Complications & Quality of Life Working Party

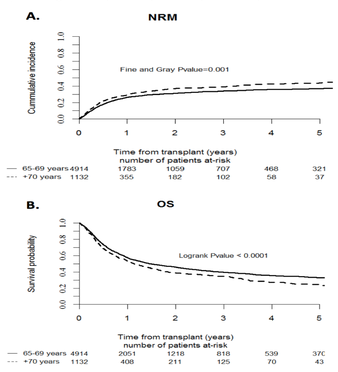
Chair: Rafael Duarte
Secretary: Grzegorz Basak
Statistician: Eric Beohou
GVHD subcommittee: Hildegard Greinix
Late Complications subcommittee: Nina Salooja
CQWP Nurse Lead: Diana Greenfield
Regimen-related toxicity & supportive care subcommittee: Tapani Ruutu

Elderly Study / Pregnancy Study — *Leiden Data Office*

PI: G.Basak

BE FIT: Performance status outweights calendar age in regard to non-relapse mortality after allogeneic hematopoietic cell transplantation in patients aged 65 and older. A retrospective analysis by the Complications and Quality of Life Working Party of the EBMT.

Figure 1. Non-relapse mortality (NRM, A) and overall survival (OS, B) of patients aged 65-69 (solid line) and ≥70 (dashed line) after alloHCT.



RESULTS: A total of 6046 alloHCT, including 214 second or subsequent procedures, from 270 EBMT centers in 32 countries were identified: median age was 67 (65-84), 4914 were 65-69 yo (Group I) and 1132 ≥70 yo (Group II); 63% were male; 50% had AL, 37% MDS and/or myeloproliferative disorders (MPD), 8% chronic leukemia, 4% lymphoma, 1% bone marrow failure (BMF) and 0.6% plasma cell disorders. They underwent peripheral blood (91%), bone marrow (7%) or cord blood (2%) alloHCT from unrelated (68%), matched (28%) or mismatched related donors (4%). There was female to male sex mismatch in 19% and CMV mismatch in 34% of cases. T cell depletion was used as part of GVHD prophylaxis in 66% of patients. Overall, 67% of patients had good (≥90) Karnofsky performance score at alloHCT.

CONCLUSIONS: Improved supportive care and less toxic preparative regimens make alloHCT feasible in elderly patients aged 65 yo and older. When elderly patients have good performance score, the calendar age itself does not seem to significantly affect NRM.

PI: N.Salooja *[**FINAL CALL FOR DATA**, please submit before **APRIL 15**]*

Conception and pregnancy outcomes after haemopoietic stem cell transplant: a retrospective study from the Quality of life and Complications working party

Poster Presentation: March 27, poster number: A382

CALL FOR DATA

Association between Uric Acid Levels and Graft-versus-Host Disease — *Leiden Data Office*

PI: O. Penack

It has been demonstrated in preclinical models that uric acid contributes to GvHD. In this prospective study, uric acid levels are 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 **> 300** patients enrolled.

*** This study is still recruiting ***

Surveys — *Leiden Data Office*

DXA Survey of practises for maintaining bone mineral density after HSCT / Salooja

www.surveymonkey.com/r/YDZDM5G.

Survey of the use of **BUSULFAN** in the conditioning for allo HSCT in adults / Ruutu

www.surveymonkey.com/r/busulphan

New Study — *Paris Data Office*

PI: G.Basak

Complications of T cell-repleted haploidentical stem cell transplantation with post-transplant cyclophosphamide

This is going to be a **non interventional prospective study** of post-transplant complications in cases of T cell-replete haploidentical stem cell transplantation utilizing post-transplant cyclophosphamide. The number of such transplantations is rising rapidly, so there should be no problem with collection of appropriate study group.

Primary objective:

To document incidence and frequency of infectious and non-infectious complications after posttransplant cyclophosphamide-based haploSCT.

Expected study period: 2017-2020 (registration: 2017-2018, 2 years follow up).

Expected number of patients: >300

CALL FOR DATA

Sexual functioning after HSCT — *Paris Data Office*

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

PI: C. Eeltink and J. Stringer

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

*** This study is still recruiting ***

Meetings EBMT Marseille

CQWP Session
Monday, March 27, 9.00 – 10.30
Room: Amphithéâtre Callelongue

CQWP Business Meeting
Tuesday, March 28, 07:00-09:00
Room: ENDOUME 2

CQWP Data office LEIDEN

End of 2016, the EBMT decided to move the CQWP data office to Paris.
Only the ongoing surveys, the studies in writing or submission phase and the Uric Acid NIS, will be finalized by the Leiden Data Office. **CQWPEBMT@LUMC.NL**

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

CQWP Data office PARIS

End of 2016, the EBMT decided to move the CQWP data office to Paris. New study proposals and studies on hold will be started up by the Paris Data Office

For participation in, or information on new CQWP studies, please contact the CQWP at the EBMT Data Office in Paris

Study coordinator: Alenca Harrington DOP@ebmt.org