AABB Survey: CCP usage re-evaluation
March 2021

Highlights

- Survey conducted from Mar. 15-17, 2021.
- 232 hospitals responded.
- Interest and openness to using CCP as a COVID treatment continues to be high. More hospitals (45%) have decided to continue transfusing CCP compared to the last survey (38%).
- Several respondents indicated that the orders to use CCP will depend on the infectious disease department or other clinicians.
- 21% are in the process of evaluating whether to continue CCP use or not.
- 9% (n=22) of the hospitals are planning to discontinue the use of CCP or have already done so. Among these hospitals, lack of stronger efficacy data (64%) followed by plan to shift towards other treatments (41%) were the two most common factors for discontinuation.
- 79% of the hospitals have discussed the availability of high titer CCP with their blood supplier, higher compared to the last survey (73%).
- 49% of the hospitals are willing to continue transfusing CCP if the reimbursement structure changes to a more traditional model, lower compared to the last survey (55%).
- 34% of the hospitals believe both the availability of high titer units and cost will have the biggest impact on their CCP use in the future, higher compared to the last survey (30%).
- The majority of hospitals reported the use of CCP was entirely at the discretion of the ordering physician.

Anticipated CCP usage

- a. N/A - we didn't transfuse CCP under the EUA
- b. We are planning to discontinue the use of CCP or have already done so
- c. We are in the process of evaluating whether to continue transfusing CCP or not
- d. We plan to continue transfusing CCP
- e. Other (eg use under a RCT)

Response %

<table>
<thead>
<tr>
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<th>Survey Week Feb. 22</th>
<th>Survey Week Mar. 15</th>
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<tbody>
<tr>
<td>a.</td>
<td>12%</td>
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<td>b.</td>
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<td>c.</td>
<td>21%</td>
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<td>d.</td>
<td>45%</td>
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<td>e.</td>
<td>12%</td>
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Reasons to discontinue use of CCP*

- Lack of stronger efficacy data
- The anticipated cost of purchasing CCP units
- Not experiencing a high number of cases
- Concerns about the availability of high titer units
- Plan to shift toward other treatments, including the use of monoclonal antibodies for non-hospitalized patients
- Other

* Response ratio presented based on a multi-select question. 22 hospitals responded as planning to discontinue CCP use or have already done so in the March 2021 Survey.

Discussed the availability of high titer CCP with blood supplier

- No
- 21% (Survey Week Feb. 22) vs 27% (Survey Week Mar. 15)
- Yes
- 73% (Survey Week Feb. 22) vs 79% (Survey Week Mar. 15)
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Biggest impact on CCP use in the future

- Availability of high titer units: 55% (Feb. 22) vs. 41% (Mar. 15)
- Both cost & high-titer availability, about the same: 30% (Feb. 22) vs. 34% (Mar. 15)
- N/A: 14% (Feb. 22) vs. 22% (Mar. 15)
- The acquisition costs for CCP: 2% (Feb. 22) vs. 3% (Mar. 15)

Continue to transfuse CCP if the reimbursement structure changes

- Survey Week Feb. 22: Yes 55%, Don’t know 41%, N/A 2%, No 2%
- Survey Week Mar. 15: Yes 49%, Don’t know 46%, N/A 4%, No 1%

Patient selection and CCP use

- Survey Week Feb. 22: N/A 2%, Other 14%, Mostly at the discretion of ordering providers, but have patient selection criteria to prevent issue to severely ill patients or to those on mechanical ventilation 24%, Entirely at the discretion of ordering providers, even for severely ill patients or those on mechanical ventilation 61%
- Survey Week Mar. 15: N/A 2%, Other 11%, Mostly at the discretion of ordering providers, but have patient selection criteria to prevent issue to severely ill patients or to those on mechanical ventilation 26%, Entirely at the discretion of ordering providers, even for severely ill patients or those on mechanical ventilation 60%