

Preface and Acknowledgments

Hematopoietic stem cell transplantation has experienced a dramatic increase of activity over the past decade with a continued marked escalation of procedures projected over the next ten to fifteen years. This expansion is not only a reflection of an ever changing field with increasing demand but also the pursuit of innovation that contributes to continued improved outcomes with less risk of adverse events or deleterious long-term consequences for the transplant patient population. Cell therapy is a dynamic field. It requires multi-specialty input for the management of these complex patients. In the past, transplantation was the sole responsibility of a few academic centers, and information resided within the hands of a few individuals. However, with the dissemination of technology and the ongoing proliferation of these procedures, there has been an obligatory need for the development of tools to provide standard guidelines and algorithms for the management of patients.

Most institutions have established their own set of guidelines and recommendations designed for consensus management as patients are in constant need of shared care. As new workforce demands have emerged, there have been changes in the workplace with recent predictions of a marked shortage of transplant physicians. As an alternative, more non-physician providers are being recruited to this field to provide day-to-day care of the transplant patient. In light of these changes, it becomes imperative to provide detailed and shared consensus guidelines to ensure the best and most predictable outcomes of our patients can be achieved.

This guide to patient management is the product of fifteen years of evolution of patient care at our institution. Wherever possible, the information herein has been altered to reflect the multiple options that exist for treatment of various conditions. However, *it is not meant to define the exact care pathway for all patients*. Rather, we have provided a practical set of guidelines that can be shared across institutions. This effort is our contribution to the workforce shortage for transplant physicians. By providing an easy-to-use manual that covers the basics of care of the stem cell transplant patient which can be utilized to educate physician assistants, nurse practitioners,

residents, post-doctoral fellows, and other hospitalists that may be recruited to the day-to-day care of the patient, we have achieved our goal. We recognize that this pocket guide is a work in progress, and we anticipate that as time passes, even potentially quite quickly, a new set of guidelines will need to be generated.

We recognize that this manual is incomplete. We do not discuss graft engineering to any great degree. We are not addressing the nuances of cord blood transplantation. We are not considering haplo-identical transplantation or other therapies that remain in clinical trial development and may emerge soon into the clinical arena. Nor are we talking about regeneration medicine, its futures, and its overlap with hematopoietic stem cell transplantation. Rather, we provide information about standards of care and assimilate knowledge gained from others.

The work presented within this volume represents not the work of a few, but the work of many. A number of our authors were members of the team that helped create our institution-specific consensus guidelines. We have also recruited new members to assist in generating these ever changing set of standards. We wish to thank the many contributors, as well as our mentors and colleagues who have inspired us to pursue this field and who have provided us with the energy to make this contribution. We would like to thank Thomas Thomas for his assistance in the preparation of this manual. We specifically acknowledge the work of Florence Seelig, Peter Curtin, Mark Brunvand, Kamar Godder, Gerald Segal, and the late Keith Hansen among many of our former team members. Their contributions to our program cannot be underestimated. In addition, we thank our team of dedicated nurses, social workers, CMAs, CNAs, physical therapists, nutrition specialists, and all providers that are present at the patients' bedside. We also thank our collaborating community partners: referring physicians, mid-level providers, and nurse coordinators. Through collaboration and shared information, we hope to assure the best outcome of our patients as they return to their communities across the country.

Editors, 2011

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<http://www.springer.com/978-1-4419-7505-8>

Blood and Marrow Transplant Handbook

Comprehensive Guide for Patient Care

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2011, XII, 324 p. 7 illus., 3 illus. in color., Softcover

ISBN: 978-1-4419-7505-8