

Patient’s quality of life after transplant doesn’t appear to be impacted by donor source

WHAT?

Previously, a clinical trial was done comparing outcomes of blood or marrow transplant (BMT) with reduced intensity conditioning and post-transplant cyclophosphamide (PTCy) using double umbilical cord blood vs. a haploidentical (half-matched) donor. Patients were randomly placed in one group or the other. This study was an extension of the clinical trial looking at how patients reported their quality of life from each of the two groups.

Well-established surveys that measure quality of life were completed by patients before transplant, 1-year after transplant and 2-years after transplant.

WHY?

Patient reported outcomes (PROs) are an important way to include the patient’s perspective in research studies and not only include clinical and biological results as the outcomes. Prior to this research, it was unknown if the donor source impacted patient quality of life after transplant or if there was an association between patient quality of life and clinical outcomes.

WHEN?

June 2012 – June 2018

33 Transplant Centers in the United States



WHERE?

WHO?

- 368 adult patients with blood cancer and at least 2 years of follow-up since BMT
- 186 received BMT with umbilical cord blood
 - 182 received BMT with a haploidentical donor

RESULTS

There were no significant differences in patient-reported quality of life between the two groups at any time point. There was also no significant association between pre-transplant quality of life and overall survival or progression-free survival.

Pre-transplant scores on some of the quality-of-life surveys significantly predicted post-transplant quality of life scores. In other words, a patient’s quality of life before transplant was a predictor of their quality of life after transplant.

As would be expected, relapse (the disease coming back), severe acute graft-versus-host disease (GVHD) and chronic GVHD were associated with significantly lower quality of life scores after transplant.

IMPACT

Donor type — double umbilical cord blood or haploidentical — didn’t affect patient’s post-transplant quality of life who had a transplant with reduced intensity conditioning.

Patient reported outcomes provide valuable insights into treatment decisions. In this case, the choice of donor type, double umbilical cord blood or a haploidentical related, did not impact patient reported outcomes suggesting either may be a suitable option.

FROM THE EXPERTS

Patient reported quality of life outcomes provide more insights into the post-transplant course beyond traditional clinical outcomes like survival and the development of complications like graft-versus-host disease. The findings from this study further reinforce the suitability of either umbilical cord blood or haploidentical donors for patients without an available matched donor.”



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