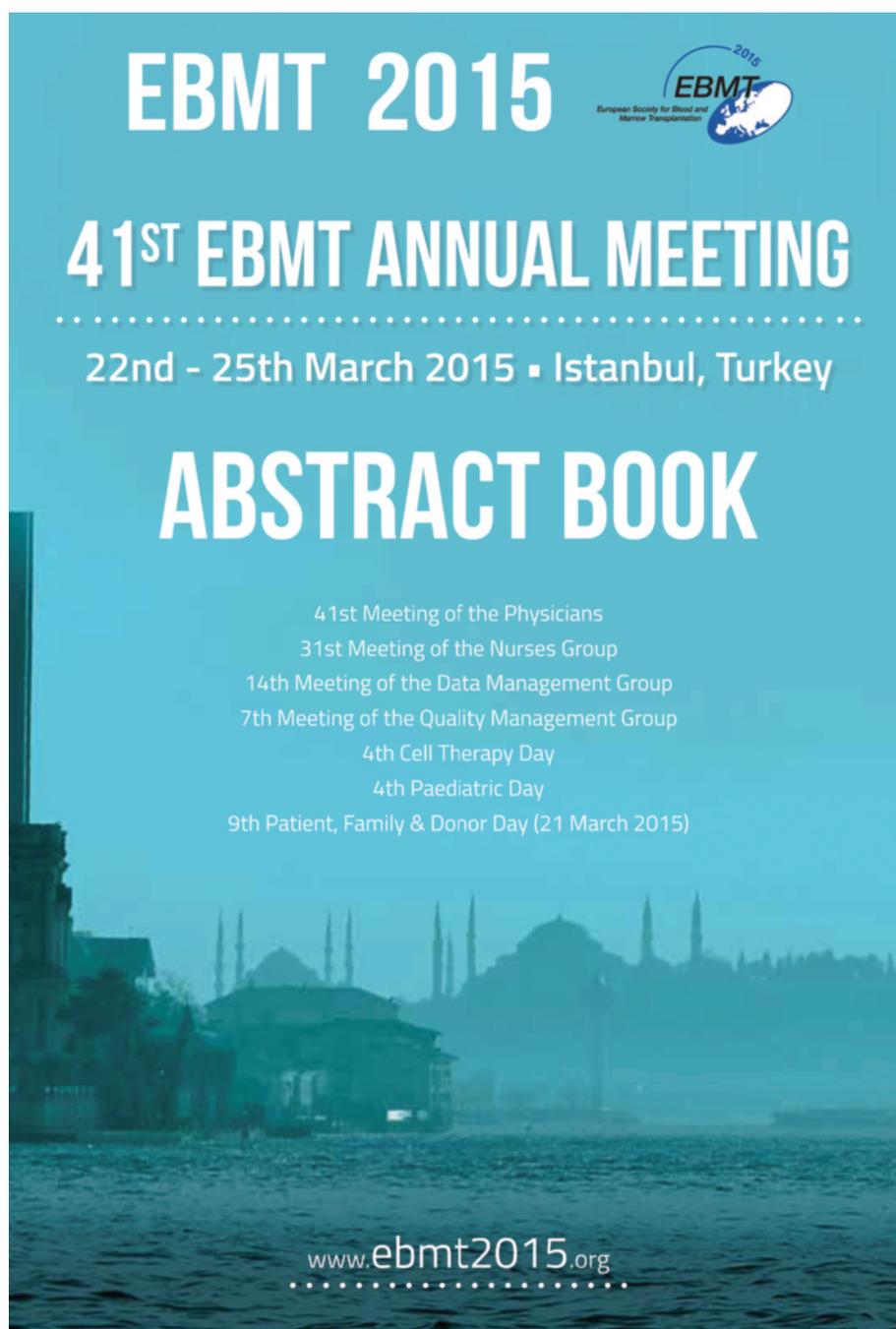


# Bone Marrow Transplantation

including biology and use of blood stem cells

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**EBMT 2015** 

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**ABSTRACT BOOK**

41st Meeting of the Physicians  
31st Meeting of the Nurses Group  
14th Meeting of the Data Management Group  
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4th Cell Therapy Day  
4th Paediatric Day  
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and trephine biopsy detected 10-20% infiltration of bone marrow with clonal plasmatic cells. Final staging excluded involvement of further target organs with AL amyloidosis. Patient was indicated to peripheral blood stem cell harvest (PBSC) and high-dose chemotherapy with autologous stem cell transplantation (ASCT).

**Materials (or patients) and methods:** PBSC were mobilized with G-CSF (granulocyte colony-stimulating factor, filgrastim 10 µg/kg/day) alone. Even after escalation of G-CSF dose patient did not proceed to harvest. As a poor mobilizer patient received additional mobilization drug plerixafor (Mozobil<sup>®</sup>, CXCR4 inhibitor) and proceed to apheresis with successful harvest of stem cells (5,6.10<sup>6</sup>/kg CD34+ cells). Unfortunately within days after harvest, patient presented with bilateral heart failure, NYHA III-IV, BMP 2100 ng/l, and pleural and pericardial effusions. Patient was put urgently on waiting list and within 2 months underwent uncomplicated heart transplantation. Histologic findings confirmed progression of amyloidosis in original heart. Posttransplant biopsy of a transplanted heart did not show any rejection or signs of amyloidosis.

Six months following the heart transplantation, patient underwent formerly planned ASCT with high dose chemotherapy melphalan 140 mg/qm. The ASCT was uncomplicated, only mild toxicities and no serious peritransplant infections despite ongoing immunosuppressive treatment (prednisone, tacrolimus) were noticed. Two months after ASCT patient is clinically stable, fully in outpatient settings, endomyocardial biopsy negative in terms of amyloidosis and laboratory negative FLC confirm complete hematologic remission.

**Results:**

**Conclusion:** Published small patients cohorts after heart and bone marrow transplantation present the best results in patients reaching hematologic remission with 65% 5-year survival.

There are a few case-report series reporting deterioration of heart failure in the course of PSBC stimulation with G-CSF. Our case is the first report which describes heart failure after stimulation of PBSC with G-CSF in combination with plerixafor to date.

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**Disclosure of Interest:** None declared.

#### AB064

##### Existential psychotherapy of depression in patients undergoing bone marrow transplantation

D. E. Vybornykh<sup>1,\*</sup> on behalf of Research Group studying Mental Disorders in Patients with Hematological Diseases

<sup>1</sup>BMT, National Research Center for Hematology, Moscow, Russian Federation

**Introduction:** Depression in patients undergoing bone marrow transplantation is a serious problem in the treatment of blood diseases, because, in addition to difficult subjective experiences, they lead to a breach of compliance, which promotes, in particular, a protocol violation of bone marrow transplantation. From the perspective of the existential approach, the painful depressive feelings makes to forget about how important and necessary to appeal to the life and life values, and the severity of depression determined by the degree of violation of experience the value of life with the loss of ability to perception of the value that previously gave it meaning.

**Aim:** To conduct a study to examine the effectiveness of existential psychotherapy of depression in patients undergoing bone marrow transplantation.

**Materials (or patients) and methods:** The study involved 21 patients with various hematologic malignancies undergoing bone marrow transplantation who were diagnosed with neurotic level depression. Treatment was carried out with the use of methodological principles of existential-analytical

approach (A.Lengle, 2013): 1). The establishment of the therapeutic relationship, 2). Appeal to the present and the division of tasks, 3). Work on cognitive structures and incorrect attribution, 4). Mobilization of personal resources and determine their position using specific existential-analytic methods - self-distancing, self-acceptance, finding personal position, 4). Processing of failure sensations 5). Processing of guilt and concretization of responsibility, 6). Work on relationships, 7). Deep therapy aimed at restoring the ability to experience the fundamental values.

Assessment of the dynamics of depressive disorders was assessed clinically using a scale of depression Montgomery-Asberg (MADRS), Hospital Anxiety and Depression Scale (HADS) and the Clinical Global Impression (CGI) to assess the severity of illness (CGI-S) and improvement (CGI-I).

**Results:** One measure of the success of this type of therapy is to return the existential fundamental motivation of life and the active component of personal action. Such a finding of personal position is followed by understanding the value of life. As a result of the study were obtained clinical (normalization or significant improvement in mood, normalization of sleep, appetite, new plans for the future) and psychometric (reduced scores on depression and anxiety, as well as on the Clinical Global Impression scale) is evidence of the effectiveness of existential approach to psychotherapy of depression in cancer patients undergoing bone marrow transplantation.

**Conclusion:** Existential psychotherapy is a quite effective treatment for neurotic level depression in patients undergoing bone marrow transplantation.

**Disclosure of Interest:** None declared.

#### AB065

##### Is it possible to overcome the catastrophic complications of Hematopoietic Stem Cell Transplantation (HSCT) using Plasma Exchange (PE)?: A Single Center's Experience

M. K. Yuksel<sup>1,\*</sup>, G. Pekcan<sup>1</sup>, E. Ediboğlu<sup>1</sup>, M. Bay<sup>1</sup>, S. Civriz<sup>1</sup>, S. K. Toprak<sup>1</sup>, P. Topcuoğlu<sup>1</sup>, Ö. Arslan<sup>1</sup>, M. Özcan<sup>1</sup>, M. Beksac<sup>1</sup>, T. Demirel<sup>1</sup>, H. Akan<sup>1</sup>, N. Konuk<sup>1</sup>, G. Gurman<sup>1</sup>, O. İlhan<sup>1</sup>

<sup>1</sup>Hematology Department and Stem Cell Transplantation Unit, Ankara University School of Medicine, Ankara, Turkey

**Introduction:** Plasma Exchange (PE) is an effective therapy for TTP and desensitization for HSCT. However its effectiveness for early complications of endothelial origin such as venoocclusive disease (VOD) of liver, HSCT associated thrombotic microangiopathy (TMA) and infectious complications such as sepsis and acute and chronic GVHD of liver is controversial. Our aim is to report effect of PE for this controversial issue.

**Materials (or patients) and methods:** We conducted a retrospective chart review of 40 patients who underwent an allogeneic HSCT between 2006-2014. The primary end point was the effect of PE on the survival.

**Results:** Of the 40 patients 22 (55%) were male and 18 (45%) were female. The mean age at transplantation was 34.7 (17-67). Diagnosis of the patients were ALL  $n=6$  (15%), AML  $n=12$  (30%), Biphenotypic Leukemia  $n=2$  (5%), FAA  $n=2$  (5%), HL  $n=2$  (5%), IMF  $n=3$  (7.5%), MDS  $n=6$  (15%), MDS-AML  $n=2$  (5%), NHL  $n=2$  (5%), CML  $n=1$  (2.5%), CLL  $n=1$  (2.5%), MM  $n=1$  (2.5%). All of the patients underwent allogeneic HSCT. Of the 40 patients 23 (57.5%) were full match related donors, 16 (40%) were unrelated donors and one (2.5%) was haploidentical donor. PE indications were Sepsis  $n=13$  (32.5%), VOD  $n=9$  (22.5%), TMA  $n=6$  (15%), Acute GVHD  $n=6$  (15%), Chronic GVHD  $n=2$  (5%), Pure Red Cell Aplasia (PRA)  $n=1$  (2.5%), drug toxicity  $n=1$  (2.5%). Technical aspects of plasma exchange is shown in Table 1. Of the 40 patients five of them (12.5%) were alive. The diagnosis of were TMA  $n=2$ , Chronic liver GVHD  $n=1$ , PRA  $n=1$ , drug toxicity  $n=1$ .