

The Lymphoma Research Foundation is here to help. We have prepared a sample *Transplant Journey Checklist* that can be used to help document your journey. It was developed as a general guideline based upon common experiences. However, patients may need to adapt it during discussions with their transplant team. Additional copies of this resource are available at lymphoma.org/publications or by contacting the Helpline at (800) 500-9976 or helpline@lymphoma.org.

8 Weeks Before Transplant

- Develop and stick to a solid nutritional and physical fitness plan.

- Have a dental cleaning in preparation for being unable to do so during the recovery period.

- Secure a legal Will, Living Will, Advanced Directive, Durable Power of Attorney, and Healthcare Power of Attorney.

- Investigate health insurance coverage of transplant and communicate with transplant facility coordinator.

- If needed, develop a transplant payment plan coordinated through health insurance, Medicare, or a related provider.

- Select, educate, and train the primary transplant caregiver and any secondary caregivers.

- Ensure that family, friends, associates, and all those affected are aware of the approximate dates during which normal activities will be limited.

- Share the transplant procedure and recovery schedule with work, school, and other points of contact normally associated with activities of daily living.

- If preservation of fertility is a concern, make arrangements for appropriate consultation to discuss freezing of eggs, sperm, or embryos or other fertility-sparing treatments.

- Contact the Lymphoma Research Foundation (www.lymphoma.org) and Be The Match (www.BeTheMatch.org/patient) for free programs and resources to prepare you for transplant and the post-transplant period.

2 Weeks Before Transplant

- Maintain the nutritional and physical fitness plan.

- Undergo an overall health assessment to ensure fitness for high-dose chemotherapy and stem cell transplantation.

- Central line or port is placed in chest for use in chemotherapy, stem cell infusion, blood testing, and administering drugs.

- Growth factors are given to the patient (*autologous*) or the donor (*allogeneic*) to stimulate stem cell growth.

- Stem cells are collected from the patient or the donor and stored for future infusion.

- High-dose chemotherapy with or without radiation to kill lymphoma cells begins.

1 Week Before Transplant

- High-dose* chemotherapy with or without radiation continues; duration of treatment may vary.

- Patient is admitted to hospital/transplant center to rest before the procedure.

Transplant Days 0–20

- Day 0:** Infusion of stem cells through the central line or port.
- Days 0 to 6:** The patient feels generally “low” due to the effects of chemotherapy, which may include fatigue, nausea, loss of appetite, and soreness in mouth and throat. Blood counts are low, and the risk of infection is high.
- Days 7 to 10:** These are often the most difficult days. Engraftment is beginning to take place, and careful precautions must be taken to prevent infection until blood counts rise. Visitors to the hospital room should be strictly limited.
- Days 10 to 14:** The patient may begin to feel better because white and red blood cell counts are beginning to rise. When white blood cell levels are steady for three days in a row, the transplant is considered engrafted. Another one to two weeks are required for red blood cells and platelets to stabilize.
- Days 12 to 35:** Hospital discharge times vary widely depending on the recovery process. After the stem cell infusion, blood levels slowly return to normal, and other discharge criteria must also be achieved in order to be sent home.

Day 30 (Return Home After Transplant)

- The primary caregiver and any secondary caregivers are in place. The patient will need a caregiver available around the clock for approximately one to two weeks after discharge.
- Generalized lethargy (low energy levels) is normal as blood counts continue to return to normal.
- A thermometer should be kept on hand to check temperature if fever is suspected.
- The caregiver should report blood in urine, stool, or unusual vaginal bleeding as well as bruising and skin rashes.
- For autologous transplant recipients, the central line or port may be removed at this time. For patients who received an allogeneic transplant, the device may need to be kept in place for another 1–2 months. If a central line is still in place, it should be regularly flushed and cleaned.
- Exposure to possible infection must be kept to a minimum. Crowded or enclosed spaces should be avoided, and people with infections should not visit the patient. Other infection control practices, including guidelines for contact with pets, will be provided by the treatment team.
- Maintain a structured nutritional and physical exercise plan.
- Reintegrate gradually into the normal activities of daily living.
- Attend follow-up visits to the doctor, transplant center, and/or oncologist.
- Return to 100% health status may require a few weeks to a few months.

3–4 Months

- Many patients may be able to return to work in this time frame, but the exact date must be determined in consultation with the healthcare team.
- Hair may begin to regrow.

Year 1 “The New Normal”

- Energy levels and stamina may remain low for up to a year, but some patients recover much sooner.