RESEARCH

AlloHCT patients with younger MUDs may have lower relapse risk compared to those with older MSDs

WHAT?

- Two retrospective observational registry studies using the Center for International Blood and Marrow Transplant (CIBMTR) database
- Conducted by the CIBMTR Acute Leukemia Working Committee
- Compared blood or marrow transplant (BMT) outcomes for adults 50+ with B-cell acute lymphoblastic leukemia (ALL) or acute myeloid leukemia (AML) who used an older matched sibling donor (MSD) (50+) to a younger matched unrelated donor (MUD) (35 or younger)

WHEN?

2011–2018

WHY?

The transplant community has long assumed that matched sibling donors provide better outcomes for BMT than other donor types.

WHO?

- Patients age 50+ undergoing BMT from a matched sibling donor (MSD) who was age 50+
- Patients age 50+ undergoing alloHCT from a MUD who was age 35 or younger

925 patients with B-cell ALL	4684 patients with AML
386 MSD ≥50y	1736 MSD ≥50y
539 MUD ≤35y	2948 MUD ≤35y

RESULTS

The studies showed that using younger MUDs may be beneficial to using older MSDs. The patients who had BMT from younger MUD donors had lower rates of disease relapse and, in some cases, higher rates of disease-free survival.

IMPACT

When a patient has both a MSD and a younger MUD, the transplant team should not assume the sibling donor is the better choice. Given the limited options for managing relapsed disease, it's important to consider all donor possibilities.

FROM THE EXPERTS

In the era of modern and advanced cellular therapeutics being developed to minimize posttransplant relapse, simpler strategies such as optimizing donor selection holds potential for significant reduction in posttransplant relapse. Combining the use of younger MUDs with improved strategies to reduce GVHD and NRM is worth further exploration to improve outcomes."

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