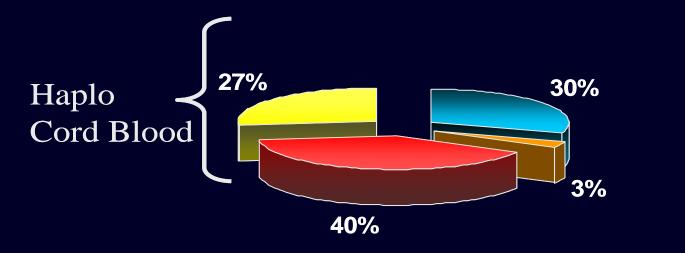
Graft source and donor Algorithm

V Rocha, MD, PhD

Professor of Haematology – Oxford University Medical Director of British Blood and Marrow Donor Registry qnd Cord Blood Banks- NHS-BT Scientific Director of Eurocord Estimate number of patients with an indication of an allogeneic hematopoietic stem cell transplants



HLA identical sibling donor

- Related 1 HLA incompatible
- Unrelated BM or PB
  - donor (9 or 10 out of 10)

no donor

Conditional probability of finding an 10 of 10 allele level matched unrelated adult donor in the Swiss registry for a Caucasian was found in 69% of the patients ( high probability), but in only 11% of the patients with a lowprobability estimate (P<0.00001) (Tiercy JM et al, BMT 2007)

Conditional probability of finding an 8 of 8 allele level matched unrelated adult donor is 51% for Caucasians **30% for Hispanics (certainly lower in LA)** 20% for Asians 17% for African Americans (NMDP data)



#### Searching and identifying an alternative stem cell donor Main criteria to be considered

	UBMT	UCBT	Haplo-HSCT
Information on A + B + DRB1 typing (%)	16 – 56	~ 80	100
Median search time (months)	3 – 6	< 1	immediate
Donors identified but not available (%)	20 – 30	~ 1	None
Rare haplotypes represented (%)	2 – 10	20	Not applicable
Main limiting factor to graft acquisition	HLA identity	Cell dose (?)	Poor mobilization
Ease of rearranging date of cell infusion	Difficult	Easy	Easy
Potential for immunotherapy	Yes	No (?)	Yes (limited)
Potential for viral transmission to recipient	Yes	No	Yes
Potential for congenital disease transmission	No	Yes	No
Risk for the donor	Low	No	Low
Main problems to be overcome	GvHD	Graft failure, delayed immune recovery	Delayed immune recovery, lack of T-ce mediated GVL effect

Grewal et al, Blood 2003 – Rocha V and Locatelli F, BMT 2008



#### **Eurocord - International Registry on Cord Blood Transplantation**

# Age and Disease Adapted Donor Choice

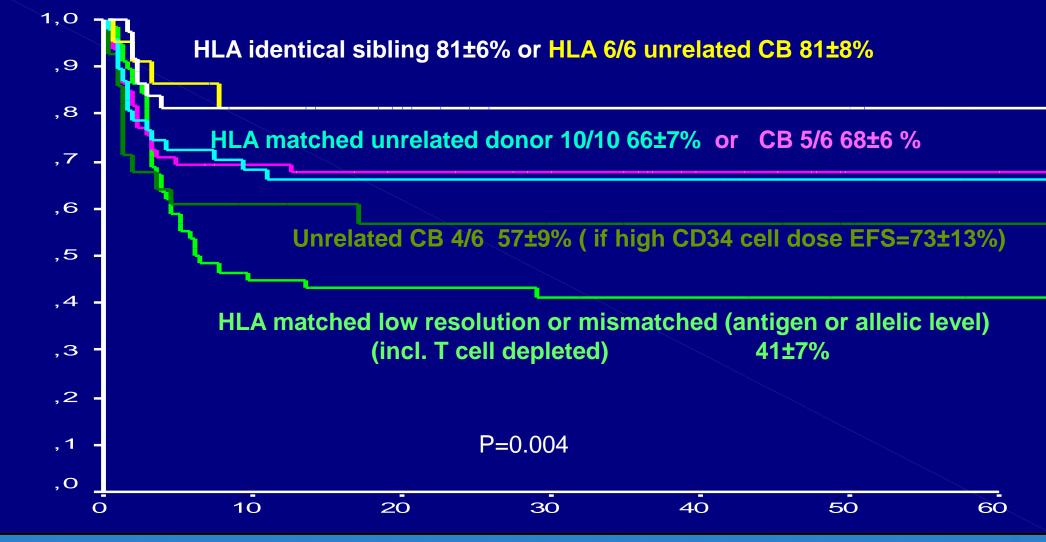
#### Children or Adults ?

Non-malignant or Malignant disorders ?

# Age and Disease adapted donor choice

## Children Non malignant disorders

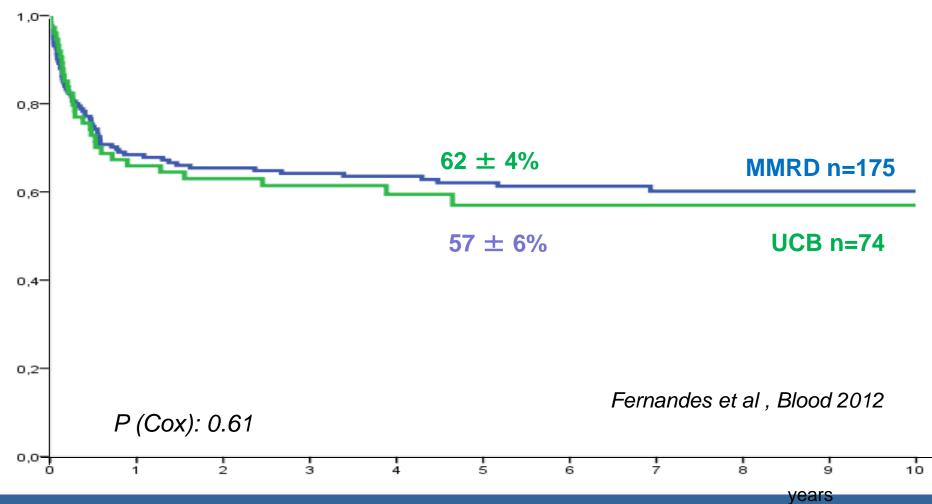




Boelens J and Rocha V on behalf of Eurocord, CIBMTR, Minneapolis and Duke University

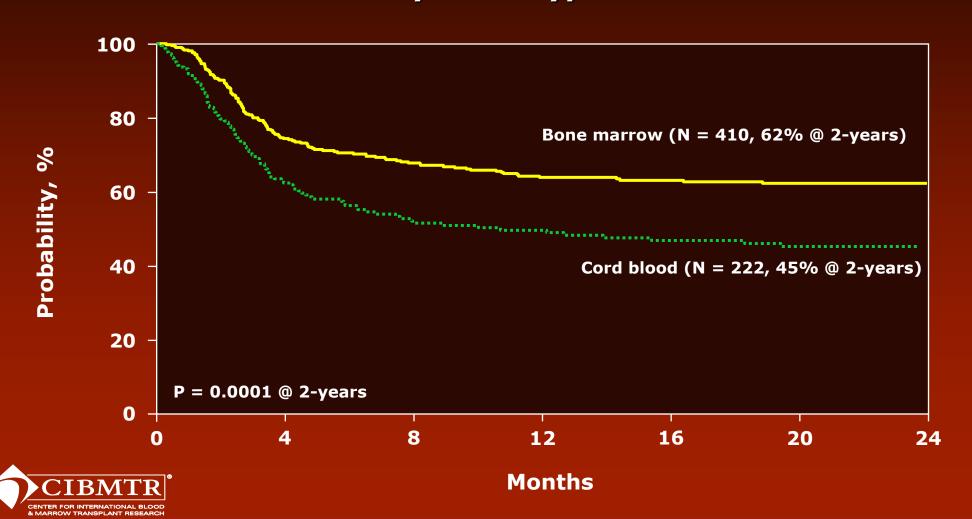


Overall Survival after Unrelated Cord Blood or HLA Mismatched Family donor for patients with SCID



The European Group for Blood and Marrow Transplantation

#### Overall Survival after Unrelated Transplants for aplastic anemia and Other Inherited Bone Marrow Failure Disease, Age ≤16, 1996-2006 - by Graft Type -



# Strategy of alternative stem cell donor in children with non malignant disorders

Metabolic Disorders (better results in early ages) HLA identical= Unrelated 6/6 CB> MUD10/10=UCB5/6>CB4/6 high cell dose

Primary Immunodeficiencies (Urgent situations) HLA identical > UCB=HLA mismatched Donor= MUD (10/10) (rare)

Aplastic Anemia (congenital or acquired) HLA identical>MUD 10/10>MUD 9/10 >> CB (6/6 or 5/6 cell dose >4.5x10<sup>7</sup>/Kg) Haplo HSCT under investigation

Hemoglobinopathies HLA identical, other alternative donors under investigation

In cases of unrelated donors always ask for BM cells Do not forget to search for antibodies against HLA in cases of HLA mismatched HSC1

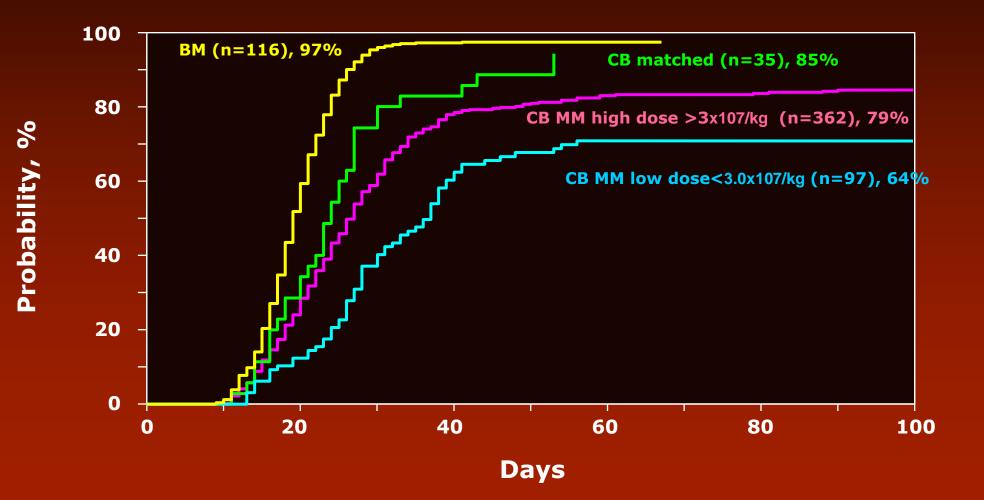
# Age and Disease adapted donor choice

Children Malignant disorders

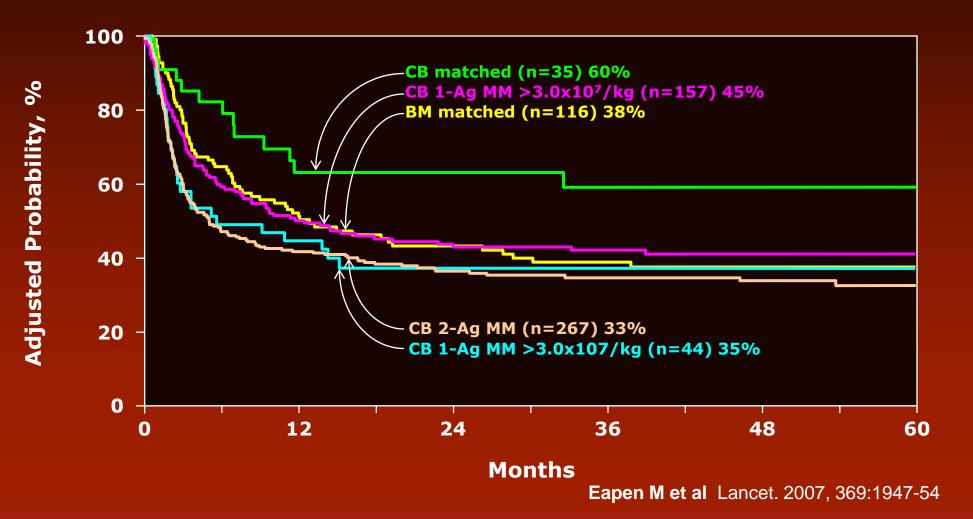
#### Unrelated Cord Blood versus allele typing Unrelated Bone Marrow Transplants in Children with Acute Leukemia

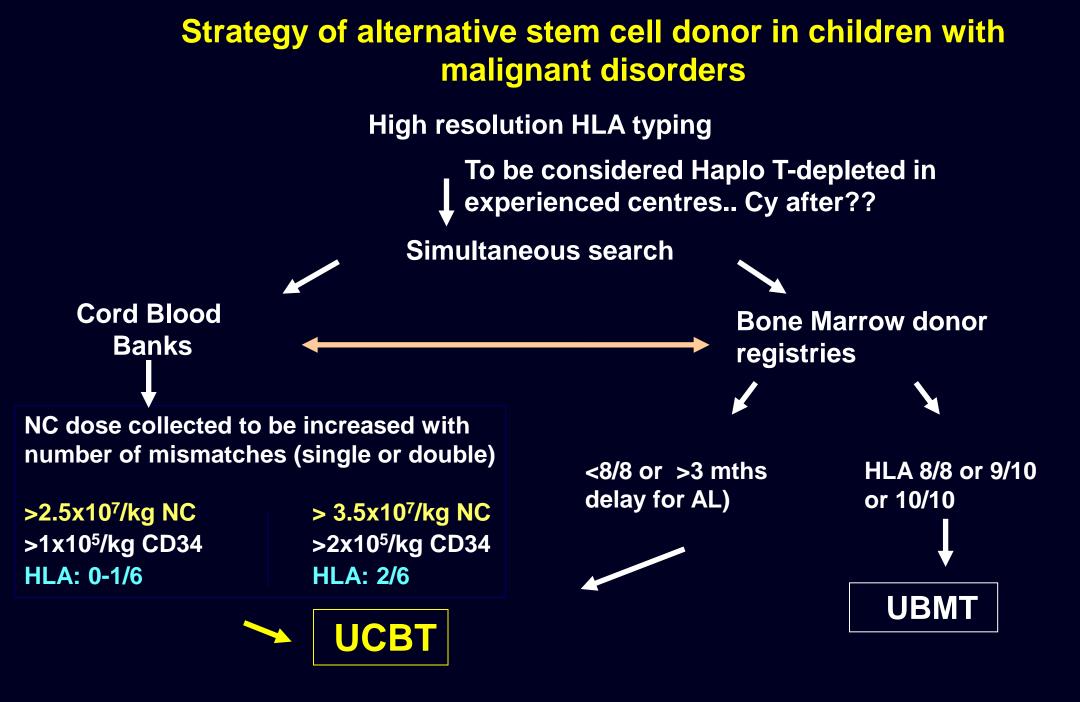
M Eapen et al , Lancet 2007

#### **Neutrophil Recovery**



#### **Leukemia-free Survival**





# Age, Disease and disease status adapted donor choice

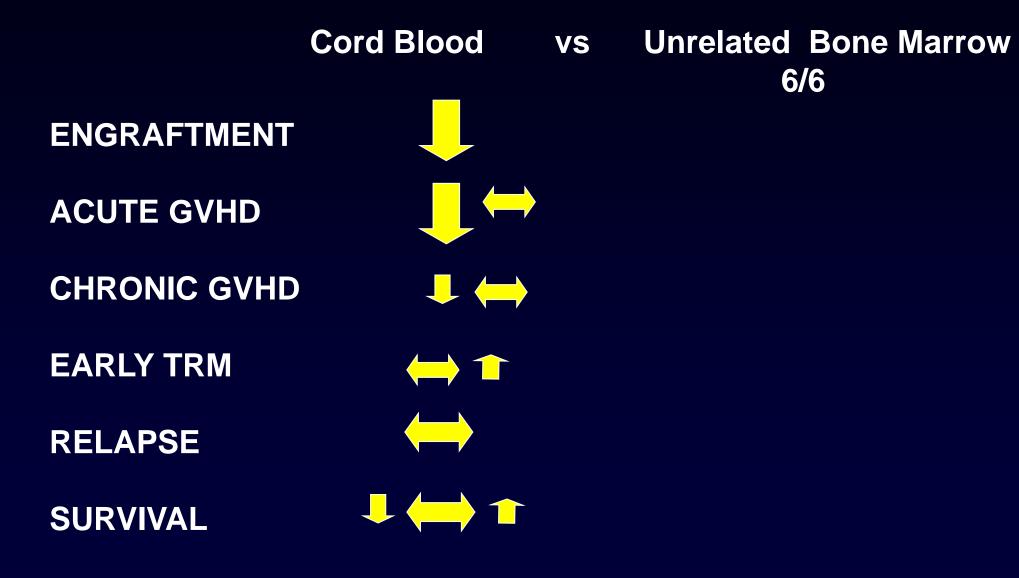
Adults Malignant disorders: Acute Leukemias (AML, ALL) MDS Lymphoid malignancies

#### In remission or not

(Myeloablative or reduced intensity)

#### Comparative studies between UCBT and UBMT in adults (V Rocha

NEJM 2004, M Laughlin 2004, S Takahashi Blood 2004)



# A Meta-Analysis of Unrelated Donor Umbilical CBT versus Unrelated Donor BMT in A dult Patients

- 316 adults undergoing UCBT (mostly 1 or 2 antigenmismatched), and 996 adults undergoing UBMT (almost entirely fully matched with the recipient), were analyzed.
- T-cell-depleted UBMT was excluded; where data were available, only fully matched UBMT was used in the analysis.

#### RESULTS

For adults, transplantation-related mortality (pooled estimate, 1.04; 95% CI = 0.52-2.08; P = .91) and disease-free survival (DFS) (pooled estimate, 0.59; 95% CI = 0.18-1.96; P = .39) were not statistically different.

Hwang WY, et al . BBMT. 2007;13(4):444-53.

### Effect of Stem Cell Source on Transplant Outcomes in Adults with Acute Leukemia

A Comparison of Unrelated Bone Marrow, Peripheral Blood Progenitor Cells and Single Cord Blood

From the Center for International Blood and Marrow Transplant Research, Eurocord-ALWP-EBMT and New York Blood Center

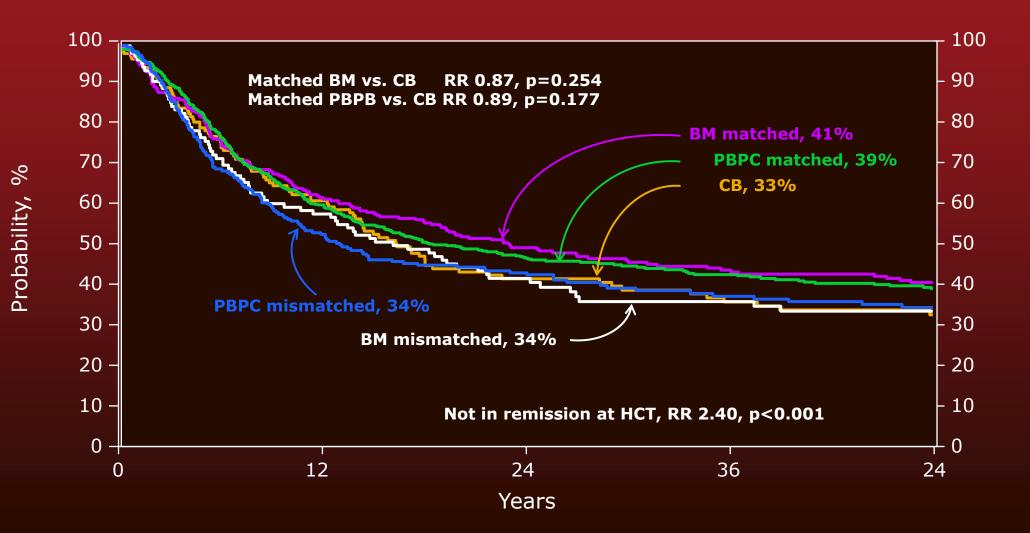
M Eapen, V Rocha Lancet Oncology 2010







#### Leukemia-free Survival -Adjusted for Disease Status at Transplantation-



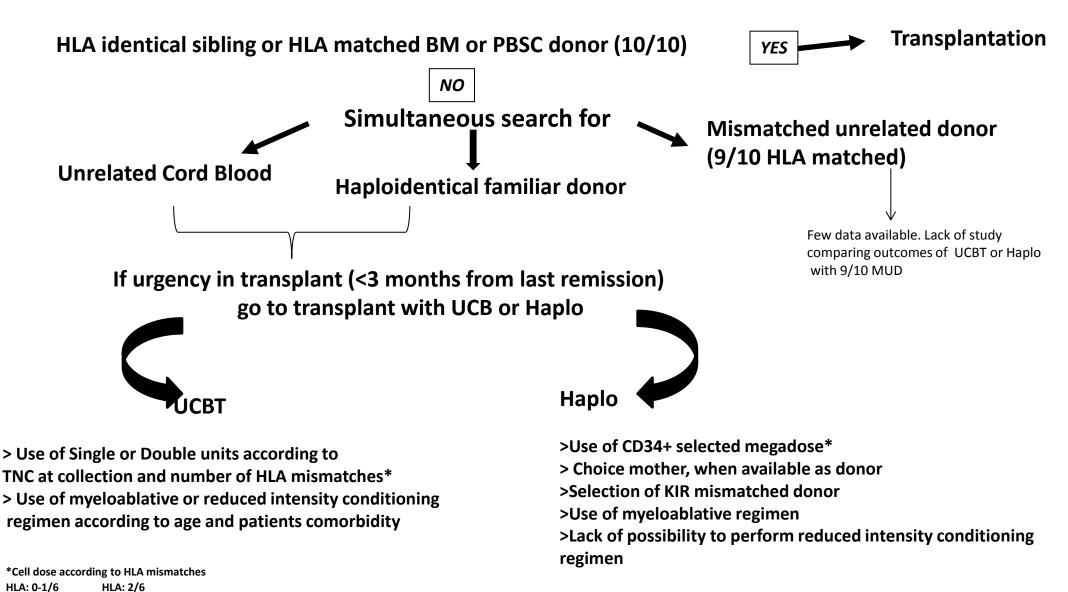
**Haplo Transplants** 

To be considered....

IMPACT OF KIR MATCHING (IN AML PATIENTS), CD34 CELL DOSE, MOTHER AS A DONOR AND CENTRE EXPERIENCE

New developments of Haplo-HSCT GSCF Primed BM transplants, T cell replete with increased immunossupression in vivo (Chinese approach and post CY) Immunotherapy

# Possible algorithm of donor choice in adults with high risk AL with an indicatior for allogeneic transplantation (Ruggeri A and Rocha V, 2010)



 $>3x10^7/kg TNC$ 

>1x10<sup>5</sup>/kg CD34

> 4x10<sup>7</sup>/kg TNC

>2x10<sup>5</sup>/kg CD34

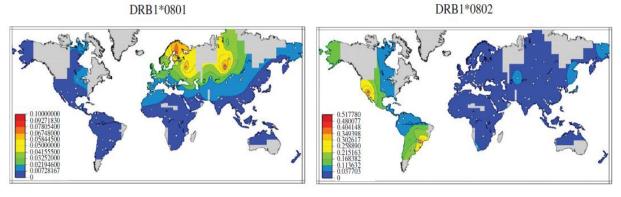
\* T cell depleted graft: >10x10<sup>6</sup>/kg CD34, 1x10<sup>4</sup>/kg CD3

## HLA diversity in LA

#### Tracking human migrations by the analysis of the distribution of HLA alleles, lineages and haplotypes in closed and open populations

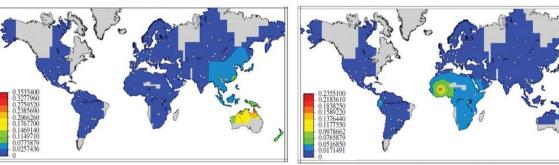
Marcelo A. Fernandez Vina, Jill A. Hollenbach, Kirsten E. Lyke, Marcelo B. Sztein, Martin Maiers, William Klitz, Pedro Cano, Steven Mack, Richard Single, Chaim Brautbar, Shosahna Israel, Eduardo Raimondi, Evelyne Khoriaty, Adlette Inati, Marco Andreani, Manuela Testi, Maria Elisa Moraes, Glenys Thomson, Peter Stastny and Kai Cao

Phil. Trans. R. Soc. B 2012 367, doi: 10.1098/rstb.2011.0320, published 6 February 2012



DRB1\*0803





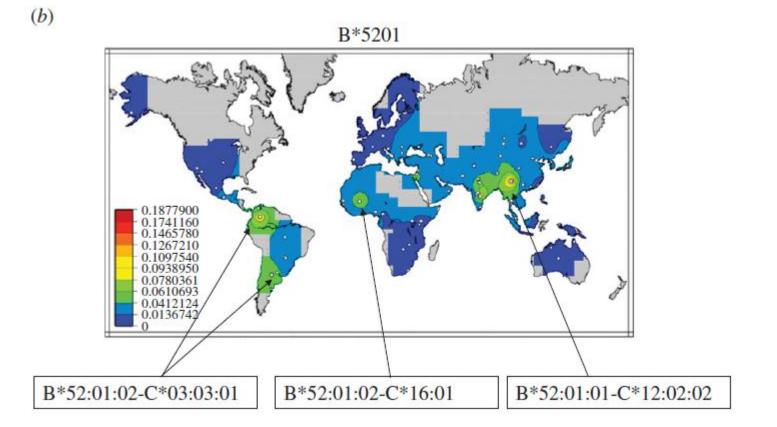


DRB1\*0807



DRB1\*0811





Is the algorithm of graft source and donor the same in different LA countries ?

• Brazil

HLA identical siblings>HLA 10/10 or 9/10>Cord Blood>Haplo

### Chile

HLA identical siblings>CBU>Haplo

### • Mexico

HLA identical siblings>HLA 10/10 or 9/10>Cord Blood>Haplo

#### **Donor Registries and CBB listed in BMDW**

Registry	Registry Code	Total	ABDR	%ABDR Typed	DNA Class I	DNA Class II	Date Last File
Argentina	AR	34,979	30,887	88.3	34,979	30,886	2013-09-24
Argentina CORD	ARCB	1,973	1,970	99.8	1,973	1,970	2012-04-17

Brazil BR 3,065,249 3,057,726 99.8 2,931,816 3,052,113 2013-06-1	Brazil	BR	3,065,249	3,057,726	99.8	2,931,816	3,052,113 2013-06
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Chile Cord							
Blood	SACB	634	634	100.0	634	634	2013-08-06
Bank							

Mexico	MX	12,349	12,349	100.0	0	12,342	2013-05-23
Mexico CORD	MXCB	303	303	100.0	0	303	2013-05-23
Uruguay	UY	521	521	100.0	521	521	2013-09-19

## Discussion on alternative donors in LA

Centers with expertise in Unrelated, CB and Haplo HSCT

- Establishment of Donor Registries/ costs
- (Brazil, Argentina, Mexico, CBB Chile and Uruguay)
- Cord blood banks/ costs and costs of CBU and transplants (delay engraftment and viral infections)
- Haplo transplants
- + and selection (expertise and costs, problems, relapse, viral infections)
  - CY after: still short follow up (interesting approach)