infected with BK virus have been treated with ganciclovir or cidofovir (r=ribavirin), respectively. The treatment has failed in 3 of 9 patients and all of them have died due to accompanying infections. One patient also underwent selective embolisation of vesical artery (Table 2).

As a result, early-onset HC is related to Cjv, but late-onset HC is usually associated with BK or CMV infections. HC is generally well treated with i.v hydration and bladder irradiation. In some cases antiviral drugs could be needed. Also, resistant cases may be observed and mortality may be seen due to HC. It is important that the team, who perform allo-HSCT, should be prepared for morbidity due to HC and multidisciplinary treatment algorithm should be designed which includes cooperation with urology and interventional radiology clinics.

Methodological Issues in Exercise Intervention Studies: Attrition and Adherence
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Purpose: While the benefits of exercise interventions in people undergoing HCT have been systematically reviewed elsewhere, subject attrition rates and adherence to exercise interventions following HCT have not. This systematic review of the literature examined subject attrition rates and reasons for attrition as well as adherence to exercise interventions following BMT/HCT.

Methods: Publications were identified through literature searches of PubMed, CINAHL, and Embase as well as hand searching the references of retrieved studies. Studies published between January 1985 and July 2013 that prospectively tested an exercise intervention in BMT/HCT patients were included. All retrieved abstracts were initially classified as (1) exercise intervention studies; (2) studies related to exercise and/or BMT or HCT that did not prospectively test an exercise intervention; (3) integrative or systematic reviews of exercise intervention studies in BMT or HCT patients; or, (4) other types of reviews articles (i.e., clinical reviews, case reports, etc.), Studies that prospectively tested an exercise intervention were further evaluated to determine (1) the type of exercise modality employed; (2) subject attrition rates and reasons for attrition; (3) the amount of supervision required to implement the intervention; (4) timing of the intervention; and, (5) exercise adherence rates.

Results: Twenty studies met the inclusion criteria. The majority of studies tested an aerobic exercise intervention (n=7; 35%) or a combination of aerobic and strength training (n=7; 35%). The aerobic exercise interventions varied and included activities such as stationary bicycling, walking, or treadmill walking. Other exercise modalities tested included: (1) strength training (n=4; 20%) or (2) combination of stretching, aerobic and strength training (n=2; 10%). Supervised exercise sessions (55%; n=11) were more commonly used than unsupervised sessions (20%; n=4). Five studies (25%) used a combination approach by supervising some sessions with study participants completing other sessions unsupervised. The overall attrition rate was 18% (180/998 subjects). Major reasons for attrition included death, change in health status, protocol issues, personal issues, and lost to follow-up/no reason provided. Supervised exercise programs rarely published exercise adherence information. Unsupervised exercise program relied mainly on self-report to document adherence. Adherence rates in these studies ranged from 50-100%.

Conclusion: Questions regarding subject attrition and adherence to exercise interventions must be addressed to identify those interventions that are likely to be successful when translated into clinical practice. Subject attrition from exercise studies following BMT/HCT is relatively low. Adherence information for exercise interventions needs to be regularly addressed.

Differential Effect of Supersaturated Calcium Phosphate Rinse and Palifermin on Oral Mucositis Induced By Conditioning with Fludarabine, Busulfan and TBI or Melphalan
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Introduction: Oral mucositis (OM) is a common, debilitating complication of conditioning regimens for hematopoietic stem cell transplantation (HSCT). Supersaturated calcium phosphate rinse (SCPR) and palifermin have shown efficacy in preventing OM. However, whether their efficacy differs is unknown. We compared the efficacy of SCPR and palifermin in HSCT patients receiving myeloablative conditioning.

Methods: A comprehensive review of our institutional database was performed to identify patients who received myeloablative-conditioning between 2008 and 2012. Two cohorts were identified and analyzed separately. All patients in the first cohort received 400 cGy of total body irradiation and the majority received Fludarabine 250 mg/m2 and...