

[ABSTRACT WM3.9]

Allogeneic stem cell transplantation (ALLO-SCT) in waldenstrom's macroglobulinaemia (WM). An analysis of 106 cases from the european bone marrow registry (EBMT)

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Lymphoma WP of the EBMT

Introduction Complete response is infrequent in WM patients and there is no cure. The role of allo-SCT has not been extensively explored and limited data are available.

Patients and Methods We studied 106 patients who underwent an allo-SCT for WM up to December 2005, from HLA-identical (75%) or unrelated donors (25%). Median age at transplant was 49 years (21-65; 49% >50 years). Median time from diagnosis to allo-SCT was 34 months (5-310) and median number of previously failed treatment lines of three. Nineteen patients (18%) had failed an autograft. At allo-SCT, 10 patients (10%) were in CR?2, 35 (33%) in PR1, 29 (27%) in PR?2 and 32 (30%) had relapsed or refractory disease. Conventional conditioning protocols (CT) were used in 44 (41%) patients and reduced intensity conditioning (RIC) regimens in 62 (59%). Peripheral blood was the stem cell source in 84 cases, with some form of T-cell depletion in 19% of them.

Results Forty-eight (45%) patients developed acute GVHD (grades III-IV, n=14) with no statistically significant differences between CT and RIC. After a median follow up of 31 months (3 to 169), 17 (16%) patients have relapsed at a median time of 8 (1-89) months post allo-SCT. The incidence of relapse at 3 years was 18%; 12% after CT and 25% after RIC. Thirty-five (33%) patients died, five (5%) from disease progression and 30 (28%) from non-relapse mortality (NRM). Cumulative incidences of NRM at 1 and 3 years were of 27% and 31%, respectively. The progression free survival rates were 61%, 50% and 48% at 1, 3 and 5 years and the overall survival 69%, 63% and 63%, respectively. In a multivariate analysis, conditioning regimen had no impact either on NRM or on relapse rate. Refractory patients had a higher relapse risk (p=0.03). The use of TBI in the conditioning was associated with a lower relapse risk (p=0.02) and a trend to a better PFS (p=0.1).

Conclusion This study suggest that allo-SCT is a feasible and well tolerated procedure even in this rather old population of patients, and it is followed by a low relapse rate and a promising survival.