



Complications & Quality of Life Working Party

Chair: Rafael Duarte
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Statistician: Eric Beohou
Regimen-related toxicity & supportive care subcommittee: Tapani Ruutu

GVHD subcommittee: Hildegard Greinix
Late Complications subcommittee: Nina Salooja
CQWP Nurse Lead: Diana Greenfield
Regimen-related toxicity & supportive care subcommittee: Tapani Ruutu

Incidence and outcome of pregnancy following stem cell transplantation

PI: Nina Salooja

*** This study is still recruiting ***

It is more than 10 years since data on pregnancy after SCT were collected and the CQWP wishes to repeat the study.

Primary Aim is to estimate: The incidence and outcome of pregnancy after specific chemo-radiotherapy protocols for SCT including reduced intensity conditioning

We therefore need **MINIMUM data** set of:

- Confirmed pregnancies and
- Whether the patients actually had children
- Whether it was natural or assisted

OPTIONAL IF POSSIBLE

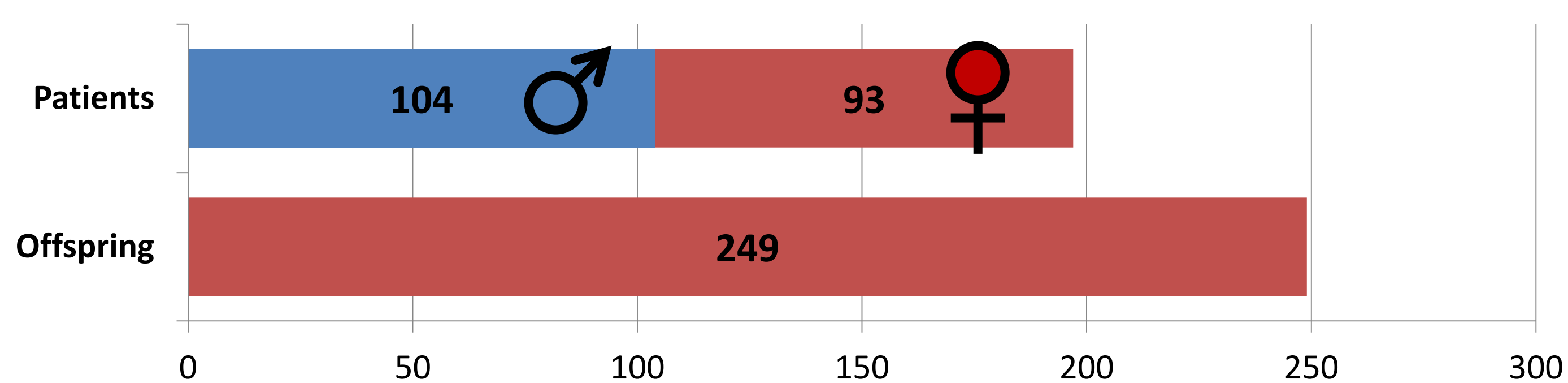
- Additional detail about pregnancy and offspring if possible

Inclusion criteria:

- Patient has undergone an autologous and/or allogeneic SCT between **1994** and **2015**
- Female patient who has carried children in her own uterus
- Male patient who has used his own sperm to father a child

Current status

118 sites participating hoping to collect > **600** pregnancies
Currently **197** patients enrolled with 249 pregnancies



Association between Uric Acid Levels and Graft-versus-Host Disease

PI: Olaf Penack

*** This study is still recruiting ***

Recently, it has been demonstrated in preclinical models that uric acid contributes to GvHD. In this planned prospective study, uric acid levels will be assessed of patients undergoing allo-SCT. The uric acid levels will be correlated to clinical outcome.

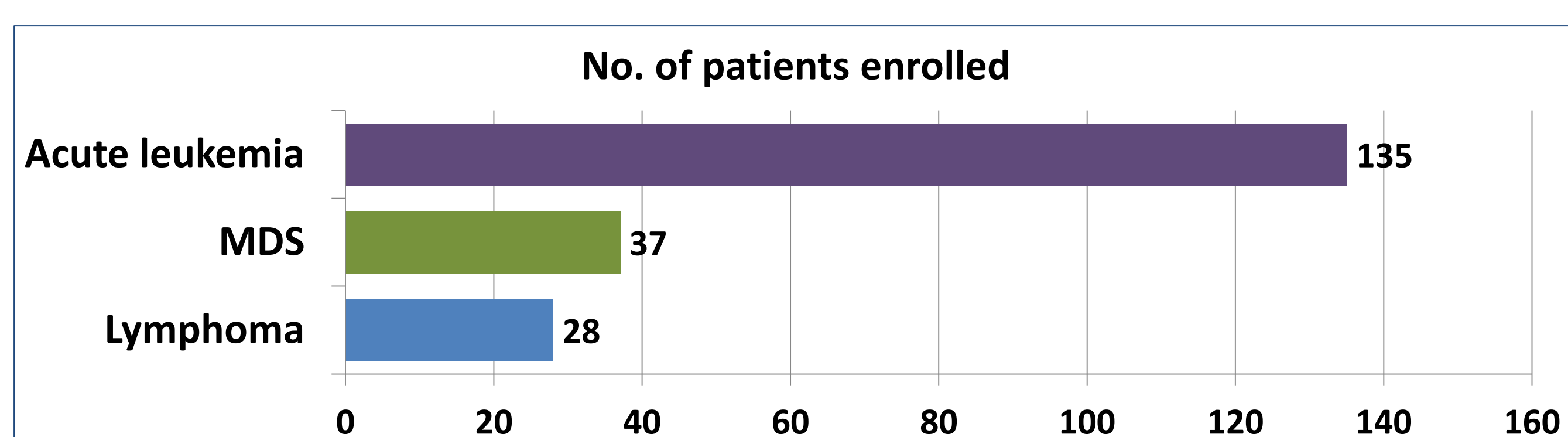
Aim: To assess if uric acid levels are associated with incidence and severity of Acute GvHD

Inclusion criteria:

- First allo-SCT from HLA-matched sibling donors given stem cell grafts(BM or PB)
- Patients with acute leukemia, MDS or lymphoma
- Myeloablative or dose-reduced non-myeloablative conditioning

Current status

34 sites participating hoping to collect **400** patients. Currently **200** patients enrolled



Sexual functioning after HSCT

A joint study between the CQWP and the Nurse Group of the EBMT

PI: Corien Eeltink and Jacqui Stringer

*** This study is still recruiting ***

Sexual dysfunction has increasingly been recognized as a complication of allogeneic stem cell transplantation with negative impact in their quality of life. The sexual partner might also contribute to sexual dysfunction or to sexual inactivity. Furthermore, patients and their partners have reported to be disappointed by the lack of information, support, and practical strategies provided by health professionals to assist them to cope with the sexual changes they experienced.

Aim:

- 1) To explore patients' and their partners' opinions on their sexual functioning 2 till 4 and 14 till 16 years post Allogeneic HSCT
- 2) To evaluate if discussion, adequate help or counseling with regard to sexual function between the health care provider and the survivor has taken place

Inclusion criteria:

- Age ≥ 18 years
- Time of follow up 2 - 4 or 14 - 16 years after transplantation at time of data collection
- Ability to read and write in English, French, German, Italian or Dutch
- No cognitive impairment

Early outcomes of hematopoietic stem cell transplantation in elderly patients

PI: Grzegorz Basak and Isabel Sánchez - Ortega

Classical indications for SCT included an upper limit age of 65 years; however, nowadays, age *per se* is not an excluding factor and additional data such as the comorbidity index scores are considered for SCT evaluation⁽¹⁾. The outcomes of a large series of patients >65 years undergoing autologous and allogeneic SCT are currently unknown. The analysis of the EBMT database can offer accurate data on a very large series of consecutive patients allowing a thorough analysis of the efficacy and toxicity of transplantation within subgroups of age, focusing on early outcomes of transplantation.

Aim:

- 1) To assess the safety of allogeneic and autologous SCT in patients over 65 years old
- 2) To assess patient and transplant factors that may associate with the outcome in terms of NRM and OS, including patient subgroup of age, primary disease (general), type of transplant, conditioning regimen, type of donor and prognostic indices.

The results of this retrospective study will provide important data on the indications, and toxicity of autologous and allogeneic SCT in patients >65 years old in Europe.

The preliminary results will be presented at the CQWP session on
♦♦♦ Wednesday April 06, 09.00-10.30 ♦♦♦

CQWP Data office

For participation in, or information on CQWP studies, please contact the CQWP at the EBMT Data Office in Leiden, The Netherlands;
CQWPEBMT@LUMC.NL

Study coordinator: Steffie van der Werf
Data manager: Anja Henseler

Registration forms at the
>> EBMT booth <<

