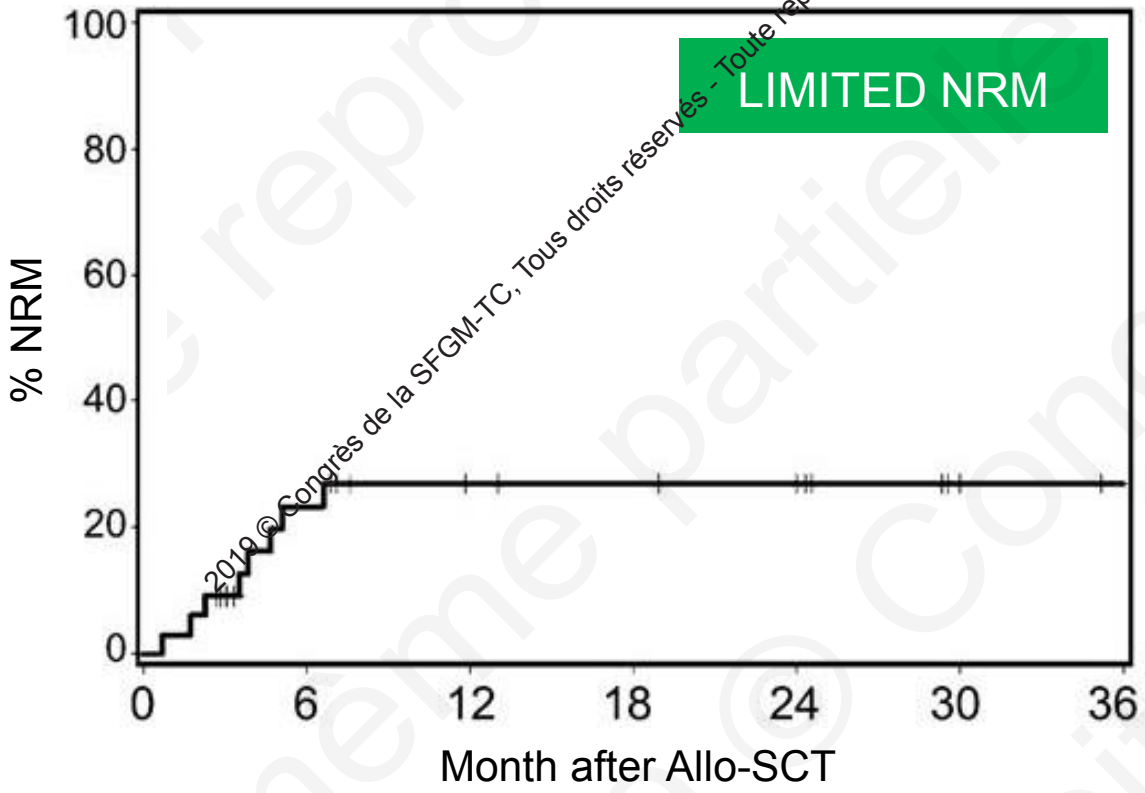
Haploidentical Allogeneic Hematopoietic Stem Cell Transplantation For Mantle Cell Lymphoma Using Reduced Intensity Conditioning Regimen And Post Transplantation Cyclophosphamide : A Retrospective Study On Behalf Of The SFGM-TC.

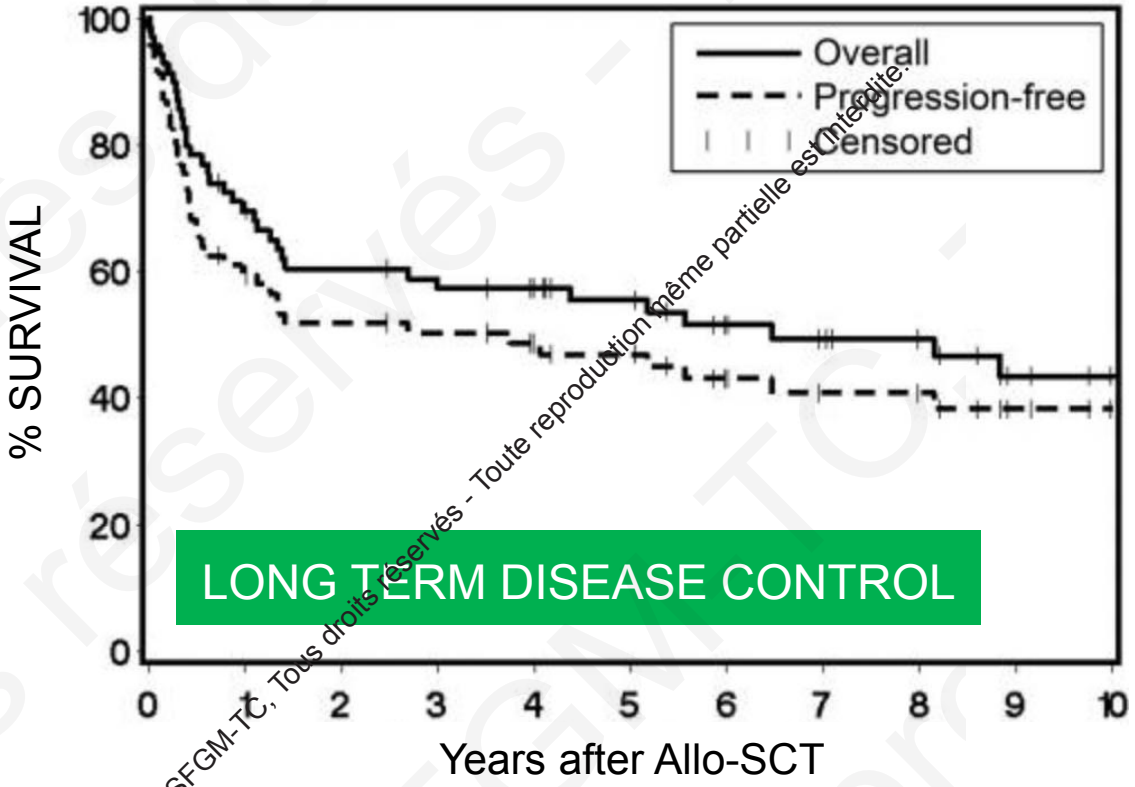
Congrès 2019 - SFGM-TC
Dr. Thomas PAGLIARDINI

INSTITUT PAOLI-CALMETTES

NMAC/RIC + ALLO-SCT IS A CURATIVE OPTION FOR R/R MCL



Maris et al. Blood. 2004.



Vaughn et al. Cancer. 2015.

HSCT FOR MCL IS LIMITED BY THE AVAILABILITY OF A MATCHED DONOR

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HSCT FOR MCL IS LIMITED BY THE AVAILABILITY OF A MATCHED DONOR

	N	Centers	SIB/MUD/MMUD
Khouri et al. JCO. 2003	18	Houston	77% 33% 0%
Maris et al. Blood. 2004.	33	Seattle	48% 52% 0%
Cook et al. BBMT. 2010.	70	BSBMT	60% 36% 4%
Vaughn et al. Cancer. 2015.	70	Seattle + 8 USA Centers	48% 41% 11%
Robinson et al. BMT. 2018.	324	EBMT	58% 35% 7%

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HSCT FOR MCL IS LIMITED BY THE AVAILABILITY OF A MATCHED DONOR

	N	Centers	SIB/MUD/MMUD	Conditioning	NRM	OS	PFS
Khouri et al. JCO. 2003	18	Houston	77% 33% 0%	NMAC	-	-	82% (3y)
Maris et al. Blood. 2004.	33	Seattle	48% 52% 0%	NMAC	24% (2y)	65% (2y)	60% (2y)
Cook et al. BBMT. 2010.	70	BSBMT	60% 36% 4%	RIC	21% (5y)	37% (5y)	14% (5y)
Vaughn et al. Cancer. 2015.	70	Seattle + 8 USA Centers	48% 41% 11%	NMAC	28% (5y)	55% (5y)	46% (5y)
Robinson et al. BMT. 2018.	324	EBMT	58% 35% 7%	RIC/NMAC	24% (4y)	40% (4y)	31% (4y)

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CAN <u>HAPLO-SCT</u> IMPROVE FAESABILITY AND OUTCOMES ?

HAPLO-SCT COMPARES FAVORABLY WITH MATCHED-SCT FOR **NHL**

	Centers	NHL	MCL	Comparison	NRM	OS	PFS
Ghosh et al. JCO. 2016.	CIBMTR	987 (HRD=180)	134 (HRD=21)	HRD vs MSD	NS	NS	NS
Kanate et al. Blood. 2016.	CIBMTR	917 (HRD=185)	140 (HRD=21)	HRD vs MUD	0.04	0.004	0.08

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HAPLO-SCT COMPARES FAVORABLY WITH MATCHED-SCT FOR NHL

	Centers	NHL	MCL	Comparison	NRM	OS	PFS
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AIM : TO ETABLISH A SPECIFIC REPORT OF HAPLO-SCT FOR MCL

METHODS

MCL + ALLO-SCT

2010-2017

SFGM-TC (30) + HCC Milan

RIC/NMAC	1st ALLO

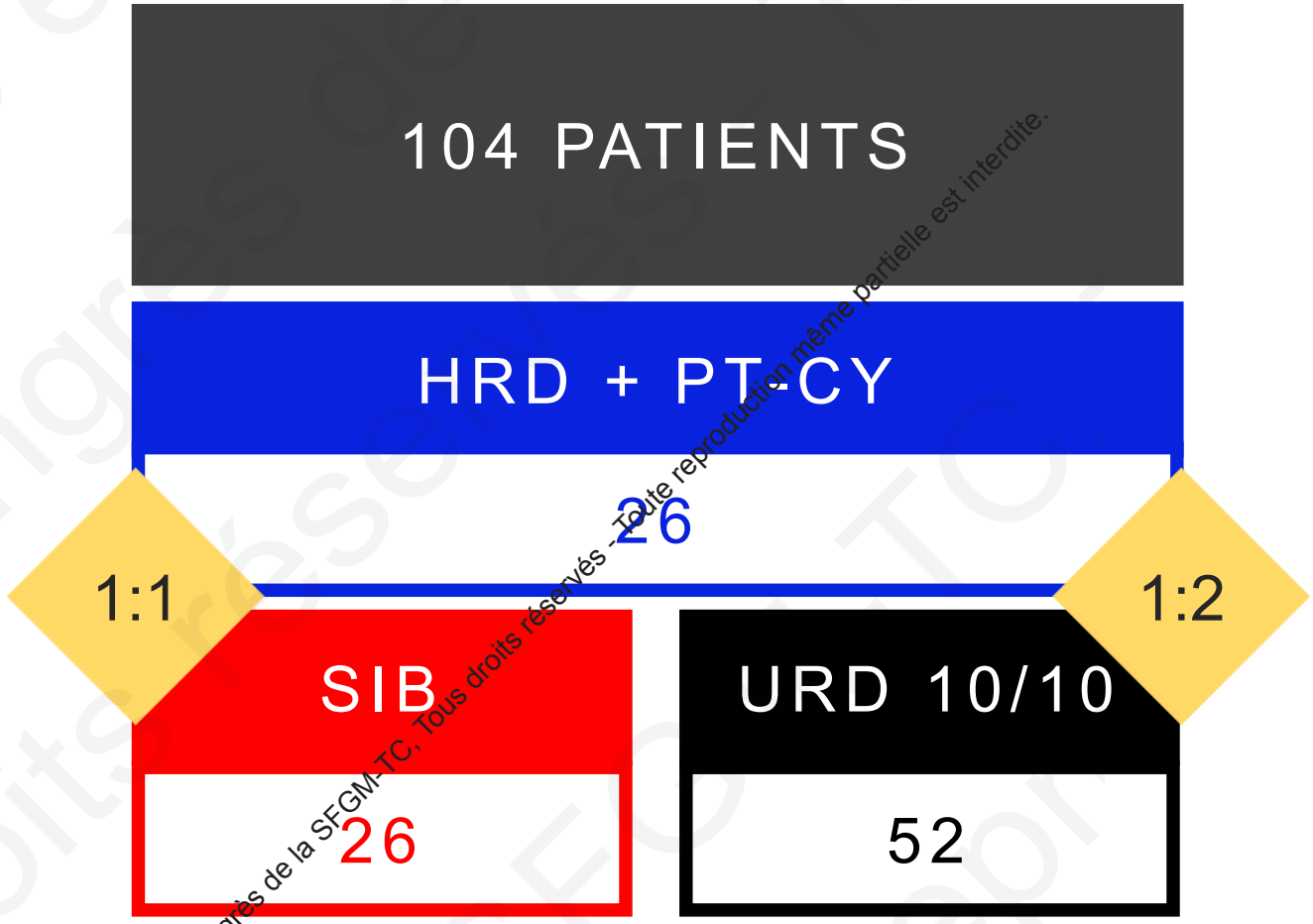
181 PATIENTS

HRD	SIB	URD
26	63	92

METHODS

MATCH-PAIRED ANALYSIS HRD vs SIB & HRD vs URD

- Age
- Disease status before allo-SCT
- Prior auto-SCT
- Stem cell source



METHODS

UNIVARIATE ANALYSIS

HRD + PTCY

26

VS

VS

SIB

26

URD 10/10

52

COX MODEL

- Donor source (Ref. HRD)
- Age
- Disease status at allo-SCT
- Prior auto-SCT
- Stem cells source

CHARACTERISTICS AFTER MATCHING

n=104	HRD (26)
Age	62 (37-71)
CR	85%
Prior Auto-SCT	73%
PBSC	69%

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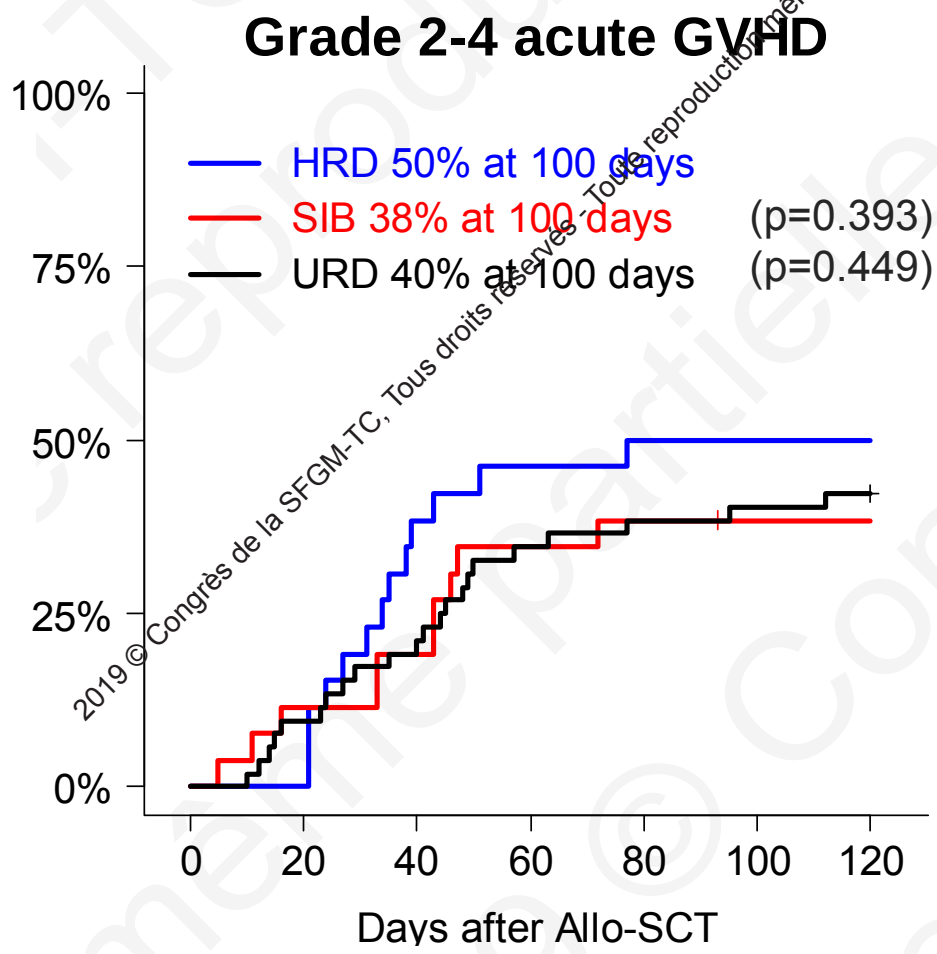
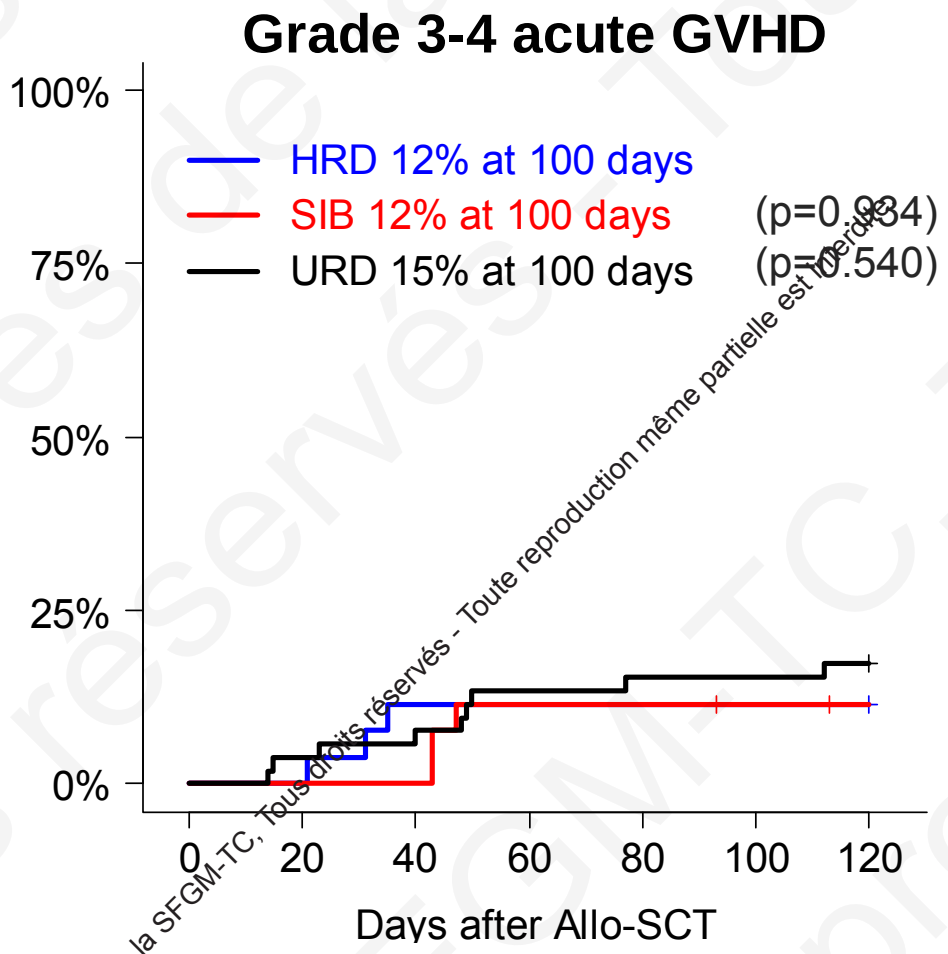
CHARACTERISTICS AFTER MATCHING

n=104	HRD (26)	SIB (26)	URD (52)	p-value
Age	62 (37-71)	59 (42-67)	61 (43-67)	0.665
CR	85%	88%	88%	0.876
Prior Auto-SCT	73%	73%	88%	0.139
PBSC	69%	92%	94%	0.005

NO DIFFERENCE FOR AGVHD

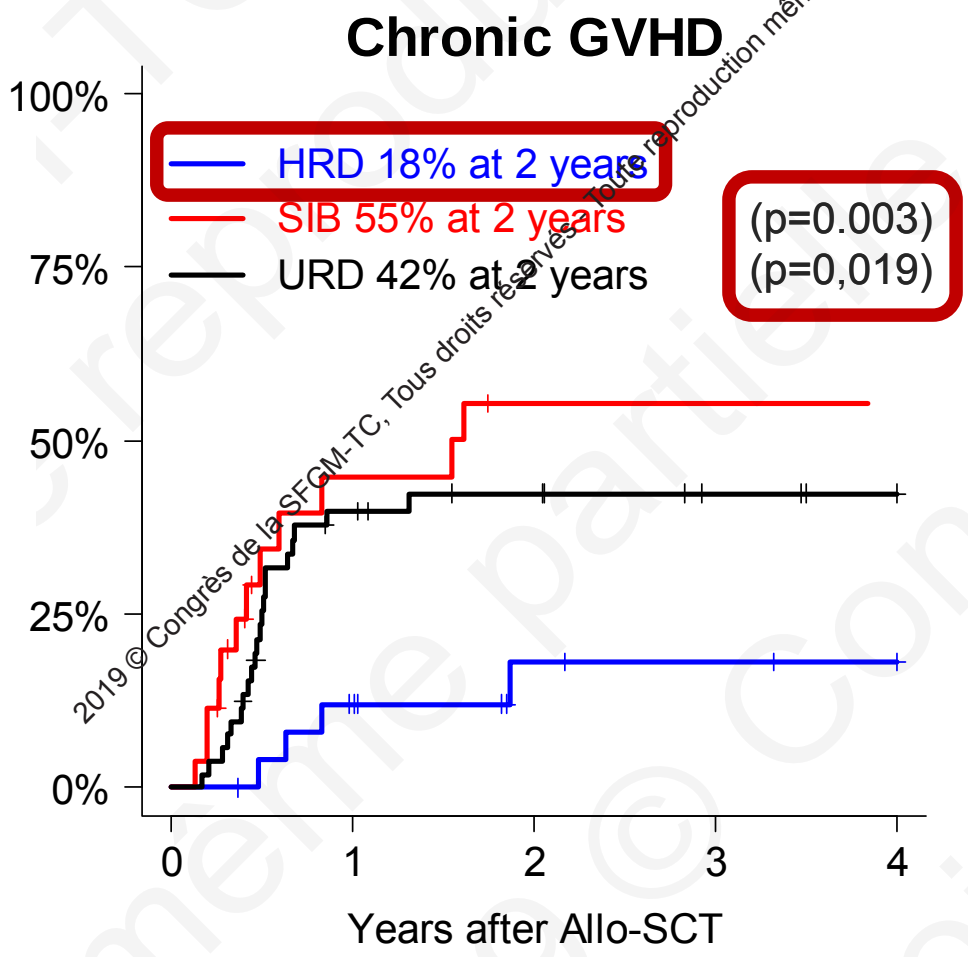


HR(SIB) = 0.70 (p=0.424)
HR(URD) = 0.86 (p=0.697)

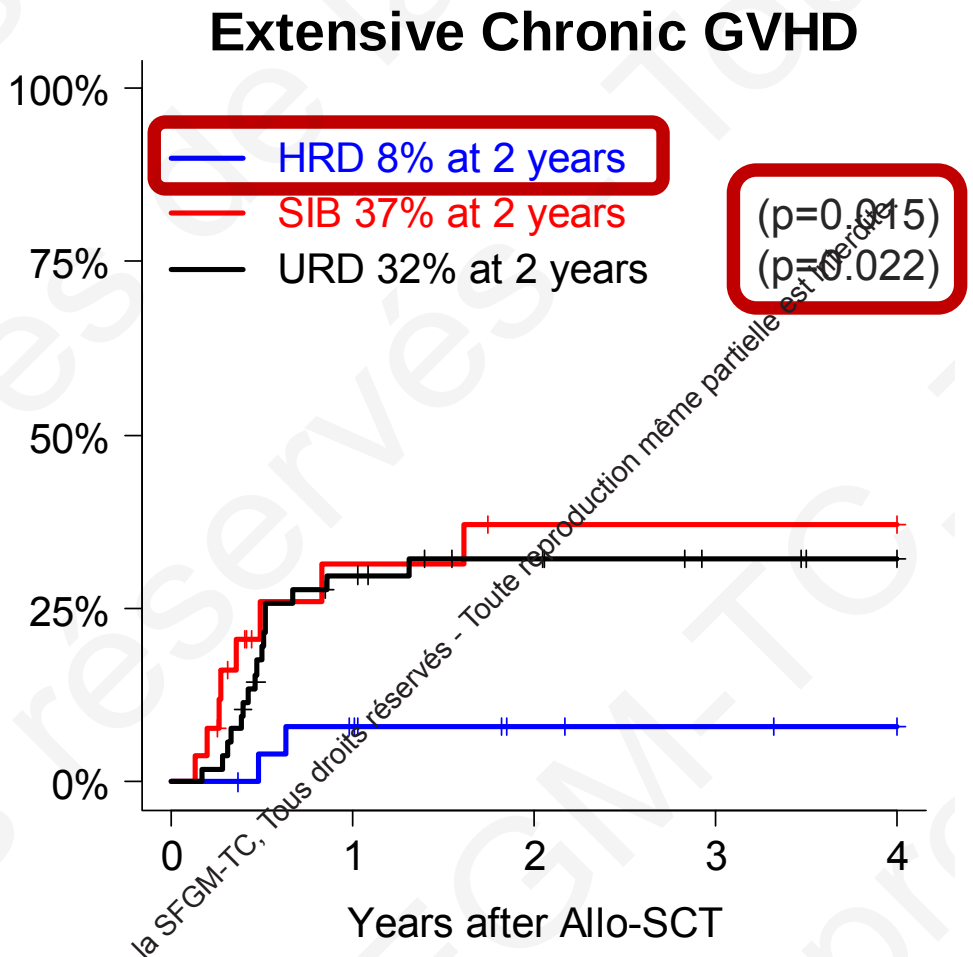


HR(SIB) = 0.89 (p=0.893)
HR(URD) = 2.08 (p=0.300)

LOWER INCIDENCE OF CGVHD WITH HRD-SCT

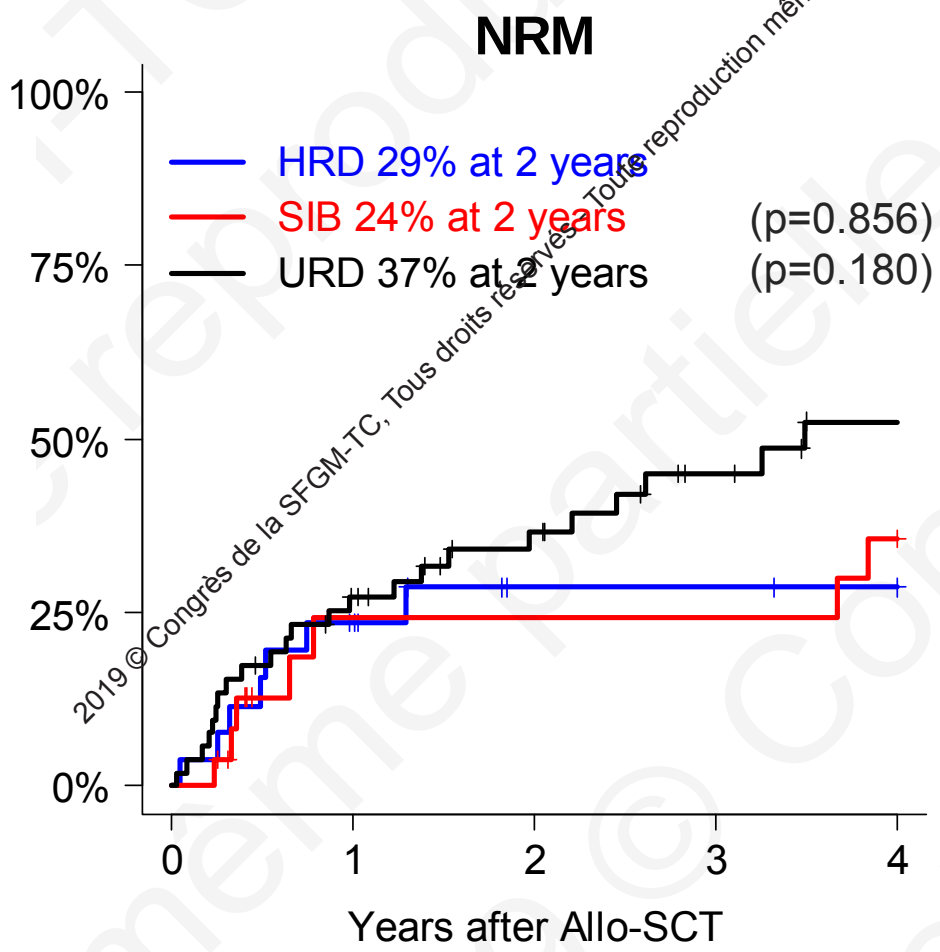


HR(SIB) = 5.26 (p=0.009)
HR(URD) = 3.43 (p=0.038)

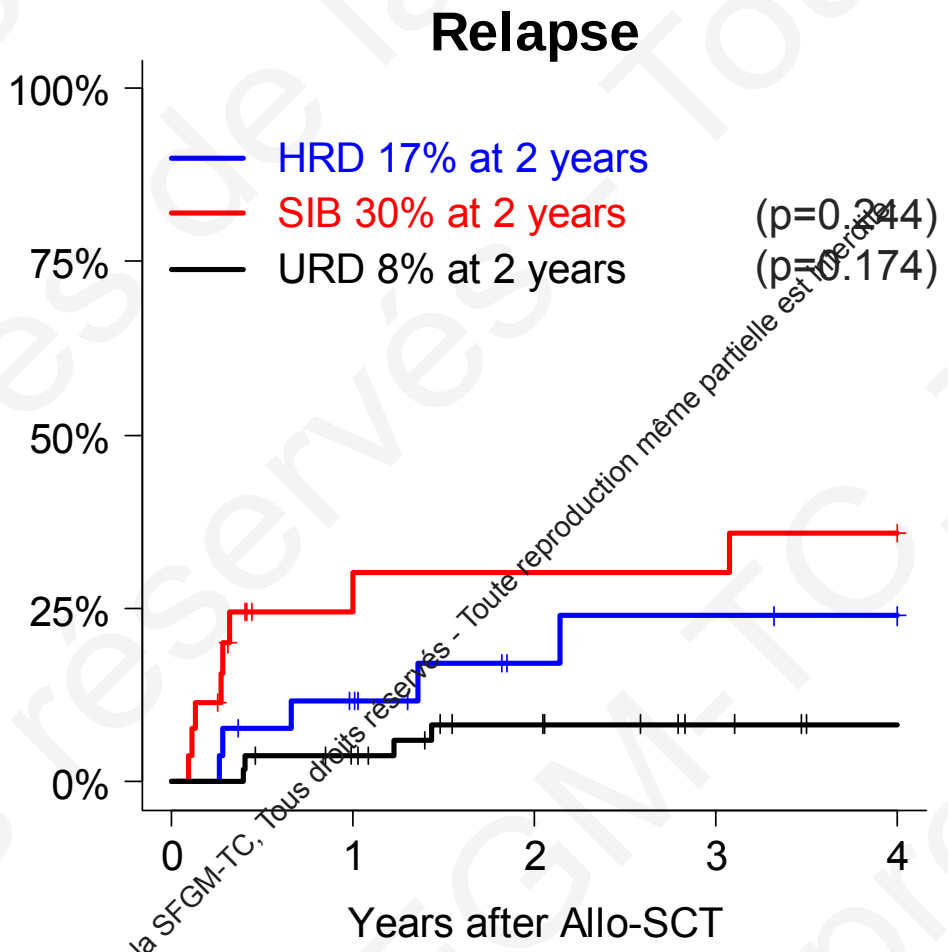


HR(SIB) = 5.58 (p=0.042)
HR(URD) = 4.51 (p=0.058)

NO DIFFERENCE FOR NRM AND RELAPSE

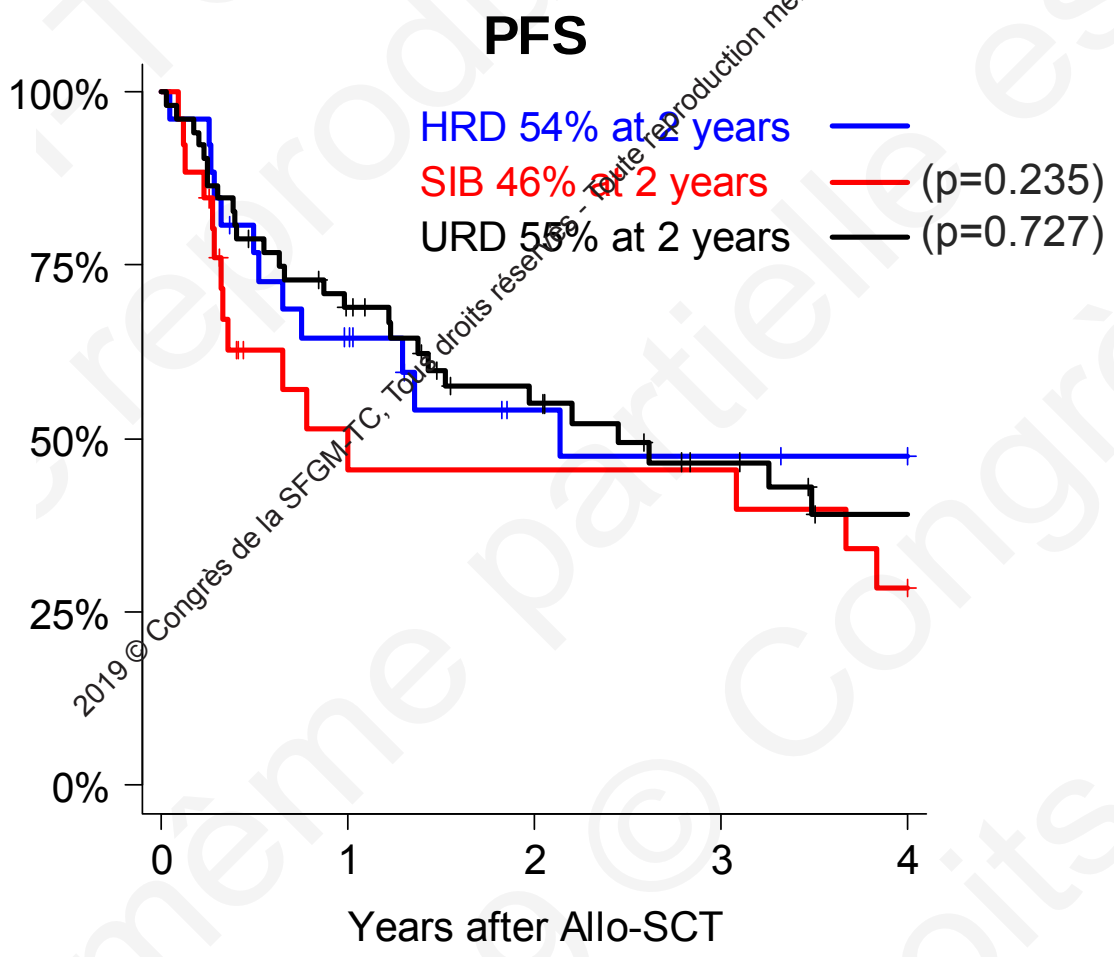


HR(SIB) = 1.64 (p=0.432)
HR(URD) = 1.89 (p=0.238)

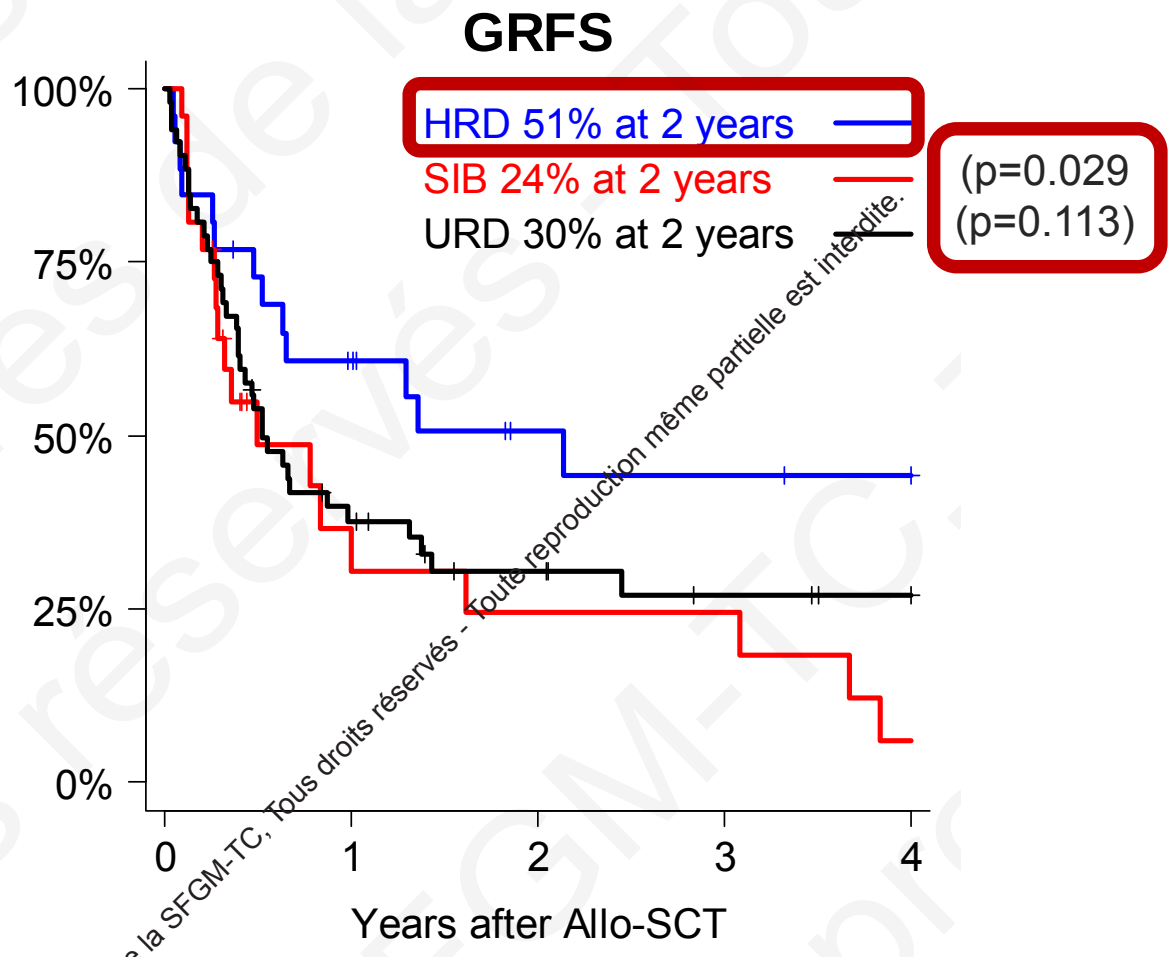


HR(SIB) = 1.66 (p=0.413)
HR(URD) = 0.34 (p=0.106)

HRD-SCT ALLOWS BETTER GRFS



HR(SIB) = 1.69 (p=0.237)
HR(URD) = 1.04 (p=0.92)



HR(SIB) = 2.24 (p=0.049)
HR(URD) = 1.65 (p=0.18)

COX MODEL

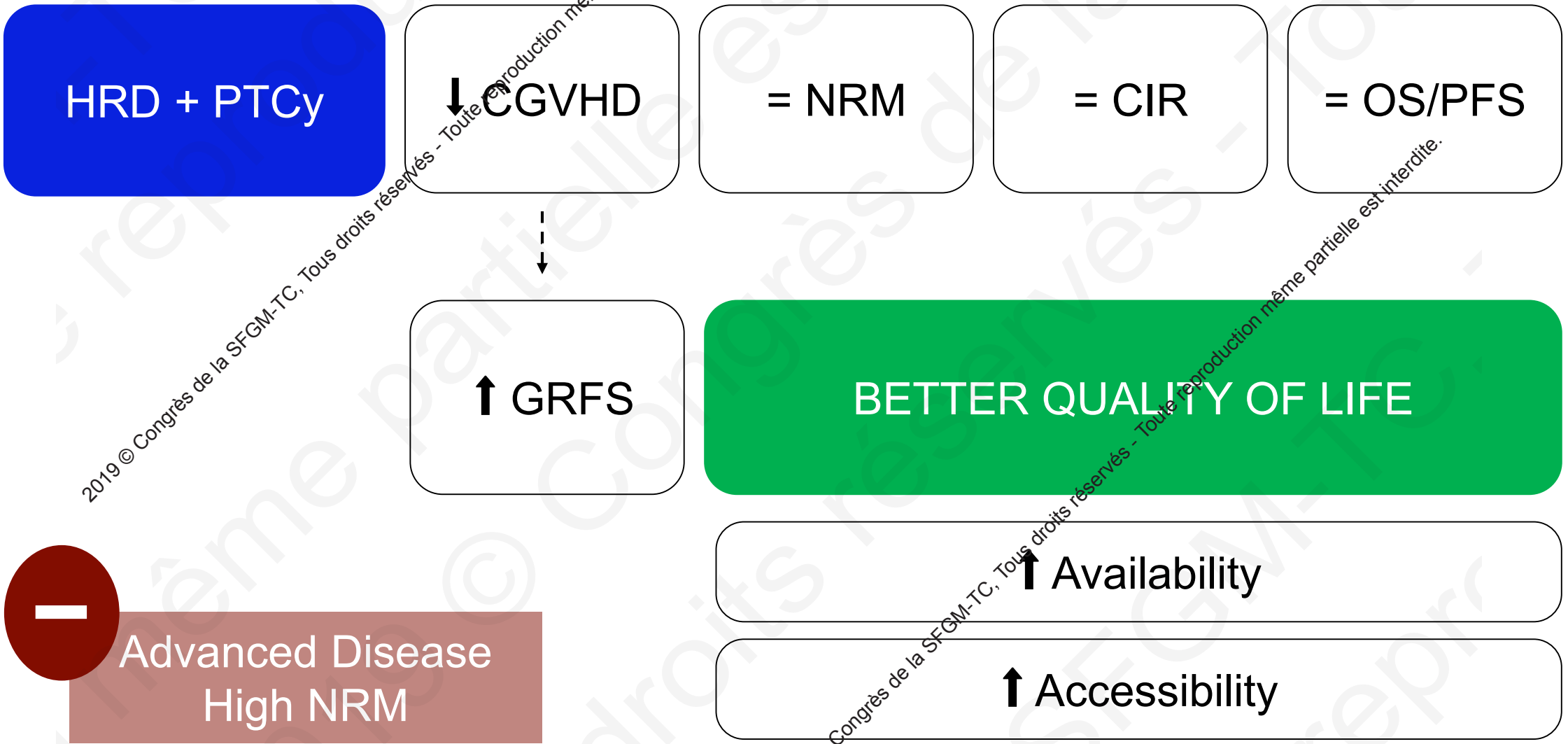
NO IMPACT OF :

- Age
- Prior auto-SCT
- Stem cells source

ACTIVE DISEASE INCREASE RISK OF NON RELAPSE MORTALITY

NRM	HR= 3.41 (p=0.003)
OS	HR= 2.81 (p=0.007)

HRD-SCT using RIC and PT-CY is a valuable alternative for high risk MCL patients



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