

Methods: Consecutive patients undergoing stem cell transplant from November 2009 to May 2010 were assessed using QLQ-C30 (self assessment questionnaire) on admission to the transplant ward just before undergoing stem cell transplant. Written consent was obtained. Demographic data as well as disease details and status of patients are collected at assessment. Another assessment of the QLQ-C30 was done after the transplant (from D+30 until D+180). The QLQ-C30 was scored according to the global health, functional level and symptomatology.

Results: A total of 29 patients answered the survey.

Global health status and functional abilities (physical, role, cognitive, emotional, social) of our patients seemed to be lower than the general population. Our patients seemed to have similar global health, physical and emotional status but lower role function and also cognitive function compared to the "all cancer" reference population. Global Health Status was similar in pre and post allogenic transplant patients with only autologous transplant patients appeared to have better scores post transplant. In the early post transplant period, most of the allogenic transplant patients had worse scores while most of the auto pts have better scores.

Conclusion: Haematology patients who are planned to undergo transplant have similar QOL as other cancer patients. Allogenic stem cell transplant patients have a worse QOL in the early post transplant period. Autologous transplant patients seemed to have better QOL in the early post transplant period.

Total surveyed (Pre transplant) = 29
Auto 13, Allo 15, Cord 1
Gender = 20 female, 9 male
Marital status = 13 married, 16 single
Children = 7 have children, 22 no children
Race = 12 Chinese, 16 Malay, 1 Indian
ECOG performance status
0 = 4 patients
1 = 23 patients
2 = 1 patient
3 = 1 patient
Median Age = 28.3 years
Education Level = 16 Secondary school, 13 tertiary education
Diagnosis
Aplastic Anaemia = 2
Acute Lymphoblastic Leukaemia = 6
Acute Myeloid Leukaemia = 8
Acute Promyelocytic Leukaemia = 1
Chronic Myeloid Leukaemia = 2
Diffuse Large B Cell Lymphoma = 1
Follicular Lymphoma = 1
Hodgkin Lymphoma = 5
Myelodysplastic Syndrome = 1
Multiple Myeloma = 2
Post transplant assessment (Total surveyed = 13)
At median 126 days post transplant
Range 41 – 158 days

(Median scores)	Global health Status	Functional Scale – Physical Function	Functional Scale – Role Function	Functional Scale – Emotional Function	Functional Scale – Cognitive Function	Functional Scale – Social Function
Normal population	75	100	100	83.3	100	100
All cancer	66.7	80	80	75	83.3	83.3
All pre transplant(29)	66.7	80	66.7	66.7	66.7	66.7
All post transplant(13)	66.7	80	83.3	83.3	66.7	66.7

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Stem cell transplantation: a 10-year single centre experience

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Stem cell transplantation is the treatment of choice for patients with hematological malignant diseases. Aim of this study is to evaluate the results in 10 years experience with this procedure in our center. During a this period we have treated 195 patients with different malignant hematological diseases. 107 male, 88 female with median age of 34 years. Allogeneic sibling transplantation were performed in 56 patients, and autologous transplantation in 139 patients. According to diagnose: AML:91 ALL:10 CML:7 CLL:1 MP:1 NHL:20 HD:27 MM:34 AA:2 Ewing sarcoma: 1. Bone marrow was used as a source of stem cells in 28, PBSC in 168 patients. Conditioning regimen consisted chemotherapy with: Bu-Cy2, Bu-Cy-Mel, BEAM, high dose Melphalan, high dose ICE, Flu/Mel. Engraftment was reached on day +12 (10-24). Median value of MNC in BMT was 3,8x10/Kg (2,5-4,5), while in PBSC MNC was 4,1x10 (2,8-12,0). TRM in allogeneic recipients was 16%, with non-relapse mortality 10%, and in autologous recipients TRM was 3,8% with non-relapse mortality 2,0%. Primary disease was cause of death after transplantation in 40% in allogeneic, and 66% in autologous transplantation. 35% of allogeneic and 28% of autologous transplantation were transplanted in active disease.

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First Russian experience of calcium phosphate mouth rinse usage for treatment of children with oral mucositis undergoing haematopoietic stem cell transplantation

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Objective: High-dose chemotherapy administered as conditioning regimen prior to hematopoietic stem cell transplantation (HSCT) leads to injury or disruption of oral and gastro-intestinal mucosa. Mucositis is associated with increased risk of infections, mortality of patients (pts), duration and doses of morphine, duration of hospitalization, higher costs of treatment. As previously described, Caphosol, a neutral, super-saturated, calcium and phosphate solution for mouth rinse, is effective and safe for prevention of oral mucositis (OM) in adults undergoing HSCT and in head and neck cancer pts receiving chemo- and radiotherapy. However, the effect of Caphosol on OM in children is not yet established. We decided to first evaluate efficacy, safety and tolerability of Caphosol added to standard OM management in children with OM after HSCT.

Methods: Five children (4-16 years; median 13) with AML (n=2; allo-HSCT), neuroblastoma (n=2; auto-HSCT), Ewing sarcoma (n=1; auto-HSCT) were included. All pts received high-dose chemotherapy before HSCT and had OM grade 1 (n=4) or 4 (n=1) before Caphosol administration. Pts used Caphosol rinse four times daily, 30 ml each time. The OM was assessed according to Oral Mucositis Assessment Scale (OMAP) published by Sonis et al. in 1999.

Results: We detected the regression of OM in all pts (8-15 days; median 12). The duration of morphine administration was 0 (refusal by the patient), 8,10,12, and 15 days, with progressive decrease of the dose. Four of 5 pts had pain decrease during first hours after first Caphosol administration. The fever with no positive microbiology tests has been developed in 3/5 pts with duration of 3, 13, and 15 days. No adverse events nor bad taste or other unpleasant sensations on behalf of pts have been observed.