



# Cord Blood Utilization: MD Anderson's Cord Blood Bank Experience

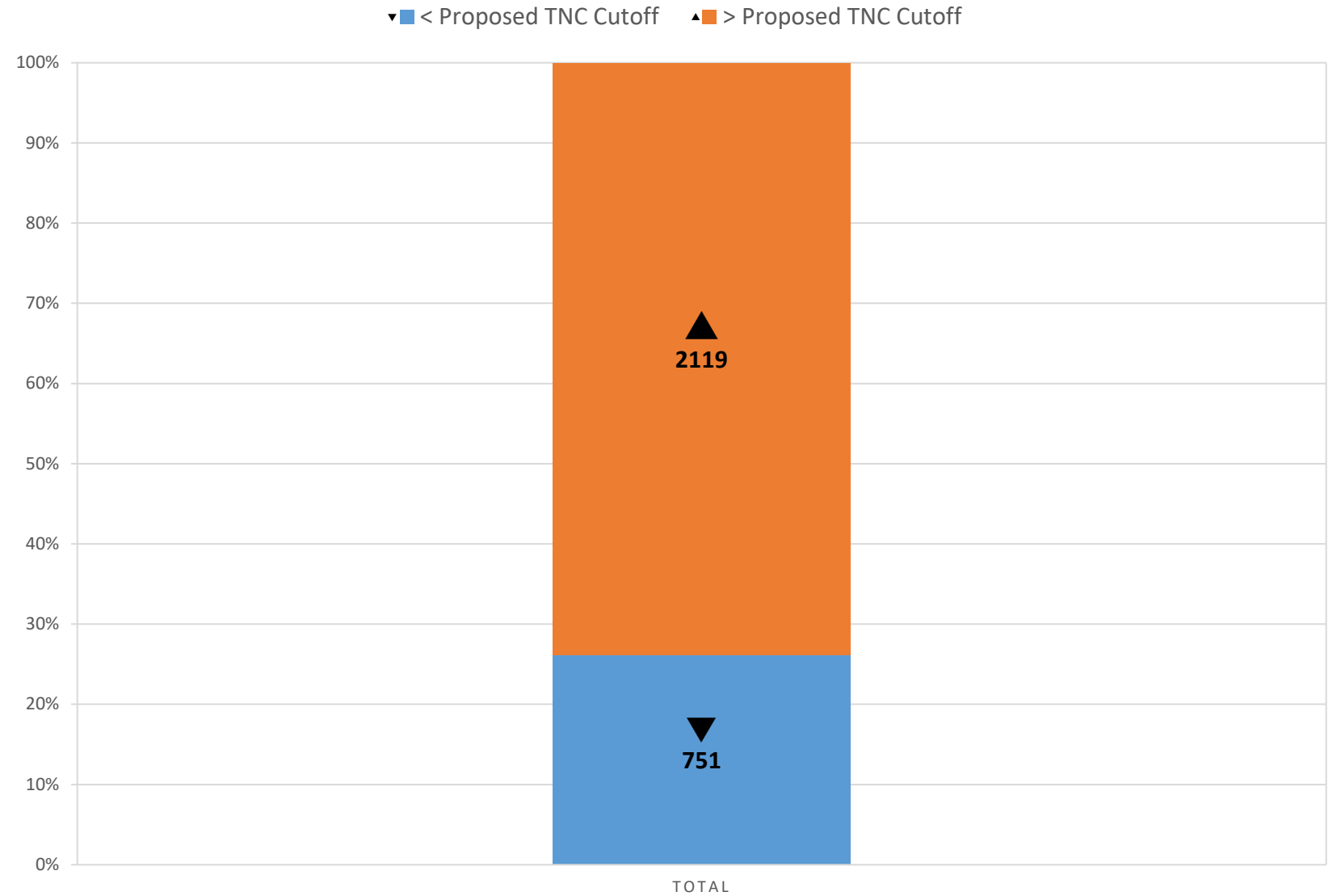
THE UNIVERSITY OF TEXAS  
**MD Anderson**  
**Cancer Center**

Making Cancer History®

## MD ANDERSON CBB SHIPMENTS VS NMDP PROPOSED TNC CUTOFF (ALL CLINICAL SHIPMENTS SINCE 2005)

- 26% of All Clinical Shipments for Transplant and Cellular Therapy from MD Anderson CBB have been below the cutoffs proposed by NMDP

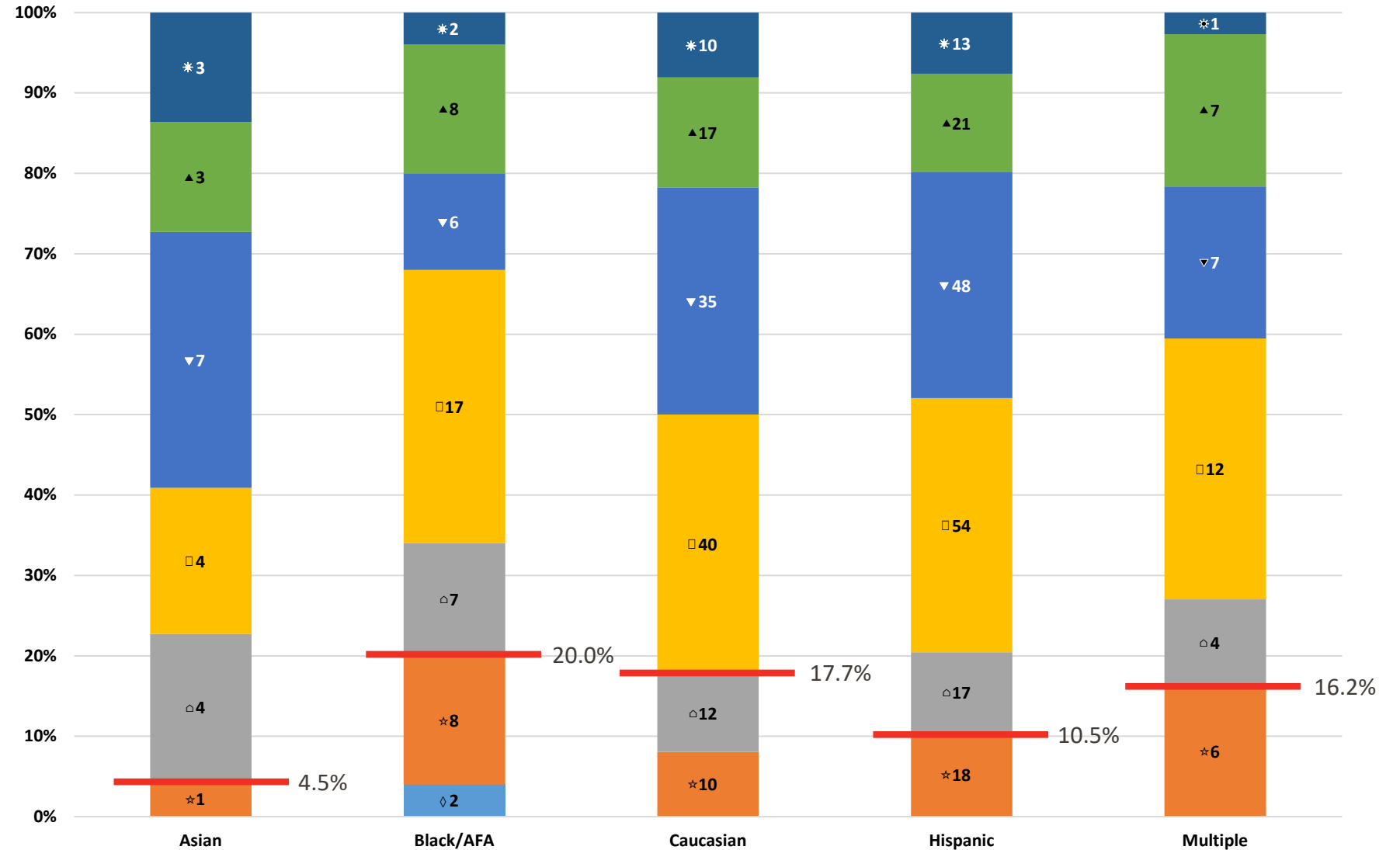
Race	Proposed Cutoff
Minority	$\geq 1.25 \times 10^9$
Caucasian	$\geq 1.50 \times 10^9$



# MD ANDERSON CBB SHIPMENTS vs NMDP PROPOSED TNC CUTOFF

(ALL TRANSPLANT SHIPMENTS BY TNC (X10<sup>6</sup>) AND RACE SINCE 2020)

◇ 0 to 89 ☆ 90 to 124 ◻ 125 to 149 ◻ 150 to 199 ▼ 200 to 250 ▲ 250 to 299 \* 300+



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- 14.1% PERCENT OF OUR SHIPMENTS (57 CBU) FOR TRANSPLANT SINCE 2020 WOULD NOT HAVE BEEN BANKED UNDER THE NEW NMDP RECOMMENDATIONS

OR

- 2 TRANSPLANTS/MONTH FOR THE LAST 2.5 YEARS

## CBU Banked Between 8/1/2022 – 7/31/2023

- Under current contracted TNC/CD34 limits MDA CBB has contributed **1855** CBU to the NCBI between 8/1/2022 and 7/31/2023

CBU Race / Ethnicity	LICENSED		UNLICENSED		Total
	N	%	N	%	
AI/AN	21	100.0%	0	0.0%	21
Asian	55	88.7%	7	11.3%	62
Black/AFA	154	95.1%	8	4.9%	162
Caucasian	631	90.8%	64	9.2%	695
Hispanic	739	95.6%	34	4.4%	773
Multiple	255	95.9%	11	4.1%	266
<b>Grand Total</b>	<b>1855</b>	<b>93.7%</b>	<b>124</b>	<b>6.3%</b>	<b>1979</b>

- Under the TNC/CD34 limits proposed by NMDP the MDA CBB would only have contributed **751** CBU to the NCBI which means that more than 1100 CBU would not have been made available to the public

CBU Race / Ethnicity	MEETS NEW NMDP TNC/CD34 THRESHOLD		FAILS TO MEET NEW NMDP TNC/CD34 THRESHOLD		Total
	N	%	N	%	
AI/AN	7	33.3%	14	66.7%	21
Asian	20	32.3%	42	67.7%	62
Black/AFA	74	45.7%	88	54.3%	162
Caucasian	186	26.8%	509	73.2%	695
Hispanic	335	43.3%	438	56.7%	773
Multiple	129	48.5%	137	51.5%	266
<b>Grand Total</b>	<b>751</b>	<b>37.9%</b>	<b>1228</b>	<b>62.1%</b>	<b>1979</b>

# Funding Impact

- CBB would have to collect as much as 4-5x the number of units collected to continue to deliver the same total number of CBU to the NCBI which would increase operating costs dramatically.
  - This would deal a critical blow to the already struggling public cord blood banking industry

OR

- NCBI would have to increase the price 3-5x the current reimbursement rate per CBU delivered in order for banks to continue receiving funding at the current level while delivering far fewer cords to the NCBI
  - This would be out of alignment with the mission of the NCBI

# Small Units Still Save Lives....

- **Public CBB are always striving to collect the largest CBU/Cell Dose possible, but you have to collect the small ones to get the large TNC CBU.**
- **We would all love for cord blood to be considered as a primary graft choice for numerous indications, but our niche and mission has primarily been to provide a graft for transplant patients that do not have an available donor.**
  - CBU selected through NMDP are chosen because the transplant center selecting them felt the unit was the best option available for the patient being treated... Even the 'small' ones.
  - Listing smaller CBU on the registry comes at minimal cost to NMDP.
    - Why not list them?
    - 756 CBU 'small' CBU have been shipped for clinical use by MDA CBB. These had the potential to provide a donor, hope, and potentially a cure to many recipients.
    - The future of cord blood may lie in the world of cellular therapies and as seen here, many more of the 'small' CBU could be used clinically.

# Small CBU Outcome Data – Summary

- **Nearly 60% of small units distributed have been NCBI units**
- **Outcome data from CIBMTR for the small CBU shipped by MD Anderson Cord Blood Bank is nearly identical to our outcome data for all CBU shipped**
  - Engraftment of small units shipped over the last 5 years (107 shipments) had a median time to engraftment of 15 days for single cord transplants and 21 days for double cord

# MD Anderson Cord Blood Bank

- Each CBB has different constraints and capabilities which need to be taken into consideration during the contracting process with HRSA.
  - Access to different race/ethnicity targets based on location of bank and participating collection sites
  - Infrastructure/Funding
    - MD Anderson understands the importance of public cord blood banking and has provided significant support for the bank
  - Collection/Storage Efficiency
  - Storage Capacity
  - Consent/CBU use (clinical/research/commercial)
- HRSA should continue to contract with each bank based on the bank's ability to meet the needs of the NCBI



# Thank You

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