Patient and disease characteristics

Case No	1	2	3	4	5	6	7
Age	**21**	**45**	**4**	**42**	**46**	**12**	**29**
Diagnosis	CML-CP	AML	JMML	AML	CML -BC	AML	SAA
Conditioning regimen	FLU-MEL	Flu-Busulfan	Flu-Bu-Mel	FLA+Ara-C+Ida+Mel	Flu-Mel	Flu-Mel-Ara-c-ATG	Flu-CY
Risk factor		High Ferritin		Haplo-HSCT		High Ferritin, MUD HSCT	High Ferritin
VOD on day	11	11	12	14	14	14	16
Maximal Bilirubin	3.8	5	1.2	1.4	3.2	1.34	3.1
Weight gain (%)	5	22	10	7.5	5	3	13
Bearman score	10	10	20	16	12	11	16
DF Dose mg/kg/d	5	7	7	5	10	10	10
Duration	6	12	10	6	8	8	12
Resolution by	D+17	D+28	D+21	D+20	D+22	D+10	D+24
Organ dysfunctioon		hepatic encephalopathy	Oxygen desaturation		renal failure, hepatic encephalopathy, Oxygen desaturation	Oxygen desaturation	renal dysfunction, hepatic encephalopathy, oxygen desaturation

patients received DF in doses ranging from 5 mg /kg/d to 10 mg/kg/d in two divided doses for median of 8 days (range 6 to12 days). Six patients received intravenous DF while 1 patient received oral DF. All patients had complete resolution of VOD by day +22 post transplant (range day + 17 to day +28). No dose response relationship was observed between DF dose and time to resolution of VOD. None developed any side effects of DF.

Conclusion: A lower dose of DF is effective and safe in treatment of moderate VOD. This is especially relevant in a limited resource setting, however needs prospective evaluation.

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Follow-up of Vaccination Status in Adults after Allogeneic Hematopoietic Stem Cell Transplantation

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Background: Following hematopoietic stem cell transplantation (HSCT), the probability that acquired protective immunity is lost over time is significant. Therefore, a systematic reimmunization is important to re-establish appropriate immunity and to decrease the risk of vaccine preventable infectious diseases with their related morbidity and mortality. The aim of this study is to investigate whether the recommendations for vaccination were followed in our hospital and to which extent of conformity they were used.

Methodology: A 2-year retrospective survey, including adult allogeneic HSCT patients, (transplanted) at the Ghent University Hospital, Belgium, who were at least 3 months post transplant. Administration of the first dose of conjugated polysaccharide vaccine against Pneumococci was studied.

Results: Data on vaccination schedules of 50 allogeneic transplantations were collected. Of these, 34 patients (68,0%) were eligible for recommended vaccinations. Patients were vaccinated on-schedule (i.e. time-frame between HSCT and vaccination as recommended in the hospital guideline) in 76,5% (26/34). Postponed vaccination with a medical indication was observed in 8,8% (3/34) of patients. Of them, 66,7% (2/3) were postponed because of infection and 33,3% (1/3) because of significant thrombocytopenia.

Postponed vaccination without a medical excuse was observed in a minority of the patients, i.e. 11,8% (4/34), with either 'no medical reason' in 75,0% (3/4) or nonadherence in 25,0% of patients (1/4). Postponed vaccination with initial medical indication but then followed by non-medical reason was observed in 2,9% (1/34) of patients. Vaccination data were not available for 32,0% (16/50) of patients. The reasons were death before start of vaccination in 75,0% (12/16), graft failure in 12,5% (2/16) and lack of information in 12,5% (2/16) of patients.

Conclusion: The results emphasize the need for close follow-up of post-transplant patients in our hospital. This is confirmed by satisfactory concordance between the hospital recommendation and vaccination of HSCT patients. Healthcare providers play a crucial role by effectively and appropriately following the vaccination schedules. Moreover, literature data demonstrate that actively involving the patient in the follow-up (e.g. providing them with their vaccination schedule) results in improved follow-up. The role of a personalized electronic alert system will be explored in near future. In addition, the appropriate follow-up of out-patient vaccination, 1 year after HSCT, will be studied.

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Tolerability of Foscarnet As a Continuous Infusion for Treatment of Herpesvirus Infections

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Foscarnet (FOS) remains the primary antiviral option in the setting of intolerance of and/or resistance to ganciclovir (GCV) and other inhibitors of viral kinase. However, FOS-associated nephrotoxicity often limits it utility. Because this nephrotoxicity can be attenuated by substantially increasing the infusion time and ensuring adequate hydration, we report a successful approach to the administration of FOS as a continuous infusion (CI) in both the inpatient and outpatient settings. The decision regarding administering FOS as a CI was solely at the discretion of the treating team with most common reasons cited as attenuation of nephrotoxicity, management of fluid balance, and facilitation of outpatient care.

Results: Data regarding both groups is summarized in Table 1. Throughout administration, total daily dose was adjusted per recommendations based on creatinine clearance and adjusted ideal body weight with an additional liter of hydration daily. Median duration of treatment was 23 days (4-123d). 22 of the 25 treatment courses (23 patients) resulted in successful resolution of the disease process;