

# Future challenges in transplantation

Dr ZiYi Lim  
Clinical Lecturer  
Anne Crook  
Counsellor for Haemato-oncology

King's





Dr. Don Thomas, standing, started his marrow-transplantation research as chief of medicine at Mary Imogene Bassett Hospital in Cooperstown, N.Y., before moving to Seattle in 1963. Thomas and Dr. Otto Sahler are pictured here with an early radiation machine. Hutchinson Center Archives



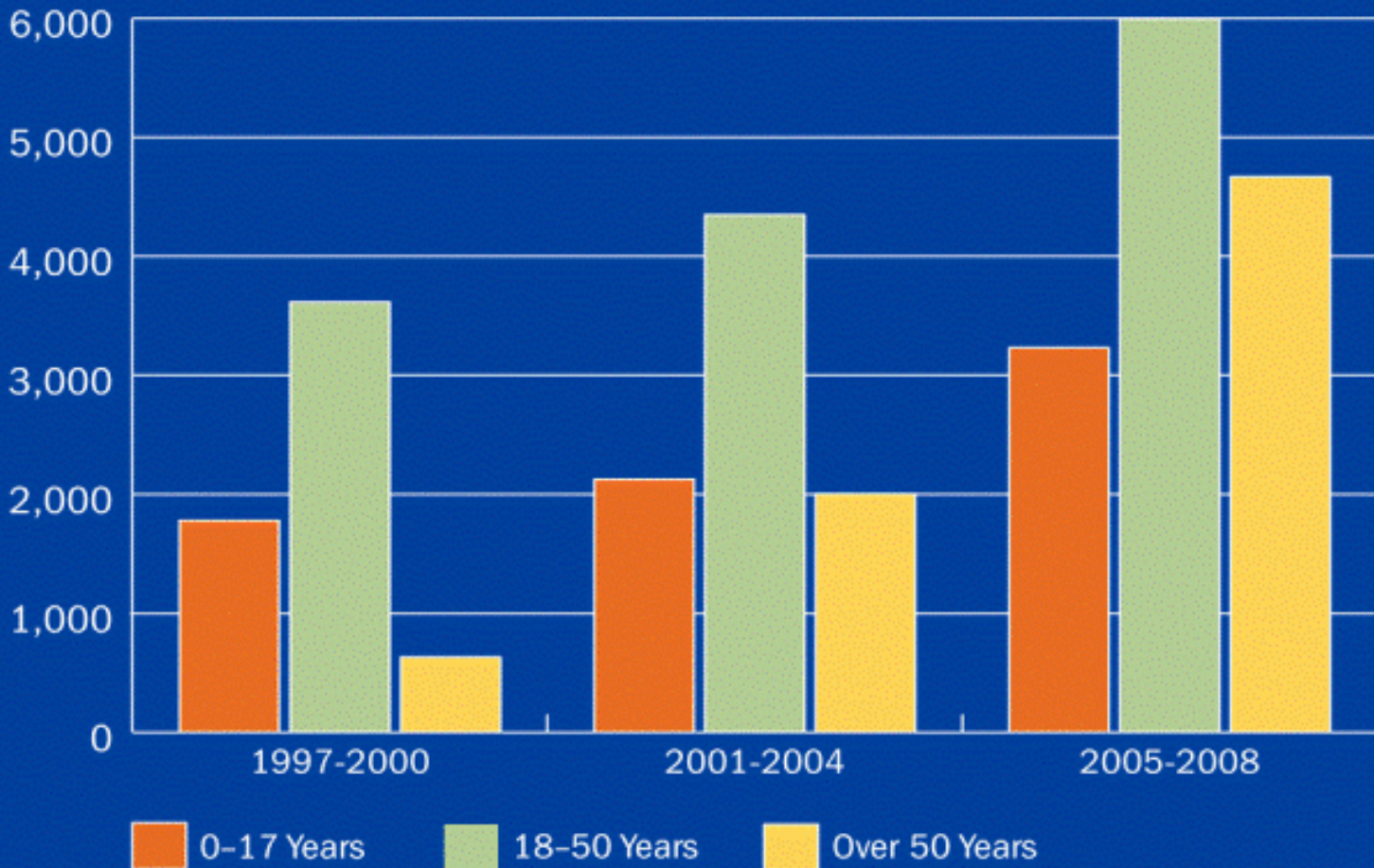
What price a pet's life? \$45,000 to treat Comet  
-Seattle Times 2005



## Global HSCT activity 2008 (estimate)

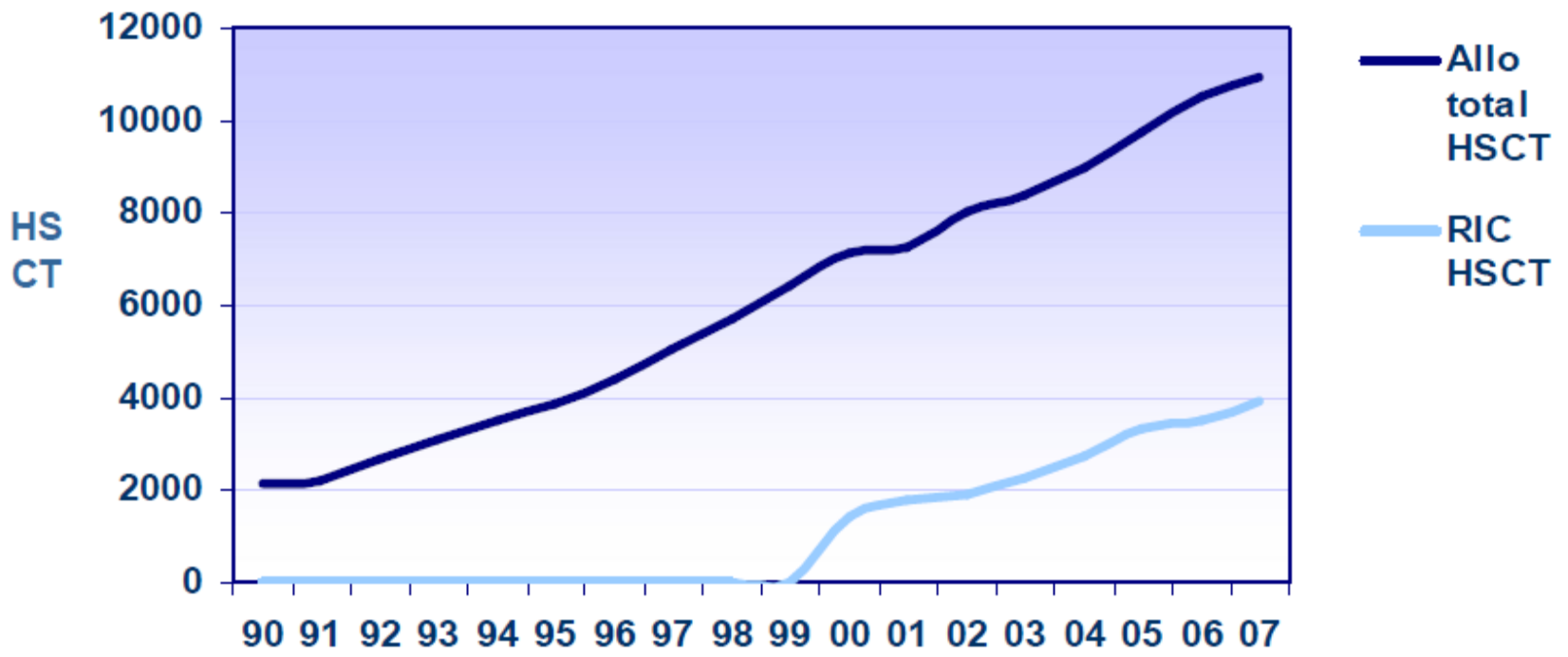
Region	Allogeneic	Autologous	Total
Africa	200	100	300
Asia	4000	2500	6500
Australia/NZ	400	900	1300
Europe	10000	16000	26000
North America	7000	10000	17000
South America	1500	1500	3000
Total	23000	31000	54000

## NMDP Transplants by Patient Age and Year





## Evolution of RIC allogeneic HSCT in Europe 1990-2007



# Aims of HSCT

- Eradication of primary disease
- Complete recovery of health status
- Normal physical and psychological functioning
- Good subjective well-being

# HSCT – Considerations

- **Dealing with initial diagnosis – (malignant or non-malignant)**
- **Pre-HSCT**
  - Decision to proceed
  - Patient fitness
  - Donor availability
- **HSCT**
  - Effects of Chemotherapy
  - Effects of Isolation
- **Post-HSCT**
  - Early complications
  - Long-term effects



# Quality of Life (QoL) post-HSCT

## Changes in QoL post-HSCT

- Gap between patients' expectations of health
- And patients experience of health status

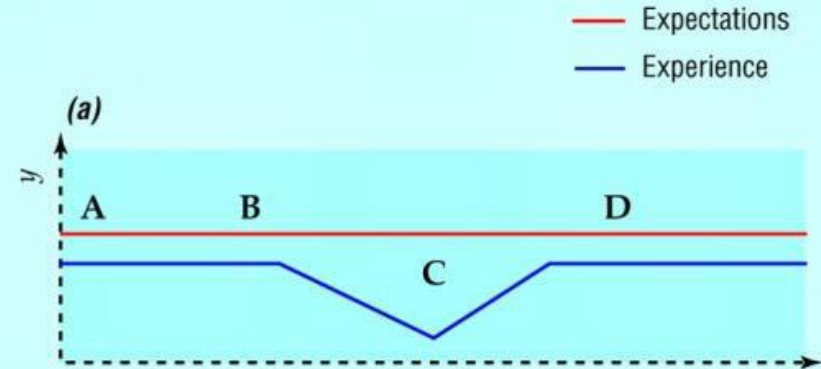
## Perception of QoL

- Varies between individuals with similar health status
- Changes over time for an individual person

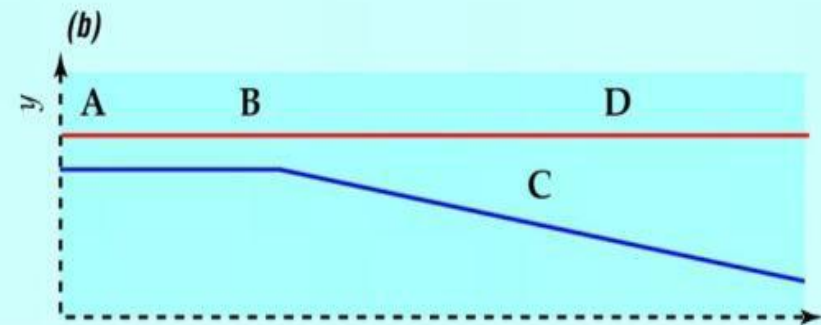
Recipients with difference expectations may report different quality of life

# Interrelationship between Expectations and Experiences

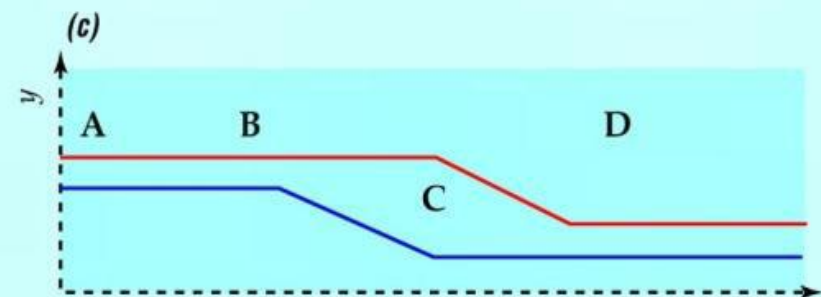
Post-transplant Infections



Early Relapse



Chronic GvHD





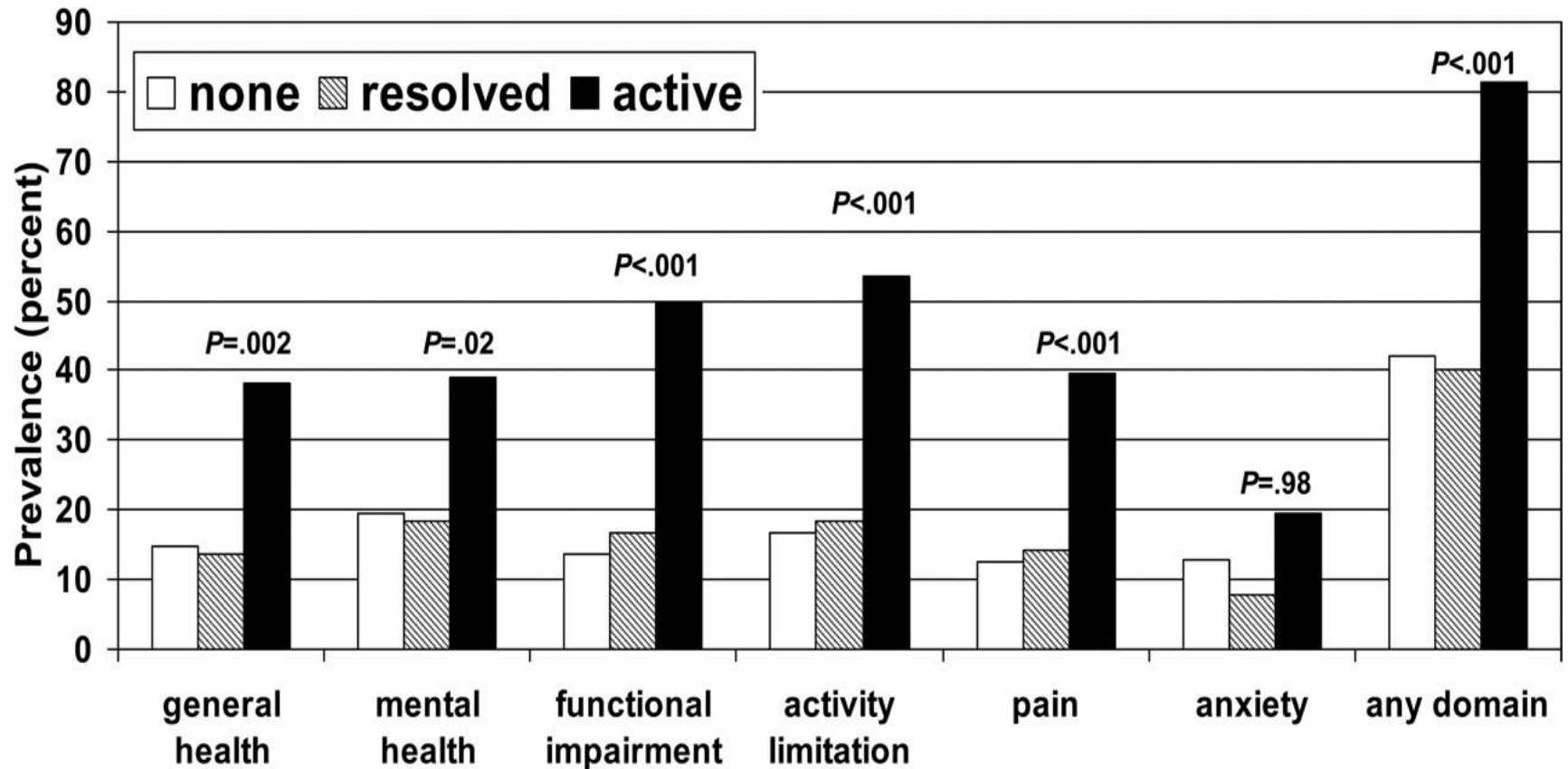
# Fatigue is the most often reported complaint in the long-term

1. Extreme and persistent tiredness or exhaustion that is not proportional to recent activities
2. Decreased ability of perform usual physical and mental activities
3. No improvement of fatigue after sleep and rest

## Contributing (treatable) factors

- Pain
- Emotional distress, anxiety and depression
- Sleep disturbance
- Anemia
- Nutrition, hormonal factors
- Activity level
- Comorbidity

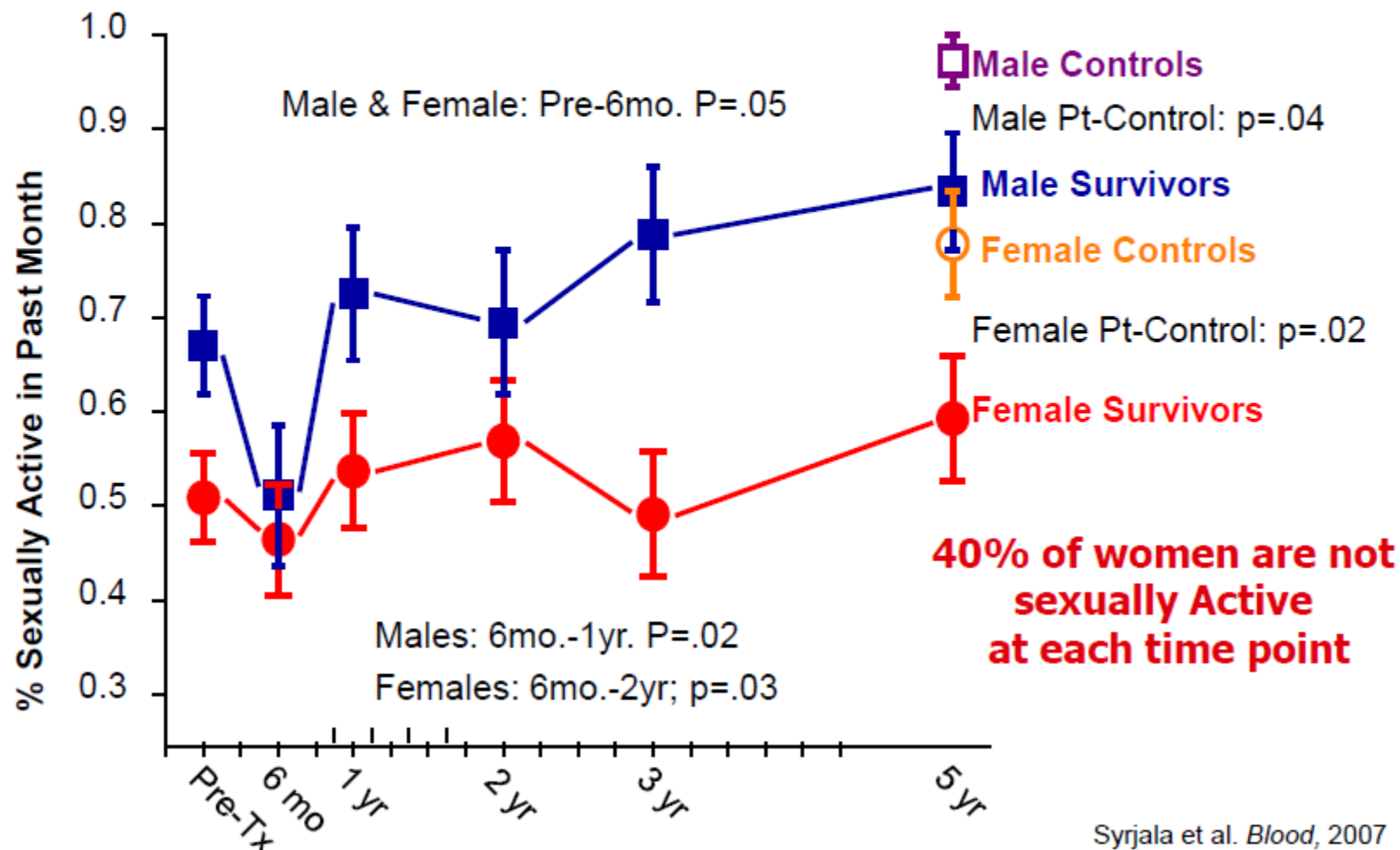
# Prevalence of HCT survivors with adverse health outcomes by cGVHD status



Fraser, C. J. et al. Blood 2006;108:2867-2873



# Sexual problems after HSCT



# Ongoing Challenges

Recent years have seen significant advances in transplantation regimens and supportive care

However;

- Primary causes of morbidity and mortality are similar and not always predictable
- Changing transplantation demographics – patients are getting much older
- Improved technologies mean increasing higher risk patients undergoing transplantation

# The counsellor's role

- Psychological support – continuity of care
- Benefits and financial advice – DLA forms!  
Macmillan grants
- Patient information packs and information-giving
- MDMs and consultants ward rounds
- Breaking bad news support
- Bereavement follow-up
- Informal staff support

# The counsellor's role 2

- Counselling : crisis, short and long term to patients / carers (psychodynamic, systemic family therapy and CBT)
- Bereavement support and follow-up: cards, Book, annual Service
- Staff education and support: reflective practice, teaching, comms skills training

NICE guidance and IOG – Level 4 care – liaison psychiatry

# Future challenges of HSCT

- Containing anxiety & processing trauma
- Late effects and survivorship
- Staff support
- Service delivery

# Future challenges of HSCT

- More transplants for more indications – over the last year:
- RIC flamsa MUD – more demanding regime and high probability of readmission and GvHD
- Cord transplants – longer regeneration times and consequent hospital stay - vulnerability
- Haplo – relationship issues.

# Future challenges of HSCT

- Containing anxiety & processing trauma
- **Late effects and survivorship**
- Staff support
- Service delivery

# Late effects and survivorship

- Kenyon M, Pagliuca A, Lim Z, Hayden J, Mufti GJ (2009) Quality of life assessment after Haematopoietic Stem Cell Transplant (HSCT).  
<http://www.ebmt.org/6nursesgroup/june09/ebmt-ng-qualityoflife.html>
- Psycho-social rehab meeting: physio, OT, counsellor, social worker, chaplain, discharge coordinator, dietician and nurses

# Future challenges of HSCT

- Containing anxiety & processing trauma
- Late effects and survivorship
- Staff support
- **Service delivery**

# Service delivery

- Manual for Cancer Services. Draft psychological support measures consultation 2009
- Teenagers and Young Adults
- What is the Gold Standard of psychological care for HSCT?

- Kenyon M, Pagliuca A, Lim Z, Hayden J, Mufti GJ (2009) Quality of life assessment after Haematopoietic Stem Cell Transplant (HSCT).  
<http://www.ebmt.org/6nursesgroup/june09/ebmt-ng-qualityoflife.html>
- Manual for Cancer Services. Draft psychological support measures consultation 2009.  
[http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_106628](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_106628)
- Mosher et al (2009) Physical, psychological and social sequelae following haematopoietic stem cell transplantation: a review of the literature. *Psycho-oncology* **18**: 113-127.
- Moylan D and Jureidini J (1995) Pain tolerable and intolerable. In Erskine A and Judd D (eds) *The imaginative body: psychodynamic therapy in healthcare*. London, Whurr.
- Parkinson J (2006) Experiences of selves in isolation: a psychodynamic approach to the care of patients being treated in a specialized medical hospital unit. *Psychodynamic practice* **12** (2): 149 -163