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| **Transfusion Management for Patients taking an Anti-CD38 Monoclonal Antibodies** | | | | | |
| **Purpose** | This procedure provides guidelines for the transfusion management for patients taking an anti-CD38 monoclonal antibodies | | | | |
| **Policy Statements** | * Anti-CD38 is an Anti-CD38 monoclonal antibody that binds CD38 on cells. * CD38 is expressed at low levels on RBCs * Interferes with pre-transfusion tests by causing panreactivity in indirect antiglobulin tests there by clinically masking alloantibodies. * Anti-CD38 results in a false positive antibody screen * Anti-CD38 does not interfere with identification of ABO/Rh * It is recommended to do the following before starting monoclonal antibody therapy   + Baseline ABO/RH, antibody screen and antibody ID if required   + DAT   + RBC genotyping * If blood needed urgently can provide ABO extended RH and K compatible pending further serological testing * In an absolute emergency follow the Emergency Release policy. * Panagglutination may persist up to 6 months after the last Anti-CD38 infusion | | | | |
| **Procedure** |  | | | | |
|  | **Step** | Action | | | |
|  | 1 | Recheck patient’s history for the following when the antibody screen is interpreted as positive:   * Antibody history * Date of last transfusion * Check if the patient was infused Anti-CD38, if so when last dose. * Previous workup results and testing patterns | | | |
|  | 2 | |  |  | | --- | --- | | **If** | **Then** | | Patient has been infused with Anti-CD38 within the last 6 months with a positive antibody screen. | * Perform RBC genotype if not already done. * Perform antibody identification study if not done within the last 7 days or if changes are noted in the antibody screen reactivity pattern and/or strength of reactions * Provide extended RH and K negative blood crossmatched through AHG | | The patient has been infused Anti-CD38 within the last 6 months with a negative antibody screen and no clinically significant antibodies. | * Follow routine transfusion procedures | | | | |
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| **References** | 1. AABB Standards for Blood Banks and Transfusion Services, Current edition | | | | |
| **Approval**  **Workflow** | Transfusion Service/Laboratory Medical Director | | | | |
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| **Historical Record** | **Version** | | **Written/Revised by:** | **Effective Date:** | **Summary of Revisions** |
| 1 | | S.Cassidy | 10/14/2024 | Initial Version |