Egyptian Experience in Haploidentical Hematopoietic Stem Cell Transplantation

Mohamed Maher 1, Alaa Elhaddad 2, Mohamed Abdelmooti Samra 1, Rafaat M. Abdelfataah 1, Mosaad M. ElGammal 1, Hossam M. Kamel 1.

1 Medical Oncology and Hematology Department, National Cancer Institute, Cairo University, Egypt
2 Former Dean of NCI, Pediatric Oncology Department, National Cancer Institute, Cairo University, Egypt

Abstract

Despite advances in chemotherapy, Allogeneic hematopoietic stem cell transplantation (HSCT) remains the best post-remission therapy for patients with high risk hematological malignancies.

Background

Haploidentical HSCT is a therapeutic option for patients lacking HLA-matched donor and the need of such therapeutic option is particularly acute in developing countries, lacking unrelated donor registry.

Objective

To assess 1 year overall survival, Engraftment timing, GvHD and relapse in patients diagnosed to have hematological malignancies who underwent haploidentical HSCT.

Materials & Methods

Engraftment

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Conditioning

Despite advances in chemotherapy, Allogeneic hematopoietic stem cell transplantation (HSCT) remains the best post-remission therapy for patients with high risk hematological malignancies.

Engraftment

Despite advances in chemotherapy, Allogeneic hematopoietic stem cell transplantation (HSCT) remains the best post-remission therapy for patients with high risk hematological malignancies.

Number of cases per disease

Despite advances in chemotherapy, Allogeneic hematopoietic stem cell transplantation (HSCT) remains the best post-remission therapy for patients with high risk hematological malignancies.

Diagnosis

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Summary

Eighteen patients were alive 1 year post-transplant, fifteen patients showed engraftment ranging from Days 18 till Day 25 post-transplant, while 7 showed Engraftment +25 days post-transplant, two showed graft failure, three developed acute GvHD with one developed chronic GvHD, four patients showed relapse 4,8,10 and 12 month post-transplant respectively.

Discussion

Transplant outcomes using haploidentical donors with PTCy have improved over the past several years and are comparable with outcomes of matched unrelated donors. Haploidentical HSCT is emerging as a fast type of transplant, offering a therapeutic alternative for wide variety of hematological malignancies, particularly for patients without HLA-compatible donors.

References

2. Raiola et al. 2014. Biol. Bone Marrow transplant