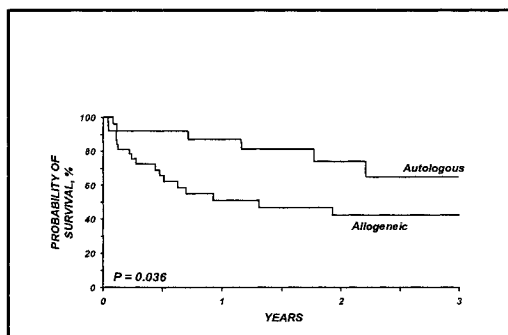


Allogeneic stem cell transplant in WM

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In the most recent report from the IBMTR/ABMTR, between 1986 and 2001, 41 WM cases who underwent allogeneic transplantation, have been registered. Comparative survival data after autologous and allogeneic transplantation from the registry are shown:



However complete study of the registry cases is still pending.

Recent literature review showed only 7 WM cases, all of them received transplants from sibling donors:

Ref #	Pts	Age	Disease Status	Regimen	Best Response	Follow-up (mos)	Adverse events
MDACC	4	51	refractory relapse	TT Bu CTX	NE	1	Early death
		30		TLI CTX VP16 TBI	PR	6	Died of GVHD
		60		FAMP CTX	NR	36	Graft failure died of disease
		45		CTX TBI Rituxan	CR	4+	None, AW
Martino et al	2	34	sensitive relapse	Chlorambucil CY TBI	PR	112+	None, AW
		39	refractory relapse	CY TBI	CR	34+	None, AW
Ueda et al	1	62	refractory relapse	FAMP MEL140	PR	5+	None, AW

Reduced intensity preparative regimens have been used with success. The synchronous presentation of GVHD and anti-macroglobulinemia effect in some cases support the existence of a graft versus Waldenstrom's disease effect. These cases show the feasibility of allogeneic transplant in Waldenstrom's and justify the use of this treatment option in selected cases with adverse prognostic features. However the comparative survival curves from the registry show significant survival advantage of the autologous transplant. Treatment related mortality of allogeneic transplantation, might be significantly reduced with the use of less intensive preparative regimens, following the paradigm of low grade lymphoid malignancies.