

Cord Blood Work Group

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Advisory Council on Blood Stem Cell
Transplantation

Cord Blood Work Group

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Charge of the Work Group

- Revisit the issue of the HRSA TNC threshold for reimbursement
 - Each collected cord will have a total nucleated cell count (TNC)
 - HRSA will only subsidize the banking of a NCBI cord unit if the TNC meets or exceeds the minimum threshold
 - The current minimum threshold for reimbursement is 90×10^7
- Conference calls: 8/4/15
9/4/15

Arguments for Raising the Threshold

- Transplant physicians prefer larger units; the smallest units are rarely used
 - 90-125 ~2% used
 - 125-150 ~4.6% used
 - 150-174 ~9% used
 - >174 ~24% used
- Banking smaller units that are rarely used is financially unsustainable, threatens continued existence of cord banks

Arguments for Raising the Threshold

- Unintended consequences of current HRSA threshold encourage banking of small units
 - Some banks are reluctant to leave HRSA money on the table and continue to bank small units
 - Banks need to meet mutually agreed-to HRSA quotas and must bank small units to meet them

Argument against Raising the Threshold

- 8-15% of patients use cords with TNC < 125, a higher percentage for minorities than Caucasians
- Failure to continue to bank these small units might adversely impact the ability of ethnic minority patients to find a suitable cord.

TNC count information on NCBI units shipped for transplantation

Fiscal Year	90-124 TNCx10 ⁷	125-149 TNCx10 ⁷	150-199 TNCx10 ⁷	200-249 TNCx10 ⁷	250-300 TNCx10 ⁷	>300 TNCx10 ⁷	Total Shipped
2008	9 (8.7%)	17 (16.3%)	34 (32.7%)	26 (25%)	9 (8.7%)	9 (8.7%)	104 (100%)
2009	51 (12.5%)	62 (15.2%)	129 (31.6%)	88 (21.6%)	47 (11.5%)	31 (7.6%)	408 (100%)
2010	70 (13.2%)	85 (16%)	170 (32.1%)	116 (21.9%)	50 (9.4%)	39 (7.4%)	530 (100%)
2011	78 (11.3%)	103 (14.9%)	206 (29.9%)	156 (22.6%)	100 (14.5%)	47 (6.8%)	690 (100%)
2012	83 (11.6%)	88 (12.3%)	202 (28.3%)	177 (24.5%)	108 (15.1%)	56 (7.8%)	714 (100%)
2013	64 (9%)	90 (12.6%)	241 (33.8%)	198 (27.7%)	86 (12%)	35 (4.9%)	714 (100%)
2014	77 (14.2%)	80 (14.7%)	144 (26.5%)	134 (24.6%)	71 (13.1%)	38 (7%)	544 (100%)

The Argument Against the Argument Against

- The inventory of small units is huge. It will still be available if the HRSA threshold is increased.
- The minority patients do not need more small units. They need more large diverse units. Raising the threshold and the per unit subsidy would likely accomplish that.

Work Group Recommendation

- Supported the move to larger units, particularly larger minority units
- Important to preserve access to suitable cord units for minorities
- The shift to a higher TNC threshold should be gradual and part of a comprehensive strategy for recruitment/collection/banking, details of which may vary from bank to bank
- Work with HRSA to assure flexibility in contracting to achieve recommendations
- Use the work group, in coordination with the others such as the NMDP Cord Blood Advisory group, to create a plan to achieve/pursue these recommendations