

# Aplastic Anaemia from Past to the Present in Middle-Income and Low-Income Countries



Estelle Verburgh MD PhD  
Groote Schuur Stem Cell Transplantation Unit  
University of Cape Town

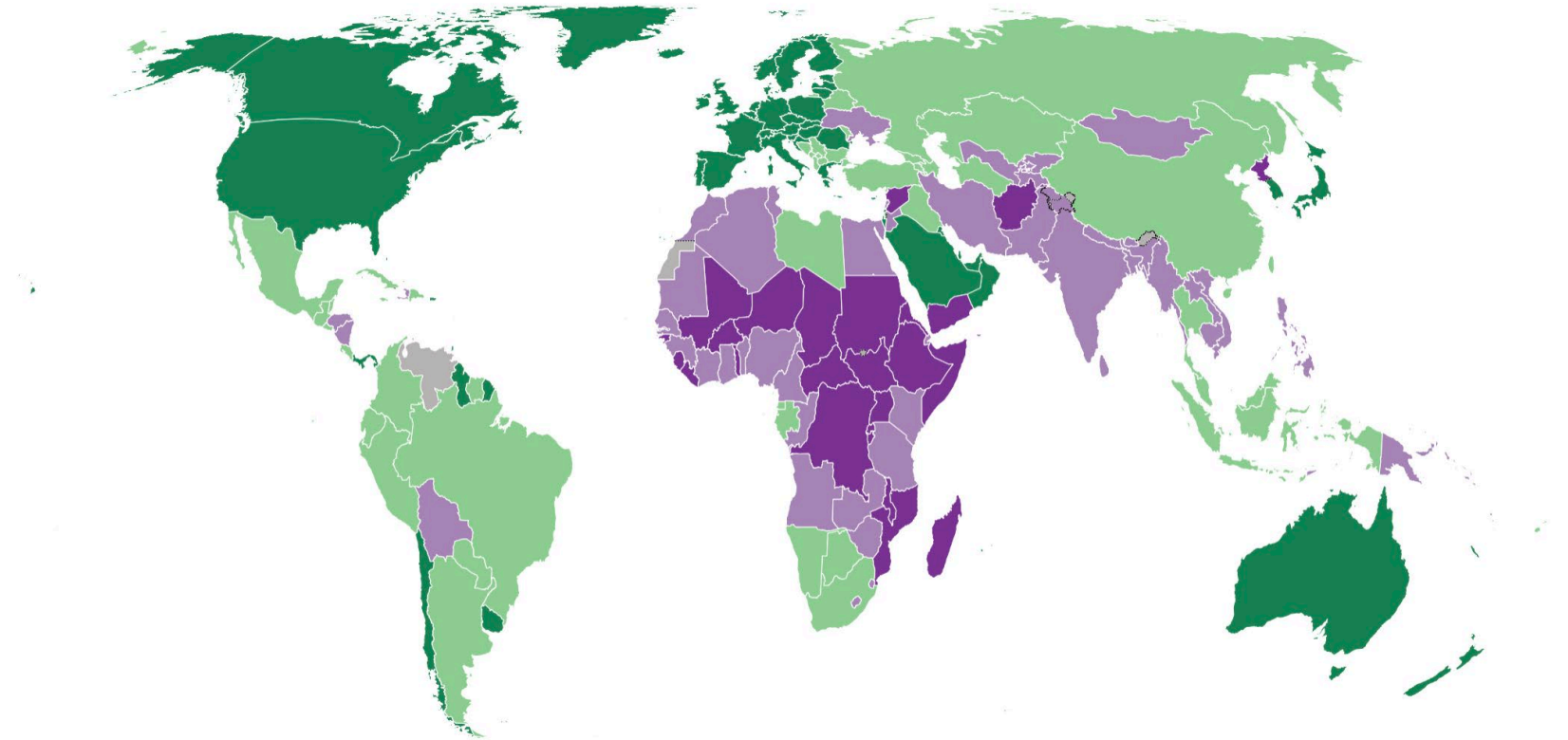


# The challenge at home...World Bank Development Indicators

## Allogeneic Transplantation Activity in Sub-Saharan Africa

- Low-income
  - Malawi
  - Mozambique
  - Sudan
  - Uganda
- Lower-Middle Income
  - Lesotho
  - Eswatini
  - Zambia
  - Zimbabwe
  - Angola
  - Tanzania
  - Kenya
  - *Nigeria*
  - *Ghana*
- Upper-Middle Income
  - **South Africa**
  - Botswana
  - Namibia
  - Mauritius

■ Low income ■ Lower middle income ■ Upper middle income ■ High income

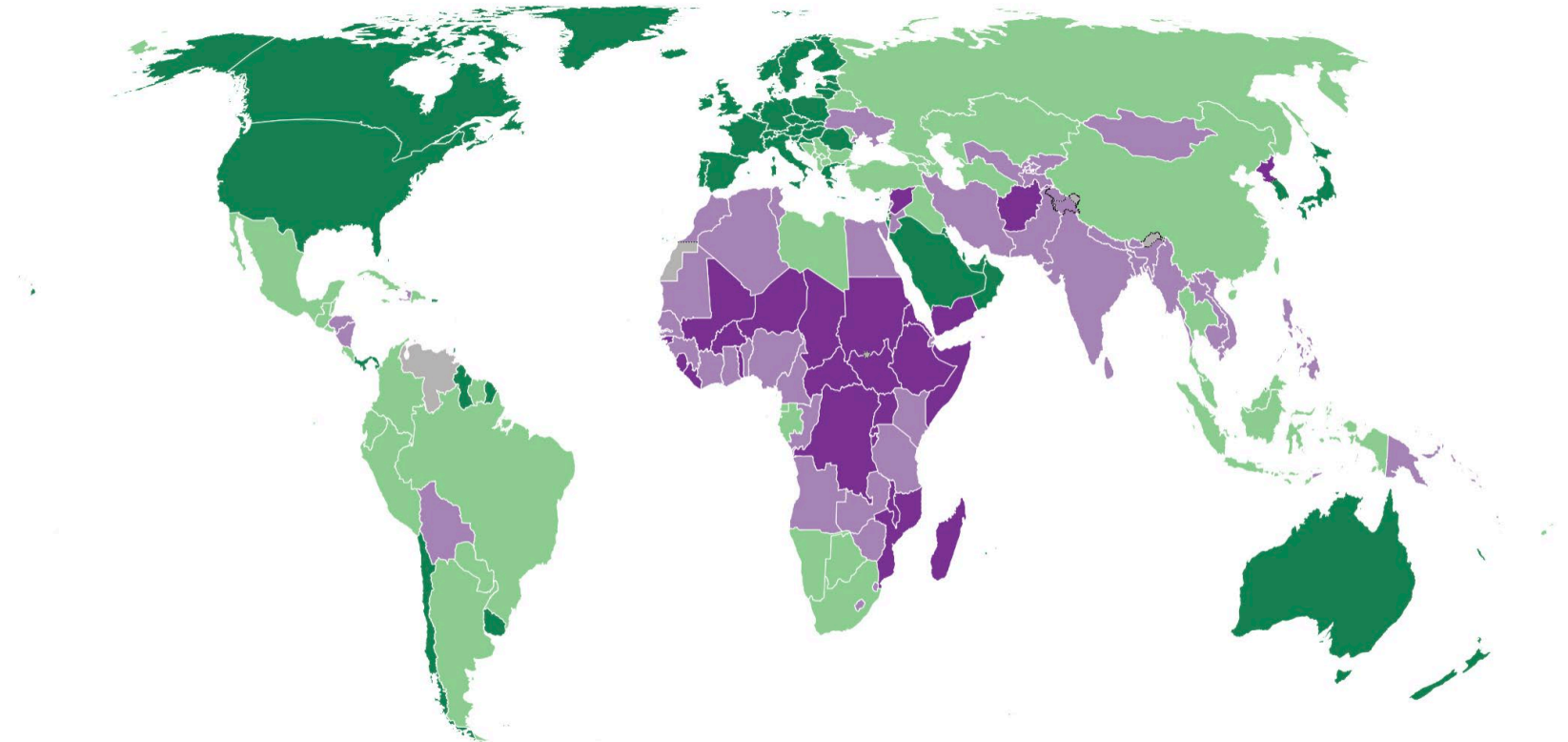


# The challenge at home...World Bank Development Indicators

## Allogeneic Transplantation Activity in Sub-Saharan Africa

- Low-income
  - Malawi
  - Mozambique
  - Sudan
  - Uganda
- Lower-Middle Income
  - **Lesotho**  
-> DKMS Patient Access Program
  - Eswatini
  - Zambia
  - Zimbabwe
  - Angola
  - Tanzania
  - Kenya
  - *Nigeria*
  - *Ghana*
- Upper-Middle Income
  - **South Africa**
  - Botswana
  - Namibia
  - Mauritius

■ Low income ■ Lower middle income ■ Upper middle income ■ High income



# The challenge at home...World Bank Development Indicators

## Addressing the Gap with transplant training and activity

- Low-income

- Malawi
- Mozambique
- **Sudan**
- Uganda

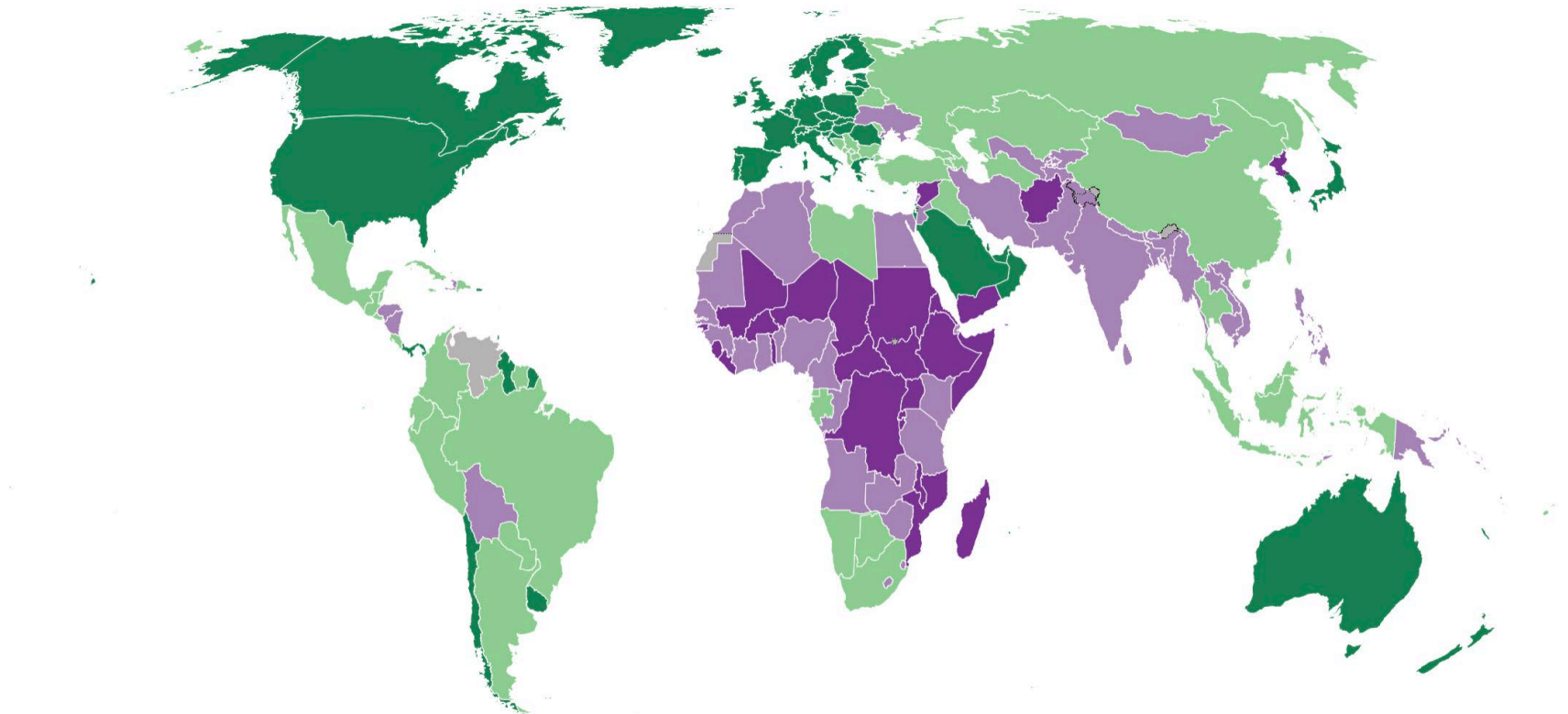
- Lower-Middle Income

- **Lesotho**
- Eswatini
- Zambia
- **Zimbabwe**
- Angola
- Tanzania
- **Kenya**
- Nigeria
- Ghana

- Upper-Middle Income

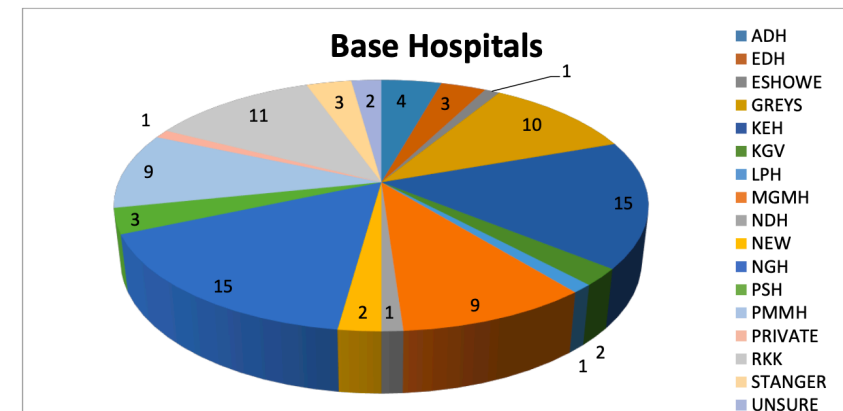
- **South Africa**
- **Botswana – SANBS  
AUTO Program  
Support/Training**
- **Namibia**
- **Mauritius**

■ Low income ■ Lower middle income ■ Upper middle income ■ High income



# Data from KwaZulu Natal (KZN) for incidence and treatment of Aplastic Anaemia

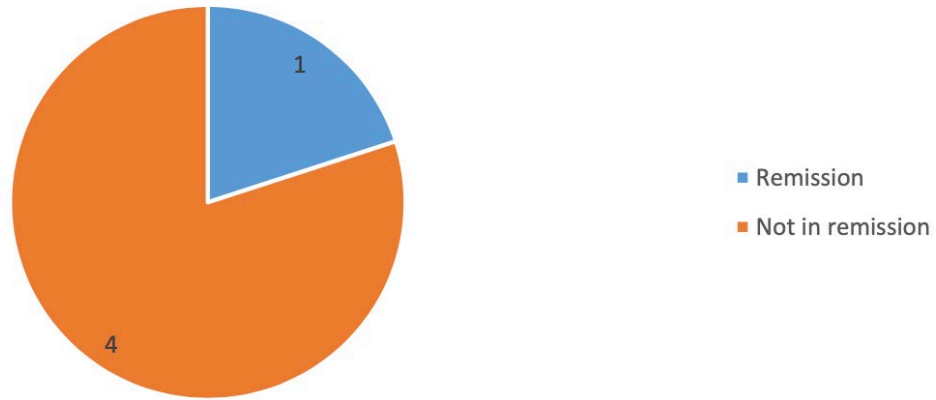
- Study in Public Service Patients (83% of South African population)
  - In KZN province there are 8 million patients in public care
- Over an 11 year period (2005-2015) 92 SAA diagnostic BMATs at Albert Luthuli Central Hospital were reviewed
  - Median age: 24, M:F ratio 0,8:1, 16% patients HIV positive
  - VSAA 29
  - SAA 36
  - NSAA 27
- 13 patients not referred to Albert Luthuli Hospital
- 6 patients seen once and not treated
- 28% of patients LTFU
- 4 patients referred for a BMT (2011-13)
  - 2 patients alive and well
  - 1 patient died due to primary graft failure
  - 1 patient had TRM – due to aGVHD



ADH- Addington Hospital. EDH- Edendale Hospital. KEH- King Edward Hospital. KGV- King George V Hospital. LPH- Ladysmith Provincial Hospital. MGMH- Mahatma Gandhi Memorial Hospital. NDH- Northdale Hospital. NEW- Newcastle Hospital. NGH- Ngwelezane Hospital. PSH- Port Shepstone Hospital. PMMH- Prince Mshiyeni Memorial Hospital. RKK- R K Khan Hospital

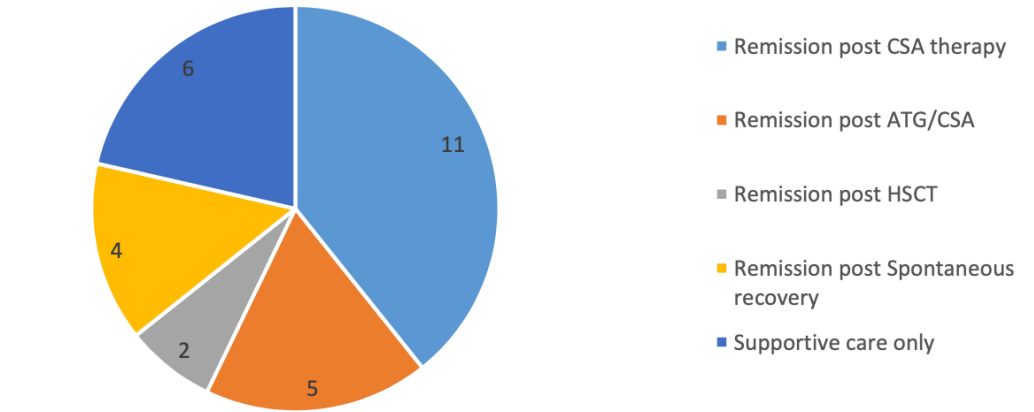
# Data from KwaZulu Natal (KZN) for incidence and treatment of Aplastic Anaemia

### Patients Alive and on treatment



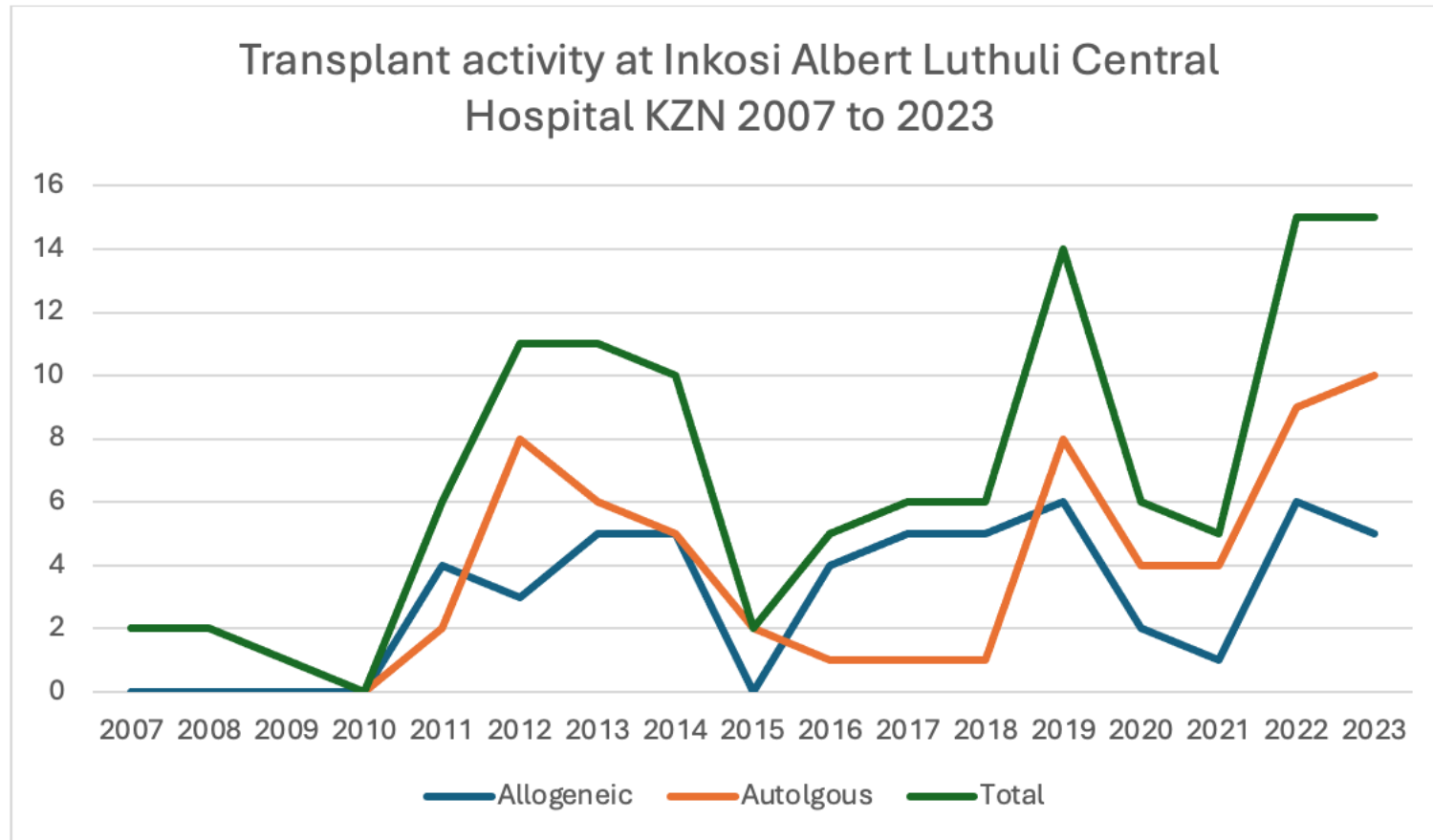
N=5 patients

### Alive and not on treatment



N=28 patients

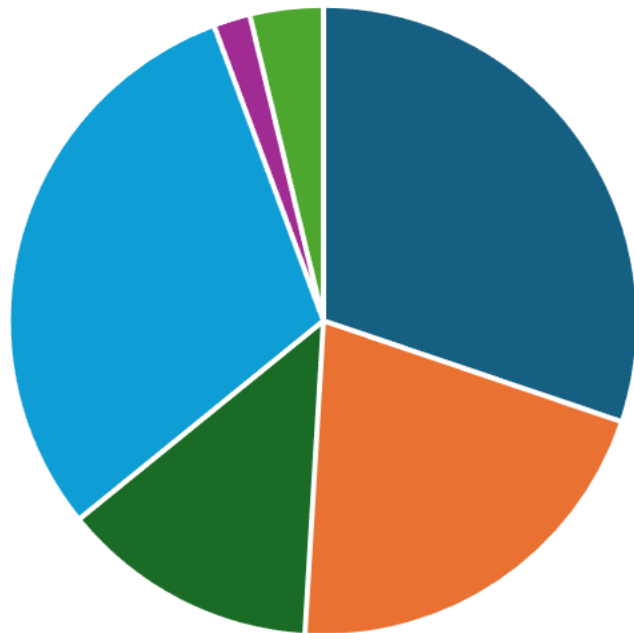
# 2007 Establishment of an Allogeneic Transplant Centre in Durban for Public Patients



# 2007 Establishment of an Allogeneic Transplant Centre in Durban for Public Patients

Of 118 transplants, 52 patients received an allogeneic transplantation, 16 for SAA:

Allogeneic



■ AML ■ ALL ■ CML ■ Aplastic/PNH ■ HLH ■ Thalassemia

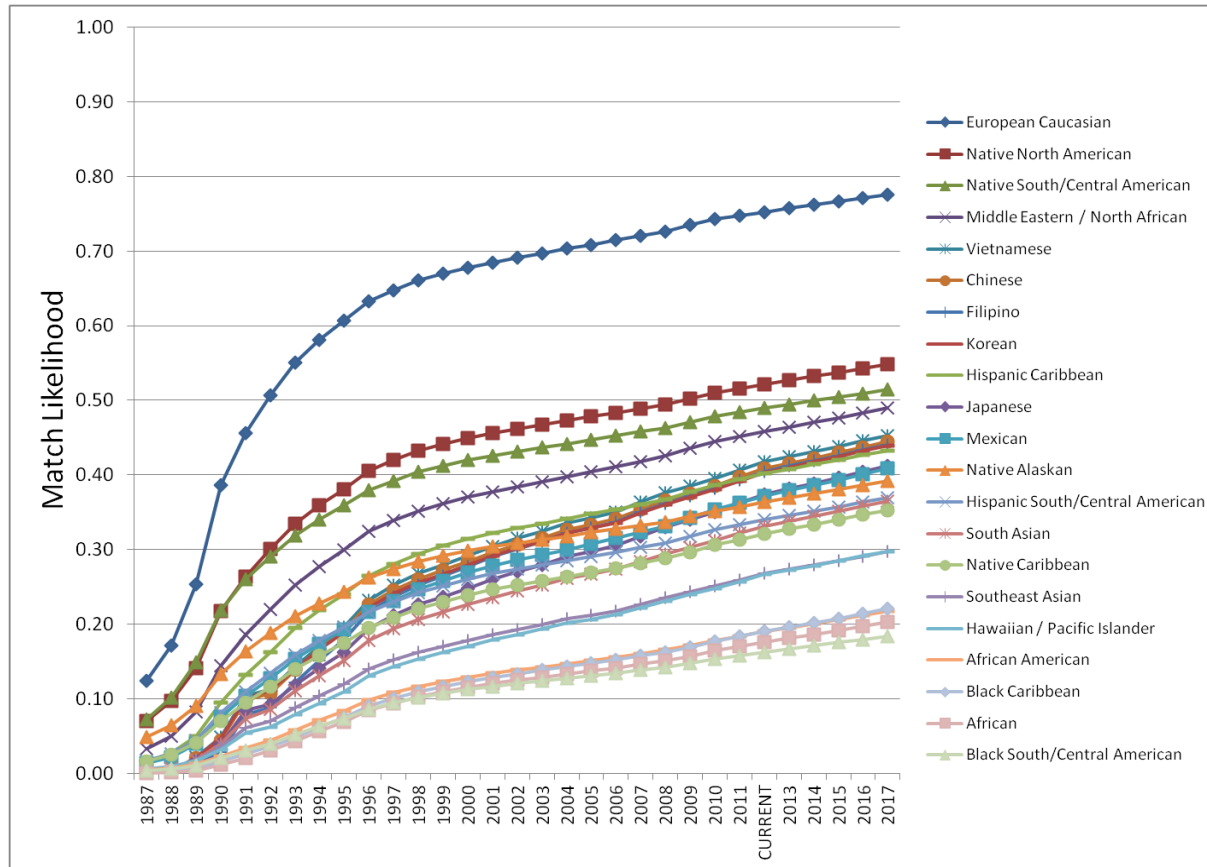
Year	Age at HSCT	Sex	Diagnosis
2011		F	Aplastic
2011		F	Aplastic
2012		F	Aplastic
2013		F	Aplastic
2013		M	Aplastic
2013		F	Aplastic
2013		M	Aplastic
2013	6	M	Aplastic
2014	15	F	Aplastic
2014		F	Aplastic
2017		M	Aplastic
2017		M	Aplastic
2018	13	M	Aplastic
2019	12	M	Aplastic
2022	13	M	PNH/Aplastic
2023		F	Aplastic

# South Africa *incomplete* WBMT/EBMT Activity Surveys 2007 to 2022

Year	Number of reporting teams	Allo 1st HCT	Allo non 1st HCT	Total ALLO HCT	Total AUTO HSCT	Total all HCT
2007	4	21	1	22	42	64
2008	7	82	2	84	111	195
2009	2	10	0	10	10	20
2010	7	78	7	85	98	183
2011	6	120	5	125	98	223
2012	5	96	8	104	126	230
2013	6	93	9	102	134	236
2014	7	107	4	111	148	259
2015	5	98	2	100	129	229
2016	6	110	9	119	125	244
2017	5	126	0	126	118	244
2018	9	129	14	143	160	303
2019	11	151	6	157	200	357
2020	9	121	4	125	185	310
2021	8	106	4	110	187	297
2022	10	122	3	125	261	386

In South Africa in 2019 there were 9 transplants reported for Aplastic Anaemia:  
 6 matched sibling  
 2 haplo  
 1 MUD

# Disparity in access to optimally-matched transplants – Change to come!



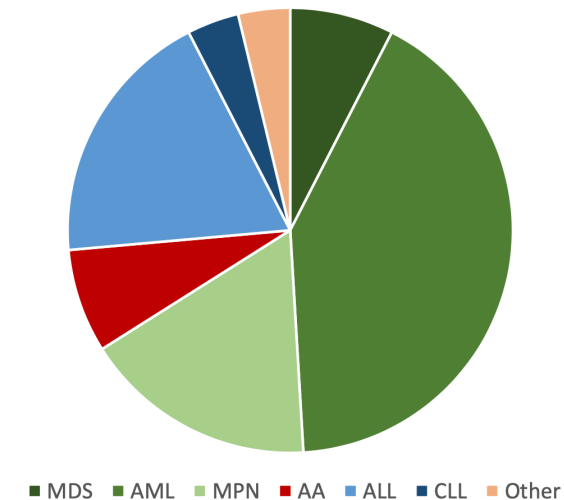
In South Africa in 2019 there were 9 transplants reported for Aplastic Anaemia:  
**6 matched sibling**  
**2 haplo**  
**1 MUD**

# WBMT/EBMT Activity Surveys *as well as* SANBS Patient Services 2023

Year	Number of reporting teams	Allo 1st HCT	Allo non 1st HCT	Total ALLO HCT	Total AUTO HSCT	Total all HCT
2007	4	21	1	22	42	64
2008	7	82	2	84	111	195
2009	2	10	0	10	10	20
2010	7	78	7	85	98	183
2011	6	120	5	125	98	223
2012	5	96	8	104	126	230
2013	6	93	9	102	134	236
2014	7	107	4	111	148	259
2015	5	98	2	100	129	229
2016	6	110	9	119	125	244
2017	5	126	0	126	118	244
2018	9	129	14	143	160	303
2019	11	151	6	157	200	357
2020	9	121	4	125	185	310
2021	8	106	4	110	187	297
2022	10	122	3	125	261	386

- 313 patients services in 2023
- Auto: allo 2.3:1
- 60% public, 40% private – patients
- 55% private, 45% public – clinical units

Indications for allogeneic HSCT –SANBS 2022/3



*SANBS data –  
Tanya Glatt*

# Outcome of 30 allogeneic transplants for SAA at Groote Schuur/Red Cross Paediatric Hospital - past 5 years

## **18 adults**

13 (73%) patients are alive

Cause of death in 5 patients:

3 early deaths:

- 1 Patient died of Covid during transplant
- 2 Patients died due to multi-resistant CRE

2 late deaths

- 1 Patient died at referral centre
- 1 HIV positive patient with Graft failure

## **12 paediatric patients**

11 (92%) of patients alive

Cause of death in 1 patient:

- 1 early death (MUD transplant) due to ATG followed by severe CRS/MOF

# Gateways to Stem Cell Transplantation in Africa



# Gateways to Stem Cell Transplantation in Africa

## **MULTIPLE MYELOMA AUTO TRANSPLANT**

- Gateway to HSCT knowledge and establishing practice in context of environment

## **APLASTIC ANAEMIA ALLOGENEIC TRANSPLANT**

- Gateway to ALLO TRANSPLANT in all other conditions

→ Gateway to PAEDIATRIC Transplantation in Africa

→ Gateway to Effective Referral Pathways and Collaboration Across Africa



# Gateways to Stem Cell Transplantation in Africa

**Building Back to Basics** to Deliver Effective Treatment

*What happens before diagnosis*

**&**

*What happens after diagnosis*

*What can we do to improve early diagnosis*

**&**

*What can we do to build pathways for referral and treatment*



# Haematology Collaboration in Africa



## *Concerns*

"Casting Lifelines to **Patients**" | "Throwing Deadlines at **Projects**" | "Providing Platforms for **Processes**"

- 🔴 No / *Incomplete Process* Documentation
- 🔴 *Lack of Standardization*
- 🔴 Projects earmarked by *Long Lead Time* and *Failure*
- 🔴 *Critical Resource Shortages*
- 🔴 *Knowledge Sharing* limited by a *Lack of Collaboration*

# Haematology Collaboration in Africa



## *Alternative*

"Casting Lifelines to **Patients**" | "Throwing Deadlines at **Projects**" | "Providing Platforms for **Processes**"

- 🔥 Stem Cell Transplantation is an environment of accelerated opportunities that warrants rapid effective decisions related to quality management and best practice pathways.
- 🔥 This calls for agility and the promotion of rapid transformation:
  - 🔥 **Centre of Excellence** - ensures that change initiatives are delivered consistently and well, through standard processes and competent staff
  - 🔥 **Shared Services Hub** – to develop, maintain and promote best practices in Stem Cell Transplantation
    - > **Cape Town Quality Management Collaboration supported by DKMS-Africa**
  - 🔥 **Programme Management** - revitalize stalled initiatives and enable effective programme management
    - > **HSCT Working Groups, Myeloma Working Groups**

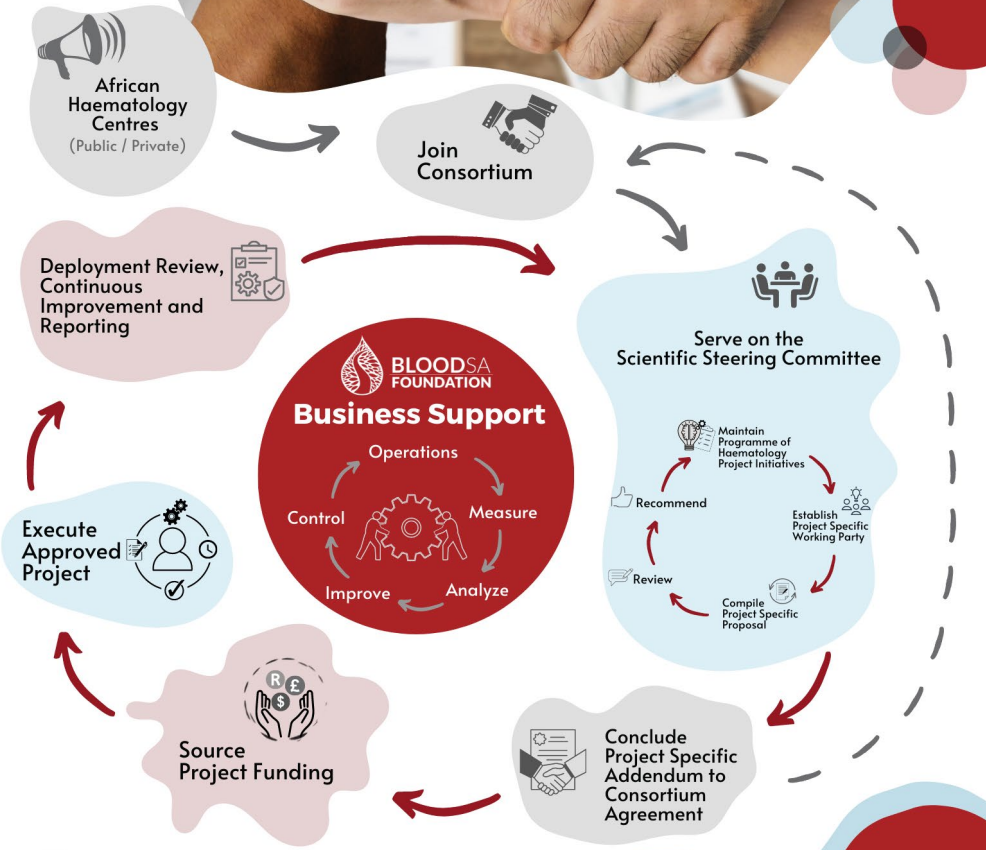
# STRENGTH THROUGH COLLABORATION

Accessing BLOODSA's Value Proposition

# Stem Cell Transplantation Collaboration in Africa

## Getting Involved

“Casting Lifelines to **Patients**” | “Throwing Deadlines at **Projects**” | “Providing Platforms for **Processes**”



- 🔴 Advance the training of Clinical Haematologists
- 🔴 Advance the training of Stem Cell Transplanters
- 🔴 Participation in the *Scientific Steering Committee & Working Groups*
- 🔴 Collaborate in establishing Best Practice, Quality Processes, Grantwriting, Fundraising, Awareness, Advocacy, Outreach
- 🔴 Make available and share *'Best Practice Pathways'* and *Standard Operating Procedures (SOPs)*

✉ admin@bloodsa.org.za  
🌐 www.bloodsa.org.za

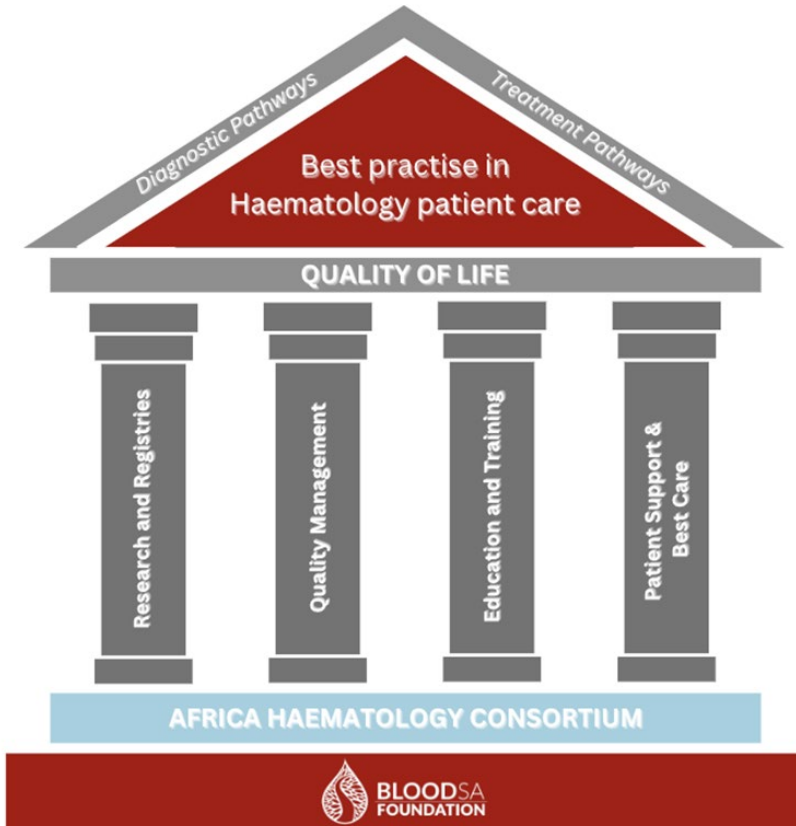


# Access to Stem Cell Transplantation Collaboration in Africa



## *Strategic Focus Areas*

“Casting Lifelines to **Patients**” | “Throwing Deadlines at **Projects**” | “Providing Platforms for **Processes**”



**BLOODSA** *House-of-Values*

- 🔴 **Strategic Focus ONE:** *‘Pioneer a Haematological Treatment Consortium in Africa: **build capacity for functional registries** to improve patient care’*
- 🔴 **Strategic Focus TWO:** *‘**Implement Quality Management Systems** in Haematology: Improving sustainable Health Care in Africa’*
- 🔴 **Strategic Focus THREE:** *‘**Transform Healthcare Education in Africa:** Cultivating Haematology Excellence from Grassroots to Specialist level’*
- 🔴 **Strategic Focus FOUR:** *‘**Patient Quality of Life**’*

# Collaboration for education and implementation

**BMT CLASSROOM** 06/09/2023

Case Discussions

---

2023-09-06 BMT Classroom: Case Discussions

Resource Type: Training

**READ MORE**

---

11 October 2023

**REC** **Current Erasmus approach**

- Myeloid disease
  - Reduced toxicity: Flu-Bu(3) + PTCY
  - Myeloablative: Flu-Bu(4) + PTCY
- Lymphoid disease
  - Reduced toxicity: Flu-Cy (low) 2 Gy TBI + PTCY
  - Myeloablative: Flu + TBI (10-12 Gy) + PTCY

**REC** **Transplant schedule – Myeloid disease MRD and 10/10 MUD**

Fludarabine 40mg/m<sup>2</sup>/day  
Busulfan 3.2 mg/kg/day

PBSCT

Cyclophosphamide 50 mg/kg/day  
CsA

**REC** **Erasmus experience – OS 2016-2022 MRD and 10/10 MUD in AML & MDS-EB**

Cumulative percentage

months

Group	N	F
no PTCY	43	25
PTCY	112	28

At risk:	0	6	12	18	24
no PTCY	43	33	26	22	20
PTCY	112	93	73	44	38

Unpublished data

Erasmus MC

# Collaboration for Patient Registries & Best Care Pathways in Africa

- Namibia
- Botswana
- Zimbabwe **Parirenyatwa Hospital, Harare, Zimbabwe**



- Continue Outreach



# Continuing UCT's leading role in bone marrow transplantation Collaboration – Quality Management - Care

## PUBLIC-PRIVATE PARTNERSHIPS

- ❑ Myeloma Collaborative Network in Africa Established in September 2023
- ❑ Cape Town Collaboration for Quality Management established July 2018
- ❑ HSCT Working Group established in 2023 with first aim to implement
  - a Diagnostic and Treatment Guideline for Aplastic Anaemia in Africa

# Continue to build African Pathways to bone marrow transplantation

## Our patients are the goal and the prize

Find A Treatment Centre

### Myeloma

 Information Leaflet

 Patient Stories

 Support Group

 <https://cansa.org.za/>



South African Bone Marrow Transplant Champions competing at the World Transplant Games in Perth!



Bone Marrow Transplant Journey of Melda Ruiters

In gratitude to all our colleagues and patients,  
and for the support of government and non-  
governmental organisations



Estelle Verburgh

Groote Schuur Stem Cell Transplantation Unit

University of Cape Town



Blood Research and EnhAnced  
Training against HIV – South Africa  
(BREATH-SA)

