

CORSO EDUCAZIONALE GITMO



**Controversie nel Trapianto
di Cellule Staminali Emopoietiche**

BARI 6-7 Giugno 2017



Villa Romanazzi Carducci



HOME-CARE NEL TSCE AUTOLOGO

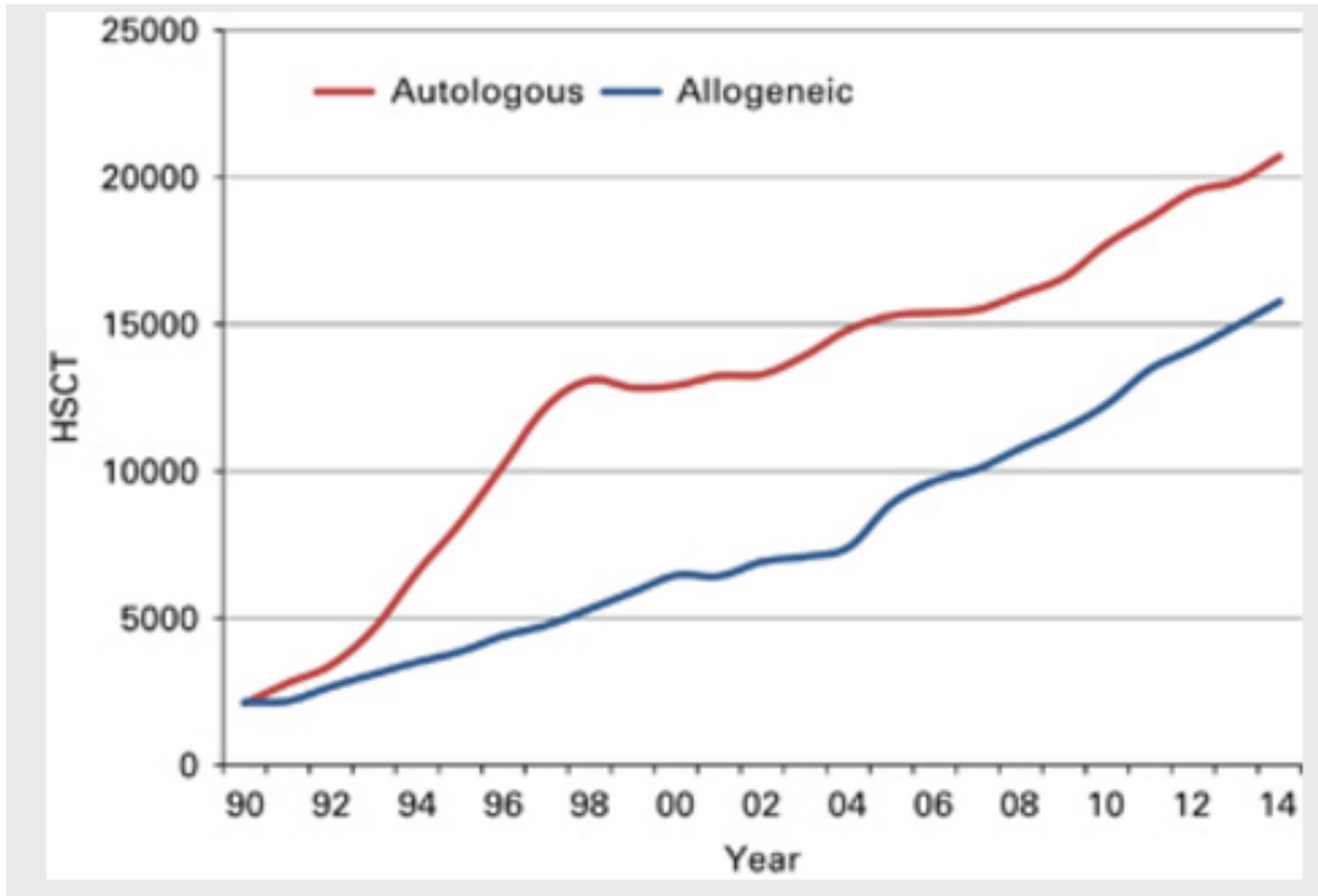
Letteria Russo

UOC CTMO

**Grande Ospedale Metropolitano
BMM, Reggio Calabria**



Il numero dei trapianti è in continuo aumento (sia autologhi che allogenici)

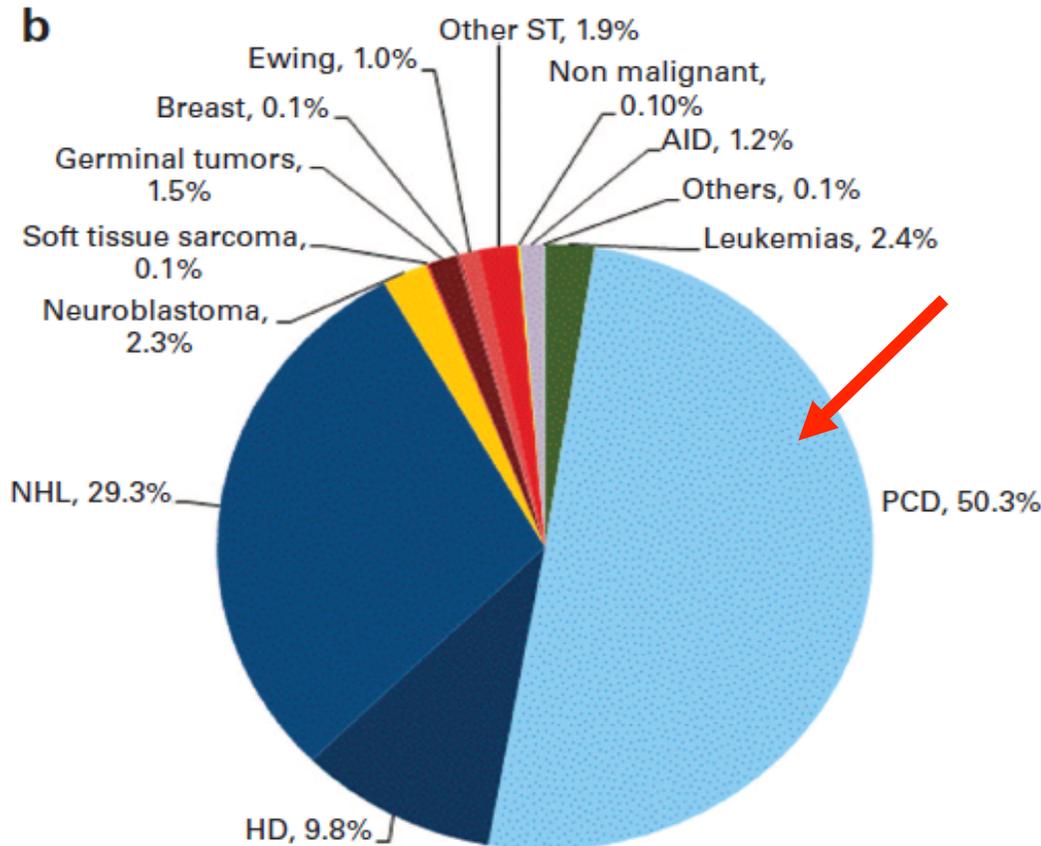


EBMT activity survey

ORIGINAL ARTICLE

Hematopoietic stem cell transplantation in Europe 2014: more than 40000 transplants annually

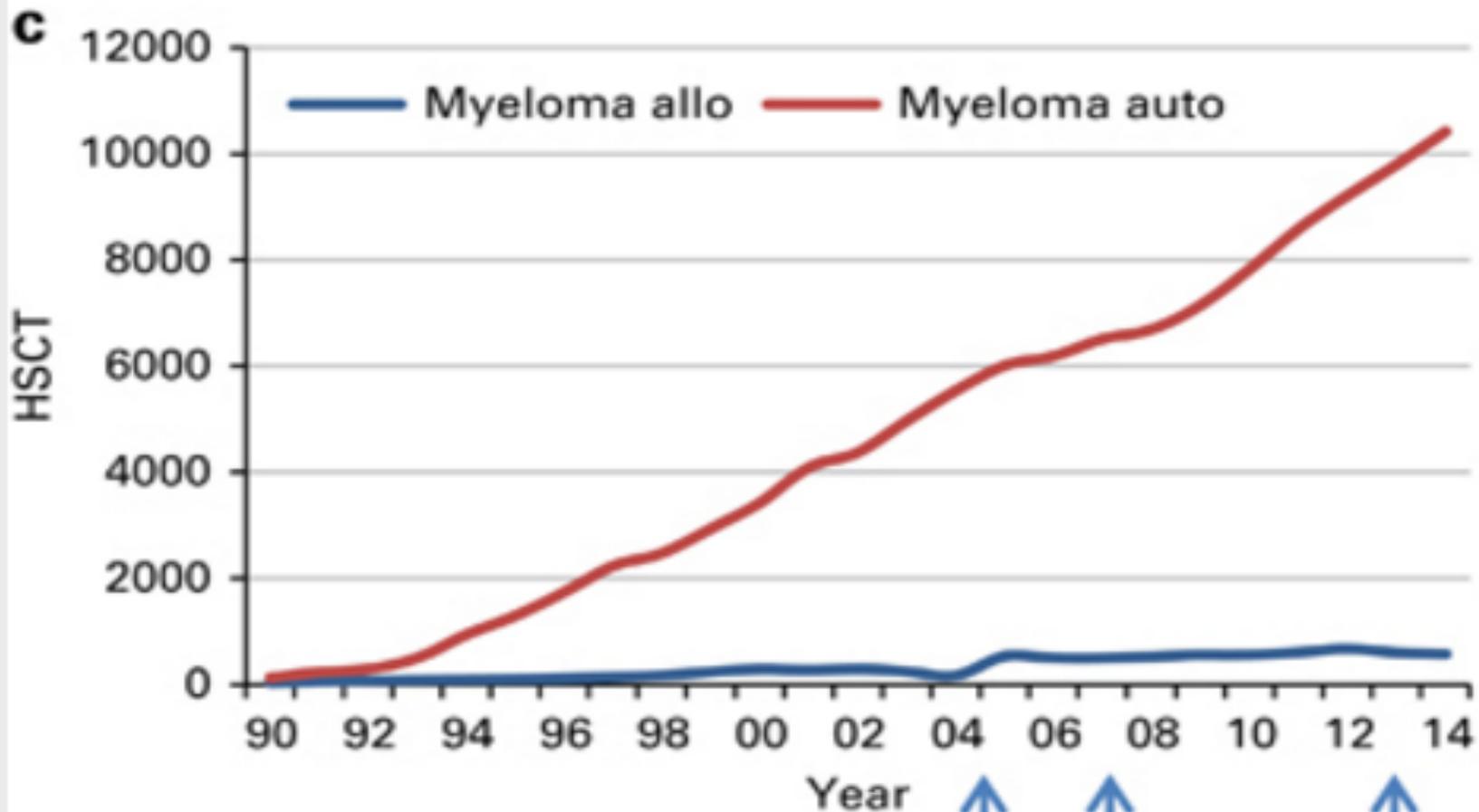
JR Passweg¹, H Baldomero¹, P Bader², C Bonini³, S Cesaro⁴, P Dreger⁵, RF Duarte⁶, C Dufour⁷, J Kuball⁸, D Farge-Bancel⁹, A Gennery¹⁰, N Kröger¹¹, F Lanza¹², A Nagler¹³, A Sureda⁶ and M Mohty¹⁴ for the European Society for Blood and Marrow Transplantation (EBMT)



Il MM è la patologia dove si fanno più trapianti autologhi

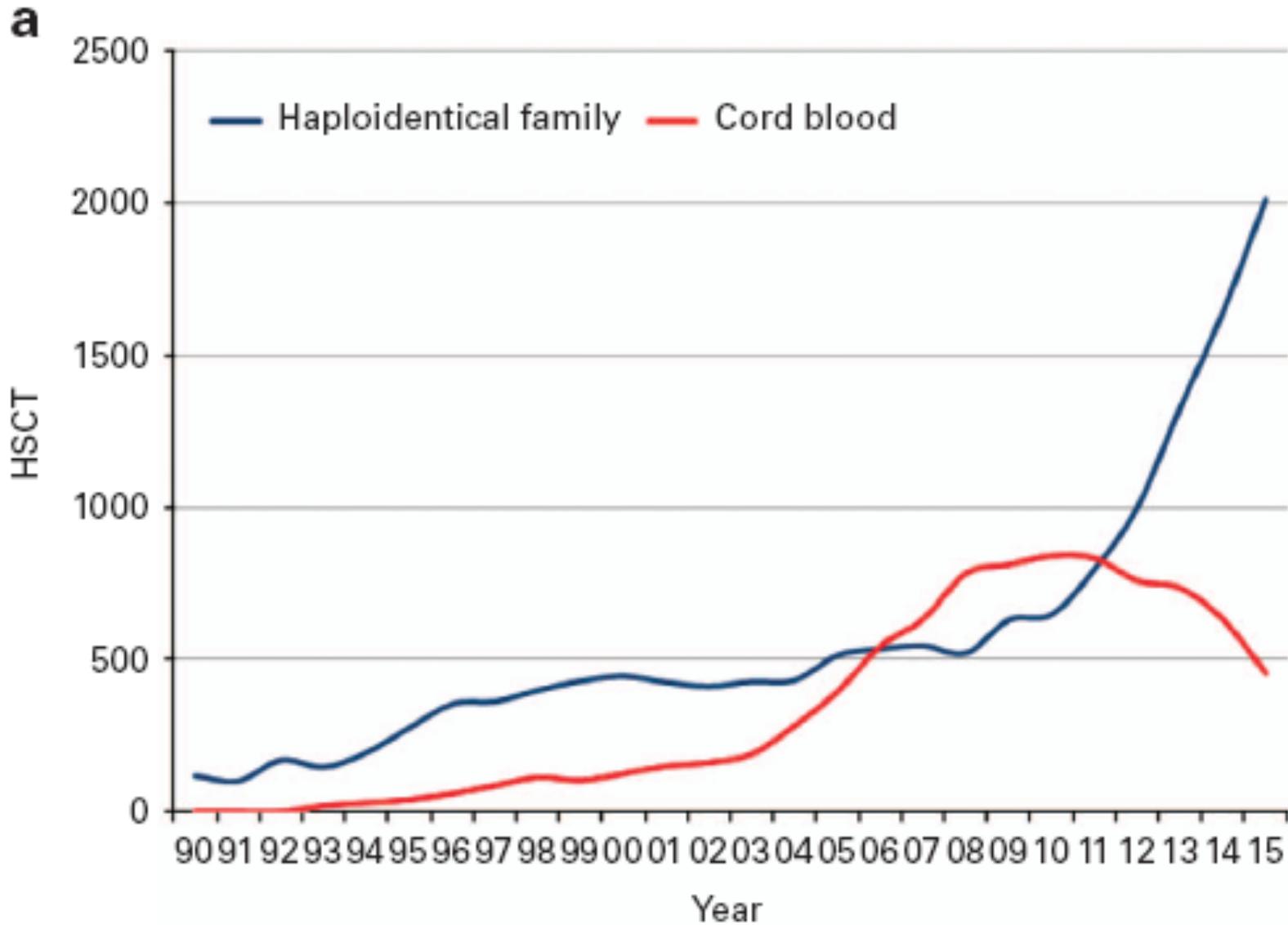
In 2014, 40 829 transplants were reported. Of these, 23 883 (58%) were autologous

Il trapianto autologo continua ad essere la terapia più importante nel MM



bortezomib lenalidomide pomalidomide

Continuo aumento dei trapianti aploidentici.....



Bone Marrow Transplantation (2017), 1–7

Problematiche del ricovero

Lista di attesa



Tipologia alberghiera



Impatto psicologico

Qualità di vita





**Gruppo Italiano per il Trapianto di Midollo Osseo,
cellule staminali emopoietiche e terapia cellulare**



Outpatient (EDM) nel Mieloma Multiplo (1998-2012)

MILANO San Raffaele
N. 42 Trapianti



536 trapianti

ANCONA
N. 152 Trapianti

POTENZA
N. 4 Trapianti

NAPOLI
Cardarelli
N. 161 Trapianti

REGGIO CALABRIA
N. 173 Trapianti

CATANIA
N. 4 Trapianti

Modello: dimissione precoce

Ricovero ordinario
3-4 giorni



Condizionamento

Infusione
HPC-A

Day-Hospital



Fase Aplastica

Requisiti per il programma

1. Consenso informato
2. Caregivers
3. Buon performance status

Very Low Rate of Readmission after an Early Discharge Outpatient Model for Autografting in Multiple Myeloma Patients: An Italian Multicenter Retrospective Study



Retrospective Italian multicenter analysis of patients with multiple myeloma who underwent an autologous hemopoietic progenitor cell transplantation after an early discharge outpatient

Massimo Martino^{1,*}, Mauro Montanari², Felicetto Ferrara³, Fabio Ciceri⁴, Ilaria Scortechini², Salvatore Palmieri³, Sarah Marktel⁴, Michele Cimminiello⁵, Giuseppe Messina¹, Giuseppe Irrera¹, Massimo Offidani², Giuseppe Console¹, Luca Castagna⁶, Giuseppe Milone⁷, Benedetto Bruno⁸, Giovanni Tripepi⁹, Roberto Massimo Lemoli¹⁰, Attilio Olivieri² on behalf of Gruppo Italiano per il Trapianto di Midollo Osseo, Cellule Staminali Emopoietiche e Terapia Cellulare (GITMO) – Sezione Trapianto Autologo

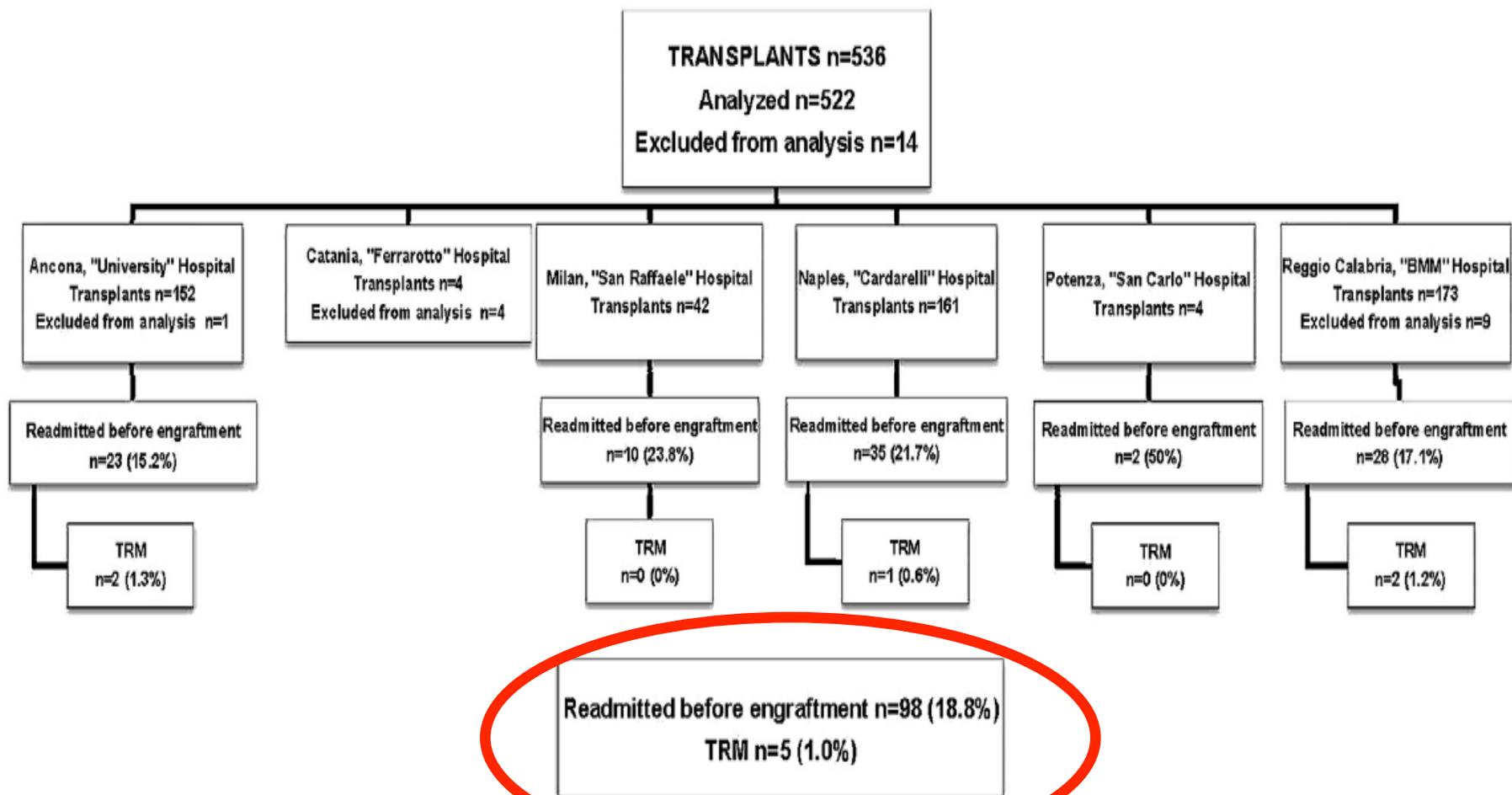


Table 2

Outcome of EDOM-ASCT in Multiple Myeloma Patients in Italy

	Value
No. of transplantations	522
CD34 ⁺ cells ($\times 10^6$ /kg) infused*	5 (1.2-15)
Duration of hospitalization (day)*	4 (2-9)
Day of discharge [†]	1 (0-3)
Type of G-CSF, n (%)	
Filgrastim/lenograstim	217 (42)
Pegfilgrastim	305 (58)
Erythrocyte transfusions (units), n*	0 (0-11)
Platelet transfusions (units), n*	0 (0-7)
Engraftment (days after transplantation)*	
Days to reach neutrophils $> .5 \times 10^9$ /L	10 (8-24)
Days to reach platelets $> 20 \times 10^9$ /L	12 (8-36)

EDOM indicates early-discharge outpatient model; ASCT, autologous stem cell transplantation.

* Data are shown as median (interquartile range).

[†] Day of discharge after transplantation, ie, day 0 is the day of stem-cell reinfusion.

Table 3

Toxicity of EDOM-ASCT in Multiple Myeloma Patients in Italy

	Value
No. of transplantations	522
Fever $\geq 38.2^\circ\text{C}$, n (%)	161 (30.8)
Fever origin, n (%)	
FUO	132 (82.0)
CVC related	10 (6.2)
Clinically documented	13 (8.0)
Microbiologically documented infection	6 (4.0)
No. of days of fever $\geq 38.2^\circ\text{C}$ *	3 (1-22)
No. of days antibiotic therapy*	6 (0-25)
Mucositis grade 3-4, n (%)	50 (9.6)
Readmitted before ANC $> .5$, n (%)	98 (18.8)
Reasons for readmission to hospital, n (%)	
Febrile neutropenia	76 (14.6)
Mucositis	9 (1.7)
Diarrhea	9 (1.7)
Arrhythmia	2 (.4)
Transit ischemic attack	1 (.2)
Cutaneous hemorrhage	1 (.2)
Duration of second hospitalization, d*	8 (1-30)

EDOM indicates early discharge outpatient model; ASCT, autologous stem cell transplantation; ANC, absolute neutrophil count; CVC, central venous catheter; FUO, fever of unknown origin.

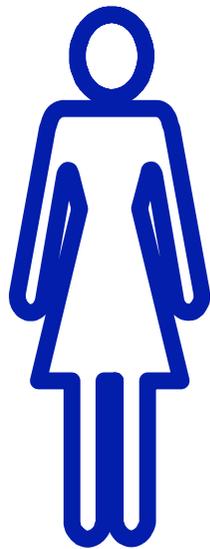
* Data are shown as median (interquartile range).

Strategia CTMO - RC

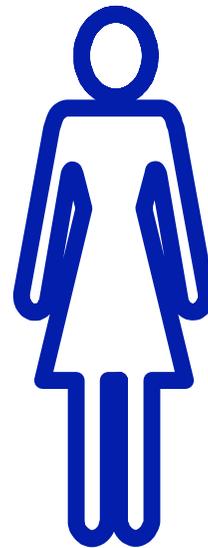
- Pazienti con Mieloma Multiplo
- Valutazione eleggibilità approccio ambulatoriale
 - Day-Hospital
 - Home-Care

Progetto AIL-RC: Home-Care Model

Ricovero ordinario



Mel 200 mg/m²



Infusione
HPC-A

A domicilio



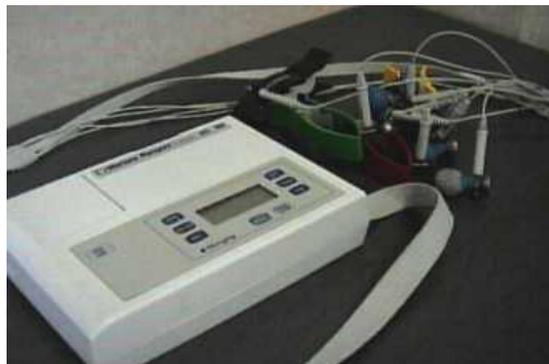
Fase Aplasia

Valutazione del domicilio



Distanza domicilio da ospedale
(max 10 km)
Condizioni ambientali

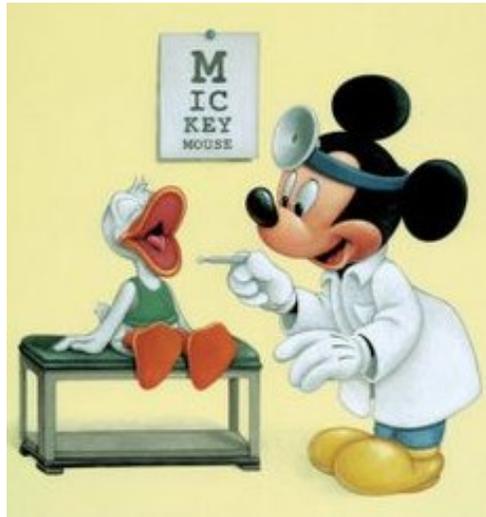
Posizionamento presidi sanitari



Indicazioni alimentari e comportamentali



Attività giornaliera



Disponibilità H 24



Ricovero in ospedale

- ✓ **Neutropenia febbrile con ipotensione o sintomi di polmonite**
- ✓ **Inadeguata assunzione di cibo o di liquidi**
- ✓ **Incontrollata diarrea o vomito**
- ✓ **Improvvisa indisponibilità di un familiare di supporto**
- ✓ **Ritiro del consenso da parte del paziente.**

Leukemia & Lymphoma, March 2015; 56(3): 801–804
© 2014 Informa UK, Ltd.
ISSN: 1042-8194 print / 1029-2403 online
DOI: 10.3109/10428194.2014.931952

informa
healthcare

LETTER TO THE EDITOR

A home-care, early discharge model after autografting in multiple myeloma: results of a three-arm prospective, non-randomized study

Massimo Martino¹, Letteria Russo¹, Tiziana Martinello¹, Giuseppe Alberto Gallo¹, Roberta Fedele¹, Tiziana Moscato¹, Giuseppe Console¹, Donatella Iolanda Vincelli², Francesca Ronco², Maurizio Postorino³, Giuseppe Irrera¹ & Giuseppe Messina¹

¹*Hematology and Transplant Unit and* ²*Hematology, Azienda Ospedaliera BMM, Reggio Calabria, Italy and*

³*The National Research Council (CNR), Reggio Calabria, Italy*

Main patient characteristics and outcome of different types of patient management after high dose melphalan and autografting

	Inpatient regimen	Outpatient regimen	Home-care regimen	p-Value
No. of patients	33	17	8	
Age (years) [†]	62 (43-67)	59 (42-65)	55 (45-60)	0.002
Sex				
Male	20	13	5	
Female	13	4	3	
No. of transplants	44	25	15	
CD34+ cell dose ($\times 10^6/\text{kg}$) [†]	4.9 (2.1-5.8)	5.0 (2.1-5.9)	5.1 (2.5-5.5)	NS
No. of days in hospital [†]	19 (15-27)	4 (4-21)	4 (2-15)	0.001
Day of discharge ^{††}	16 (12-14)	1 (1-17)	1 (1-3)	0.001
No. of days of evaluation ^{†§}	—	9 (0-12) (at outpatient clinic)	10 (1-11) (at patient's home)	
No. of erythrocyte transfusions (units) [†]	0 (0-6)	0 (0-2)	0 (0-3)	NS
No. of platelet transfusions (units) [†]	1 (0-4)	1 (0-4)	0 (0-5)	NS
Days to reach neutrophils $> 0.5 \times 10^9/\text{L}$ [†]	9 (8-12)	9 (9-11)	9 (8-10)	NS
Days to reach platelets $> 20 \times 10^9/\text{L}$ [†]	13 (9-20)	13 (10-17)	12 (9-14)	NS
Fever $> 38^\circ\text{C}$				0.001
No vs. yes	11 (25%) vs. 33 (75%)	18 (72%) vs. 7 (28%)	9 (60%) vs. 6 (40%)	
Fever origin				
FUO	30	7	5	
CVC related	2			
Biologically documented	1		1 ^o	
No. of days of fever $> 38^\circ\text{C}$ [†]	3 (0-12)	0 (0-7)	0 (0-14)	0.001
No. of days of i.v. antibiotics [†]	6 (0-18)	0 (0-7)	0 (0-23)	0.001
Mucositis				
No vs. yes	2 (4%) vs. 42 (95%)	5 (20%) vs. 20 (80%)	2 (13%) vs. 13 (87%)	NS
Grade 1-2 vs. grade 3-4	38 (86%) vs. 4 (9%)	19 (75%) vs. 1 (4%)	13 (87%) vs. 0	0.05
Nausea				NS
No vs. yes	8 (18%) vs. 36 (82%)	3 (12%) vs. 22 (88%)	3 (20%) vs. 12 (80%)	
Grade 1-2 vs. grade 3-4	34 (77%) vs. 2 (5%)	22 (88%) vs. 0	12 (80%) vs. 0	
Vomiting				NS
No vs. yes	9 (21%) vs. 35 (79%)	9 (36%) vs. 16 (64%)	5 (33%) vs. 10 (67%)	
Grade 1-2 vs. grade 3-4	34 (77%) vs. 1 (23%)	16 (64%) vs. 0	10 (67%) vs. 0	
Diarrhea				NS
No vs. yes	17 (39%) vs. 27 (61%)	7 (28%) vs. 18 (72%)	6 (40%) vs. 9 (60%)	
Readmitted to hospital [¶]				NS
No vs. yes	38 (86%) vs. 6 (13.6)	23 (92%) vs. 2 (8%)	13 (93%) vs. 2 (13%)	
Readmitted to hospital reason [¶]				
Infection biologically documented ^{**}	3 (6.8%)	1 (4%)		
Fever - FUO	1 (2.3%)	1 (4%)		
Fever - clinically established	2 (4.5%)		1 (6.7%) ^{††}	

Le conclusioni

- **L'innovazione del progetto sta nell'idea che l'assistenza domiciliare oncologica è stata rivolta verso pazienti con grandi aspettative di cura e di vita,**
- **È stata approntata per gestire una fase del percorso che normalmente, nella quotidianità e nell'immaginario comune, necessita di una terapia intensiva ospedaliera.**