Infectious Diseases Working Party

Chair: Simone Cesaro – Verona, Italy
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New Studies

Current Treatment of HCV Infection After HSCT

The availability of novel therapies with DAAAs might prompt clinicians caring for HCV-positive HSCT recipients to prescribe the treatment more frequently and possibly earlier after HSCT. Since numerous possible therapeutic combinations exist, the choice of the most appropriate one is not straightforward. It depends not only on its efficacy and toxicity, but also on availability (both through healthcare system and/or expanded access programs), and cost.

This non-interventional prospective study will focus on treatment strategies in HCV-positive HSCT recipients. The main focus will be the rate of treatment, the combination of drugs chosen, the length of treatment and the outcome. This study might provide additional data compared to previous older cohorts in the area of non-invasive assessment of fibrosis, HCV RNA levels and genotyping.

In order to get as much data as possible on HCV treatment, patients with chronic HCV infection regardless of the time from transplant will be included.

All HCV-positive patients cared for during the observation period, both after autologous and allogeneic HSCT, irrespective of the time of transplant.

Patients data will be collected at baseline (first visit during the observation period), including data on HCV infection. HCV-positive patients follow-up data will be asked every 12 months until 24 months after the end of the observation period.

A digital Feasibility Survey has been sent to all EBMT centres in March 2015. Please complete the Survey as soon as possible.

A paper copy of the Survey is also available at the EBMT booth in the congress centre.

Impact of Pre-Existing Invasive Mould Infections on Allo-SCT

We are planning to conduct a prospective non-interventional study to assess clinical outcome of patients with – and without – history of pre-existing invasive aspergillosis undergoing SCT.

Background and Rationale

In patients with pre-existing invasive aspergillosis allo-SCT is feasible without progression of fungal infection.1 However, the influence of invasive mould infection on transplant related complications and on long term survival has not been investigated in a larger patient cohort under current conditions.

Recently the IDWP and ALWP performed a retrospective analysis on the impact of pre-existing aspergillosis on allo-HSCT outcome.2 In summary, there was a trend towards impaired outcome of allo-HSCT in patients with prior IA but there was no significant impact on important allo-HSCT transplant outcomes, such as survival, GVHD and relapse. The data suggest that a history of IA should not generally be considered a contraindication for allo-HSCT (Figure A). To be able to more precisely investigate the impact of IA on allo-HSCT, a non-interventional prospective study is needed.

Study population

First allo-SCT in patients with acute leukaemia, MDS or lymphoma given stem cell grafts.

- Cohort 1: History of probable or proven invasive aspergillosis
- Cohort 2: History of possible invasive aspergillosis
- Cohort 3: No history of invasive aspergillosis

Study period:

One year inclusion + One year follow up.

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Numbers in the registry

Counts of different pathogen registered in the EBMT registry since the year 2008

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Infections >1000 cases registered

Infections <1000 cases registered

Publications

Per Ljungman, Ronald Brand, Jennifer Hoek, Rafael de la Camara, Catherine Cordonnier, Hermann Einsele, Jan Styczynski, Katherine N Ward Simone Cesaro for the IDWP of the EBMT. Donor CMV status influences the outcome of allogeneic stem cell transplantation: a study by the European Group for Blood and Marrow Transplantation, Clinical Infectious Diseases. Clin Dis 2014; 59:473-81.


#EBMT15