DEVELOPMENT OF A DISTRIBUTED RESEARCH DATA MANAGEMENT SYSTEM FOR A COMPUTERIZED PEDIATRIC HEMATOLOGY/ONCOLOGY HEMATOPOIETIC STEM CELL TRANSPLANT REGISTRY – A COST EFFECTIVE MODULAR APPROACH

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The role of a reliable data management and information system in oncology services is well established. In addition to well-known risk determining factors, the outcome of treatment efforts is also influenced by the geography and genetic makeup of the population being treated. The toxicity of the therapy used requires close monitoring of protocol outcomes to determine the risk benefit. Also advances in diagnostic tools and criteria, and identification of new risk factors require constant update of the data items being collected in such a system.

Commercially available oncology data management and information processing systems are not always useful in fulfilling these requirements. The initial and maintenance costs for these programs also make it less feasible for use in resource poor countries.

Here we report our experience in the successful development and implementation of a comprehensive, efficient and scalable data management system specifically developed for hematopoietic stem cell transplantation of patients with pediatric hematology/oncology diseases. The data end-users (oncologists and transplanters) were critically involved with the system development and data items incorporated were based on their recommendations. Ethnic and social characteristics (such as tribal affiliations), which impact on disease genetics, were also included. The integrated model allows for concentric expansion and linkages that result in availability of data relating to multiple aspects of each patient’s care throughout his course, including pre- and post HSCT. Changes in treatment protocols and diagnostic tests can be easily incorporated as required. Policies and procedures were developed simultaneously to direct the workings of this data management system.

The simplicity, efficiency and scalability of the system design, and its affordability makes it a model for use in other institutions, especially in developing countries.

IMPLEMENTATION OF HEMATOLOGY-ONCOLOGY LECTURE SERIES FOR HOUSESTAFF

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Background: We have a ward service dedicated to cancer patients. Housestaff taking care of these patients includes three interns and a fellow. There is also a consult service comprising a fellow, an intern, and a resident. There is a need to implement formal, didactic, teaching devoted to topics in hematology and oncology to improve quality of care.

Objective: The development of a monthly lecture series for housestaff rotating on a hematology-oncology rotation focusing on three key areas:

a) Knowledge to manage the patients on the hematology-oncology service
b) What one is most likely to encounter in the practice of medicine, regardless of eventual subspecialty field.
c) Relevance for Internal Medicine exams.

Methods: Topics chosen based on relevance included leukemia, lymphoma, multiple myeloma, transplantation (these first four comprising >75% of patients on service), coagulation, breast cancer, lung cancer, colon cancer, gynecological cancer, and pain management/supportive care. Speakers included full-time faculty as well as private physicians affiliated with the cancer center. Emails and phone calls were placed to the physicians and announcements made at division meetings and schedules developed. Test questions were given to housestaff at the start of their one month rotation and at the end of rotation. Lectures were scheduled for afternoons if possible to avoid conflicts with morning rounds. Occasional morning talks were necessary however due to schedule issues. Format of lectures was flexible (power point, dry-erase board).

Results: Overall feedback was positive for the lectures. The two conditions affecting optimal success of the program concerned scheduling, including housestaff schedules and availability of when and which speakers could lecture. The question/answer testing is early in the process.

Conclusion: A didactic lecture series is an important aspect of stem cell hematology-oncology education for housestaff and will improve quality of care of the stem cell transplant service. Repeating lectures every month is a challenge for several reasons. Possible interventions in the future may include:

a) Focusing lecturing duties to full-time faculty, with an emphasis on faculty currently on service.
b) Creating power point presentations and handouts on file for use by multiple people so that rotating faculty may use these materials for talks.
c) Statistical analysis of scores from pre-rotation and post-rotation exams to assess housestaff performance.

PHARMACY ORAL

THE EFFICACY OF APREPITANT ADDED TO ONDANSETRON AND DEXAMETHASONE FOR PREVENTION OF CHEMOTHERAPY INDUCED NAUSEA AND VOMITING (CINV) DURING AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANTATION (HSCT)

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Despite premedication with dexamethasone and ondansetron, acute and delayed CINV remains a persistent problem in the setting of autologous HSCT. Aprepitant is an oral neurokinin-1