Complications & Quality of Life Working Party

Chair: Rafael Duarte
Secretary: Grzegorz Basak
Statistician: Myriam Labopin
GVHD subcommittee: Hildegard Greinix
Late Complications subcommittee: Nina Salooja
Regimen-related toxicity & supportive care subcommittee: Tapani Ruutu

EBMT survey of nutritional practices in peritransplant period

PI: Grzegorz Basak

Almost everybody confirms that appropriate nutrition is key to recovery after major health incidents. Hematopoietic stem cell transplantation largely affects patients’ nutrition and metabolism and therefore, appropriate nutritional support seems to be essential for optimal regeneration. Currently there are no official recommendations regarding nutritional practices after HSCT and the approach to patient’s feeding is based on local protocols and customs which most likely vary among centers.

Aim:
To get insight into current nutritional practices in EBMT transplant centers

*** This survey will be presented at the CQWP session on Tuesday March 24, 11.00-12.30 Üsküdar Hall 3***

Change Control Follow-up Survey of the EBMT-ELN Working Group Recommendations on the Prophylaxis and Treatment of GVHD

PI: Tapani Ruutu

The working parties and study groups of the EBMT have a long tradition to produce guidelines and recommendations for standard practice in order to develop transplantation strategies and methods. Their final goal is to improve the outcome of transplantations. The number of published guidelines and recommendations is substantial but their impact and effect on transplantation strategies in individual centres has never been investigated.

A group of experts from the EBMT and the European LeukemiaNet published recently a consensus paper on recommendations for a standard practice in the prophylaxis and treatment of GVHD (“Prophylaxis and treatment of graft-versus-host disease: EBMT – ELN working group recommendations for a standardized practice” by T Ruutu, A Gratwohl, T de Witte et al, Bone Marrow Transplantation 49 (2; February): 168-173, 2014). According to the JACIE policies for change control, the decision has been made to carry out a follow-up survey. Its goal is to describe the impact of these recommendations: are the centres aware of the report, have the recommendations been found useful, and have they led to changes in centre strategies and transplantation methods?

Current status:
125 responses

Current status:
10 participating centers currently collected 428 transplantations,
357 Allogeneic and 71 Autologous

Metabolic syndrome study

PI: Diana Greenfield and John Snowden

* Please send in your data *

Metabolic Syndrome is progressively recognised as a problem for patients after HSCT and is manifested by an increased risk of cardiovascular disease. Revised late effects screening guidelines for long-term survivors after HCT recommend screening for Metabolic Syndrome as part of routine follow-up care.

Aim:
This evaluation will examine the prevalence of Metabolic Syndrome in consecutive HCT survivors and will examine particular risk factors.

Inclusion criteria
- Adult patients (18 years or over) who have undergone a HSCT
- Patient is a minimum of 2 years post HSCT and will be returning to your hospital for a routine follow-up appointment.
- Patient has undergone an Allogeneic (all indications, full and RIC) SCT or an Autologous SCT treated with curative intent (only high grade lymphoma)
- Centers should have implemented the recommended screening practices for Metabolic Syndrome, or are intending to implement them imminently

Current status
- 357 Allogeneic and 71 Autologous

*** The preliminary results of this non interventional study will be presented at the Oral session: Late complications & Quality of Life, Wednesday March 25, 11.00-12.15 Üsküdar Hall 3***

CQWP Educational course

Thinking outside the box:
Going beyond ‘survival after stem cell transplant’

Complications and Quality of Life Educational Course

Leuven, Belgium

October 29-30, 2015

CQWPEBMT@LUMC.NL

www.ebmt.org