

Abatacept for graft vs host disease (GVHD) prevention can reduce racial disparities by reducing the impact of mismatching in unrelated donor transplantation

Leveling the playing field for patients with mismatched donors



A secondary analysis of data from the Abatacept 2 (ABA2) clinical trial comparing outcomes in patients with a mismatched donor (7/8) who had standard GVHD prevention plus abatacept compared to patients with a matched donor (8/8) who had standard care alone

WHAT?

WHY?

In the U.S., Black and Hispanic patients are less likely to survive blood cancer than white patients. One factor contributing to this disparity is availability of a matched donor for transplant. Only 29% of Black patients and 48% of Hispanic patients will have a fully matched donor available, but most will have a mismatched donor available. Historically, using mismatched donors has been associated with increased GVHD. New ways to prevent GVHD are needed.

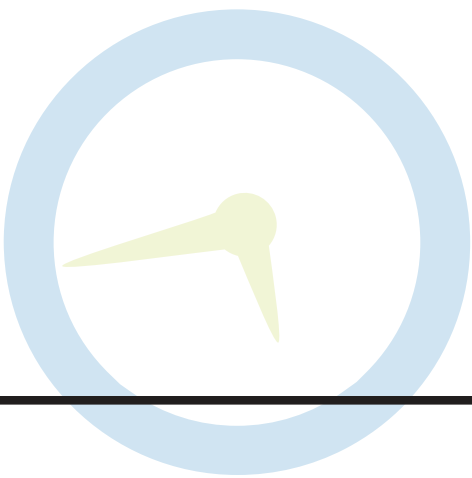
112 patients age 6+ who had blood cancer and transplant with an unrelated donor who was either a full match (8/8) or mismatch (7/8)



WHO?

WHEN?

2013–2017



Patients who had a mismatched donor and standard care plus abatacept had **significantly less severe acute GVHD** 100 days after transplant than those who had a matched donor and only standard care (2.3% versus 14.8%, respectively).

There was **no significant difference between the two groups** in terms of engraftment, rates of chronic GVHD, infection, 2-year transplant-related mortality, relapse or overall survival.

RESULTS

Adding abatacept to standard care makes outcomes after transplant with a mismatched unrelated donor more like those of a matched unrelated donor. This means more Black and Hispanic patients have access to safe, effective transplant.

Given that there was no decrease in risk for chronic GVHD, and the group of patients studied here was relatively small, further research is needed. A new trial (ABA3) is underway to see if additional doses of abatacept can reduce the risk of developing chronic GVHD and improve outcomes.

IMPACT

FROM THE EXPERTS

For non-white ethnic groups, the chance of finding a fully matched donor in the registry is less than 50%. The major impact of abatacept is in making mismatched unrelated donor transplant safer, so this approach will safely broaden the donor pool for patients who need a transplant.”



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One of the most important unmet needs in the field of hematopoietic stem cell transplantation is overcoming barriers of access to safe and effective transplants for all of our patients, especially those lacking an HLA-matched donor. The results of the ABA2 trial demonstrate that the addition of abatacept significantly improves outcomes for these patients, helping to bridge this previous gap in their access to care.”



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