Autologous hematopoietic stem cell transplantation (HSCT) is a potentially curative therapeutic approach for various malignant hematologic and lymphoid diseases. Hematopoietic stem cells (HSCs) may be collected from the blood or the bone marrow. HSCs are capable of self-renewal and give rise to progenitor cells, multipotent cells that differentiate and proliferate into the mature cells of the blood and immune system. HSCs and progenitor cells are released from the bone marrow into the peripheral blood through a process called mobilization. HSCs then are collected from the blood in a process called apheresis and cryopreserved for administration following the high-dose preparative regimen. This article reviews stem cell biology, current mobilization strategies, use of novel mobilization agents, and nursing care of patients during the mobilization phase of autologous HSCT. Understanding the biology and process of HSC mobilization is critical for transplantation nurses to deliver and coordinate care during this complex phase of autologous HSCT.

A number of methods have been used to mobilize HSCs. The mobilization process involves the interplay among chemokines, cytokines, cell adhesion molecules, and the bone marrow microenvironment. The goal of stem cell collection is to mobilize a sufficient number of HSCs that are capable of regenerating the full hematopoietic lineages and to achieve adequate engraftment following autologous HSC transplantation. Nurses need to understand stem cell biology and the mechanisms of action of current mobilization strategies. Strategies for individuals who do not collect a sufficient graft with current mobilization techniques will be reviewed, including the use of novel mobilization agents. The collection, processing, and cryopreservation of HSCs will be outlined.

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