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Access to Standardised Nursing Information: Methods in Achieving Best Clinical Practice in Haematology

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Background

For nurses to deliver optimal treatment to patients with haematological malignancies, they require a comprehensive understanding of current key evidence, and internationally acceptable standards of care. The Cancer Institute NSW Standard Cancer Treatments Program (CI-SCaT), a single web based Australian repository of standardised, evidence based cancer treatment protocols, is a unique resource that provides nurses with comprehensive, current, and relevant treatment and nursing protocols that may be used in local units at no cost.

Objectives

- to ensure accuracy and currency of the present content on the website
- to develop new content on the website that is evidence-based and current

Method

Reference committees of practising clinicians are established to discuss validity, reliability, and transferability of information to the clinical environment. These committees utilise a governance model driven by peer trust, voluntary participation, and professional commitment. The CI-SCaT Nurses Reference Committee has a current membership of 120 nurses with clinical expertise in various specialities, including haematology and blood and marrow transplantation which constitutes approximately 50% of the group.

Results

Over 90 members attended the recent 3rd Annual Nurses Reference Group Workshop, where 90 nursing policies were reviewed, of which 25 were haematology and blood and marrow transplantation. Although the very recent addition of the blood and marrow transplantation content stream allowed for only few policies to be presented at the workshop, a great deal of interest was expressed by the nurses for further development in this speciality.

Conclusion

The potential benefits for nurses standardising information in a single repository such as CI-SCaT are multiple – allowing equity of access to current and valid clinical guidelines and reducing unnecessary duplication. It is hoped that these benefits, in addition to the enthusiasm generated by nurses within haematology and blood and marrow transplantation will ultimately lead to the development of valuable clinical protocols.

No conflict of interest to disclose

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REVIVE: An Education and Support Program to Empower Young Adults Affected by Leukaemia, Lymphoma, Myeloma and Related Blood Disorders

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Aim

In response to overwhelming feedback from clinicians, patients, and survivors, the Leukaemia Foundation proposes to research and implement a program for young people who are diagnosed with a blood cancer between the ages of 18 and 35. This program will focus on evidence-based research which will ensure the highest quality of education and support. Our aim is to address the unique physical, social and emotional issues that are currently under supported in this population.

Method

Primary research was conducted via a needs analysis survey to identify and prioritise needs and direction for the program. Surveys were distributed to young people diagnosed between the ages of 18 and 35 on the Leukaemia Foundation database and throughout treating centres in Australia. Secondary research into existing young adult cancer support, including international models of care and online networks is ongoing.

Results

In total, 100 surveys were returned. From our research an education booklet was developed specifically for young people living with a blood cancer, in line with the Foundation's educational series. Secondly, an online interactive website 'REVIVE' www.teamrevive.com was developed to create a portal for young people to access information and contacts, share stories and network with each other. Maintenance and content update of the website is ongoing. Networks in each state will be established to provide patient advocacy and peer support to this currently under resourced population.

Conclusion

The outcome of the 'Revive' program is to provide education and support for young adults affected by leukaemia, lymphoma, myeloma and related blood disorders. Empowering survivors to confront life positively after facing death. The mobilisation of young adult patient advocates will potentially lead to an increased awareness within the medical community about the needs of this age group, and ultimately increase the quality of age specific support and care.

No conflict of interest to disclose

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www.talkbloodcancer.com A Virtual Support Group for Patients and Families Living with Leukaemia, Lymphoma, Myeloma and Related Blood Disorders

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Aim

To establish a safe and supportive virtual support group for patients and families living with leukaemia, lymphoma, myeloma and related blood disorders. An online, moderated, information and support forum was developed to enable patients and their families to share experiences, increase access to information and peer support across Australia. Currently Leukaemia Foundation support reaches over 50% of newly diagnosed patients. Through this project we aim to extend our reach, improve access to and disseminate information and services Australia wide.

Method

Talk Blood Cancer was established by the Leukaemia Foundation in May 2006. The online forum is moderated by the Leukaemia Foundation's experienced haematology nurses enabling people to share with confidence: ideas, opinions, helpful and practical advice and personal experiences. Strict terms and conditions assist to create a safe environment. The following factors have been identified as ongoing indicators to assist in the evaluation of the project. Quantitative indicators: number of registered support group members, number of guest support group members and number of posts to the discussions are recorded and analysed. Qualitative indicators: subject themes emerging from the posts and replies.

Results

The online forum attracts a steadily increasing number of registered members and visitors throughout Australia. There are currently 583 registered members including regular members off shore. To date, an impressive 3708 messages have been posted on the forum, attracting over half a million viewers. We are continuing to explore innovative ways to increase value of this virtual group such as, "Ask the Expert" sessions.

Conclusion

www.talkbloodcancer.com has emerged as a vital conduit for accessing information, support and resources, for patients and their families. Exploration of measures to maintain and increase virtual support group activity continues based on current activity and as well as opportunities for the future.

No conflict of interest to disclose

P156

What Do Myeloma Blogs Reveal About the Experience of e-patients in the Era of Novel Agents?

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Aim

To review changes in the experience of living with multiple myeloma (MM) by analysis of myeloma blogs, with particular reference to the impact of novel agents.

Background

There is an emerging field of study examining how blogs are used by people with cancer. As of December 2007 75.9% of the Australian population— 15,504,532 people - use the internet (www.internetworldstats.com/), however, there are barriers to internet usage, one of which is the “digital divide” (Kontos et al 2007). People in a higher economic position (SEP) demonstrate a greater access and usage compared to those in a lower SEP.

Broadband access has also been shown to influence health seeking internet usage (Cline & Haynes 2001) and as of December 2007, 23% of the Australian population had Broadband access (www.internetworldstats.com/) highlighting that care must be taken in planning health care information initiatives to be inclusive. Patients use the internet “to gain, maintain and display familiarity with a remarkable body of medical and experiential knowledge about their illness” (Ziebland et al 2004). This enables them to be able to be technically proficient and discriminating users of medical information and medical services, covertly questioning their doctors advice (Ziebland et al 2004) and suggesting a change from the traditional ‘doctor knows best ‘ approach (Coulter 2001).

Methods

This exploratory study examined four Blogs written by people with multiple myeloma. All were in the public domain and not requiring any password access. The impact of novel agents on the experience of living with myeloma was of specific interest and so all were searched using key words “Velcade”, “Revlimid”, “Lenolidamide” and “novel agent”. 10 to 80 entries were found in each blog with up to 5 comments by other people, per entry. These were analysed to determine how peers affected by myeloma communicated via blogs.

Results

This study found 2 major ways that people used their blogs ; as an information resource (evaluating treatment choices; reporting complications and biomedical data; publishing news and reports; sharing advice and recommendations) ;and as a source of unicity (story telling; supportive comments; acknowledgment).

Conclusions

Patients use the internet in a variety of ways; much of the clear benefit found by patients in this resource in managing life threatening and chronic illness of may be underestimated or unknown. What appears to be clear, however, is that some patients are experts in their illness, possessing both medical and empirical knowledge and is apparent that expertise in patienthood is an important tool in their healthcare management.

No conflict of interest to disclose

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MabThera Information for Patients With Autoimmune Disorders

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Aim

The use of Rituximab (MabThera) in patients with autoimmune disorders is increasing in our haematology department. The information that we were able to provide patients in a take home format that was disease specific was not available. The only information available was specific to those patients with Lymphoma or Rheumatoid Arthritis. Our aim was to develop a booklet that was specific for this unique patient group. An information booklet for each type of autoimmune disorder was not relevant, as Rituximab works on each of the diseases in a similar way. The side effects and information that we wanted to educate patients about were also similar for the different types of autoimmune disorders.

Methods

A literature search on the use of Rituximab in patients with autoimmune disorders showed us that it is being successfully used, but as yet no resource had been developed that was disease specific. Search terms we used included 'Rituximab', 'MabThera', and each of the relevant autoimmune disorders.

Results

An 8 page booklet was written to encompass the areas we felt would be the most relevant to this patient group. The areas covered were: what Rituximab is, its actions, how it is given, what important information the patient needed to tell the doctor, how to prepare for their treatment, what to expect after their treatment, the common and serious side effects, and questions they might like to ask their treating doctor.

Conclusions

This booklet has been well received by our haematologists and patients alike. It delivers the necessary information without having to over simplify the language. We have provided references specific to different autoimmune disorders to allow those who wish to know more the opportunity to do so.

Roche have supported the booklet by printing it for our department to use

P158

Earlier Commencement of First Dose Antibiotics for Febrile Neutropenic Patients through extension of the PACE Criteria

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Aim

Timely commencement of medical review and first dose antibiotics in febrile neutropenic patients is important in optimizing therapy and patient outcomes. Delays in the commencement of first dose of antibiotics in this population has shown to be a major determinant of clinical outcome, with increase risk of mortality and morbidity along with increases to length of hospital stay. An audit in December 2005 at Westmead Hospital found that, on average, there was a greater time delay in the commencement of first dose antibiotics than the literature and guidelines recommend. To address this, first episode febrile neutropenia was included in the PACE (Pre Arrest Criteria for Escalation) criteria at Westmead Hospital, ensuring assessment and review of febrile neutropenic patients by a Registrar within 30 minutes.

Method

In December 2007 the PACE criteria was extended to include first episode of febrile neutropenia, leading to a Medical Registrar review and commencement of antibiotics within 30-60 minutes. Education and awareness of the extension to the PACE criteria occurred within the cancer network during December 2007.

Analysis of febrile neutropenia PACE calls from February 2008 was compared to the December 2005 audit to ascertain if there had been an improvement in the commencement of first dose antibiotics in febrile neutropenic patients.

Results

An audit in the Haematology/BMT Unit at Westmead Hospital in December 2005 found that on average there was a delay of 78 minutes between the documentation of febrile neutropenia and the commencement of the first dose of antibiotics. An audit of Febrile Neutropenia PACE calls in 2008 has shown all patients are now reviewed within an average of 11 minutes and the average time to commencement of first dose antibiotics has fallen to 40 minutes

Conclusion

Inclusion of first episode febrile neutropenia in the PACE criteria has lead to earlier assessment of patients by medical staff and commencement of first dose antibiotics and improved patient outcome.

No conflict of interest to disclose

P159

Teaching Self Blood Glucose Monitoring to Ambulatory Chemotherapy Patients Taking Steroid Medication

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Aim

Steroid therapies are a mainstay in the treatment of haematological malignancies. They are used widely and often in large doses. A potential side effect of steroid treatment is hyperglycaemia. The insulin dependant diabetic patient may have to increase their insulin dose for the duration of therapy while patients with no diabetic history may become transiently insulin dependant. It has been a common practice to admit all patients having cycle one VAD chemotherapy for Multiple Myeloma purely for monitoring blood glucose levels. This included patients with and without a diabetes diagnosis. If suitable, subsequent cycles are delivered via ambulatory pumps on an outpatient basis. Our aim was to work with the Endocrine department and the Diabetes Nurse Educators to teach self blood glucose monitoring and develop a formal referral pathway for patients in need of further endocrine follow up.

Method

A pilot was commenced in October 2007 and was open to any patient starting cycle one VAD whose sole reason for admission was for the monitoring of their blood glucose levels. A referral pathway was developed to aid the diabetes nurse educators in scheduling education and to assist in deciding when to refer patients for further management.

Result

Ten patients have been taught self blood glucose monitoring and have been successful in monitoring in the home setting. The main problems have been administrative issues with timeliness of referrals and patients complying with instructions in the event of hyperglycaemia.

Conclusion

This has been a successful pilot overall and we are looking to expand the education to other regimes of chemotherapy in the day care setting. We would like to further expand this to include patients receiving oral regimes where they do not attend an ambulatory day care setting.

No conflict of interest

P160

Haematology in Outpatients - How Do We Cope?

Ann-Marie Butler

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Changing dynamics in Cancer Care has seen patients transition from the inpatient to outpatient setting. Outpatients now accommodates up to 95% of Cancer Care business. Year to date has seen 15,474 episodes of care in Haematology Outpatient Department (including Rockhampton Outreach Clinic), with a directly proportional increase in outpatient treatments. Since 2003, occasions of service in the Oncology Day Therapy Unit has increased by 85%.

Increasing complexity and acuity has demanded the introduction of a support role to ensure patient safety, protocol compliance, liaison and support. The introduction of the CNC – Cancer Care Coordinator Haematology occurred in August 2007 in response to this need.

Due to this paradigm shift, the Care Coordinator role focuses on the establishment of a self management plan. Key components of this include a point of contact, empowerment through enabling participation in care planning and tools to assist problem solving. Providing adequate access to support is also paramount for managing outpatient treatments successfully. The Care Coordinator role facilitates access to a wide range of health professionals and support agencies.

Outcomes from the implementation of this role promote streamlined care across Central Area Health Service. Anecdotal evidence supports this through feedback obtained from patients, medical staff and allied health care professionals. Quantification of Care Coordinator workload through data collection and use of Key Performance Indicators, demonstrated increased access to supports. As a result, patients report decreased anxiety, decreased presentations to emergency departments and improved care sequencing.

No conflict of interest to disclose

P161

Quality of Life Following Allogeneic Bone Marrow Transplant

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Allogeneic Stem Cell/Bone Marrow Transplant (SCT/BMT) is used to treat a variety of haematological malignancies. High doses of chemotherapy and radiotherapy are used as conditioning and patients often require immunosuppressive drugs for months or years following the transplant. The transplant procedure and supportive therapies produce side effects (including secondary malignancies) which may have significant impact on an individual's health and quality of life. Post transplant care includes the need to revaccinate patients. St. Vincent's Hospital, Sydney (SVH) performs approximately 30 allogeneic transplants per year. A survey was conducted to assess patient's quality of life and whether or not they had completed the vaccination schedule.

40 patients, all of whom had undergone allogeneic SCT/BMT at SVH, were selected for the survey. The participants were over 2 years since transplant and in complete remission. The survey was conducted by mail. A letter asked whether the participant's had completed the vaccination schedule and invited them to complete and return the Functional Assessment of Cancer Therapy - Bone Marrow Transplant (FACT-BMT) questionnaire.

21 completed surveys were returned. Overall the patients express good quality of life. Bar graphs were produced to illustrate the patient's responses to FACT-BMT. Themes of fatigue and low libido emerged. Approximately 50% of patients had completed the vaccination schedule; a reason cited for this was that some patients didn't realise they had to be revaccinated. Patient's comments suggested factors such as age may contribute to fatigue.

Following the survey and reviewing The Late Effects Working Party of the European Group for Blood and Marrow Transplantation (EBMT) guidelines SVH has established the Transplant Lifetime Clinic (TLC). The TLC takes a multidisciplinary approach to address the complex needs of patients. It is hoped a more systematic approach will enable us to gather data from the patients to monitor and improve their health.

No conflict of interest to disclose

P162

Nursing Difficult Patients

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During the process of patient selection for bone marrow transplant the poor psychological health of a patient is rarely a factor considered for not proceeding. Previous mental health issues may have been identified and psychological limitations are debated but patients are seen to have a greater physiological need to receive a transplant.

Added to known prior psychological problems the bone marrow transplant itself is an enormous mental, physical and emotional hurdle for patients to negotiate. They are often separated from their usual support network for many weeks. They face the prospect of overwhelming infection, graft failure, relapse or the tortuous effects of graft-versus-host disease. They are scared, alone and in an institution which can make patients feel insignificant amongst the policies and procedures carried out every day. Psychological problems, anxiety disorders and even mental illness are very likely to be exacerbated within this environment.

This paper explores the ways nurses are faced with various psychological challenges. Using case studies and drawing on years of experience in dealing with 'difficult' patients, the authors will outline various practical tactics that can be employed. Not every situation is the same but these scenarios will strike a chord with BMT nurses around the country.

No conflict of interest in this submission

P163

Risk Management of Bedside Transfusion

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In recent years the focus of safety initiatives for blood products has been to improve product safety. However, the dominant risk with transfusion today is not associated with product integrity but with pre-transfusion processes and practices in hospitals. These hospital risks can be divided into 2 broad categories:

- Non-preventable risk events -an adverse event associated with appropriate use –eg allergic reaction. This risk is identified and managed with education and training
- Preventable risk events -an event that resulted in (or could have resulted in) an outcome other than intended or preventable risk events are most commonly related to human error during the collection, issue or transfusion of the blood product. This presentation will focus on preventable risk events.

Preventable risk events identified during the hospital bedside administration of blood products include incidents associated with the bedside “six right’s” checking process:

- right blood product
- right dose
- right time
- right route
- right documentation
- right patient

The risk management strategies needed to improve practice include:

- technology
- human solutions
- professional standards
- education
- cultural changes

Conclusion

To decrease the incidents associated with transfusion of blood products there is a need to identify and manage the bedside risks. Each risk management strategy mentioned above has potential for decreasing the risk of errors, however to achieve the best improvements to patient safety a combination of strategies is best. For long-term improvements, the focus of these combined strategies must also be associated with cultural change initiatives within the organisation.

No conflict of interest to disclose

P165

Reducing Error Rates in Pre Transfusion Sample Collection - What Works?

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Background

The majority of transfusion-related morbidity/mortality is due to clerical error including identification errors in pre-transfusion sampling. The Royal Hobart Hospital Transfusion Guidelines for sample collection are based on the ANZSBT Guidelines for the Administration of Blood Components (Oct 2004).

Aim

To review transfusion tube labeling and Request form error rates for the past 2 years and assess through questionnaire the effectiveness of different error-reducing strategies.

Methods

Incomplete/incorrectly labeled transfusion requests and samples were recorded and entered into the hospital Electronic Incident Monitoring System (EIMS).

Activities aimed at error reduction have been:

1) Education

- a) Development of transfusion learning package and pre-transfusion sampling assessment tool
- b) An increase in education sessions to medical and nursing students, graduate nurses and interns
- c) Increased access to education for all acute areas, targeted at areas with continually high error rates
- d) Transfusion study days (4 per year)
- e) Posters in all wards on the importance of and procedure for correct pre-transfusion sampling
- f) Transfusion Clinical Guidelines on the hospital intranet
- g) Screen saver with reminders of how to identify patients and label samples

2) Feedback

- a) An email is sent to staff member(s) involved in any reported error, including error detail and a copy of the pre-transfusion sampling procedure and assessment tool.
- b) Monthly statistics and comparative graphs sent to ward managers.

A questionnaire has been circulated to all medical and nursing managers in order to identify how they perceive the relative effectiveness of each activity.

Results

Pre-transfusion sampling error rates have decreased from a 4% average of total samples in 2006 to a 2% average in 2008.

Conclusion

A multi-pronged approach of educational activities and feedback has been successful in reducing errors due increased awareness of the importance of correct patient identification and ownership by staff of the responsibility for errors made in pre transfusion sampling. The results of a questionnaire will indicate the relative impact of the different activities.

No conflict of interest to disclose

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P166

Hand-labelling of Pre-transfusion Specimens: Who, What, When, Why and How? The Introduction of Change to a Tertiary Teaching Hospital

Suzi Rishworth

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Historically, all blood specimens provided to the Dunedin Hospital Blood Bank or Pathology Laboratory relied upon pre-printed label details as the means of identifying the tube. Repeated studies have demonstrated the limitations and risks of such practices. During April and May 2006, Dunedin Hospital was introduced to the new approach of hand-labelling tubes to improve and enhance patient safety. A further education drive to reinforce “label at the bedside, immediately post collection” was included.

The ultimate aim of introducing the change was to improve the safety profile for the Otago public requiring pre-transfusion testing and to improve clinical staff compliance in best practice specimen collection.

A “Think Pink, Think Hand-Labelling” education and change management campaign commenced in early April 2006, with a six week introduction phase prior to a go-live date on 22nd May.

During week one of the introduction campaign 41% of specimens received were hand-labelled; by week two 81% were hand-labelled. Over the subsequent four weeks the proportion of hand-labelled specimens continued to increase, reaching a total of 92% prior to the compulsory change in practice was required on 22 May.

Subsequent to the introduction a key measure of success has been the on-going monitoring of the local wrong-blood in tube (WBIT) rate. Prior to hand-labelling the local rate was higher than comparable hospitals across New Zealand. As the process bedded in little quantifiable benefit was seen, with no impact upon WBIT rates. But six months from introduction a new trend began, and during 2007, no WBIT were reported.

On-going education remains a priority and important to ensure WBIT remain an infrequent event.

P167

Know Your Interface

Colleen Kirkwood, Kathlene Robson

Peter Field Bone Marrow Transplant and Apheresis Unit, The Canberra Hospital, ACT

Know your interface is a flow chart that has been developed as a training tool to assist the Apheresis Operator to perform an Autologous Peripheral Stem Cell Collection using the Cobe Spectra machine.

Aim

The aim of the flow chart is to be used as a training tool to establish the optimum interface. The potential outcome is to provide an efficient collection procedure for the Bone Marrow Transplant patient with the intention of fewer procedures performed.

The tool is a guideline to interpret the interface in a more efficient manner. It provides prompts and information to establish the optimum interface. It enables the operator to consider different options to deal with the optimal collection technique of CD34 harvesting.

This tool has been used in our unit and will be utilised as a training tool for our novice Apheresis nurse.

No conflict of interest to disclose

P168

So You Want to be an Apheresis Nurse? What is Required?

Jenni Leutenegger, Maree Bransdon, Alanna Geary
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'Technology has transformed the workplace of modern nursing...' (Daly, Speedy, Jackson, 2001, p164) and advanced nursing is often associated with the acquirement of technological skills and knowledge. Apheresis nursing is a specialised area of haematology. Nurses in the Apheresis Unit are required to combine the patient's pathophysiological needs with a comprehensive knowledge of the Apheresis equipment.

Apheresis is a process involving the removal of whole blood, separation and collection of desired components and the returning of remaining components to the patient/donor. The continual improvement of Apheresis equipment has changed the application of Apheresis with more specific blood cells being targeted. The challenge is for nurses to blend all aspects of nursing care with this technology.

So what is required to become an Apheresis nurse? Nurses face increasing demands in their daily practice. Obtaining the knowledge and skills to become an Apheresis nurse requires commitment in addition to the day-to-day demand. To enable a smooth transition from novice to competent clinician requires preceptorship, learning tools and pre-requisite knowledge. To face the challenges of technology, nurses need to look at their own professional development. Whilst an Apheresis Unit is resource intense and demands support of equipment, consumables and highly specialised nursing staff, it enables nurses to realise the important role technology has in relation to their own professional development.

This poster will display some of the tools used to enable a smooth transition from novice to experienced clinician.

No conflict of interest to disclose

P169

Evaluation of a New Apheresis System for the Collection of Peripheral Blood Stem Cells (PBSC) – A Single Institution's Experience

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Background

The Pharmatel Fresenius Kabi COM.TEC Cell Separator is a relatively new instrument being utilised for apheresis procedures within Australia. Calvary Mater Newcastle (CMN) commenced using the Fresenius COM.TEC in July 2007. This poster is our evaluation of the Fresenius COM.TEC Cell Separator machine in the collection of PBSCs utilising the autoMNC program.

Method

We have collated data associated with collection of PBSCs from 22 patients since the introduction of the Fresenius COM.TEC Cell Separator. This data has been compared with data from 22 patients who had PBSC collections in the immediate 12 month period prior to July 2007, from our previous Cell Separator instrument. For the purpose of this review we limited patients to all adults with haematological malignancies. The diagnoses of the patient group involved in the evaluation include Multiple Myeloma, Non Hodgkin's Lymphoma, Hodgkin's disease and Acute Myeloblastic Leukaemia with various conditioning regimes.

Discussion

Our evaluation is based on the accepted CD34+ cell minimum for viable transplantation being greater than or equal to 2×10^6 /kg body weight. From this small sample group we determined that the Fresenius COM.TEC Cell Separator system required 41 collection episodes compared to the other system which required 47 collections. 3 (16.6%) patients failed to collect sufficient CD34+ cells for transplantation from the previous Cell Separator group and from the Fresenius COM.TEC Cell Separator group 1 (4.5%) patient failed to collect.

Conclusion

The Fresenius COM.TEC Cell Separator allows for the optimization of collection efficiency with the systems additional features and from our evaluation we have determined it to be an effective, highly automated and useful apheresis device in the process of PBSC harvesting and collection. Further evaluation with a larger sample group of patients is required to corroborate this initial evaluation.

No conflict of interest to disclose

P170

ABO Incompatible Kidney Transplantation Using Plasmapheresis and Glycosorb ABO Columns

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Aim

ABO incompatible (ABOi) kidney transplants have the potential to increase the donor pool by at least 30%, a desirable outcome given the increase in deceased-donor transplant waiting times (which adversely affect the patient and transplant survival). The key to success in ABOi kidney transplantation is effective depletion of ABO antibodies to a low isohaemagglutinin titre (IAT) prior to transplantation.

Method

We describe 3 patients who received kidney transplants from ABO incompatible living donors using a protocol based on the Stockholm experience (Tyden *et al*), with a follow up time of 3-9 months. Each received 7 plasmapheresis treatments; 4 each of 2 plasma volumes before transplantation, and 3 of 1 plasma volume after transplantation. The patients own plasma was returned through a single use glycosorb (Glycorex) ABO column made up of an agarose matrix containing "antigen specific" carbohydrates. Isohaemagglutinin depletion was combined with a standard triple drug regime of Tacrolimus, Mycophenolate, Mofetil, and Prednisone. In addition Rituximab was given one month before transplant, and IVIG the day prior to transplantation.

Result

Pre transplant ABO titres, of 1:256, 1:16, and 1:32, were reduced to 1:4, 1:2, and 1:1, respectively at transplantation, after which all titres remained \leq 1:4.

All three patients have maintained good allograft function despite the presence of low antibody titres and significantly, no adverse effects related to the use of this protocol were noted. Peritubular C4d staining on post transplant kidney biopsy suggests "accommodation" of the graft.

Conclusion

Plasmapheresis using glycosorb columns for isohaemagglutinin immunoabsorption coupled with routine maintenance immunosuppressive therapy, offers a safe and effective option for ABO incompatible kidney transplantation.

No conflict of interest to disclose

P171

Chronic Myasthenia Gravis Treated With Immunoabsorption Column in Australia

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Mr WH is a 45-year-old man who has been having Plasma Exchange (PE) weekly for management of his Myasthenia Gravis (MG). His MG was diagnosed 16 years ago and treatment has included Thymectomy, Pyridostigmine bromide (Mestinon), Steroids, Azathioprine, Cyclophosphamide, Intravenous Immunoglobulin and PE. He is symptomatic at the end of each day with ptosis, double vision, and muscle fatigue and difficulty with speech.

Aim

To reduce the frequency of PE, using Evaflux 2a (Kuraray Medical INC) plasma fractionator on a Cobe Spectra (Gambro bct) cell separator.

Method

The use of Evaflux 2a involves passing whole blood through a centrifugal cell separator Cobe Spectra Machine then passing separated plasma through a plasma fractionator Evaflux 2a, the treated plasma is returned to the patient. The fractionator removes the disease mediators, an IgG antibody, while smaller molecular components, such as albumin are returned to the patient.

The patient was treated with 4 PE treatments over 8 days, then weekly for 2 weeks.

Outcome

PE with the Evaflux 2a is now routinely a fortnightly treatment. The patient's ptosis, subjective dyspnoea on awakening, and fatigue at the end of the day have all improved.

Conclusion

The aim of this treatment has been successful in reducing the frequency of his PE, reducing cost and improving his quality of life.

No conflict of interest to disclose