A Non-Interventional Study Evaluating the Quality of Diet in Allogeneic and Autologous Hematopoietic Stem Cell Transplant Survivors

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AGENDA

Introduction and Relevance

Objectives

Methods

Results

Conclusions

HEMATOPOIETIC STEM CELL TRANSPLANTATION

HEMATOLOGIC MALIGNANCY

Primary disease:

Leukemia
Myeloma
Lymphoma

TYPES

Allogeneic

Autologous

LONG TERM

Chronic disease risk

Dietary link

Post-transplant care

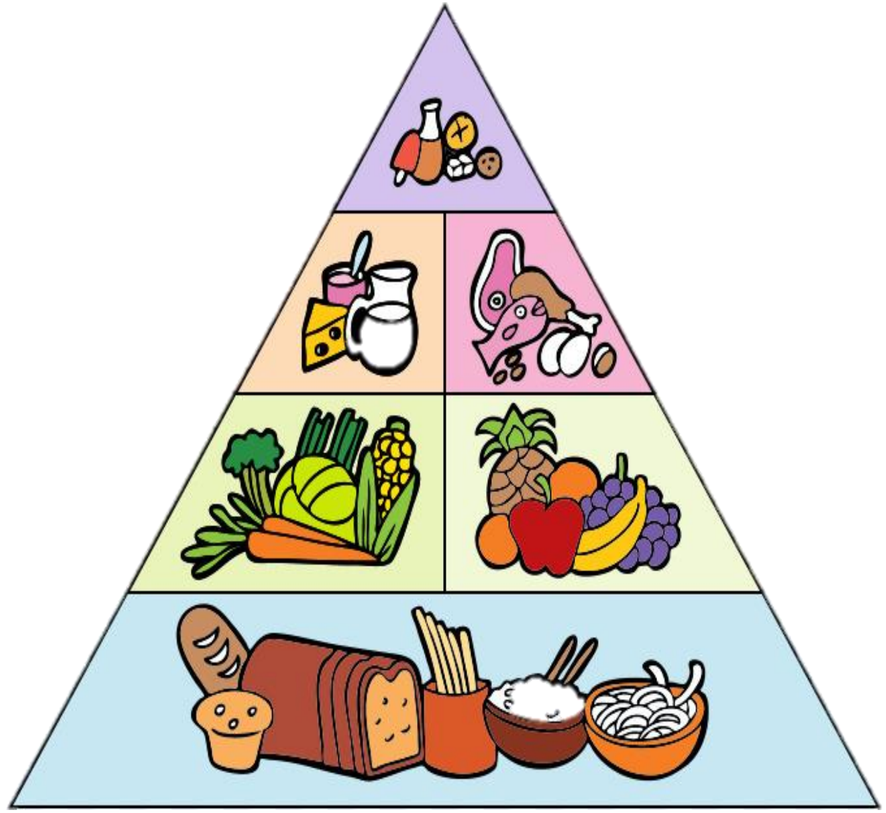
OBJECTIVES

PRIMARY

Evaluate dietary intake

SECONDARY

Compare diet quality of HSCT survivors to the general population



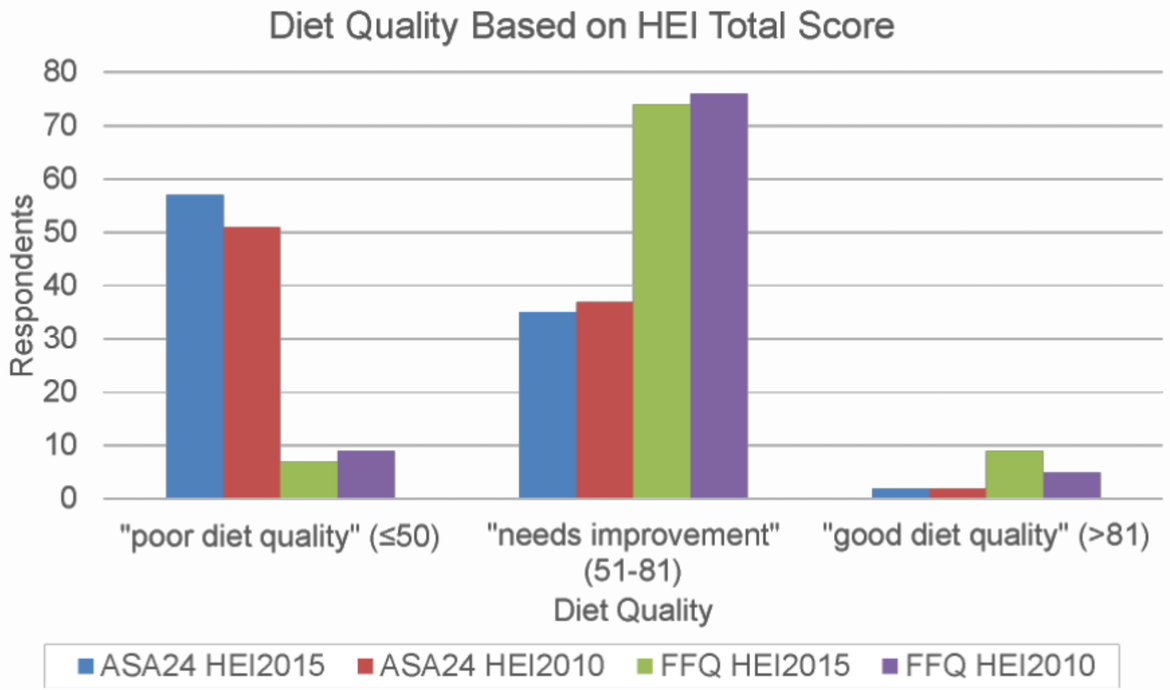
METHODS

FOOD FREQUENCY QUESTIONNAIRE

ASA-24

HEALTHY EATING INDEX

RESULTS



The mean HEI-2015 was 61.6 for HSCT survivors age 18-64 and 60.7 for ages ≥ 65 respectively

Male survivors had lower quality of diet than females (mean HEI-2010: 65.5 vs 70.6; P= 0.041).

Altered taste sensation was also associated with lower diet quality (P=0.02)

FFQ Respondents (n=90)		
Nutrients	**Amount of intake**	**Recommendation**
Macronutrients		
Total Energy (kcal)	1630 ± 770	
Protein (g)	61 ± 30 (15% of kcals)	10%-35%
Carbohydrate (g)	197 ± 109 (48.3% of kcals)	45%-65%
Fiber (g/1000 kcal)	8.9 ± 5.3	14
Added sugar (g/d)	54 ± 11	25 -37.5
Total Fat (g)	68 ± 64 (37.5% of kcals)	20%-35% (27 g/2000 kcal/day)
Saturated fat (g)	25 ± 12 (11.2% of kcals)	<10%/ 2000 kcal
Cholesterol (mg/d)	225 ± 124	<300
Micronutrients		
Vitamin A (mcg/d)	720 ± 447	700-900
Vitamin C (mg/d)	82 ± 73	75-90
Vitamin D (mcg/d)	4.4 ± 3.4	15-20
Thiamin (mg/d)	1.67 ± 0.87	1.1-1.2
Vitamin B_6 (mg/d)	1.62 ± 0.93	1.3-1.7
Vitamin B_{12} (mcg/d)	4.4 ± 2.5	2.4
Folate (mcg/d)	324.3 ± 167.2	400
Minerals		
Calcium (mg/d)	781 ± 430	1,000-1,200
Iron (mg/d)	12 ± 6	8
Magnesium (mg/d)	252.7 ± 133.4	320-420
Potassium (mg)	2229 ± 1173	4700 mg
Phosphorus (mg)	1093 ± 528	700 mg
Sodium (mg)	2834 ± 1345	<2,300 mg

HSCT survivors consumed excessive amounts of saturated fat, sodium, added sugars, and phosphorus and inadequate fiber, calcium, vitamin D, and potassium

CONCLUSIONS

DIET QUALITY

Long term HSCT survivors have poor adherence to the Recommended Dietary Allowance (RDA) guidelines.

RECOMMENDATIONS

A structured dietary intervention during post-transplant care is necessary in order to achieve optimal health outcomes.

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