibility if prion disease risk or if given human pituitary derived growth hormone	The proposed permanent ineligibility for prion disease risk and recipients of human pituitary derived growth hormone may exclude the only suitably matched HPC donor for patients with life-threatening diseases. This clause would exclude many (possibly the majority) of donors on marrow donor registries in the UK, and is likely to significantly impact many donors on European as well as Australian registries. Although there is no current testing for prions available, we propose that the risk be disclosed to the Transplant Physician & consent obtained from the patient for use of such a donor, since the benefit of HPC transplant generally far exceeds the risk of prion disease.
8. Table 1 (e)	Permanent ineligibility if given human derived clotting factors	The proposed permanent ineligibility for donors treated with given human derived clotting factors may exclude the only suitably matched HPC donor for patients with life-threatening diseases. Although the clause specifies clotting factors not in accordance with the Order, no explanation of this could be located within the document. A rational approach would be to accept if no risks in past 12 months and NAT not indicative of HIV, HCV or HBV.
8. (10) b	Use of ineligible allogeneic donors	This caveat allows the acceptance of a donor who would otherwise be excluded if the donor is accepted by the "manufacturers medical officer" or "evidence supports quality, safety and efficacy of the product". We suggest that a more reasoned approach for use of "ineligible donors" would also include a statement from the recipient's physician of urgent medical need & approval for use, in addition to written informed consent from

		the recipient to demonstrate that they are aware of relative risk from the product. This would avoid exclusion of a related donor where they are the best (or only) possible donor while making explicit transplant physician and recipient consent and maintains the current system of donor assessment by an independent physician (thereby improving safety by limiting conflict of interest issues).
10. Table 3	HBcAb testing	The requirement for HBcAb testing has been removed from the previous draft of this TGO (Dec 2009). Current literature indicates that HBcAb testing (and subsequent HBsAb and HBV NAT in HBcAb positive donors) in addition to HBsAg is required to fully determine HBV status (Transfusion 2008; 48: 1001-26).

What is the perceived impact, if any, of implementing these requirements in your organisation?

Other general comments:

*Current standards applicable to the HPC sector:

- National Pathology Accreditation Advisory Council (NPAAC) Requirements for Procedures Related to the Collection, Processing, Storage and Issue of Human Haemopoietic Progenitor Cells (2009)
- Foundation for Accreditation of Cellular Therapy (FACT) International Standards for Cellular Therapy Product Collection, Processing and Administration (version 4)

General requirements for the labelling of biologicals

SUBMITTING ORGANISATION: The NSW Agency for Clinical Innovation Blood and Marrow Transplant (BMT) Network

Reference	Issue	Comment
		See general comment below.

What is the perceived impact, if any, of implementing these requirements in your organisation?
Other general comments:

This draft Therapeutic Goods Order appears to be generally in line with the requirements of standards applicable to the HPC sector.* It is important that all labelling criteria stipulated by the TGA for HPC products are in harmony with the requirements of ISBT 128 Global Standard for Blood, Cell, Tissue, and Organ Identification (as detailed on http://www.iccbba.org/).

*Current standards applicable to the HPC sector:

- National Pathology Accreditation Advisory Council (NPAAC) Requirements for Procedures Related to the Collection, Processing, Storage and Issue of Human Haemopoietic Progenitor Cells (2009)
- Foundation for Accreditation of Cellular Therapy (FACT) International Standards for Cellular Therapy Product Collection, Processing and Administration (version 4)