

Patients with myeloma or lymphoma can have excellent outcomes after an outpatient autologous transplant

What were researchers trying to learn?

Researchers wanted to learn whether patients who get transplant as an outpatient could do as well as patients who get transplant as an inpatient. After an outpatient transplant, patients are still treated in a hospital or a clinic, but leave the hospital or clinic each day after receiving care. Outpatient transplant care may be less expensive than inpatient transplant care. Also, some patients prefer outpatient care over inpatient care.

In this study, researchers looked at 230 patients with either lymphoma or myeloma. All patients had an autologous transplant between 2009 and 2012 at the Medical College of Wisconsin. Every day, transplant doctors and nurses saw the outpatient transplant patients at a cancer center day hospital.

What did they find?

Researchers measured many different types of things related to transplant outcomes (results), including survival, number and type of complications, and how fast engraftment happened. Engraftment is important because it's a sign that the blood-forming cells are working to rebuild the patient's immune system. After engraftment, patients can fight off infections better.

Researchers found that overall survival was basically the same in the inpatient and outpatient groups. At 1 year after transplant, 97% of patients in the outpatient group were alive, and 91% of patients in the inpatient group were alive. At 2 years after transplant, 83% of patients in the outpatient group were alive, and 80% of patients in the inpatient group were alive.

Engraftment was similar in both groups, too. Patients in the outpatient group had good levels of platelets (part of the blood that helps stop bleeding) by day 19 on average, and patients in the inpatient group had good levels by day 20.

Important Point:

Outcomes (results) were similar in the inpatient and outpatient transplant groups.

Why is this important?

Patients planning an autologous transplant may be able to get transplant as an outpatient. This may be a good option for patients who want to spend less time in the hospital. But to qualify for this option, patients may need to be healthy enough and have a caregiver who can be with them 24 hours a day.

What else should I keep in mind about this study?

The results of research studies are always limited in what they can and can't tell you. In this study, researchers only studied autologous transplants in patients with lymphoma or myeloma. So the results may not apply to patients with other diseases who get autologous transplants.

Not all autologous transplant patients may be eligible for outpatient treatment. In this study, transplant doctors chose patients who they thought would do well in their hospital's outpatient program. Only patients with better overall health, fewer complications from their lymphoma or myeloma, and those with 24-hour caregiver support were offered the outpatient option.

Questions to ask your doctor

If you are having an autologous transplant, and prefer an outpatient program, you may want to ask:

- Am I eligible to be in an outpatient program? Why or why not?
- What are the differences in the care I would get as an inpatient or as an outpatient?
- Who will be caring for my health in an outpatient program? How often will I be seen by a doctor or nurse?

Learn more about

- [This research study](#)
- [Caregivers and transplant](#)

Source:

Graff TM, Singavi AK, Schmidt W, et al. Safety of outpatient autologous hematopoietic cell transplantation for multiple myeloma and lymphoma. *Bone Marrow Transplantation*. 2015 July; 50(7): 947-953. Epub April 13. PMC4490016.

About this research summary

Ground-breaking research into blood and marrow transplant is happening every day. That research is having a significant impact on the survival and quality of life of thousands of transplant patients. But the research is written by scientists for scientists. By providing research news in an easy-to-understand way, patients, caregivers, and families have access to useful information that can help them make treatment decisions.

This information is provided on behalf of the Consumer Advocacy Committee of the CIBMTR[®] (Center for International Blood and Marrow Transplant Research[®]). The CIBMTR is a research collaboration between the National Marrow Donor Program[®]/Be The Match[®] and the Medical College of Wisconsin.
