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When is autologous transplant appropriate for WM patients?

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Waldenström macroglobulinemia (WM)/Lymphoplasmacytic Lymphoma, is a rare low-grade non-Hodgkin's lymphoma characterized by bone marrow infiltration by lymphoplasmacytic cells and associated clonal IgM paraproteinemia. Advances into the biology and genomic characteristics of the disease have provided further platform for more targeted and personalized therapies. Due to the heterogeneous clinical disease presentation, older age at presentation and the presence of multiple comorbidities the decision to treat WM patients as well as the choice of treatment can be complex. A risk-adapted approach should be used to avoid limiting future treatment options. Despite the high response rates, better depth and duration of responses the disease remains incurable. Furthermore, for the group of WM patients with high risk disease and those with multiple relapses the survival is short. The use of high dose therapy with autologous hematopoietic stem cell transplantation (ASCT), as it is the case in other subtypes of low grade lymphomas, remains controversial especially in the era of new novel agents. Although retrospective data suggest that, early ASCT in early maximum WM disease response, results in prolong disease free and overall survival rates, transplantation is not an option as first line therapy. This is partially attributed to the higher treatment related toxicity but ASCT can still salvage patients with WM failing other therapies. The timing of ASCT should be based on disease characteristics and response to early therapy lines. In the era of cellular immunotherapies, stem cell toxic therapies should be avoided at earlier treatment lines. ASCT should be considered in subsequent relapses and in a selected high-risk group of transplant eligible WM patients. This review focuses on the information on the role of ASCT from the European Blood and Marrow Transplantation Lymphoma Working Party Registry. This is a report on retrospective analysis on long term follow up on WM patients treated with ASCT that provides an insight from real world data on the outcomes of ASCT.