

Post-Autologous BMT infectious Disease Prophylaxis Survey

GOAL: Survey to assess multiple Pediatric BMT Units/Clinicians clinical practice regarding HSV, fungal, and bacterial prophylaxis post autologous BMT (auto). My ultimate goal is to establish an evidence based guideline regarding duration of post autologous BMT prophylaxis. Your completion of this survey will help me determine current practices in the field.

Several questions will allow multiple answers.

We welcome any comments/suggestions at the end of survey.

- 1 Does the transplant team remain the primary service for pediatric autologous HSCT patients following transplant at discharge?
- Yes
 No
- for how long on average?
- < 3 months
 3-6 months
 6-12 months
 >12 months
 other

other, please explain:

Managed by oncology service?

- Yes
 No

- 2 Do you have a standard practice for Herpes Simplex Virus-1 prophylaxis during autologous HSCT?

- Yes
 No

What medication is used for prophylaxis?

- Acyclovir
 Valacyclovir
 Ganciclovir
 other

other, please explain:

What is the duration for prophylaxis?

- < 3 months
 3-6 months
 6-12 months
 >12 months
 other

Other, please explain:

- 3 Do you have a standard practice for fungal prophylaxis during autologous HSCT?

- Yes
 No

What antifungal medication is used for prophylaxis?

- Fluconazole
 Micafungin
 Voriconazole
 Posaconazole
 Ambisome
 Other:

Other, please explain:

What is the duration of prophylaxis

- < 3 months
 3-6 months
 6-12 months
 >12 months
 other

other, please explain:

4 Do you have a standard practice for bacterial prophylaxis during autologous HSCT?

- Yes
 No

What do you use for bacterial prophylaxis?

- Cefepime
 Ceftazidime
 Zosyn
 Other:

Other, please explain:

What is the duration ?

- Until ANC >500
 < 3 months
 3-6 months
 6-12 months
 > 12 months
 Other:

other, please explain:

5 Does your institution routinely screen for viral infections after autologous HSCT?

- Yes
 No

which viruses are screened?

- CMV
 EBV
 Adenovirus
 HHV6
 other

other, please explain

At what frequency is screening performed?

- Once per week
 Twice per week
 Once per month
 Never screened, only if symptoms require testing

6 For questions #3-5, is this practice based on published literature or local data?

- Yes
 No

Please explain:

7 Do you routinely monitor immune reconstitution following autologous HSCT?

- Yes
- No

What aspects of the immune system do you follow?

- antibody levels
- CD3
- CD4
- CD8
- CD19
- Mitogen stimulation testing
- Other

other, please explain:

8 Do you rely on immune reconstitution to determine length of prophylaxis following autologous HSCT?

- Yes
- No

What are your target cell numbers and/or function?

9 Comments:
