

Assessment and Consideration Patterns for BMT in Patients with AML and MDS: A Connect[®] Myeloid Disease Registry Analysis

WHAT?



- The study explores the real-world patterns of patients being considered for blood or marrow transplant (BMT). It focuses on those diagnosed with high-risk myelodysplastic syndromes (MDS) and acute myeloid leukemia (AML).
- The study also compared decision-making differences between doctors at community/government treatment centers and academic treatment centers.
- The study comes from the Connect Myeloid Disease Registry, which is a large, observational study being done in the United States to learn more about myeloid diseases like MDS and AML.



WHY?

- Despite recent advancements in BMT methods and wider acceptance of imperfectly matched donors, there is a lack of clarity on how many eligible patients are genuinely considered for BMT.
- The study aimed to fill this gap and understand potential reasons some patients might be overlooked.

WHEN?



- December 2013 – March 2020



WHO?

- 778 patients with either MDS or AML were enrolled from 164 different locations in the U.S.
- Patients diagnosed with MDS were aged 18 and above, while AML patients were 55 or older.
- 66% were from community/government sites and 34% were from academic sites.

RESULTS



- At community/government sites, 28% of patients were considered potential BMT candidates compared to 44% at academic sites.
 - Of these, 45% of patients at community/government sites and 36% at academic sites underwent BMT.
- Patients who had private insurance had higher consideration rates, and age was a significant factor in determining BMT eligibility, especially at community/government sites.
- Academic sites had higher BMT consideration rates than community/government sites.
- Many patients deemed potentially fit for BMT by the study researchers were not considered in real-world clinical settings.

Read the Connect Myeloid Disease Registry study results in the Journal of Transplantation and Cell Therapy: doi: [10.1016/j.jtct.2023.04.011](https://doi.org/10.1016/j.jtct.2023.04.011)



IMPACT

- The results indicate a significant number of patients who might benefit from BMT are not being assessed or considered for it.
- Patient age and being treated at a community/government site can be barriers to access.
- Work needs to be done to ensure that where a patient lives or where they receive their health care does not limit their access to BMT.

FROM THE EXPERTS



“Our findings suggest that some patients may be less likely to be considered a candidate for BMT referral just based on age or perceived comorbid conditions. While BMT may not always be the best option for many older patients, we are learning that many older patients do benefit. Hopefully this work highlights that the default strategy should be to refer a patient to a transplant center for evaluation to ensure all patients are thoroughly assessed and have the opportunity to learn about the risks and benefits.”



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Citation: Tomlinson B, de Lima M, Cogle CR, et al. Transplantation Referral Patterns for Patients with Newly Diagnosed Higher-Risk Myelodysplastic Syndromes and Acute Myeloid Leukemia at Academic and Community Sites in the Connect® Myeloid Disease Registry: Potential Barriers to Care. *Transplant Cell Ther.* 2023;29(7):460.e1-460.e9. doi: 10.1016/j.jtct.2023.04.011.