Anaemia

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Individual at risk

Donor / Recipient

Recommendation at RECRUITMENT

Establish cause and degree of anaemia. May be acceptable if benign cause and haemoglobin level is acceptable. Registries and donor centres should establish a lower limit for the an acceptable haemoglobin level based on local reference ranges.

Iron deficiency is acceptable if haemoglobin is within the limit set by the registry/donor centre, and with appropriate follow-up treatment.

It is not recommended to accept donors with G6PD deficiency at recruitment, but due to high allele frequencies in many non-Caucasian populations, it is likely that many male donors will have asymptomatic and undiagnosed G6PD deficiency.

Unacceptable if cause of anaemia is unknown, or due to autoimmunity or malignancy.

Recommendation at CT/WORK-UP

Establish cause and degree of anaemia. May be acceptable if benign cause and haemoglobin level is acceptable. Registries and donor centres should establish a lower limit for the an acceptable haemoglobin level based on local reference ranges, and these levels should take into account whether the donation is a bone marrow or PBSC harvest.

Iron deficiency is acceptable if haemoglobin is within the limit set by the registry/donor centre.

Donors with mild or asymptomatic G6PD deficiency may be acceptable at CT/work-up stage at the discretion of the transplant centre.

Unacceptable if cause of anaemia is unknown, or due to autoimmunity or malignancy.

Justification

Anaemia most commonly reflects iron deficiency, may be easily remediable and is not necessarily a barrier to donation. However, other causes, such as inherited diseases or acquired bone marrow disorders may prohibit donation.

A lower threshold of Hb concentration should be set because of the risk of a fall in haemoglobin as a consequence of donation, particularly when donating by bone marrow harvest.

References

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Parkkali T, Juvonen E, Volin L, Partanen J, Ruutu T. Collection of autologous blood for bone marrow donation: how useful is it? Bone Marrow Transplant.35(11),1035–1039 (2005).