

(Continued)

Patient age/sex	HCT type	Diagnosis	Organ & Indication	Time b/w HCT & SOT	Follow-up after SOT
16 F	Allo MUD	CML	Lung, Bronchiolitis obliterans	1.2 yrs	1 mo, dead (multi-organ failure)
17 M	Allo MUD	ALL	Kidney, ESRD	6.2 yrs	Lost to followup

Allo sib – matched sibling donor; MUD – matched unrelated donor; CML – chronic myeloid leukemia; AML – acute myeloid leukemia; ALL – acute lymphoblastic leukemia; ESRD – end stage renal disease; HCV – hepatitis C

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A STUDY ON THE SEXUAL DYSFUNCTION OF FEMALE RECIPIENTS WHO UNDERWENT HEMATOPOIETIC STEM CELL TRANSPLANTATION

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Background/ Aims: Many studies have shown sexual dysfunction in recipients who underwent HSCT, particularly for female recipients. However, there were no studies for sexual dysfunction of female recipients who underwent HSCT in Korea, because the sexual problem was just considered very private. The purposes of this study was to analysis the level of sexual dysfunction of female recipients who underwent HSCT and provide basic data contributed in taking care of female recipients having sexual problems after HSCT.

Methods: The sexual function of 60 female recipients who have been visiting hospital after HSCT, were selected from database of Catholic HSCT center, St. Mary's Hospital; was assessed using the Korean translated version of FSFI (female sexual function index) questionnaire.

Results: More than 80% of female recipients had hematological malignancies; more than 76.7% were allograft recipients. Gonadal disturbances were present in 51.7% of female recipients. 22.5% of them were receiving estrogen replacement and only 23.3% had regular menses. 61.7% of them had never done sexual activity in the past four weeks from the assessment date. The reason why they didn't have sexual activity was associate with the uninteresting of themselves (48.3%), the fear of infection (44.9%) and the uninteresting of their sexual partner (13.8%). More than 94% of female recipients were found to have low level of FSFI total score as sexual dysfunction. They were found to have each domain scores on sexual desire, arousal, lubrication, orgasm and satisfaction as sexual dysfunction; 80.8%, 98.1%, 92.3%, 86.5%, 84.6% and 86.5% of them respectively. These results showed significant sexual dysfunction of female recipients who underwent HSCT.

Conclusion: The Sexual dysfunction of female recipients, who underwent Hematopoietic Stem Cell Transplantation, is usual after HSCT. We suggest stressing the importance of intervention for female recipients having sexual problems and there are needed to apply hormonal, mechanical, and behavioral methods to prevent sexual dysfunction in further studies.

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SUICIDE IN ALLOGENEIC HAEMATOPOIETIC STEM CELL TRANSPLANTATION (HSCT) PATIENTS, IS IT A PROBLEM?

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Introduction: A review of the literature showed that the problem of suicide and suicide attempts among HSCT patients has only been examined in two studies from the 1990ties. Since suicide continues to be a problem in HSCT patients we wanted to examine the problem in a Danish population based context.

Patients and methods: Follow-up data from the Danish cohort of HSCT patients (N: 1217 September 1. 2008) revealed that three patients had committed suicide, and that at least three patients had attempted to do so.

Results: The three patients who committed suicide were all males, two of them were severely ill, one with a prolonged inpatient period due to transplantation complications and one had recently been diagnosed with relapse following HSCT. The last patient was 10 years from HSCT and suffered from depression. Whether, in the Danish cohort, other patients have committed suicide may be a matter of definition e.g. a patient, who refused to take his medicine, because he did not wish to live, die three months later due to GvHD. The three patients whom we know attempted suicide are all females, and their attempts occurred approximately 10 years after HSCT, during childhood or adolescence. One patient has severe extensive long-term complications following HSCT and the other two patients have been complaining of depressive thoughts. Whether other patients have attempted suicide is unknown, but it is likely that our follow-up data collection does not always pick up such events.

Conclusion: Suicide and suicide attempts are not well described in the HSCT literature. It's unknown whether we actually capture all suicides and suicide attempts in our medical records and by our data collection procedures. It's also unknown what the incidence of suicide is following treatment with HSCT. We would therefore suggest a multicenter/registry analysis of the problem. In order to capture information regarding HSCT patients that commit suicide we need to know their age, gender, time after HSCT, complications (e.g. GvH, infection) and psychological profile. This would provide us with further knowledge and understanding of the problem, and hopefully help us care better for patients at risk for post transplantation suicide.

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PANCREATIC ATROPHY IS ASSOCIATED WITH GASTROINTESTINAL CHRONIC GRAFT-VERSUS-HOST DISEASE FOLLOWING ALLOGENEIC PERIPHERAL BLOOD STEM CELL TRANSPLANTATION

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The weight loss and malnutrition commonly observed in patients following hematopoietic stem cell transplantation is due to pancreatic insufficiency, at least in part. To date, few reports have evaluated pancreatic morphology in the chronic phase of transplantation. We evaluated pancreatic atrophy following allogeneic peripheral blood stem cell transplantation (PBSCT) by retrospectively reviewing patients with chronic graft-versus-host disease (cGVHD) following PBSCT from related donors. The study was carried out at our institution between June 2001 and October 2007. Computed tomography (CT) scans were available for pre- and post-transplantation pancreatic assessment from 25 of 26 patients with cGVHD who had survived at least 100 days. The median patient age was 60 years. Sixteen patients received fludarabine-based reduced-intensity conditioning regimens. The median duration of observation for survivors was 4.1 years. Pancreatic atrophy was observed in five (20%) of 25 patients, while steatorrhea was documented in only one (5%). Univariable analysis revealed that pancreatic atrophy was significantly associated with involvement of liver ($P = 0.041$) and gastrointestinal (GI) tract ($P = 0.022$) of cGVHD, while multivariable analysis showed that only GI cGVHD was a significantly associated factor [OR: 16.0 (95%CI: 1.1–364), $P = 0.043$]. Overall survival (OS) between patients with and without pancreatic atrophy was similar (40.0% and 56.3%, respectively; $P = 0.98$). Morphological assessment by CT detected pancreatic abnormalities more sensitively, easily, and less invasively than assessment via steatorrhea observation or biopsy. Pancreatic atrophy is not a rare complication of PBSCT in patients with cGVHD, particularly in those with GI cGVHD.

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PSYCHOSOCIAL FACTORS AND OVERALL SURVIVAL AFTER AUTOLOGOUS AND ALLOGENEIC BMT

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Various psychosocial factors have been assessed in BMT patients (pts), but there are few reports of a comprehensive psychosocial