ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANTATION FOR CML PATIENTS IN THE TKI ERA

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Introduction: Tyrosine kinase inhibitor (TKI) therapy has radically altered the treatment strategy for chronic myeloid leukemia (CML). While allogeneic hematopoietic stem cell transplantation (AHSCT) was considered a definitive treatment for patients with CML years ago, the number of ASCTs has decreased with the use of TKIs substantially [1]. Currently, AHSCT is performed in patients who are intolerant or refractory to TKI therapy or when the disease progresses from chronic phase to accelerated or blast phase [2]. Here, we aimed to analyze transplantation outcomes in CML patients in the TKI era.

Method: We retrospectively analyzed adults who underwent AHSCT for CML at our institution between 2015 and 2025. Overall survival (OS), progression-free survival (PFS), graft versus host disease (GVHD), graft versus disease free survival (GFS) were examined. Results: AHSCT was performed on 27 patients with CML in our center. 70.4% (n:19) of the patients were male. Median age was 37 years (19-58). Median follow-up was 56.6 months (0,8-178,7). All patients except one used at least 2 different TKIs before transplantation. 51.9% (n:14) of the patients' donors were HLA 10/10 match related donor (MRD). 24 (88.9%) patients received stem cells from peripheral blood and ablative conditioning regimen. While 19 (70.4%) of the patients were in the chronic phase, 8 (29.6%) were in the accelerated/blastic phase at transplantation (See Table 1). Transplant-related mortality occurred in 8 patients (29.6%), and half of these patients were in accelerated/blastic phase at transplantation. Median OS has not yet been reached, 5-year OS is 67.7% (Figure 1). Six patients (22.2%) relapsed after transplantation, and the 5-year PFS was 72.4% (Figure 2). Acute GVHD developed in 6 (22.2%) patients, chronic GVHD in 13 (48.1%) patients and 3-month aGFS was 75.7% (Figure 3).

Conclusion: AHSCT is still a promising treatment option for patients with TKI-resistant/intolerant or accelerated/blastic phase CML. Long OS and PFS results are hopeful.

References

- 1.Saussele, S., et al., Allogeneic hematopoietic stem cell transplantation (allo SCT) for chronic myeloid leukemia in the imatinib era: evaluation of its impact within a subgroup of the randomized German CML Study IV. Blood, 2010. 115(10): p. 1880-5.
- 2.Radich, J., When to Consider Allogeneic Transplantation in CML. Clin Lymphoma Myeloma Leuk, 2016. 16 Suppl: p. S93-5

Table 1: Characteristics of patients	
	Total N=27 (%)
Age at transplantation, median, years	
	37 (19-58)
Follow up, median, months	'
	56,6 (0,8-178,7)
Sex	
Female	8 (29,6)
Male	19 (70,4)
Disease status at transplantation	
Accelerated/blastic phase	8 (29,6)
Chronic phase	19 (70,4)
Number of TKIs used before transplantation, median	
	3 (1-5)
Donor	'
MRD	14 (51,9)
MUD	4 (14,8)
MMUD	5 (18,5)
Haplo	3 (11,1)
Cord	1 (3,7)
Stem cell	
Peripheral blood	24 (88,9)
Bone marrow	2 (7,4)
Cord blood	1 (3,7)
Conditioning regimen	
MAC	24 (88,9)
RIC	3 (11,1)

Figure 1

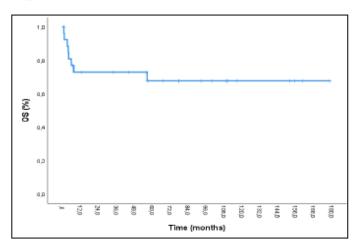


Figure 2

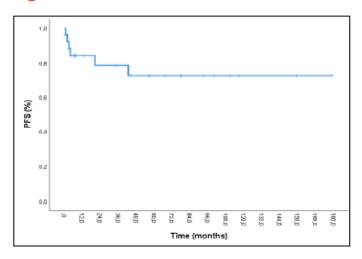


Figure 3

