

Workshop of the WBMT in collaboration with WHO

Patient Selection

**Limitations and
contraindications of HSCT**

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In general, HSCT cannot be recommended if a recipient has problems at the followings;

- ◆ Pulmonary function
- ◆ Cardiac function
- ◆ Liver function
- ◆ Renal function
- ◆ Possibly active virus (HBV, HCV, CMV, EBV)
- ◆ Anti-PLT antibodies, Anti-HLA antibodies (for HLA partially mismatched HSCT)
- ◆ Any potential infection focus (Gum, Ears, Anus, Uro-genital)

Example

Indication of HSCT Aplasia JSHCT 2002

<u>As 1st line</u>	<u>Age</u>	<u>Sibling</u>	<u>UR BM DNA</u>	
			<u>Match</u>	<u>Mismatch</u>
VSAA	<40	D	NR	NR
SAA	<40	D/R	NR	NR
SAA	>40	R	NR	NR
<u>NR to IST</u>				
VSAA	Any	D	R/CRP	CRP
SAA	Any	D		

D: definite

R: in routine use for selected patients

CRP: to be undertaken in approved clinical research prot.

NR: not generally recommended

The following patients with disease entity/status cannot be recommended to receive HSCT (“NR” in JSHCT guideline)

- ◆ Aplasia: UR-HSCT before IST
- ◆ AML: 1 CR t(15;17) from UR-HSCT at adult, 1 CR low risk from sibling & UR, standard risk from UR
- ◆ ALL: Low/standard risk from sibling & UR at child
- ◆ CML: 1 CP with mPCR from DNA mismatch UR, with MPCR/CCR from DNA match/mismatch UR