عنوان مقاله:

Allogeneic Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia

محل انتشار:

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خلاصه مقاله:

Background and Aim: In the recent years, the treatment options of chroniclymphocytic leukemia (CLL) have literally been revolutionized with theinvention and use of pathway inhibitors (PWIs), including ibrutinib,idelalisib, and venetoclax. These treatment modalities have alteredthe standard treatment of CLL, which have also challenged the role ofallogeneic hematopoietic cell transplantation (allo-HCT). Nevertheless,the optimum dose, duration, long-term efficacy and toxicity as well as ofthese agents, are not yet fully defined. A significant proportion of patientsdiscontinue their treatment over time because of intolerance. Moreover,the disease is either refractory or progresses after a short period of time ina proportion of patients. Thus, in such cases, the prognosis of the diseasemight be dismal while allo-HCT could represent the treatment of choice.The allo-HSCT modality can impose a long-term control of disease withcurative potential in the case of CLL, particularly with reduced-intensityconditioning (RIC) and overcomes the poor prognostic impact of 17pandfludarabine-refractoriness. In this study, the current applications ofallo-HCT as a treatment option for the CLL is presented.Results: In the case of CLL, the disease might be considered as the highriskissue if one/more of the following conditions are met: (i) diseaserefractory to purine analogues; (ii) disease relapsing within 2 years afterthe chemoimmunotherapy (CIT); and (iii) disease with deletion and/ormutation of the TP53 gene. The CIT-resistant patients outlooks seem to bemarkedly improved by the use of PWIs. In fact, the current findings supportthe notion of a combined approach with PWI and allo-HCT, which canbe used either before the transplantation to reduce tumor burden, or after the transplantation to treat the relapse of the disease. Altogether, severalstudies on the RIC allo-HCT in CLL have highlighted the progression-freesurvival (PFS) and overall survival (OS) rates of 50%-60% and 60%-75%,respectively, at 2 years. At 5 years, the rates were 35%-45% and 45%-65%, respectively. After allo-HCT, the long-term follow-up studies report10-year PFS of approximately 30%. In a large registry study conductedby the European Society for Blood and Marrow Transplantation (EBMT) aswell as in the prospective CLL3X trial, the PFS rate at 10 years post-allo-HCT was about 79% for the patients who passed the 5-/ 6-year landmarkevent-free. Approximately, 30% of all transplanted patients might durablybenefit from a targeted GVL ... effect, while the TP53 abnormalities havenot been associated with an inferior out

کلمات کلیدی:

Allogeneic hematopoietic cell transplantation; Chronic lymphocytic leukemia