

# Transplantation for Leukemia: How much regimen intensity is needed?

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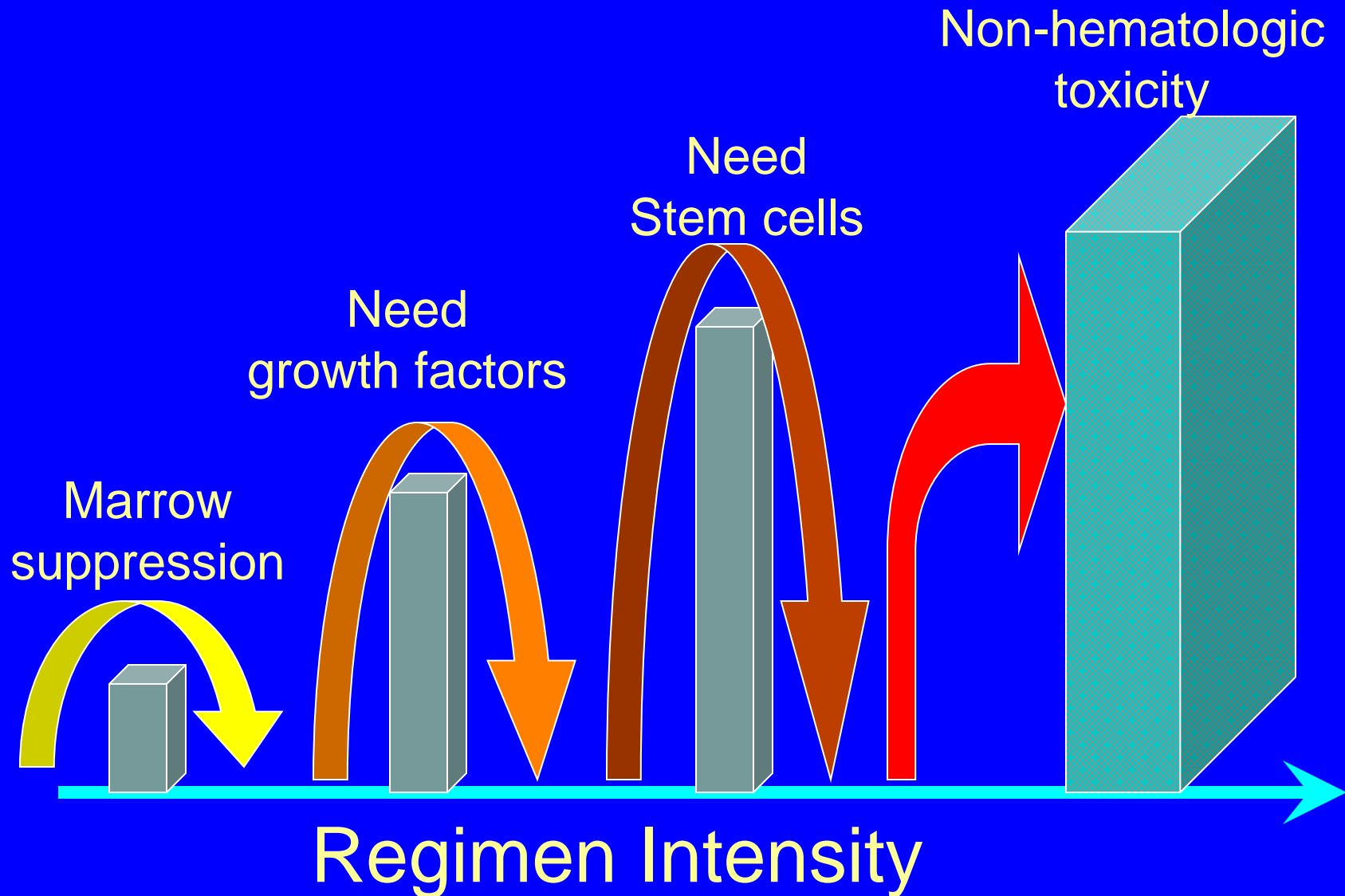
Riyadh, 2017

# Transplants for Cancer

Stem cells are Restorative

Conditioning designed for  
Therapeutic Index  
Not for leukemia efficacy

# Dose Intensity for BMT



# Anti-cancer effects of BMT

Kill the cancer cells

Save the patient

Restore immunocompetence

Prevent Infection

Prevent cancer recurrence {GVL}

# Anti-cancer effects of BMT

Kill the cancer cells

Save the patient

Restore immunocompetence

- Undesired tissue toxicity
- Undesired enhancement of GVHD

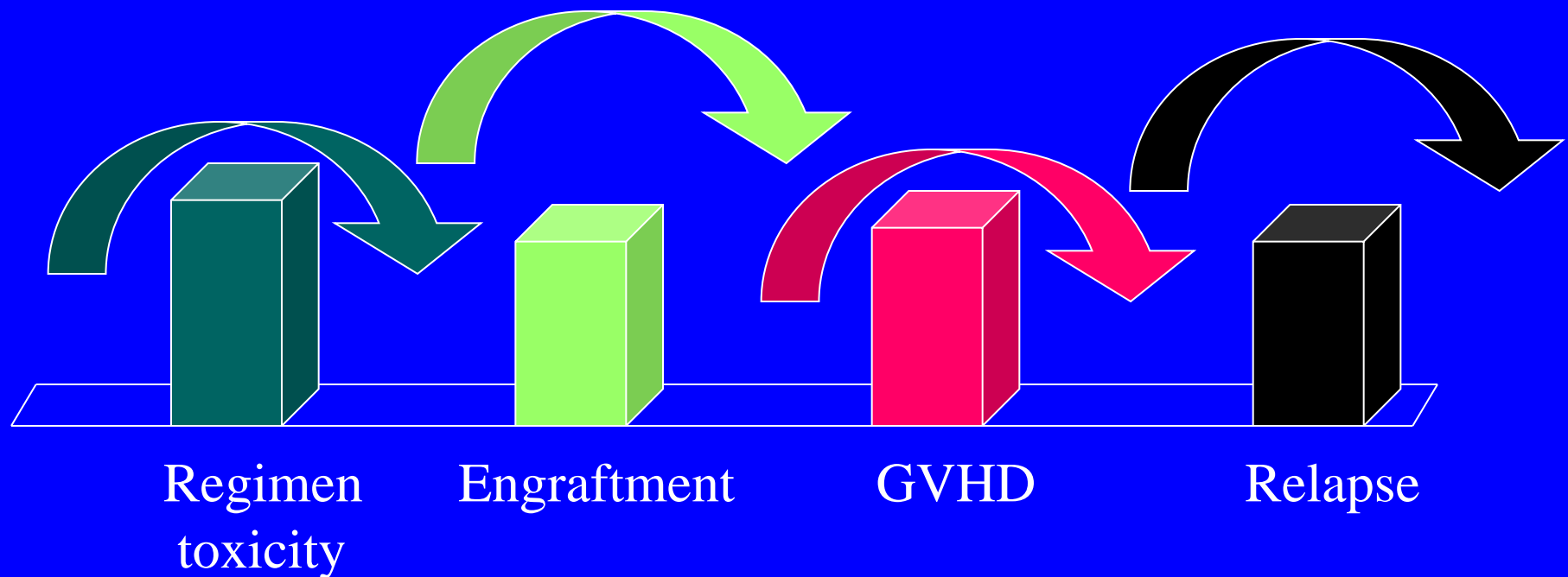
# Dose-limiting toxicities

Cyclophosphamide  
gut, bladder, heart

TBI  
mucosa, lung

Busulfan  
lung, gut, liver

# Barriers to Transplant Success: Conditioning Intensity influences them all



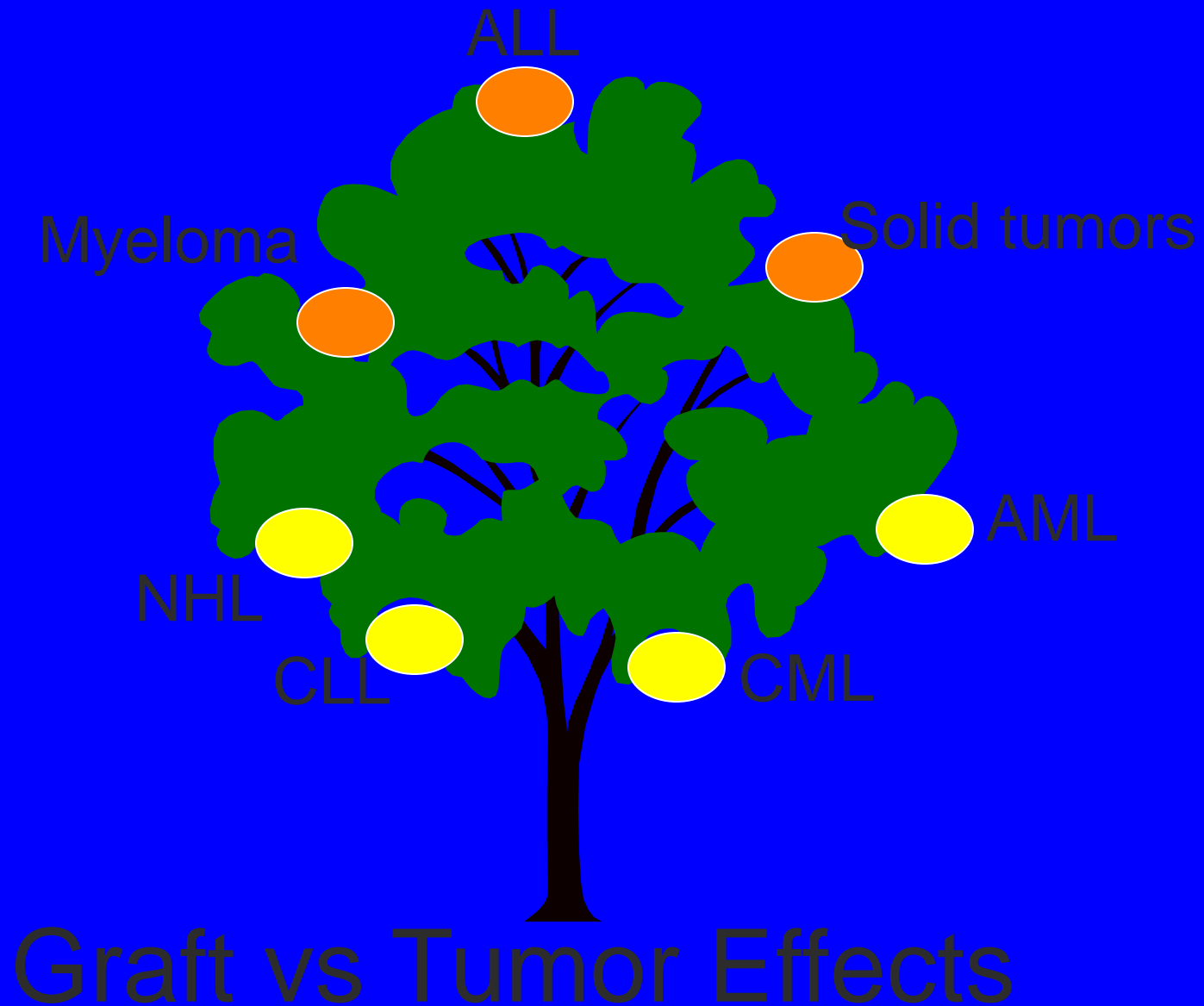
# Dose-intensity may not prevent relapse

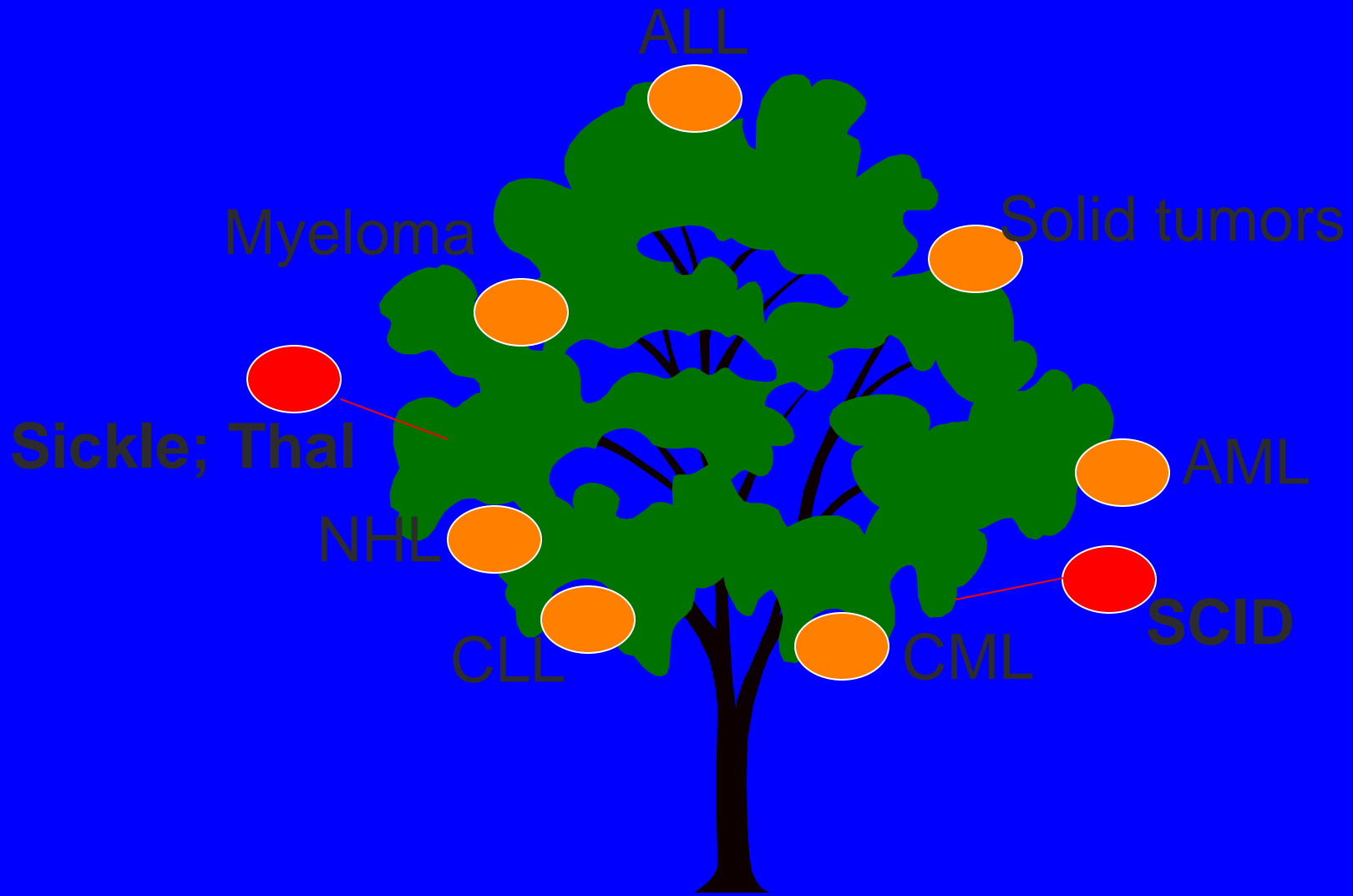
AML - beyond CR1  
bad cytogenetics

ALL-most except standard risk CR2

High grade NHL, Myeloma,  
Solid tumors







Graft vs **Trouble** Effects

**Similar Outcomes Using  
Myeloablative vs.  
Reduced Intensity and  
Non-Myeloablative Allogeneic  
Transplant Preparative Regimens for  
AML or MDS**

**Luger, Pulsipher et al  
BMT, 2012**

# Patient Characteristics

Variable	MA	RIC	NST
N	3731	1041	407
Age, y	42 (18-68)	55 (18-70)	57 (18-70)

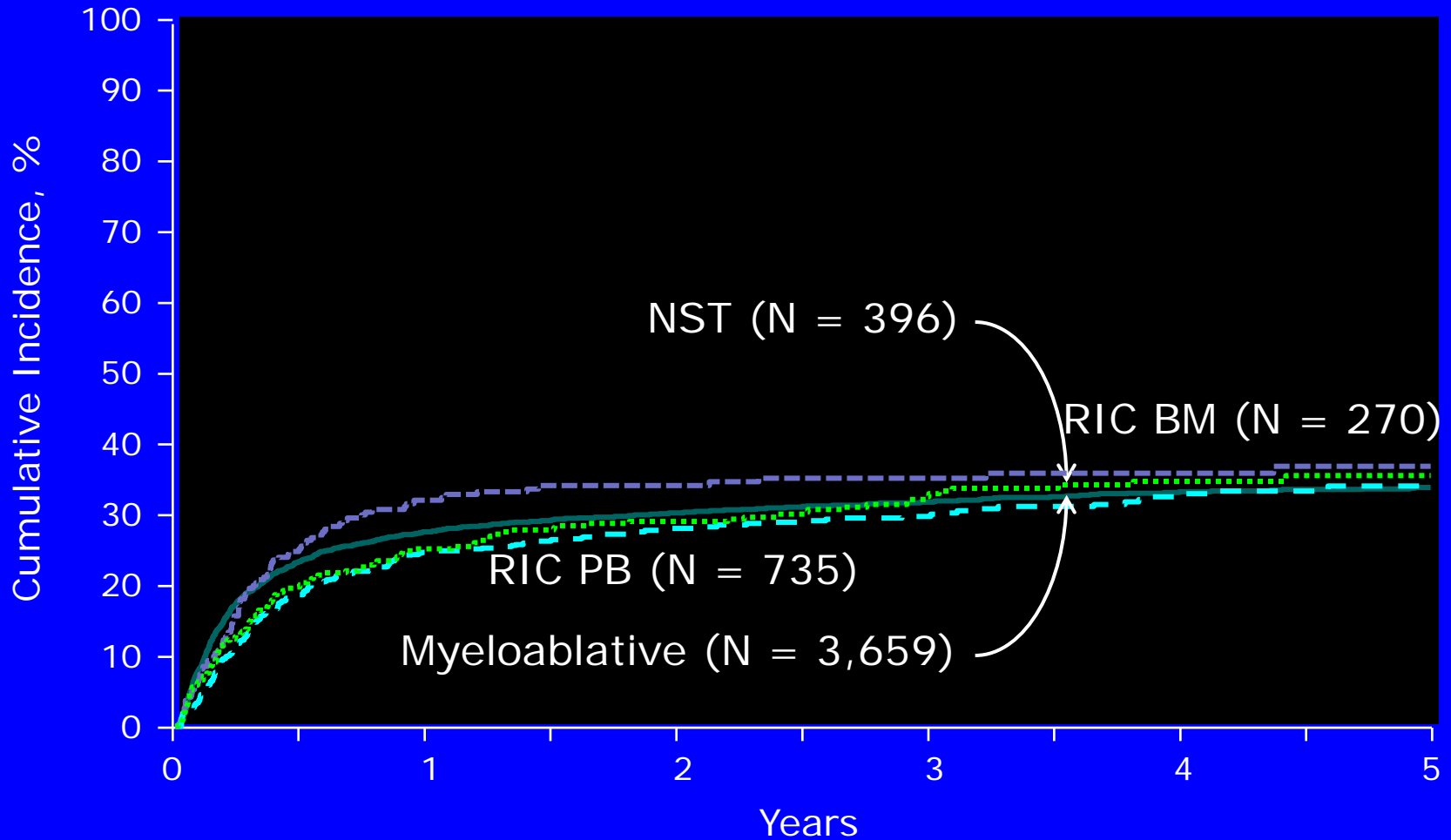
AML/MDS

1997-2004

Sib/URD

BM/PBSC

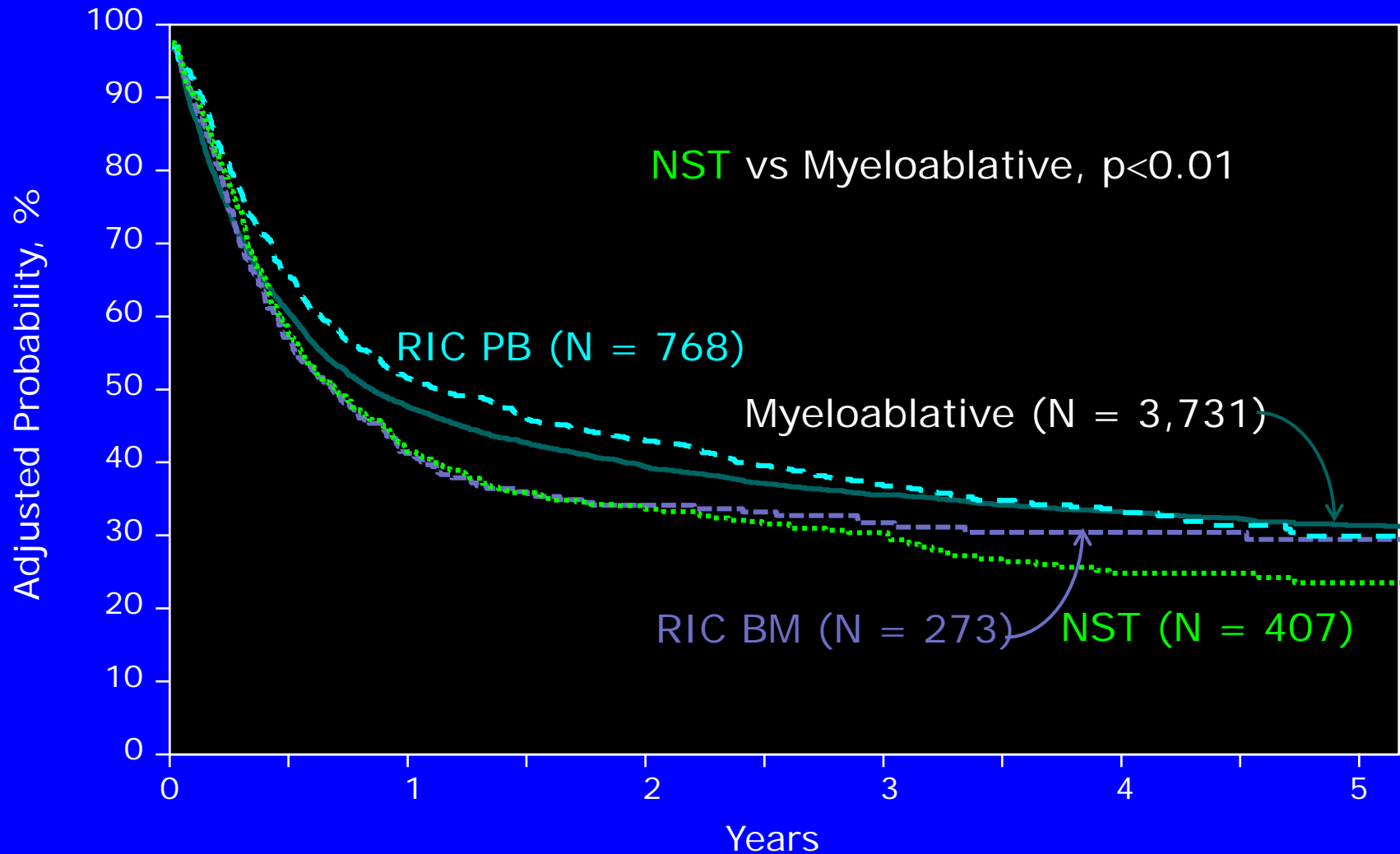
# Cumulative Incidence of Treatment-Related Mortality



# Relative Risk of Relapse

<b>Variables</b>	<b>N</b>	<b>RR (95% CI)</b>	<b>P</b>
Myeloablative	3659	1.00	
<b>RIC BM</b>	270	<b>1.51 (1.23-1.85)</b>	<b>&lt;0.001</b>
RIC PB	735	1.06 (0.92-1.22)	0.44
<b>NST</b>	396	<b>1.65 (1.40-1.96)</b>	<b>&lt;0.001</b>

# Adjusted Probability of Overall Survival



## Conclusions:

**MA vs RIC vs NST for AML/MDS**

**Similar rates of engraftment and acute GVHD**

**TRM lower for RIC early, but similar by 36 months**

**Equal MA and RIC relapse rates Equal 5-yr OS**

**Non-ablative lower OS**



# Prospective Randomized Trial BMT CTN 0901

AML/MDS adults

MAC: Flu Bu2 vs BuCy vs CyTBI

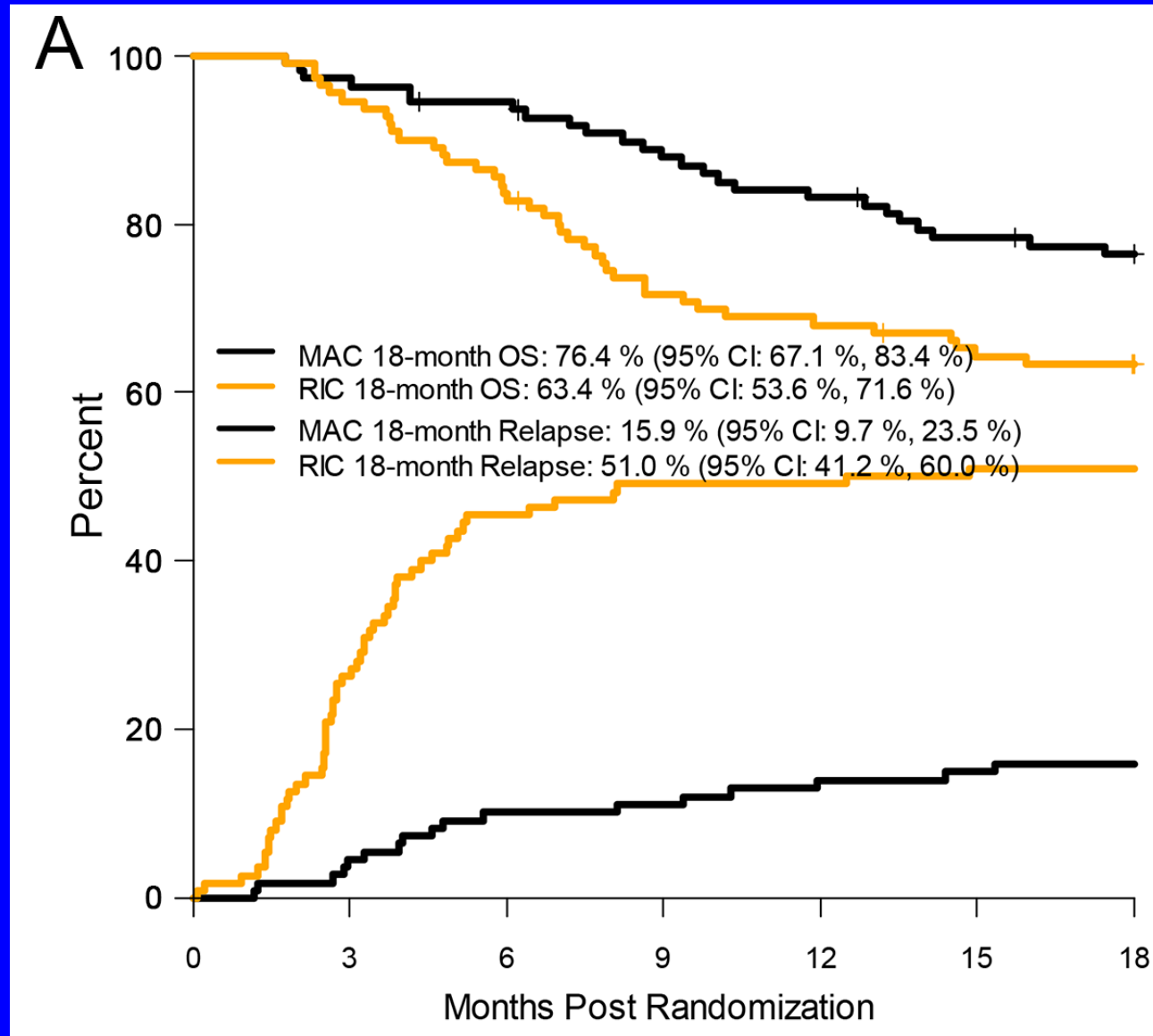
RIC: Flu Bu4 vs FluMel

N=356 planned;

272 enrolled in 34 months

Stopped for excess relapse with RIC

# OS & Relapse for AML: MAC better than RIC



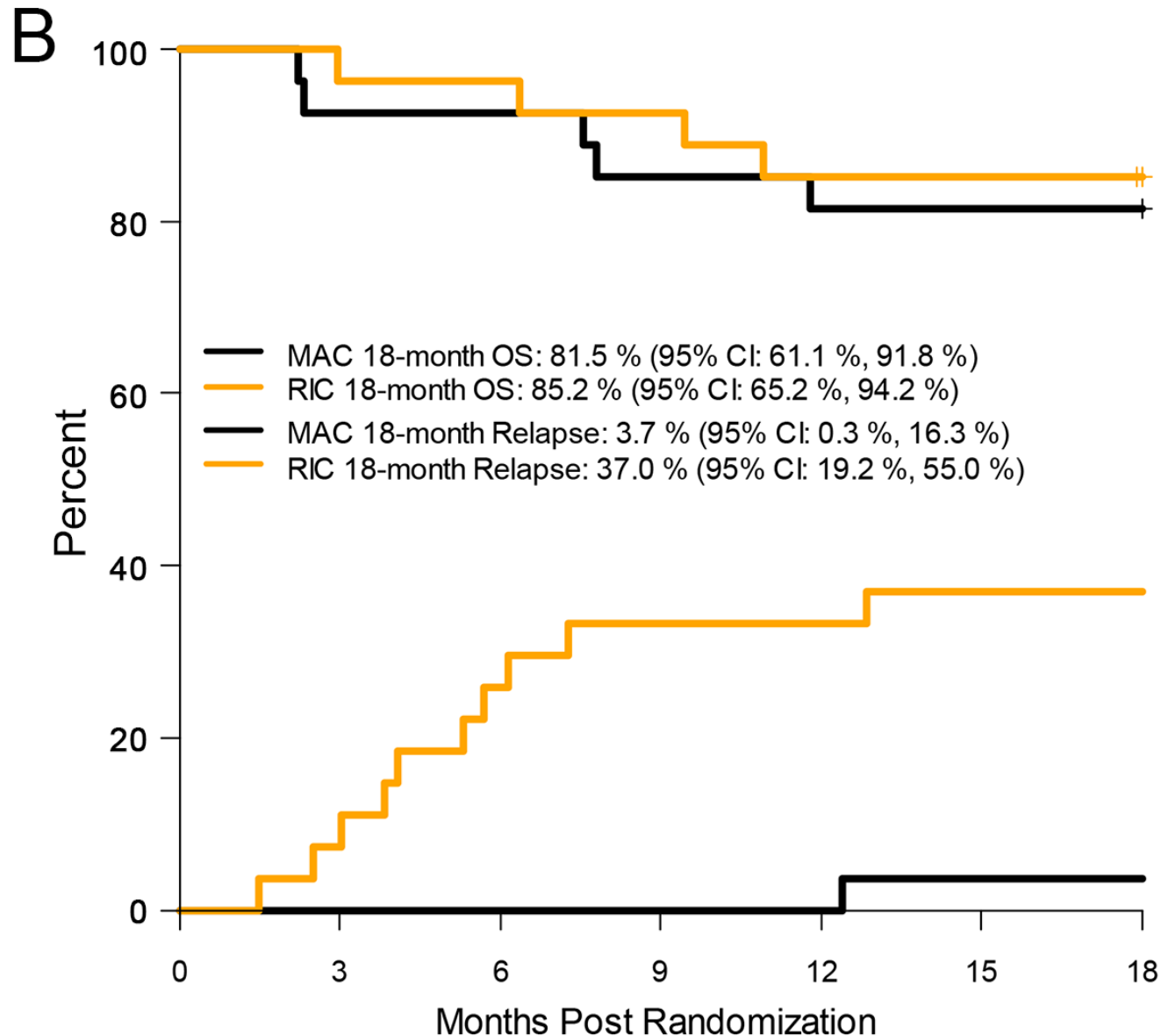
76.4%

63.4

51%

15.9%

# OS & Relapse for MDS: MAC = RIC

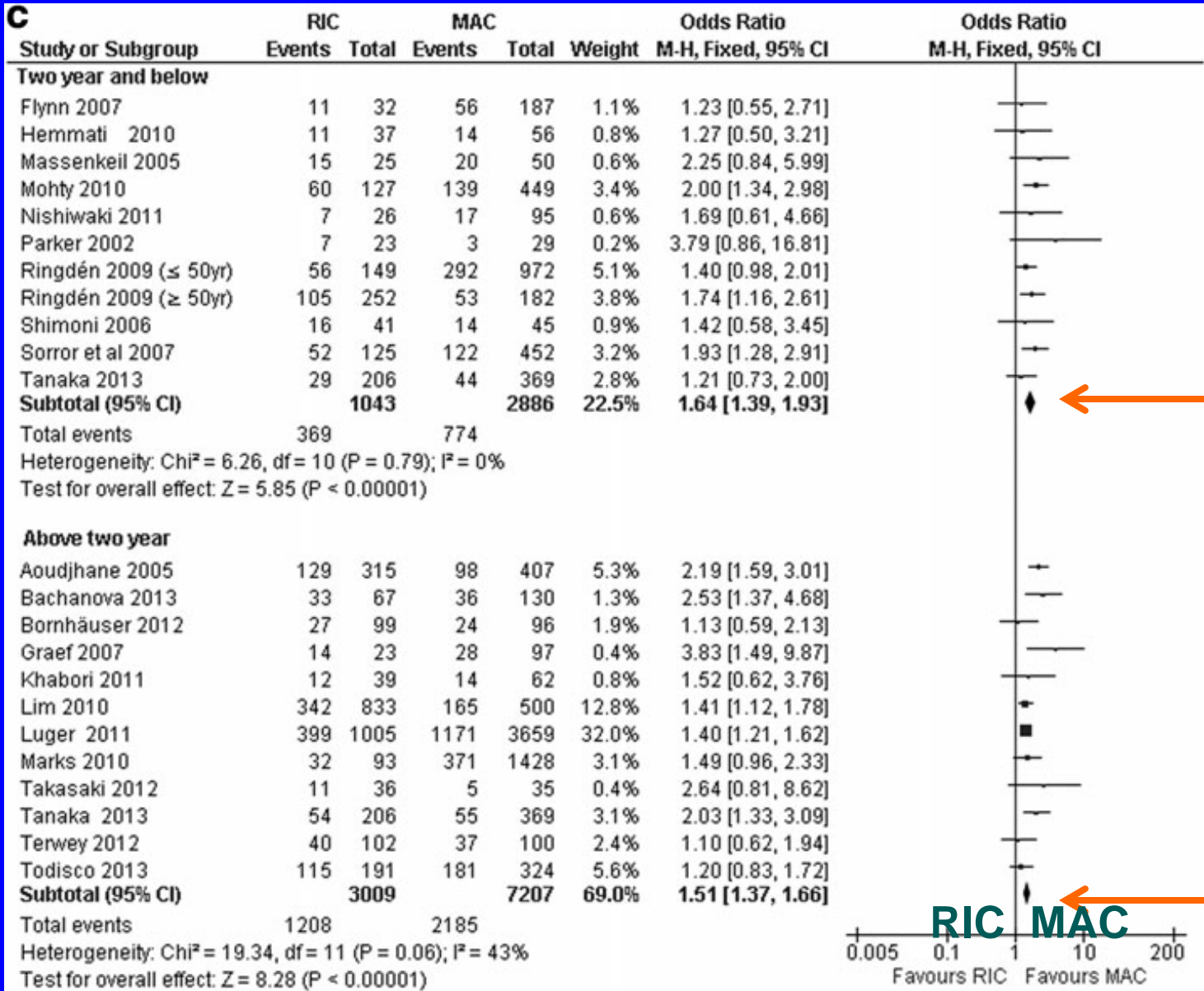


85.2%  
81.5%

37%

3.7%

# Relapse RIC worse than MAC for Acute Leukemia



23 trials  
N>10000

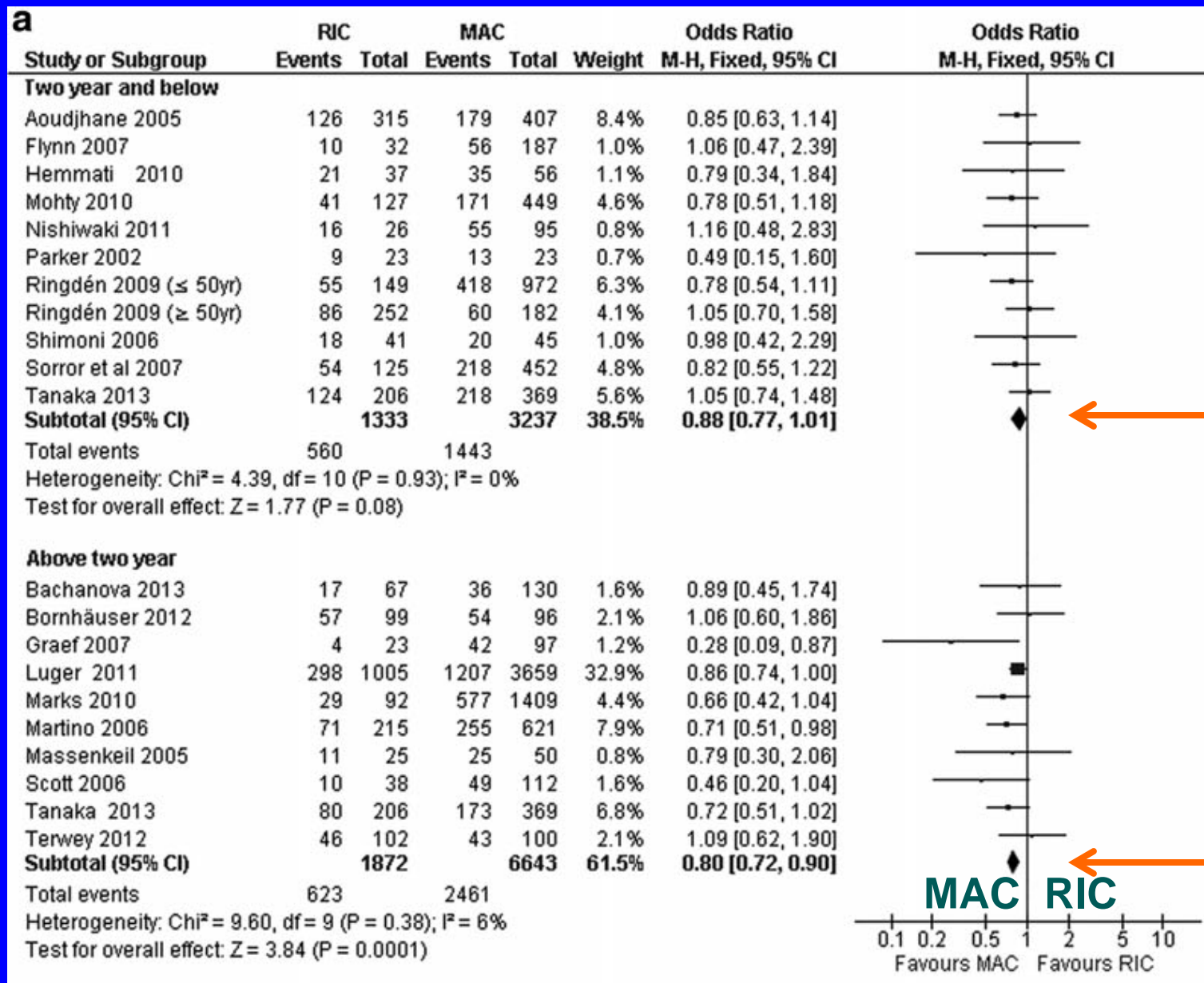
Relapse  
< 2 years

P=0.00001

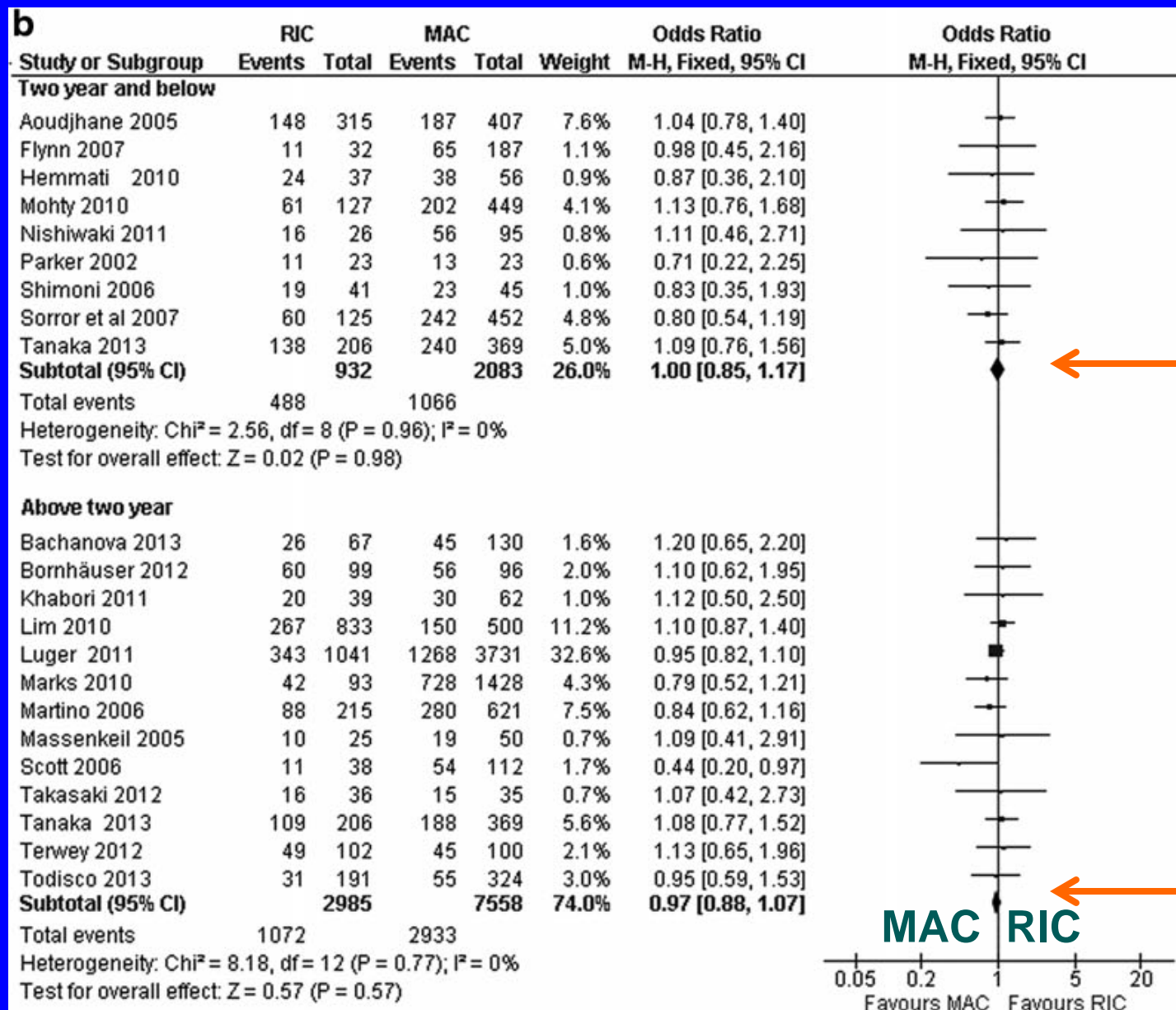
Relapse  
> 2 years

P=0.00001

# PFS RIC ~worse than MAC for Acute Leukemia



# OS RIC = MAC for Acute Leukemia



# MA vs. RIC for Adult Ph- ALL

- ◆ Allogeneic HCT BM or PBSC
- ◆ HLA-identical sibling or unrelated donor  
1995-2007
- ◆ Age  $\geq 16$  years
- ◆ CR1 or CR2

Marks et al  
Blood, 2010



# Clinical Characteristics

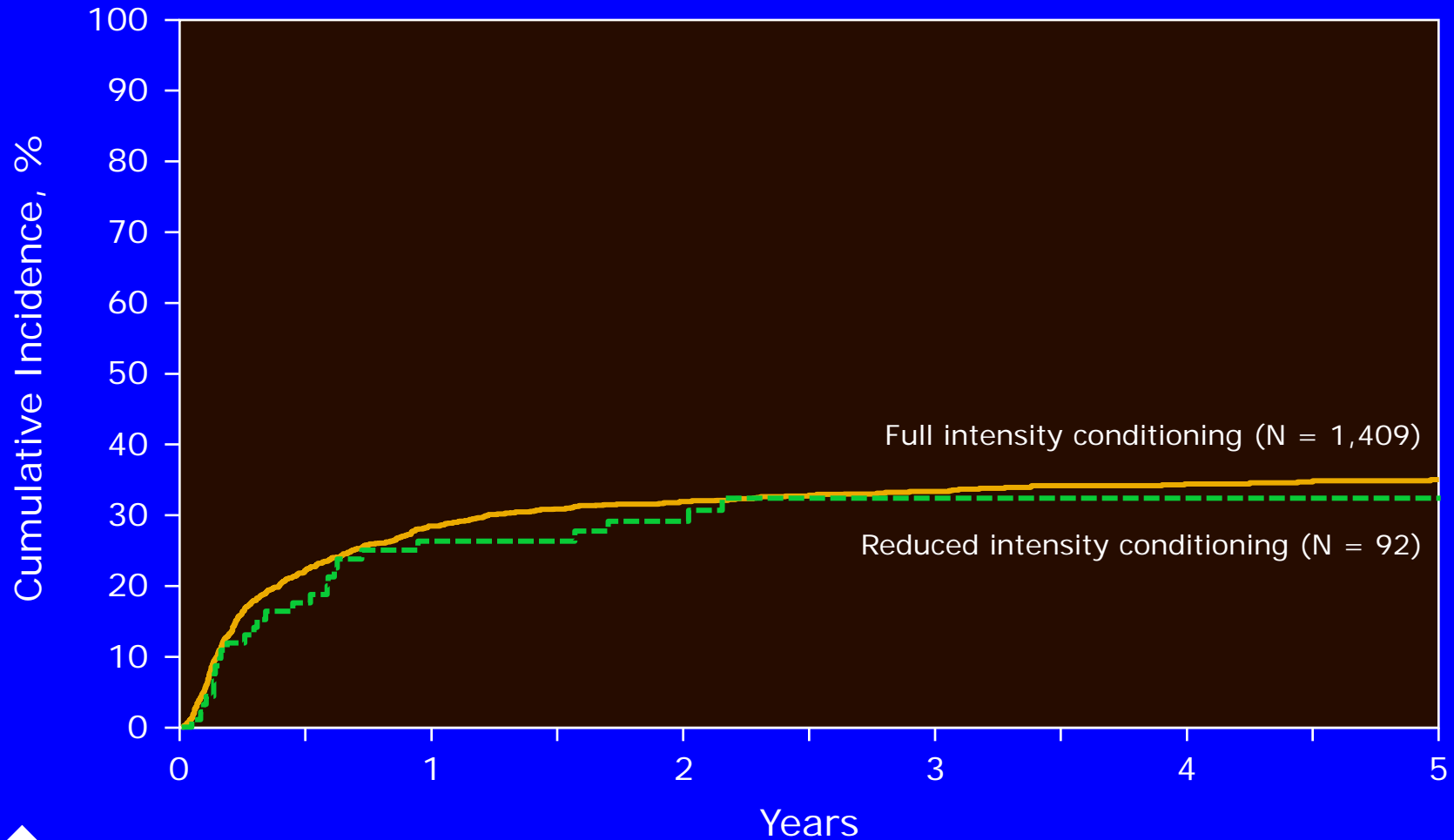
	RIC	MA	P-value
Number	93	1428	
Age, yr	45 (17-66)	28 (16-62)	<0.001
Age > 50 yr	43%	7%	<0.001
KPS < 80%	14%	7%	0.07
CR1	59%	52%	0.20
HLA-Id sibling	41%	32%	0.09
PBSC grafts	73%	43%	<0.001
2002-2007	73%	51%	<0.001



# Similar Outcomes

Outcome	RIC	MA
Acute GVHD @ 100d (grades II-IV)	39%	46%
Chronic GVHD @ 3 years	34%	42%
TRM @ 3 years	32%	33%

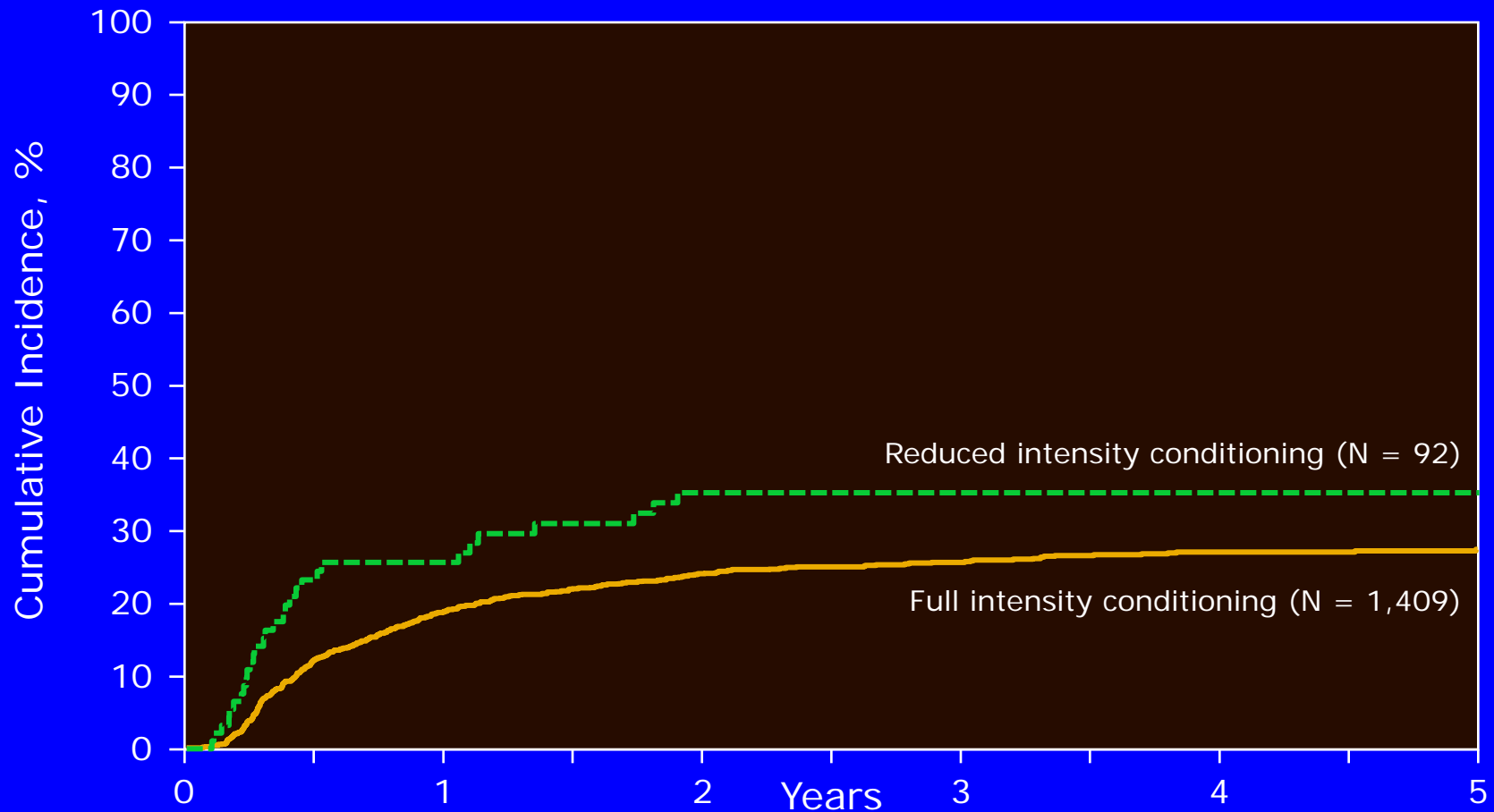
# Cumulative Incidence of Treatment-related Mortality



# Similar Outcomes

Outcome	RIC	MA
Acute GVHD @ 100d (grades II-IV)	39%	46%
Chronic GVHD @ 3 years	34%	42%
TRM @ 3 years	32%	33%
Relapse @ 3 years	35%	26%
Overall Survival @ 3 years	38%	43%

# Cumulative Incidence of Relapse



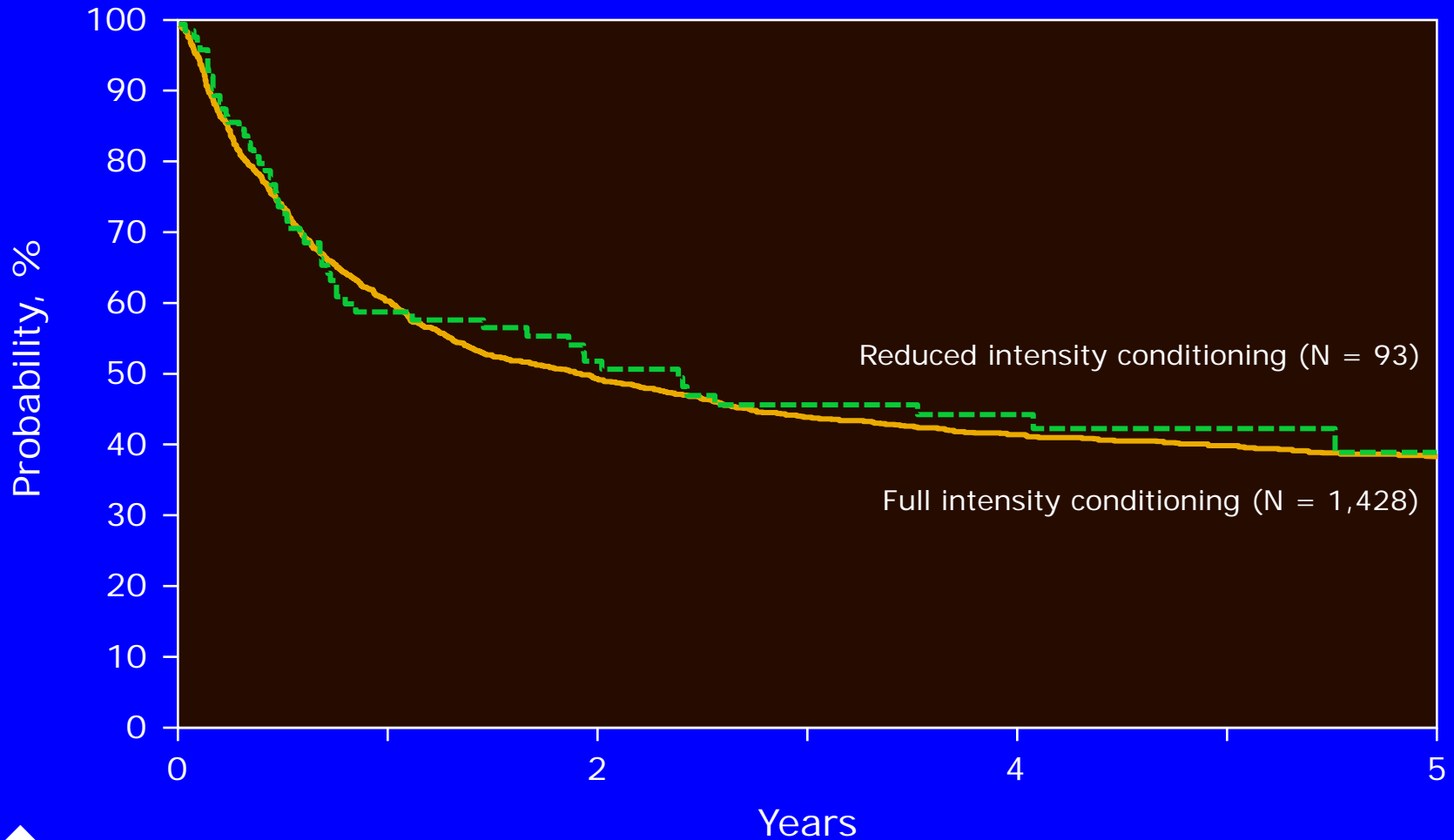
Better with short CR1, GVHD

# HCT for ALL CR2

	RIC	MA	P value
Relapse @ 3y	30 (17-46)	31 (28-35)	0.91
OS @ 3y	28 (14-44)	33 (30-37)	0.51

Marks et al  
Blood, 2010

# Equal Adjusted Probability of Overall Survival



# Clinical implications of less toxic BMT

Less morbidity & mortality

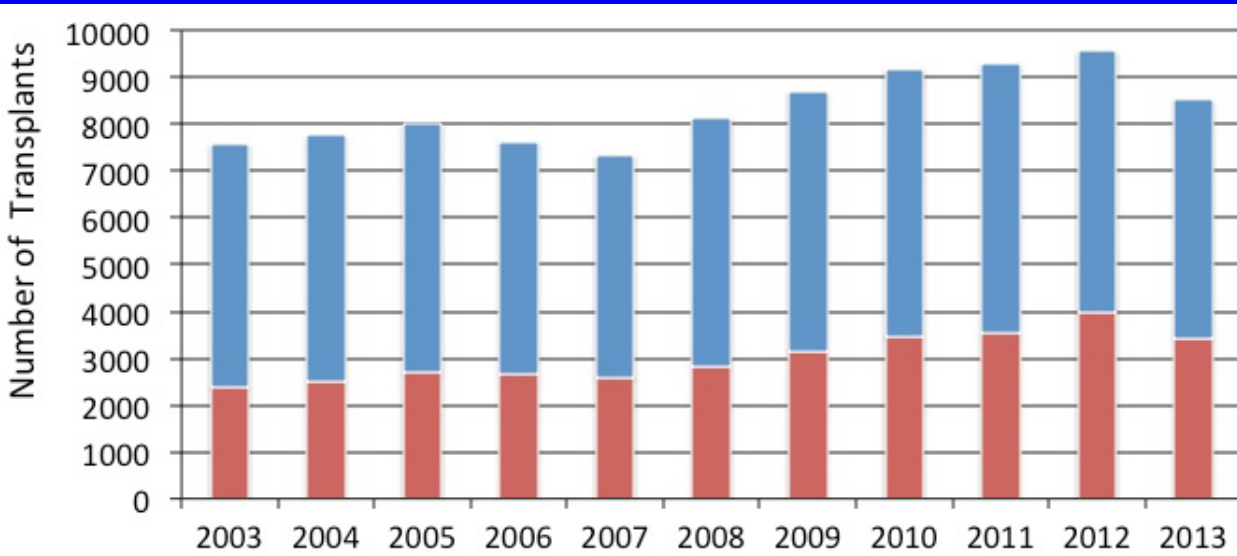
Applicable to older, sicker populations

Outpatient; less costly

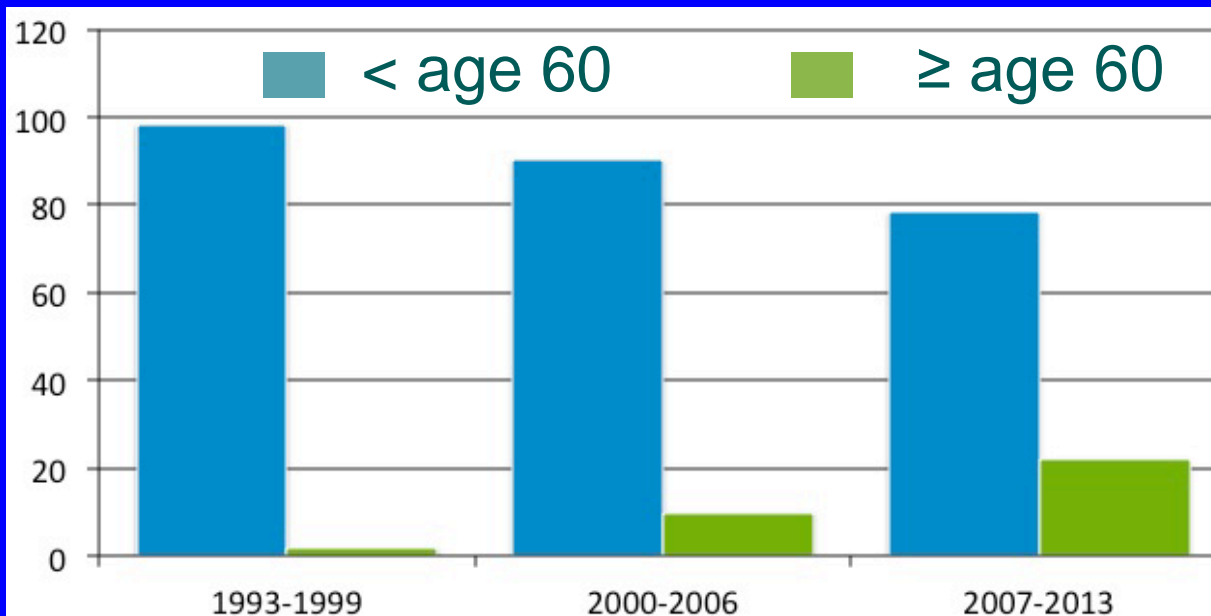
Useful in newer clinical settings

■ MAC ■ RIC

CIBMTR MAC:RIC  
Utilization



EMRO 2011-12  
MAC 63%; RIC 9.5%  
Aljurf, 2015





# Situational choices for conditioning intensity in allotransplantation

Younger

*Tolerate more  
intense conditioning  
or GVHD*

Resistant tumor

*Need more GVL  
& more conditioning*

Pre-BMT infections

*Need faster  
immune recovery*

Modify graft & technique