

Myths & facts

about peripheral blood stem cell and bone marrow donation

ARE YOU CONSIDERING DONATING PERIPHERAL BLOOD STEM CELLS (PBSC) OR BONE MARROW?

There are many misconceptions surrounding who can donate and the donation process. Our team of medical experts is here to clear up the biggest myths and help you understand how you could be the life-saving difference for someone in need.

MYTH: Donation is very painful.

FACT: Both peripheral blood stem cell and bone marrow donation is less painful than you probably think.

Discomfort and side effects vary from person to person, but it's nothing like what you see on TV. Some of the common side effects of <u>PBSC donation</u> are headaches, nausea and tiredness—from the daily shots of a drug called filgrastim or an FDA-approved similar administered in the 5 days leading up to donation.

For a <u>bone marrow donation</u>, you experience no pain before or during the procedure, but you may feel sore or achy for a few days afterward.

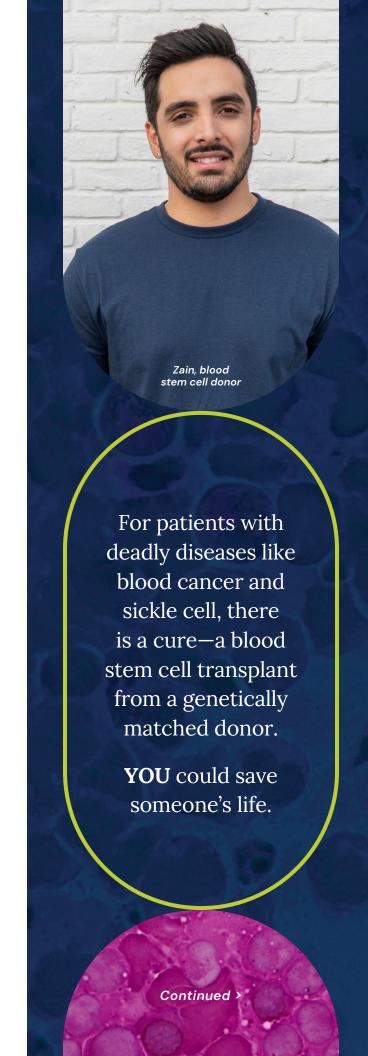
MYTH: Donation is expensive.

FACT: Donating is absolutely free—you'll not pay anything for giving peripheral blood stem cells or bone marrow.

All of your medical and travel expenses are covered by NMDPSM, and we can also help cover any lost wages due to donation.

MYTH: Sharing personal information and DNA is risky.

FACT: We take protecting your privacy and confidentiality seriously. Sharing your personal information, DNA and blood stem cells is NOT risky because NMDP has rules in place to protect your privacy. Your blood stem cells go directly to your patient. After you donate, a trained courier takes your blood stem cells to the patient's hospital for transplant.



MYTH: Donating takes a long time.

FACT: It doesn't take long to save someone's life.

Between the phone calls, appointments and the donation process itself, expect to spend about 20–30 hours total over a period of 4–6 weeks completing all the steps necessary for donation.

MYTH: Donating bone marrow involves opening up or removing bones.

FACT: Most blood stem cell donors give <u>peripheral blood</u> <u>stem cells</u>—a process similar to donating plasma. Some think that the only way to donate blood stem cells is through a surgical procedure. The reality is about 90% of donations are peripheral blood stem cells, which involves no surgery at all!

The other 10% of the time, people are asked to <u>donate bone</u> <u>marrow</u>. While this is a surgical procedure, no bones are opened up or removed. Instead, while the donor is under anesthesia, a doctor removes the marrow from the back of the pelvic bone using a hollow needle. The process typically takes less than an hour and is considered a minimally invasive procedure.

MYTH: Donating is dangerous.

FACT: It's a common misconception that donating peripheral blood stem cells or bone marrow is dangerous.

The truth is that there are actually very few risks associated with <u>donating marrow</u> and <u>peripheral blood stem cells!</u>

MYTH: Matching blood stem cells is the same as matching blood type.

FACT: The genetic typing used to match donors to patients is much more complex than matching blood type.

- A patient and donor do not need to have the same blood type.
- Matching is based on your <u>human leukocyte antigen (HLA)</u>, proteins—or markers—found on most cells in your body.
- The patient's blood type will change to the donor's blood type after transplant.

Learn more about how patients and blood stem cell donors are matched: youtube.com/watch?v=6q879w-bVWQ.

MYTH: Gay men cannot join the registry.

FACT: Members of the LGBTQIA+ community are allowed to join the registry and donate. You won't be asked about your sexual orientation when registering because it doesn't factor into choosing the best possible match for a patient.

Learn more about how donations from the LGBTQIA+ community spreads hope for patients in need.



MYTH: Asking about a donor's ethnic background is racist.

FACT: Ethnic background is an important factor for doctors to consider when matching donors and patients.

- Because HLA markers are inherited, a patient is more likely to match with a donor who shares their ethnic background.
- Adding more registry members with diverse ethnic backgrounds can help increase the variety of tissue types available, helping more patients find the match they need.

Learn more about why ethnicity and diversity matter when matching at nmdp.org/get-involved/join-the-registry/ethnicity-and-diversity-matter.

MYTH: NMDP discriminates against people older than 35.

FACT: Some believe that the age guidelines we have in place are to discriminate against those 36 and older. However, these guidelines are meant to **protect the safety of both the patient and the donor** while still providing the best possible outcome. The latest medical research shows that:

- Donors between the ages of 18–30 provide the greatest chance for transplant success.
- Doctors request donors in the 18–30 age group two-thirds of the time.

Learn more about why a donor's age matters at nmdp.org/stories-and-impact/research-and-innovation/should-youngest-blood-stem-cell-donor-be-top-choice.

MYTH: Only males can donate peripheral blood stem cells or bone marrow.

FACT: Anyone who joins the registry and meets the medical guidelines can donate, regardless of gender.

Certain medical guidelines like age or pregnancy restrictions are put in place to protect the health of all donors and patients.

Certain guidelines, like pregnancy, wouldn't prevent someone from joining the registry. However, while pregnant or attempting to become pregnant, you must be temporarily deferred from donating until fully recovered from the delivery. Marrow or peripheral blood stem cells cannot be collected at any time during pregnancy.

MYTH: People with tattoos, piercings or past medical issues can't join.

FACT: Tattoos and piercings do not disqualify you, and having a past medical condition doesn't automatically exclude you.

There's a health questionnaire to determine eligibility, and some conditions may only cause a temporary deferral.

