

Allogeneic stem cell transplantation

Romanian experience

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ALLOGENEIC STEM CELL TRANSPLANTATION

Which purpose ?

Eradicate the disease



Control the host immune system's ability to
reject the transplant

STEM CELL TRANSPLANTATION (adults):

Standard of care !

ALLO-SCT

AUTO-SCT

AML – CR1 ir/hr
AML – CR2, CR3
ALL – CR1 hr/CR2
MDS
HD/NHL
MM
CML>1CP, AP
SAA
PNH
Autoimmune
Renal carcinoma

+
+
+
+
+/-
+/-
+
+
+
-
+/-

+/-
-
-
-
+
+
-
-
-
+/-
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Romania: 20 million inhabitants – 3 transplant centers

- **Timisoara** – children and adults (40 allo: 2005-2011) > 34 related, 5 unrelated and 1 CBU
- **Tg. Mures** – adults (24 allo: 2005-2011) > all related
- **Bucharest** – adults and children (55 allo: 2001-2011) > all related

119 allo
2005-2011

8 allo/10 mil/year

The Transplant Compartment

Adult patients

Pediatric patients

The clinical side

7 isolation beds
8 pre-transplant beds
2 pediatricians + 2 hematologists
23 health care workers

Hematology
Hematopathology
Immunophenotyping
Cell cultures
HLA & virology
Hemobiology
Immunohistology
Hemostasis
Biochemistry
Microbiology & epidemiology

Technical aspects - 1

- The grafts:
 - Peripheral stem cells
 - Apheresis and cryopreservation
 - CD34 + cell count
 - Viability of the cells
 - Cellular cultures (GM-CFU)
 - The procedures:
 - Autologous stem cell transplants
 - Allogeneic stem cell transplant from sibling donors (myeloablative and nonmyeloablative conditioning regimens)
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Technical aspects - 2

Pre-transplant evaluation:

- Organ functions
 - Screening of the infections
 - Blood group typing
 - Immun status
 - Testing the chemosensitivity of the disease
 - Solving the dental problems
 - Sperm / oocyte cryopreservation (optional)
 - Pregnancy test
 - Informed consent
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STANDARD PROTOCOLS

- Establishing the transplant indication
 - Evaluation of the patient and the donor before the transplant
 - Informed consent
 - Mobilisation, apheresis and cryopreservation of the stem cells
 - Installation and care of central venous lines
 - Conditioning regimens
 - Anti-infectious protocols
 - Protocols regarding prophylaxis and treatment of GVHD
 - Infusion of the stem cells
 - Prevention and treatment of mucosytis
 - Prevention and treatment of veno-occlusive disease
 - Protocol regarding diagnosis and treatment of febrile neutropenia
 - Blood transfusion strategy
 - Screening and treatment of CMV
 - Screening and treatment of fungal infections
 - Chimeric profile
 - Long-term follow-up of the transplanted patients
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Mobilisation protocols for auto and allo

<i>Disease</i>	<i>Protocol</i>
Lymphomas	DHAP +G-CSF IGEV + G-CSF
Multiple myeloma	Cy 3g/m² + G-CSF
Neuroblastoma	COJEC/G-CSF

<i>Donor</i>	<i>Protocol</i>
	G-CSF 10mg/kg x 4 days



Conditioning regimen for auto and allo

<i>Disease</i>	<i>Conditioning</i>
Acute leukemias, SAA – full conditioning	TBI/CY Bu/CY ATG/CY
Reduced intensity conditioning (acute leukemias, MMM, relapsed lymphomas)	Flu/Bu Flu/Mel Flu/Threo
Lymphoma	BEAM BEAC
Multiple myeloma	Mel200
Neuroblastoma	CEM

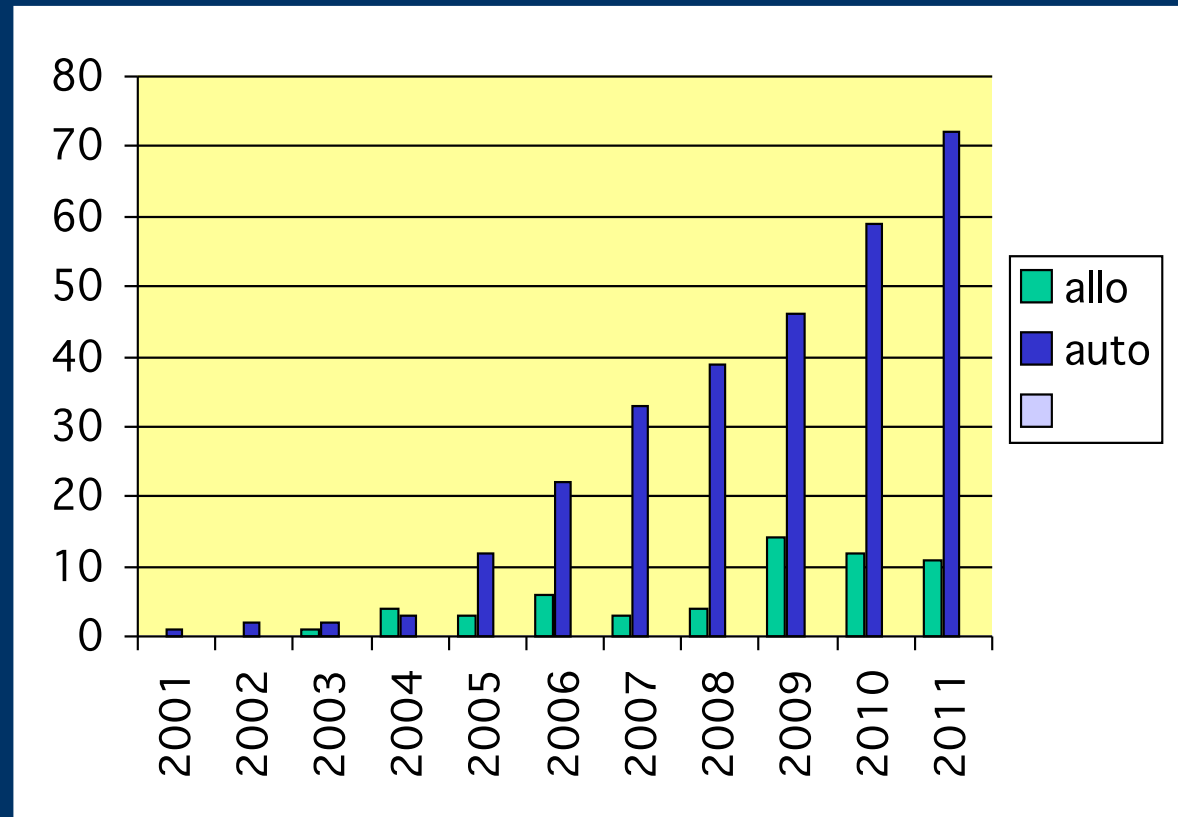
Achievements (2001-2011)

346 procedures:

291 auto and 55
allotransplants

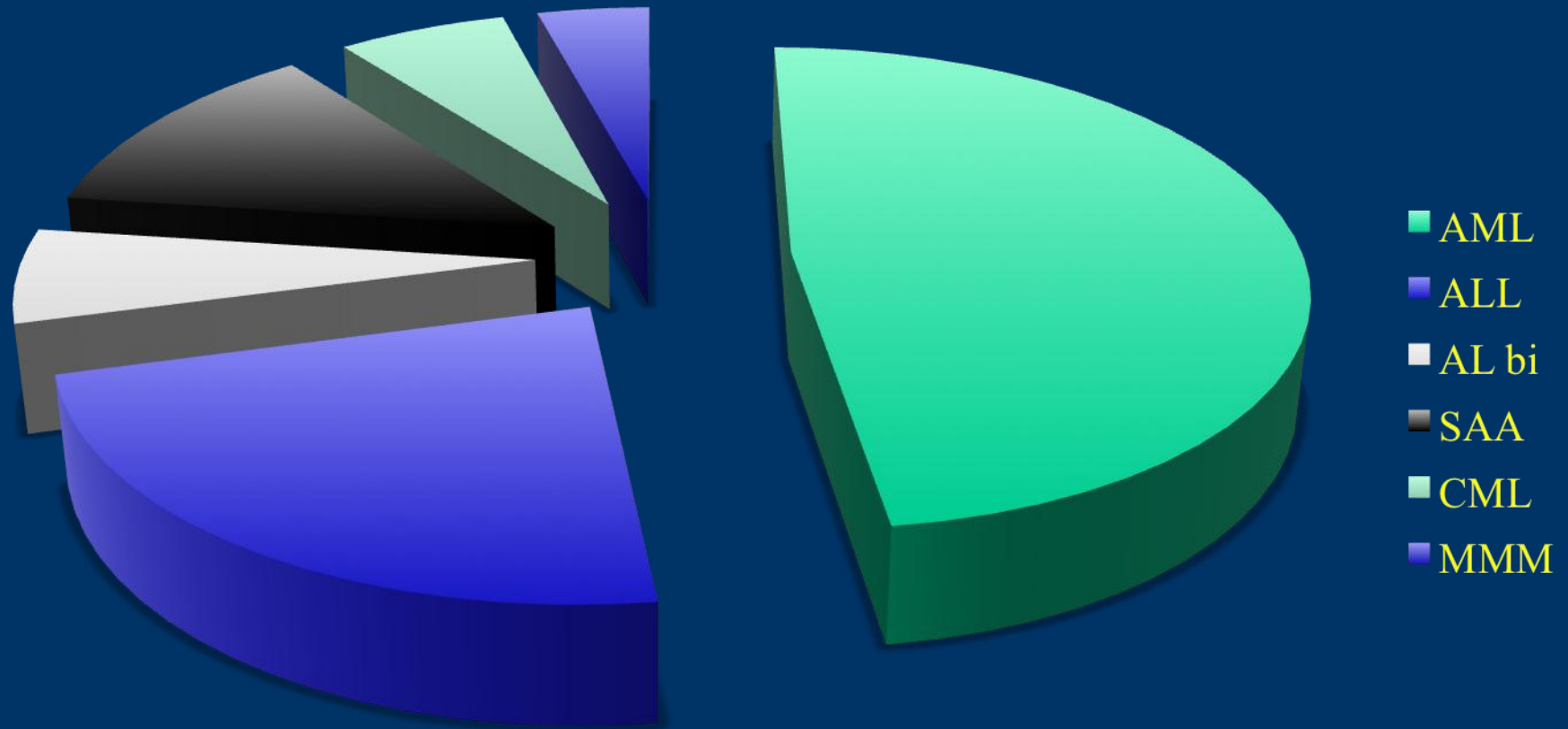
16/55: RIC
transplants.

42/346 children.



Allogeneic transplants - diagnosis

diagnosis

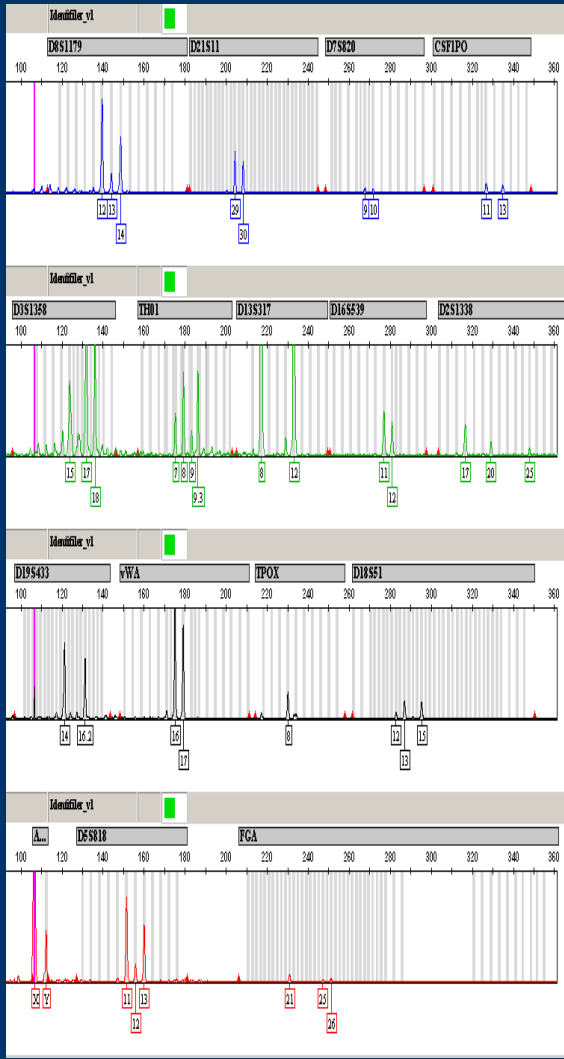


Conditioning regimens for allogeneic

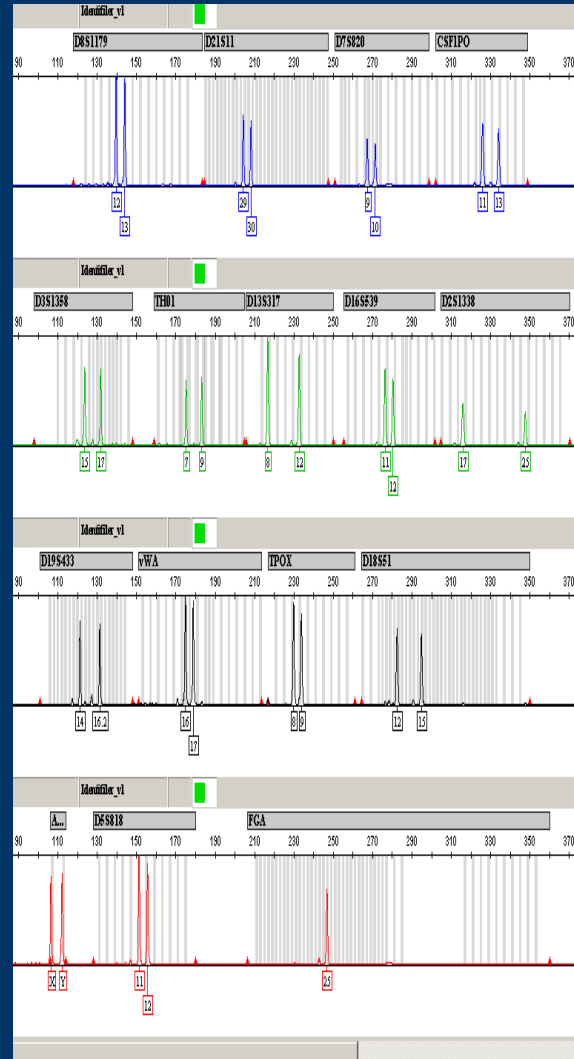
- 55 allogeneic transplants
 - myeloablative conditioning : 39 (14 with TBI, 19 with Bu/Cy and 6 with CFA/ATG)
 - reduced intensity conditioning : 16 cases

Chimerism with STR-PCR

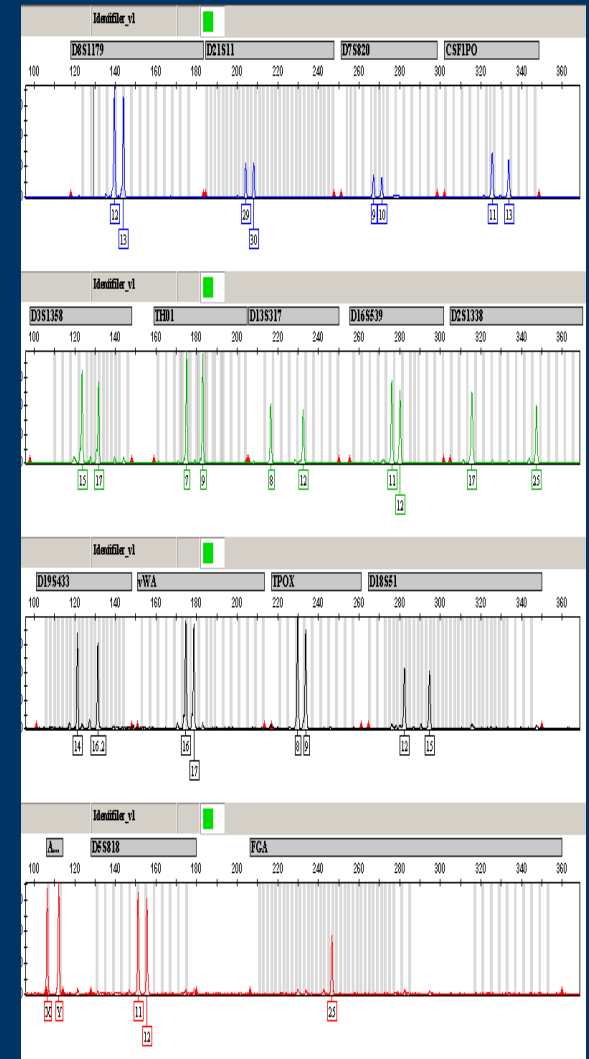
National Forensic Institute Bucharest



patient



donor



patient day 104

Results of allo

- 55 procedures: 39 MAC and 16 RIC
 - 44 adults and 11 children
 - Median age: 33,1 years (11 months – 59 years)
 - Diagnosis: 23/55 AML; 11/55 ALL; 3/55 AL bifeno; 6/55 SAA; 4/55 lymphoma; 2/55 MMM; 1 case of LMMC; 3 case of CML, 1 MDS, 1 CLL and 1 case of diskerosis.
 - Median number of CD34 cells/kgbw = 3,54 (2,3-6,08) $\times 10^6$
 - Engraftment in day +16,7(+11, +24)
 - One case of engraftment failure
 - Two cases of rejection
 - Global TRM = 22,7%
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ALLOGENEIC STEM CELL TRANSPLANTATION

What is necessary ?

1. Adequate amount of allogeneic stem cell procedures.
 2. Growth of Romanian Stem Cell Donor Registry.
 3. European accreditation (JACIE) of stem cell transplant teams.
 4. Adequate structure for medical care.
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