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INTRODUCTION

- Respiratory viral infections (RVIs) are associated with significant morbidity and mortality in hematopoietic cell transplant (HCT) recipients with mortality rates up to 50% if infection progresses to the lower respiratory tract (LRT)
- Management of these patients remains challenging without an established standard of care

OBJECTIVES

- Identify the most common RVI pathogens in HCT patients
- Evaluate the current management of LRT viral infections
- Explore the nature of the unmet need and the potential for future therapies
- Determine the current clinical state of LRT infections caused by viral pathogens in the face of the COVID-19 pandemic

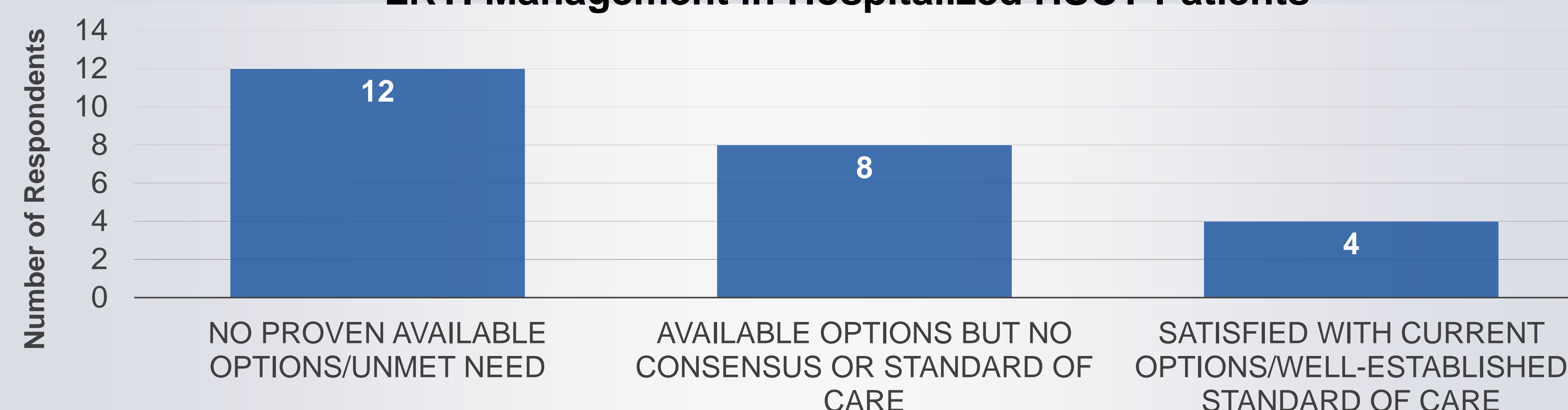
METHODS

- This prospective medical questionnaire was distributed between mid-September and mid-October 2020 to twenty-four key opinion leaders (KOLs) at major HCT centers in the United States, both pediatric and adult
- The questionnaire was administered by a third party with individual results being blinded
- The online platform captured:
 - Demographics
 - Practice site information
 - Pathogen identification and frequency
 - Management strategies for RVIs including respiratory syncytial virus (RSV)
 - Provider satisfaction with currently available modalities

RESULTS

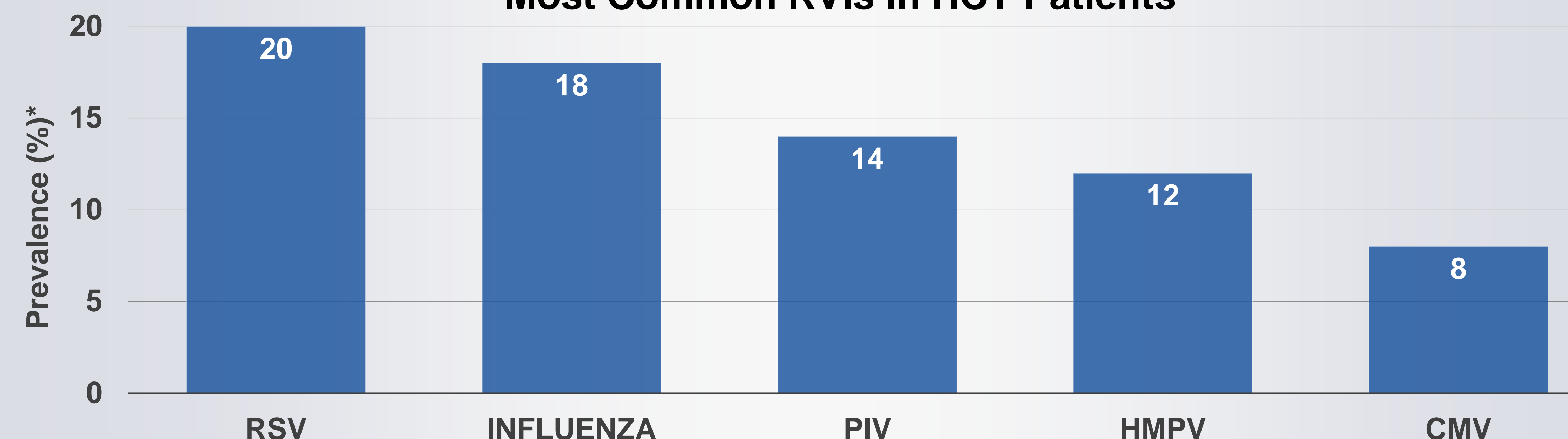
- Twenty-four KOLs from leading HCT centers completed the questionnaire
- Over 80% considered LRT viral infections to be problematic and a growing concern with no established standard of care

LRTI Management in Hospitalized HSCT Patients



- The most common RVIs in order of prevalence were: RSV, influenza, parainfluenza (PIV), human metapneumovirus (hMPV) and cytomegalovirus (CMV)

Most Common RVIs in HCT Patients



*Respondents indicated their top 5 respiratory viral pathogens.

- There was a wide range of strategies with no consensus on the optimal management of RVIs caused by RSV or other respiratory viruses
- The most commonly administered regimen consisted of oral ribavirin +/- intravenous immunoglobulin (IVIG)

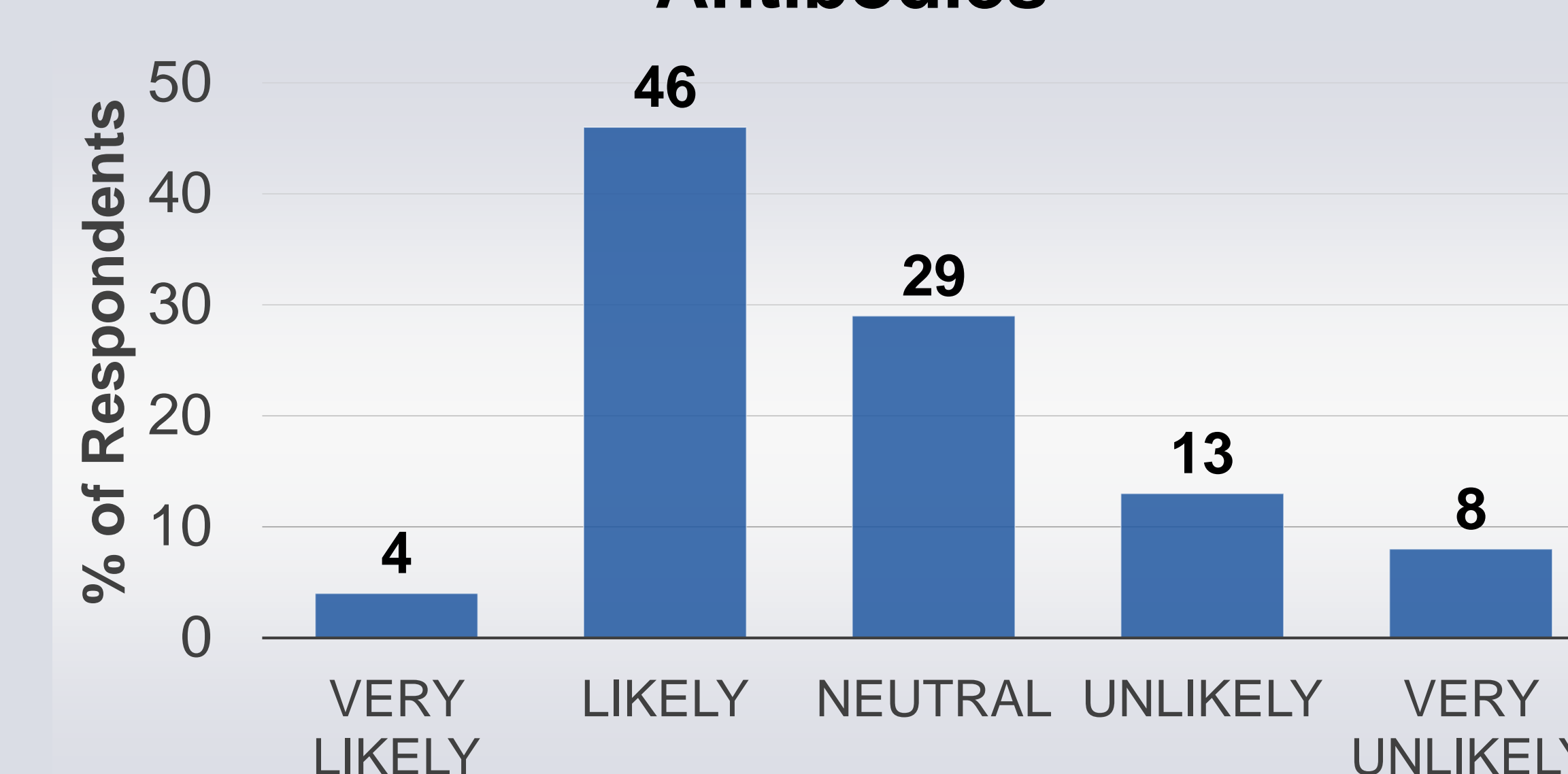
Administered Regimen	% of Respondents
Based on risk, alone or in combination with IVIG*	-
Ribavirin (Inhaled or Oral)	50%
IVIG	27%
Steroids	8%
Supportive care	15%

***Oral** ribavirin +/- IVIG for adults; **Inhaled** ribavirin +/- IVIG for pediatrics

RESULTS

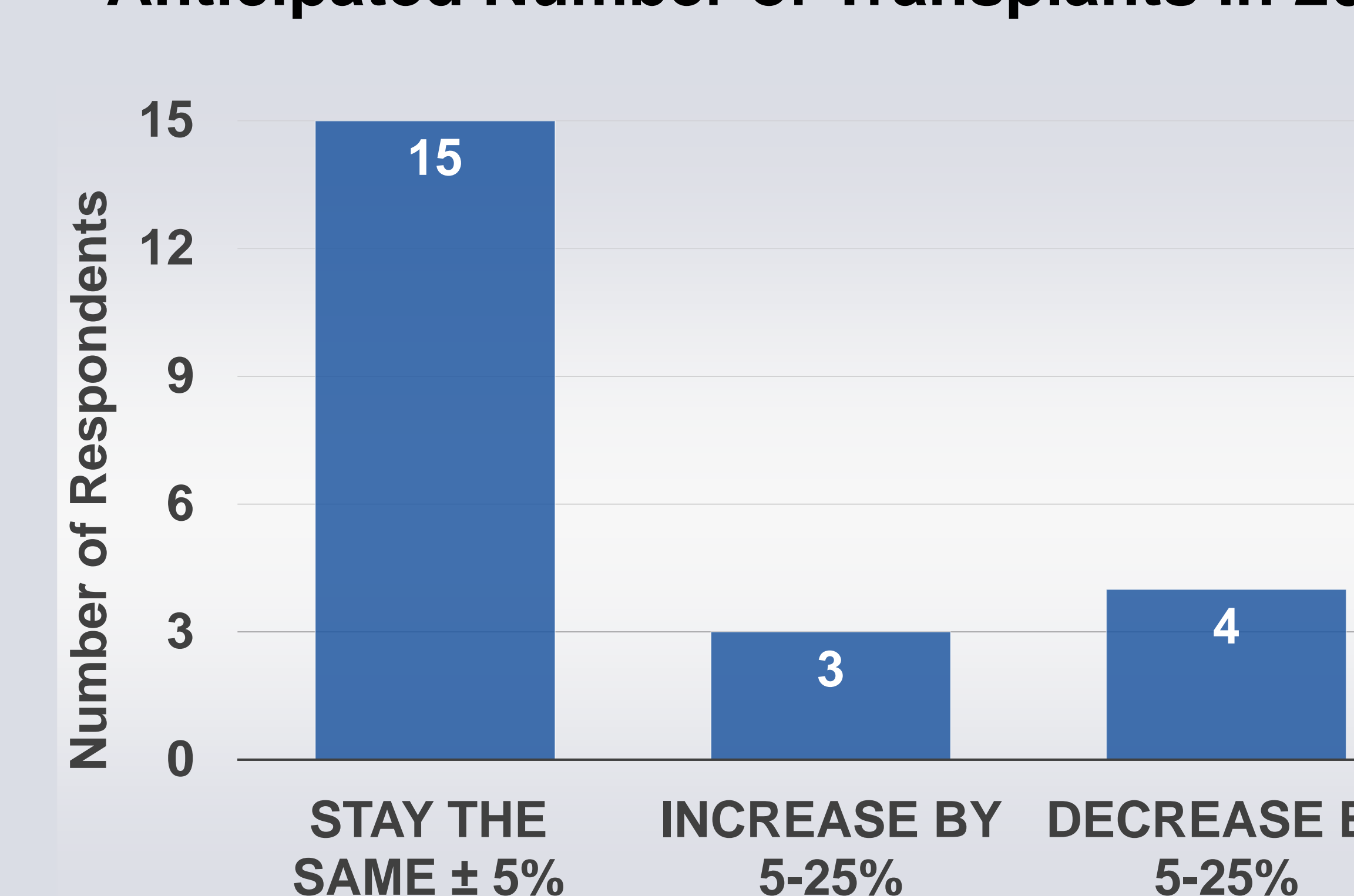
- Fifty-percent of respondents would be likely or very likely to use an IVIG product that has elevated levels of antibody to RSV and other viral pathogens

IVIG Product With Elevated Levels of Antibodies



- Two-thirds of respondents anticipate the number of HCTs in 2021 to remain the same or increase in the face of the COVID-19 pandemic

Anticipated Number of Transplants in 2021



CONCLUSIONS

- RVIs are a growing concern facing transplanters in the care of immunocompromised transplant patients
- Management strategies vary substantially with no clear consensus and there is a need to develop more effective therapies
- Novel therapies are warranted to help combat RVIs in this highly susceptible population