Sickle Cell Disease and Transplant

A blood or marrow transplant is the only known cure for sickle cell disease. Learn more about transplant as a treatment option.

BeTheMatch.org/SickleCell

Ines, transplant recipient for sickle cell disease
QUESTIONS TO ASK YOUR DOCTOR

- What are the chances that transplant will cure my SCD?
- What are the risks of waiting or trying other treatments before a transplant?
- Does my age affect the risks of transplant?
- What are the possible side effects of transplant? How can they be reduced?
- How might my quality of life change over time, with or without transplant?
WHAT IS A **BLOOD OR MARROW TRANSPLANT**?

- It’s a treatment that uses healthy blood-forming cells (stem cells) from a donor to replace your abnormal cells.
- It’s also called a bone marrow transplant.
- It isn’t surgery.
- It can’t reverse organ damage from sickle cell disease (SCD) but it can stop more damage from happening.

**Here’s the process:**

- First, you’ll get chemotherapy, and maybe radiation, to destroy the abnormal cells.
- Then, the new cells are given to you through an intravenous (IV) catheter, or tube, like a blood transfusion.
- From there, the cells find their way into your bone marrow. Once there, they grow and start to make healthy red blood cells, white blood cells and platelets.

A blood or marrow transplant is **not** surgery.

WHERE DO THE **NEW CELLS** COME FROM?

The only type of transplant for SCD is an **allogeneic transplant**. This type of transplant uses blood-forming cells donated from someone else. The donor could be a family member (usually a brother or sister), or someone unrelated to you. People with SCD can safely get donated cells from someone with sickle cell trait.
The healthy cells could also be donated umbilical cord blood. This is the blood collected from the umbilical cord and placenta after a baby is born. Most often umbilical cord blood comes from a public cord blood bank (from a baby unrelated to you), but can sometimes come from a baby in your family.

If your cells come from a donor, your doctor may ask the person to donate either:

1. Bone marrow: the soft, spongy tissue inside of bones
2. Peripheral blood stem cells (PBSC): cells from the bloodstream

Patients need donors that have closely matched human leukocyte antigen (HLA) markers. If you don’t have a matching donor in your family, your doctor can search the Be The Match Registry® for an unrelated donor or cord blood unit.

There’s a newer type of allogeneic transplant called a haploidentical transplant. This means the donor matches exactly half of your HLA markers. Biological parents and children are always a half-match for each other. This may be an option if you don’t have a matched related or unrelated donor.
Many patients get a transplant while in a clinical trial. Your transplant doctor will tell you if you're eligible to join a clinical trial at your transplant center. You can also get help finding and joining a clinical trial for SCD through the Jason Carter Clinical Trials Program. Learn more at JCCTP.org.

Ask your doctor which clinical trials might be an option for you. Joining a clinical trial won’t affect your quality of care.

WHO CAN GET A TRANSPLANT?

People with severe sickle cell disease. This includes people who’ve had a stroke, organ damage, or frequent pain crises.

Transplant has worked very well for children who have a matched sibling donor.

WHAT ARE THE RISKS AND SIDE-EFFECTS?

Although transplant can cure SCD, it has risks, including your body rejecting the new cells, infections, infertility, temporary hair loss, graft-versus-host disease (GVHD) and possibly death. GVHD happens when donor cells see your body's cells as different and attack them. Talk to a transplant doctor to understand more about the risks and benefits of transplant.
Every individual’s medical situation, transplant experience and recovery is unique. You should always consult with your own transplant team or family doctor regarding your situation. This information is not intended to replace, and should not replace, a doctor’s medical judgment or advice.