warranted to investigate the risk of priapism associated with SGAs owing to the several limitations of this study.

Conflicts of interest
This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. Dr. F.M. has received speaker’s fees from Sumitomo Pharma, Eli Lilly, Janssen, Novartis Pharma, Otsuka, Eizai, and Pfizer. Dr. H.T. has grants from Daiichi Sankyo and Novartis Pharma; speaker’s fees from EA Pharma, Kyowa, Janssen, Lundbeck, Meiji Seika Pharma, Takeda, and Yoshitomiya-kulkin; and advisory board fees from Janssen, Mitsubishi Tanabe Pharma, and Sumitomo Pharma.

References

Supporting information
Additional Supporting Information may be found in the online version of this article at the publisher’s web-site:

Table S1. Characteristics of patients with priapism.
Table S2. Reporting odds ratios of priapism in comparisons between individual second-generation antipsychotics.
Table S3. Adjusted reporting odds ratios of priapism in comparisons between individual second-generation antipsychotics in cases, including age-unknown cases.
Table S4. Adjusted reporting odds ratios of priapism in comparisons between individual second-generation antipsychotics in cases, including sex-unknown cases.
Table S5. Adjusted reporting odds ratios of priapism in comparisons between individual second-generation antipsychotics in cases, restricting the minimum number of events.
Figure S1. The flow chart of the study cases.

PUC13448 doi:10.1111/pcn.13448

No evidence for transmission of psychosis, bipolar or depressive disorder via hematopoietic stem cell transplantation: A Swedish registry study

Two case reports have triggered the hypothesis that risk for psychiatric disorders can be transmitted through hematopoietic stem cell transplantation (HSCT) by transfer of a dysregulated immunological phenotype; one case of development of severe psychosis in a patient with no prior psychiatric history following HSCT for chronic lymphatic leukemia from his sibling diagnosed with schizophrenia, and one case of remission of psychosis in a patient with treatment-resistant schizophrenia following HSCT for acute myeloid leukemia. We evaluated the possibility that donors’ risk of psychosis, bipolar and depressive disorder can be transmitted to the recipient in a nationwide cohort of donors and recipients who underwent HSCT.

We used an approach previously applied to study transfusion-transmitted disease using large-scale register data. All related donors and recipients who underwent HSCT in Sweden between 1977 and 2014 were identified. Linkage with a range of nationwide registers provided clinical details and follow-up until December 31st, 2015 for all HSCT recipients and their donors together with non-donor first degree relatives of the recipients. Exposure was defined as receiving stem cells from a donor who was diagnosed with psychosis, bipolar disorder or depression either before HSCT or during follow-up (F20-39 in ICD-10: 295–299, 311 in ICD-9: 295–299 in ICD-8). Outcome in the recipient was defined as the same diagnoses during follow-up, which was extended from time of HSCT until death, emigration or end of follow-up. Recipients diagnosed with any of the three psychiatric disorders prior to HSCT were excluded. The hazard ratio of developing each psychiatric disorder in recipients in relation to whether the donor was affected by the same disorder was estimated using three separate Cox proportional-hazards regression models. All models included a number of possible confounding variables, ascertained for recipients at the time of HSCT: sex (nominal), age (continuous), disposable income (continuous), educational level (ordinal) and county of residence (nominal). We also included binary terms for family history of the same psychiatric diagnoses included as outcome, as derived from non-donor first degree relatives of the recipients, using a similar approach as in previous studies on transfusion-transmission. 95% confidence limits for the ensuing hazard ratios were constructed using heteroscedasticity-consistent standard errors. The study was approved by the regional ethical review boards in Stockholm and Uppsala (1998/259 and 2016/497, respectively).

A total of 1363 HSCT donor-recipient pairs were included (1262 siblings, 28 paternal donors, 20 maternal donors and 53 donors from other relatives), together with 5466 non-donor first degree relatives (2856 parents and 2610 non-donor siblings). 658 of the recipients deceased during the...
To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modulation of risk for psychiatric illness. To our knowledge, the present work represents the first attempt to systematically investigate this possibility. A transfer of risk for psychiatric illness could reflect a possible causative role of the immune system in the modification of risk for psychiatric illness.