

were recorded and their relationship to VRC was determined. There were two patients with mild elevation in liver function tests not necessitating discontinuation of VRC with spontaneous normalization of liver function tests while on VRC. There was one patient with confusion, noted three days after the initiation of VRC while on narcotics. The confusion resolved upon discontinuing VRC and adjusting narcotics. VRC was not restarted due to resolution of fever and engraftment. Unlike prior reports we did not observe any skin rashes or visual disturbances. Our experience confirms the safety and tolerability of VRC in HSCT patients.

Table.

Number of patients	31
Mean age (range)	48 (25-65)
Sex	Male 24 (77%), Female 7 (23%)
Underlying disease	AML 11 (36%), NHL 7 (22%), HD 4 (13%), MM 4 (13%), ALL 3 (10%), CML 1 (3%), Germ cell 1 (3%)
Type of HSCT	Auto 28 (90%), Allo 3 (10%)
Mean days of neutropenia (range)	19 (7-57)
Route of VRC administration	PO 15 (49%), IV 10 (32%), IV+PO 6 (19%)
Dose of VRC	400mg q12hr for two doses then 200mg q 12hr
Mean days of VRC administration (range)	13 (2-45)
Adverse effects	Elevation of LFT's 2 (6%), Confusion 1 (3%)

HSCT, hemopoietic stem cell transplant; VRC, voriconazole; AMI, acute myeloid leukemia; CML, chronic myeloid leukemia; ALL, acute lymphoid leukemia; MM, multiple myeloma; HD, Hodgkin's disease; NHL, non-Hodgkin's lymphoma; LFT, liver function test.

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OPEN-LABEL, RANDOMIZED COMPARISON OF DOLASETRON VERSUS ONDANSETRON FOR PREVENTION OF NAUSEA AND VOMITING DURING HIGH-DOSE CHEMOTHERAPY AND STEM CELL TRANSPLANTATION

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5-HT₃ antagonists are now the standard for the prevention of nausea and vomiting during conventional dose highly emetogenic chemotherapy. Little data are available for the routine use of these agents in the high-dose chemotherapy (HDC) and transplant settings. Between May 1997 and March 2001, 197 patients were randomized to received either Dolasetron (D) at 100 mg IV and 100 mg PO 8-12 hours later or Ondansetron (O) at 32 mg IV and 8 mg PO 8-12 hours later during HDC regimens for breast cancer (STAMP V, n = 96, 48.7%), non-Hodgkin's lymphoma (BEAC, n = 83, 42.1%), and Hodgkin's disease (CBV, n = 18, 9.1%). In addition to the 5-HT₃ antagonist all patients also received dexamethasone 10 mg IV daily and an antiemetic pump containing benadryl, lorazepam and dexamethasone (BAD) delivered at a continuous rate with patient-controlled on-demand bolus doses as needed. **Results:** 164 (83 in D, 81 in O) of 197 patients were evaluable after completing a daily diary which also included a visual assessment scoring (VAS) for degree of nausea. Complete response (no vomiting episode and no use of rescue medications) occurred in D = 36.1% and O = 39.5%; major response (1 or 2 episodes of vomiting with no rescue medications) in D = 26.5% and O =

25.9%; and treatment failure (2 or more episodes in a 24 hour period not relieved by BAD boluses or use of or request for rescue medications) in D = 23% and O = 22%; all comparisons not showing any significant differences (p = 0.5910). More than 70% of patients in each arm showed varying degrees of nausea by VAS scale. Subgroup analyses also failed to show any statistical difference in responses and failures between D and O when used for any particular HDC regimen studied. **Conclusion:** D and O at the doses studied are equivalent in responses and failures for the prevention of nausea and vomiting in HDC and stem cell transplantation. More than 70% of patients at least achieve good control of vomiting with these agents in combination with dexamethasone and an antiemetic (BAD) infusion pump.

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ROLE OF MUSIC THERAPY-BASED RELAXATION VS. EXPRESSIVE READING INTERVENTIONS IN BLOOD MARROW STEM CELL TRANSPLANTATION

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Patients undergoing hematopoietic stem cell transplantation often experience significant pain, nausea, or emesis despite prophylactic and therapeutic pharmacologic interventions. A randomized controlled pilot study at the University of Rochester has been conducted to determine the effects of a music therapy-based relaxation/stress reduction intervention, compared to an active control condition (expressive reading), on side effects related to chemo- or radiotherapy and to determine whether any positive or negative effects on graft or immune reconstitution were influenced by these interventions. A total of 96 patients were accrued to the study; 32 received music therapy, 33 expressive reading, and 31 no intervention beyond usual supportive care. There were no significant differences in demographic or baseline variables among the groups. The music therapy group received an average of 5.59 intervention sessions (range 1-11) and the expressive reading group 6.06 (1-17) (NS) during their inpatient stays. Neither the intervention nor the number of intervention sessions received affected average number of days to engraftment or days to discharge. However, both the music therapy and expressive reading interventions resulted in a significant reduction in pain and nausea based on a visual analog scale administered before and after each session. On Day +7 of transplant, those patients receiving music therapy had a decrease in patient-requested medication as compared to controls (1.22 vs. 4.27), but there was no significant difference between intervention groups in p.r.n. analgesic administration. No significant difference among groups was found for frequency of emesis. The relaxation intervention given was not associated with differences in the levels of selected cytokines (IL-1a, TNF-a, or interleukin-6) or in absolute lymphocyte counts at Day +100. This pilot study demonstrates the feasibility of relaxation interventions in a stem cell transplant population and begins to discern possible areas of impact. Further controlled studies are required to determine (1) whether any specific effects accrue to music therapy interventions as compared with other relaxation interventions, and (2) the role of time and attention, regardless of specific activity, on immediate symptom relief.

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DETECTION AND VIRAL LOAD MONITORING OF BK VIRUS IN HEMORRHAGIC CYSTITIS COMPLICATING BONE MARROW TRANSPLANT PATIENTS

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Introduction: Hemorrhagic cystitis causes significant morbidity and mortality in bone marrow transplant (BMT) patients. Recent reports suggest the association of BK virus (BKV) in BMT patients with hemorrhagic cystitis due to reactivation of BKV under immunosuppressive conditions. Thus, management of serious BKV