

Conclusion: Our study shows that patient mobilized with plerixafor and G-CSF have similar immune reconstitution at 30 and 60 days post autologous transplantation compared to patients mobilized with G-CSF alone.

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Retrospective Assessment of the Stanford Integrated Psychosocial Assessment for Transplantation (SIPAT) in Hematopoietic Stem Cell Transplantation (HCT) Recipients

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Background: HCT is a lengthy, complex procedure with the potential for decreased quality of life, transplant related mortality, relapsed disease, and graft-versus-host disease. Psychosocial assessments are a part of the overall HCT evaluation process, but there are very few validated psychosocial instruments for this patient population. Recently, the SIPAT has been shown to predict outcomes in solid organ transplantation. A retrospective pilot study was performed on 25 consecutive HCT patients to investigate whether SIPAT results correlated with HCT outcomes.

Methods: The retrospective pilot study was modeled after methodology published in any earlier SIPAT study conducted by JR Maldonado (Psychosomatics, 2012). Two experienced HCT reviewers, a physician and a social worker, and an inexperienced reviewer, a transplant coordinator, conducted the retrospective chart review, completing the SIPAT for 25 consecutive HCT recipients at the University of Virginia between January and October 2012. A clinical research coordinator independently reviewed each patient's medical records and interviewed transplant coordinators to record HCT recipient outcomes.

Results: HCT recipients (median age 52, 56% male) received HCT's for myeloma, lymphoma and leukemia. 14 recipients received an allogeneic transplant, while 11 received an autologous one. The inter-rater reliability between the SIPAT reviewers was inconsistent. 2 reviewers correlated well (R=.84), while the other correlations between reviewers were weak (R=.62 and R=.55). It was noted that there was a response shift in SIPAT reviewer 3 to lower scores, indicating potential bias in reviewers 1 and 2 due to prior patient exposure. To test possible associations of psychosocial assessments with recipient outcomes, individual reviewer SIPAT scores were plotted. These indicated higher assessment scores were associated with poorer social support and compliance, and increased drug relapses, and psychiatric symptoms. Other outcome measures such as graft failure, treatment related mortality, re-hospitalization and disease relapse failed to show a relationship with SIPAT scores.

Conclusion: SIPAT scores may indicate positive relationships between HCT psychosocial assessments and various psychosocial outcomes. Due to the limited number of transplant recipients in the retrospective review, it was not possible to completely blind the experienced

reviewers. Bias may have been introduced resulting in higher scores for these reviewers compared to the third reviewer, who was new to the program. Additionally, the poor inter-rater reliability of the SIPAT (in spite of education and practice) may have arisen from the challenges of scoring patients retrospectively through chart reviews, as the program's psychosocial assessment was not as detailed as the SIPAT. These issues can be addressed in future prospective studies.

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A Population Care Management Approach within a Vertically Integrated, Community-Based, MULTI-Center Health Care System Promotes Quality Hematopoietic STEM CELL Transplant Survivorship Care

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Background: Through the use of an electronic medical record (EMR) based system, care managers, and single provider physician oversight, we previously reported high concordance rates of post hematopoietic stem cell transplant (HSCT) screening based on ASBMT guidelines in a community based, multi-facility care delivery system.

Objective: To demonstrate that case management in a vertically integrated, EMR based community practice spanning 9 medical centers in a large metropolitan region can consistently promote high concordance rates with published ASBMT guidelines and lead to timely recognition of common transplant associated complications.

Methods: Retrospective chart review of 74 consecutive pediatric HSCT survivors (0-18yrs) from 2005-2013 looking for concordance rates with 2012 ASBMT late effects guidelines. The frequency of thyroid dysfunction, cataracts, pulmonary disease, and ovarian dysfunction were noted as well as the mean time to development. Majority of patients were treated with fractionated TBI and therefore were at high risk of developing late effects.

Results: We observed a sustained high level of concordance (>90%) with screening guidelines in the period after a population care management approach was implemented (2009-2013). This led to the timely identification and management of HSCT associated complications.

Conclusion: An EMR based, vertically integrated health care system facilitates effective community based post-HSCT survivorship care in the pediatric population.

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Symptom Burden, Quality of Life, and Employment Status after Stem Cell Transplantation

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Background: Patients of stem cell transplantation (SCT) may experience long-term symptoms that impact quality of life and adjustment. Employment status has been identified as an important marker for post-transplant adjustment.