

MYELOABLATIVE VS REDUCED-INTENSITY CONDITIONING WITH POST-TRANSPLANT CYCLOPHOSPHAMIDE IN MATCHED UNRELATED DONOR HEMATOPOIETIC CELL TRANSPLANTATION FOR ACUTE LYMPHOBLASTIC LEUKEMIA: A CIBMTR REGISTRY ANALYSIS

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INTRODUCTION

- PTCy-based GVHD prophylaxis is increasingly used in matched unrelated donor (MUD) HCT
- Optimal conditioning intensity (MAC vs. RIC) in this setting remains unclear

AIM

- Compare outcomes of myeloablative (MAC) vs. reduced-intensity conditioning (RIC) in patients with ALL undergoing MUD HCT with PTCy-based prophylaxis

METHOD

- Retrospective, multicenter CIBMTR registry study (P-6219 dataset, Modi et al.)
- Kaplan–Meier: overall survival (OS) and GVHD-free relapse-free survival (GRFS)
- Cox regression: hazard ratios (HR), 95% CI; significance at $p < 0.05$



CONCLUSIONS

- No significant differences in OS, GRFS, or GVHD outcomes between MAC and RIC
- ALL was underrepresented in this dataset — larger prospective studies are needed

RESULTS

3,360 patients underwent MUD HCT

290 (8.6%) ALL patients included in the analysis

27.4 months mean overall survival (95% CI 25.9–28.9)

No significant differences in OS, GRFS, or GVHD were observed between MAC and RIC (hazard ratios below).

HAZARD RATIOS (RIC vs. MAC)

