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RETROSPECTIVE ANALYSIS OF INTRAVENOUS IMMUNE GLOBULIN IN BONE MARROW TRANSPLANT PATIENTS FOR VIRAL PREVENTION (A2), Joseph Woolery, Myke Green. The University of Arizona, Tucson, Arizona.

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Allogeneic bone marrow transplant (BMT) patients are at high risk for many viral infections due to several factors, such as underlying disease state, chemotherapy exposure and immunosuppressive medications. Intravenous immune globulin (IVIG) is a commercially available pooled plasma protein product with Food and Drug Administration (FDA) approved labeling for use in BMT patients for the prevention of infections. IVIG obtained FDA approval based upon several controlled trials demonstrating decreased rates of cytomegalovirus (CMV) seroconversion with prophylactic administration of IVIG. However, methodological deficiencies of these trials introduced doubt regarding validity and prospective application of results. The high cost, limited supply of IVIG and the paucity of data demonstrating reduction in morbidity or mortality in BMT patients bring into question the use of prophylactic IVIG in BMT patients. Currently at UMC, the adult BMT service administers prophylactic IVIG at a dose of 0.5gm/kg in allogeneic BMT patients with a serum IgG concentration <400mg/dl (ie: two standard-deviations below normal limits). The pediatric BMT service administers IVIG to all patients every 14 days regardless of IgG concentration. A recent medication use evaluation in 2005-2006 revealed that ~50% of all IVIG

used at UMC is ordered by adult and pediatric BMT services. Results are currently pending.