

## Conference Abstracts

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# Telehealth based virtual consult visits and in-person consult visits provide comparable time to HLA-typing and preliminary donor search in patients referred for allogeneic hematopoietic cell transplantation

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### Introduction

Allogeneic hematopoietic cell transplantation (alloHCT) remains the only curative option for many patients with high-risk hematologic malignancies. However, access to alloHCT is often limited by inadequate disease control, comorbidities, and systemic barriers. In Oregon, Oregon Health & Science University (OHSU) serves as the sole adult alloHCT center, covering a large geographic catchment area where distance may impede timely consultation and treatment. To address this barrier, OHSU implemented a quality improvement (QI) initiative incorporating early human leukocyte antigen (HLA) typing with a preliminary donor (pD) search through a structured telehealth consultation model.

### Methods

A multidisciplinary team developed a standardized process offering telehealth consultations to all referred patients and mail-in HLA typing kits to external referrals living more than 30 miles from OHSU. Distance from patient's residence to the transplant center was calculated using zip codes. Our quality improvement initiative (2024) objectives included ensuring the availability of preliminary donor search results at consultation, evaluating

telehealth's impact on time to transplant, and assessing referral patterns across the catchment area.

### Results

Between January and December 2024, 216 patients received the intervention with a minimum of 3 months of follow-up. Referral indications included acute myeloid leukemia (44%), myelodysplastic syndrome (13%), and acute lymphoblastic leukemia (9%). Most patients were male (57%), Caucasian (75%), and privately insured (65%). Over half of referrals were external, and one-third of consultations occurred via telehealth. The median distance to alloHCT center was 33 (4 – 2609) miles. Patients receiving virtual visits lived significantly farther from OHSU than those seen in person (Figure 1). Median times from transplant indication to consultation (70 vs 66 days), HLA typing (45.5 vs 39 days), donor search (58.5 vs 59.5 days), and transplant (172 vs 176 days) were comparable between virtual and in-person visits, respectively (Table 1).

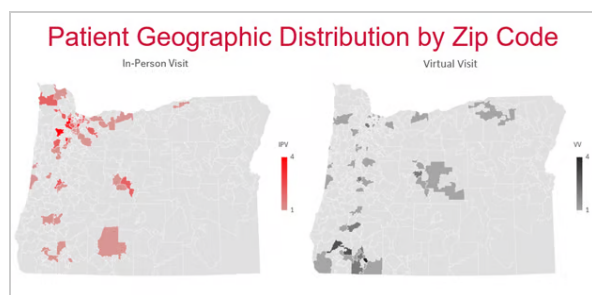


Figure 1

## Conclusion

Telehealth-based consultations enabled timely HLA typing and donor identification without delaying transplant timelines. Telehealth provides comparable access to alloHCT evaluation and may reduce barriers for patients with geographic, functional, or logistical challenges. Future efforts will assess resource utilization and expand supportive care integration.