The Blood and Marrow Transplant Program at Northside Hospital

The Blood and Marrow Transplant Program at Northside Hospital is dedicated to the care of patients with hematologic malignancies, in particular hematologic stem cells and severe aplastic anemia. Our program is focused on providing comprehensive care to patients with hematologic disorders, including stem cell transplantation, immunotherapy, and leukemia treatment. Our program is one of the largest in the region, providing patients with access to the latest treatments and therapies.

We offer a variety of treatment options, including:

- Autologous Stem Cell Transplants
- Related and Unrelated Allogeneic Stem Cell Transplants
- Haploidentical Stem Cell Transplants
- Cord Blood Transplants

Our team of experienced physicians, nurses, and other healthcare professionals work together to provide the best possible care for our patients.

For more information, please visit our website at www.bmtga.com.
A comprehensive outpatient management program that is applied to patients receiving allogeneic HSCT from a matched related donor at BMTNSH and may be the result of a strict adherence to supportive algorithms. Patients were evaluated daily by a mid-level practitioner and a clinic nurse, and an infectious disease specialist was available if patient isolation was needed. We documented no increase in the incidence of invasive aspergillus or other mold infections. 45 patients required readmission. Patients who received their preparative regimen in the outpatient setting were admitted promptly for cell infusion. The median hospital length of stay was 12 days, which is comparable to the 16-day median hospital stay seen at the mid-US blood and marrow transplant centers. Five of 100 patients were readmitted expectantly for complications, more than the 3% of patients receiving myeloablative allogeneic HSCT. Only five of 100 patients were readmitted prospectively to receive their high dose cell infusion. The Stovall's, through their Foundation, have provided an extraordinary gift that facilitates a comprehensive outpatient treatment approach for patients undergoing transplantation. The objective of this program is to provide patients with a successful HSCT, and to support and monitor patients during their recovery period to ensure they reach the best possible outcome. The use of novel agents (NA) such as lenalidomide and bortezomib in the initial therapy of myeloma patients has resulted in improved overall response rates and progression free survival when compared to traditional induction regimens such as VAD (vincristine, doxorubicin, dexamethasone). Furthermore, when novel agent based induction therapy is used prior to high dose chemotherapy and autologous hematopoietic stem cell transplantation (AH SCT), the post transplant complete response and very good partial response rates are higher than using traditional induction regimens followed by ASCT. However, there are increasing data that prolonged use of NA, particularly lenalidomide, may impair hematopoietic stem cell mobilization and collection. 3 Therefore the rapid responses often generated by NA-based induction regimens, the International Myeloma Working Group has recently published a consensus document recommending early collection of autologous hematopoietic stem cells in patients with high-risk NA-based induction and are available for either autologous or allogeneic transplants. It is important to note that genome stabilization is required in patients with high-risk NA-based treatment. This is particularly important for patients receiving lenalidomide based initial therapy, in whom there is evidence that G-CSF (granulocyte colony stimulating factor) administration may impair hematopoietic stem cell mobilization and cell collection. This is particularly important for patients receiving lenalidomide based initial therapy, in whom there is evidence that G-CSF administration may impair hematopoietic stem cell mobilization and cell collection. This is particularly important for patients receiving lenalidomide based initial therapy, in whom there is evidence that G-CSF administration may impair hematopoietic stem cell mobilization and cell collection.

3. Kumar S, Giralt S, Stadtmauer EA, et al. Mobilization in myeloma revisited: IMWG consensus perspectives on stem cell collection and cell-infusion records. Patients were admitted promptly for cell infusion and were evaluated daily in the outpatient setting. Although the majority of patients are readmitted at home, a small percentage of approximately 5-10% of patients are readmitted during the pancytopenic phase, outside of protective isolation, we documented no increase in the incidence of invasive aspergillus or other mold infections. 45 patients required readmission. Patients who received their preparative regimen in the outpatient setting were admitted promptly for cell infusion. The median hospital length of stay was 12 days, which is comparable to the 16-day median hospital stay seen at the mid-US blood and marrow transplant centers. Five of 100 patients were readmitted expectantly for complications, more than the 3% of patients receiving myeloablative allogeneic HSCT. Only five of 100 patients were readmitted prospectively to receive their high dose cell infusion. The Stovall’s, through their Foundation, have provided an extraordinary gift that facilitates a comprehensive outpatient treatment approach for patients undergoing transplantation. The objective of this program is to provide patients with a successful HSCT, and to support and monitor patients during their recovery period to ensure they reach the best possible outcome. The use of novel agents (NA) such as lenalidomide and bortezomib in the initial therapy of myeloma patients has resulted in improved overall response rates and progression free survival when compared to traditional induction regimens such as VAD (vincristine, doxorubicin, dexamethasone). Furthermore, when novel agent based induction therapy is used prior to high dose chemotherapy and autologous hematopoietic stem cell transplantation (AH SCT), the post transplant complete response and very good partial response rates are higher than using traditional induction regimens followed by ASCT. However, there are increasing data that prolonged use of NA, particularly lenalidomide, may impair hematopoietic stem cell mobilization and collection. Therefore the rapid responses often generated by NA-based induction regimens, the International Myeloma Working Group has recently published a consensus document recommending early collection of autologous hematopoietic stem cells in patients with high-risk NA-based induction and are available for either autologous or allogeneic transplants. It is important to note that genome stabilization is required in patients with high-risk NA-based treatment. This is particularly important for patients receiving lenalidomide based initial therapy, in whom there is evidence that G-CSF administration may impair hematopoietic stem cell mobilization and cell collection.

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