



May 31, 2022

To: Transplant Center Medical Directors and Data Managers

From: Kristin Page, MD, MHS  
Senior Scientific Director  
Director of Data Operations, CIBMTR

Subject: **COVID-19 Impact Data Collection**

Dear Medical Directors and Data Managers,

Early in the pandemic, the CIBMTR added information about COVID-19 infection, treatment, complications, vaccination, and changes in approach to HCT to the data collection forms. Some of these data are collected on TED-level forms and are required for all patients, while other data are collected electively.

While these data are very important to understand the impact of the pandemic on HCT practice and outcomes, CIBMTR must be a responsible steward of the data collected and the involved burden for centers. Two years into the pandemic, we have re-assessed the value of continuing to collect information about changes in approach to HCT caused by the pandemic. Our intent with this specific data was to understand whether, and how centers made changes to the transplant plan as an adaptation for COVID related impacts on resources, bed availability, etc. This could include changes in the HCT date, graft type, cryopreservation, donors or more. We believe changes in HCT practice/approach as collected on this form are no longer likely to be strictly "COVID-related" or in adaptation to resource constraints related to the pandemic. This is borne out by the decreasing frequency centers attribute changes to the approach because of COVID.

Therefore, CIBMTR has decided to stop collecting the information found on COVID-19 Impact spreadsheet **for patients who receive an infusion on or after May 1, 2022**. Centers will not be requested to complete these data for patients transplanted after this date. Data collected for patients whose HCT precedes May 1, 2022, will be considered for use in the Center Specific Survival Analysis and other reports and for research.

We appreciate the efforts of centers to provide these data over the last few years.