conclusion of the study was used to gather reflections which are included in the results.

**Findings & Interpretation:** Data collection occurred over a period of 17 months, with a total of 25 patients to complete the study. 92% of the patients felt they had the information needed to access palliative care. 84% of the patients reported an increase in knowledge about palliative care.

**Discussion & Implications:** Data indicates that there was an increased knowledge and understanding of palliative care, and an improved ability to access palliative care. Although the benefit of early palliative care is clear in the literature, anecdotal results reveal it is difficult to know when the patients will be emotionally and intellectually most ready to learn.

**576**

**Providing a Safety Net for Bone Marrow Transplant (BMT) Survivors: Nurses and Telephone Triage**

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**Topic Significance & Study Purpose/Background/Rationale:**
Long term follow-up (LTFU) of patients transplanted in an NCI-designated Cancer Center is a key ingredient for improving ongoing quality of life and overall survival. The telephone triage consult service at the Seattle Cancer Care Alliance answers the BMT-related questions of post-transplant survivors and their local providers after discharge from the Center. LTFU Telephone Triage is staffed Monday-Friday by registered nurses (RNs) who manage approximately 80 calls per week from a population of over 5,600 transplant survivors. This successful service demands expertise in the recognition of signs and symptoms of late acute and chronic Graft versus Host Disease (GVHD), infection, and other complications of transplantation. This department is an essential link in providing optimal post-transplant care in the survivor’s local community.

**Objectives:** Symptoms of transplant complications are caught early and appropriately treated to promote quality long term survival.

Collaboration between telephone triage team, survivors, family, and local providers improves quality of post-transplant care.

Meaningful research can be done to improve LTFU patient outcomes.

**Methods, Intervention, & Analysis:** Essential elements for a successful LTFU RN Telephone Triage service are: establishing and maintaining an organized service; teaching survivors how to access the service during their departure education; ensuring an accessible service; staffing with a dedicated, multidisciplinary team including support staff, transplant-experienced RNs, attending physicians with post-transplant expertise, and other specialty consultants; holding thrice weekly rounds for reviewing cases and formulating clinical recommendations; developing tools used to streamline patient monitoring such as the LTFU flow sheet, LTFU charts, RN Sign-outs, Center-specific LTFU clinical practice guidelines; cultivating positive working relationships with local medical providers; and utilizing sophisticated electronic systems.

**Findings & Interpretation:** Continued access to LTFU expertise is critical in assisting survivors and their local practitioners in managing care. Telephone triage serves as a safety net for these survivors with complex and unique needs after transplant.

**Discussion & Implications:** Patient satisfaction for the LTFU service is high and meaningful research continues to improve outcomes as we identify new areas for intervention from this population. The ultimate metric of success of the telephone triage team work is seen in the exceptional 1-yr and 5-yr survival outcomes at the Seattle Cancer Care Alliance.

**577**

**Weight Based Plerixafor Dosing Reduces Side Effects in Stem Cell Mobilization**

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**Topic Significance & Study Purpose/Background/Rationale:** Autologous stem cell mobilization is enhanced by use of plerixafor in combination with G-CSF, particularly in otherwise poor mobilizers. At New York Presbyterian Weill/Cornell we determined CD34 count on day four of G-CSF and added plerixafor for those whose CD34 count was <20 cells/mL. Plerixafor dosing was based on both weight and kidney function (EGFR >60 ml/min/m2: 24 mg; EGFR<60 and weight >50 Kg: 24 mg; EGFR<60 and weight < 50 Kg: 12 mg). This algorithm was implemented in early 2013 and was quite effective in stem cell mobilization. The required number of apheresis per patient was much reduced (Cushing et al, submitted). However, out of 55 patients, 12 experienced a variety of side effects including diarrhea, abdominal pain, nausea, vomiting, sweating, insomnia, paresthesias, jaw tightness, blurred vision, difficulty walking, and in one case hallucinations. These side-effects occurred within hours of administration of plerixafor and in most patients resolved within 24 hours.

**Methods, Intervention, & Analysis:** There was a clear association between body weight and occurrence of this syndrome. The median weight of those with side-effects was 60, compared to a median weight of 80 for those without side-effects. (p<0.001 - figure). The dosing algorithm was adjusted as follows: EGFR>60 and weight of >75 Kg: 24 mg; 51-75 Kg: 18 mg and <50 Kg: 12 mg. Further dose reductions are implemented for pts with reduced EGFR. EGFR is <50 and >75 kg: 16 mg; 51-75 Kg: 12 mg, and <50 Kg: 8 mg.