

367

HYPERACUTE GVHD IN ALLOGENEIC STEM CELL TRANSPLANT RECIPIENTS ON TACROLIMUS PLUS METHOTREXATE FOR GVHD PROPHYLAXIS (A2), Richard Fong. UW Medicine, Seattle Cancer Care Alliance. Seattle, WA (richfong@u.washington.edu), IRB approved

Hyperacute GVHD following allogeneic hematopoietic stem cell transplantation (HSCT) is a clinical phenomenon occurring within fourteen days post-transplant. This complication is associated with significant morbidity and high rates of non-relapse mortality. In 2007, the Seattle Cancer Care Alliance changed its standard regimen for GVHD prophylaxis to tacrolimus plus methotrexate. The primary objectives of this study are to quantify the incidence of hyperacute GVHD in patients receiving myeloablative, allogeneic HSCT while receiving this regimen; investigate the correlation between hyperacute GVHD and tacrolimus concentrations in the time course preceding diagnosis; and determine risk factors which may suggest the need for higher goal tacrolimus blood levels. The incidence of hyperacute GVHD in patients receiving tacrolimus plus methotrexate will be compared to the historical incidence of hyperacute GVHD in patients receiving cyclosporine plus methotrexate for GVHD prophylaxis at our institution. A retrospective medical chart review will be conducted in patients who received related or unrelated myeloablative allogeneic peripheral

blood and bone marrow stem cell transplantations with tacrolimus plus methotrexate for GVHD prophylaxis at the University of Washington Medical Center from May 2007 through August 2008. Descriptive statistics, student's t-test or χ^2 test will be used to analyze the data collected. All results will be presented.