

2ND SCIENTIFIC SYMPOSIUM OF THE WBMT

Salvador - Bahia, Brazil

Stem Cell Transplantation in Sickle Cell Anemia

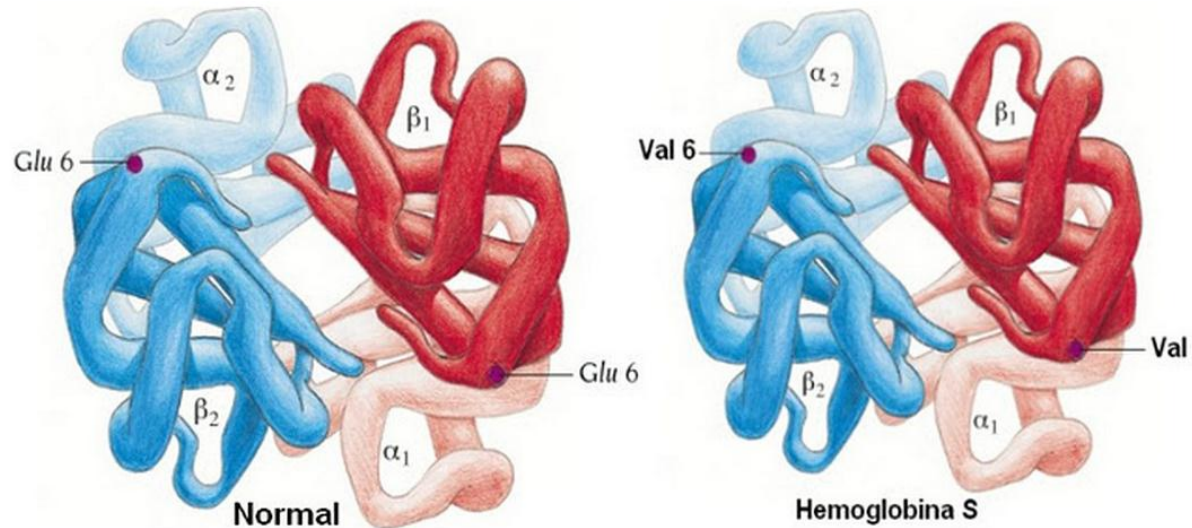
Belinda Simões

Medical School Ribeirão Preto

University of São Paulo

Hemoglobinopathies

- Normal hemoglobines
 - 2 α and 2 β = Hb A
 - 2 α and 2 δ = Hb A2
 - 2 α and 2 γ = HbF
- In sickle cell there is a point mutation on beta chain (beta S or hemoglobine S).



The Hemoglobinopathies

Hemoglobinopathy	No. Newborns/year
Sickle Cell Anemia (SS)	217.331
SC Disease	54.736
S β thalassemia	11.074
β thalassemia major	22.989
HbE β thalassemia	19.128
HbH disease	9.568
Hb Barts	5.183

Weatherhall DJ Blood 2010

Modell B, Darlison M. Bull World Health Organ. 2008

The Hemoglobinopathies

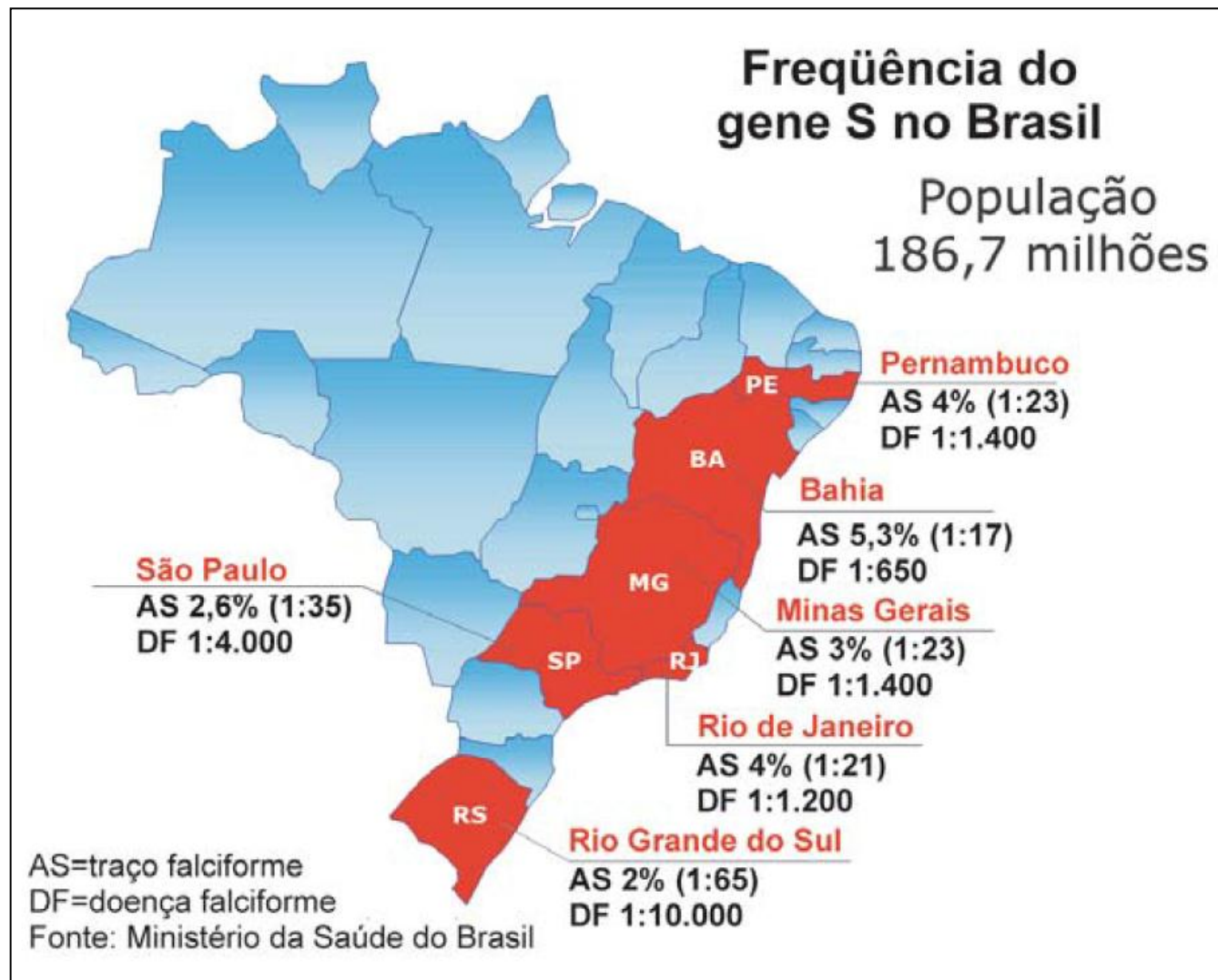
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Hb Barts	5.183

83,2% sickle cell diseases

Sickle Cell Disease in Brazil

- SCD are the most common hereditary monogenic disease in Brazil
 - 4 % of the brazilian population carry the S gene. Until 10% of the afrodescedents
 - We estimate that about 3500 kids with sickle cell disease are born in Brazil
 - We estimate 200.000 sickle cell carriers in Brazil
 - We estimate about 30.000 – 50.000 brazilians with SCD
- Health problem in Brazil

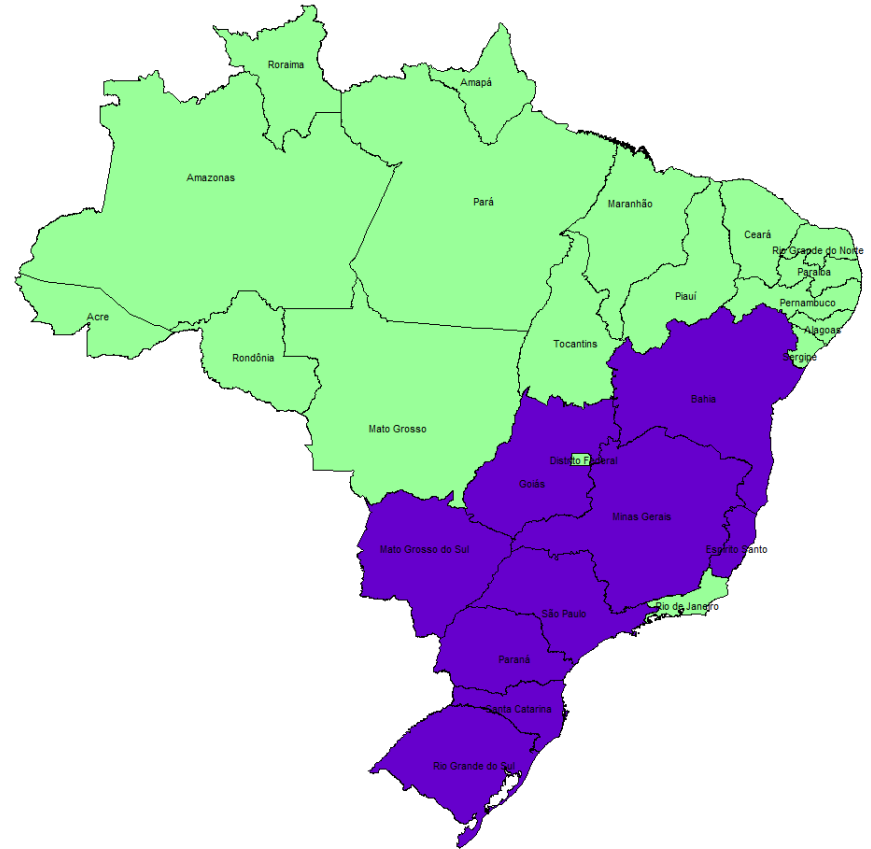
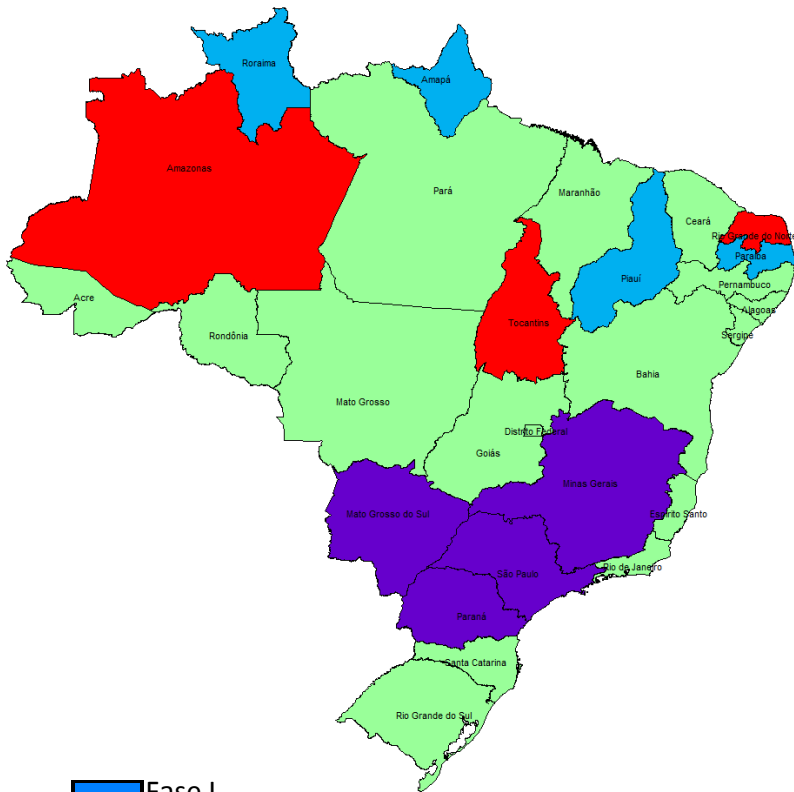
S gene in Brazil






Neonatal Screening Program

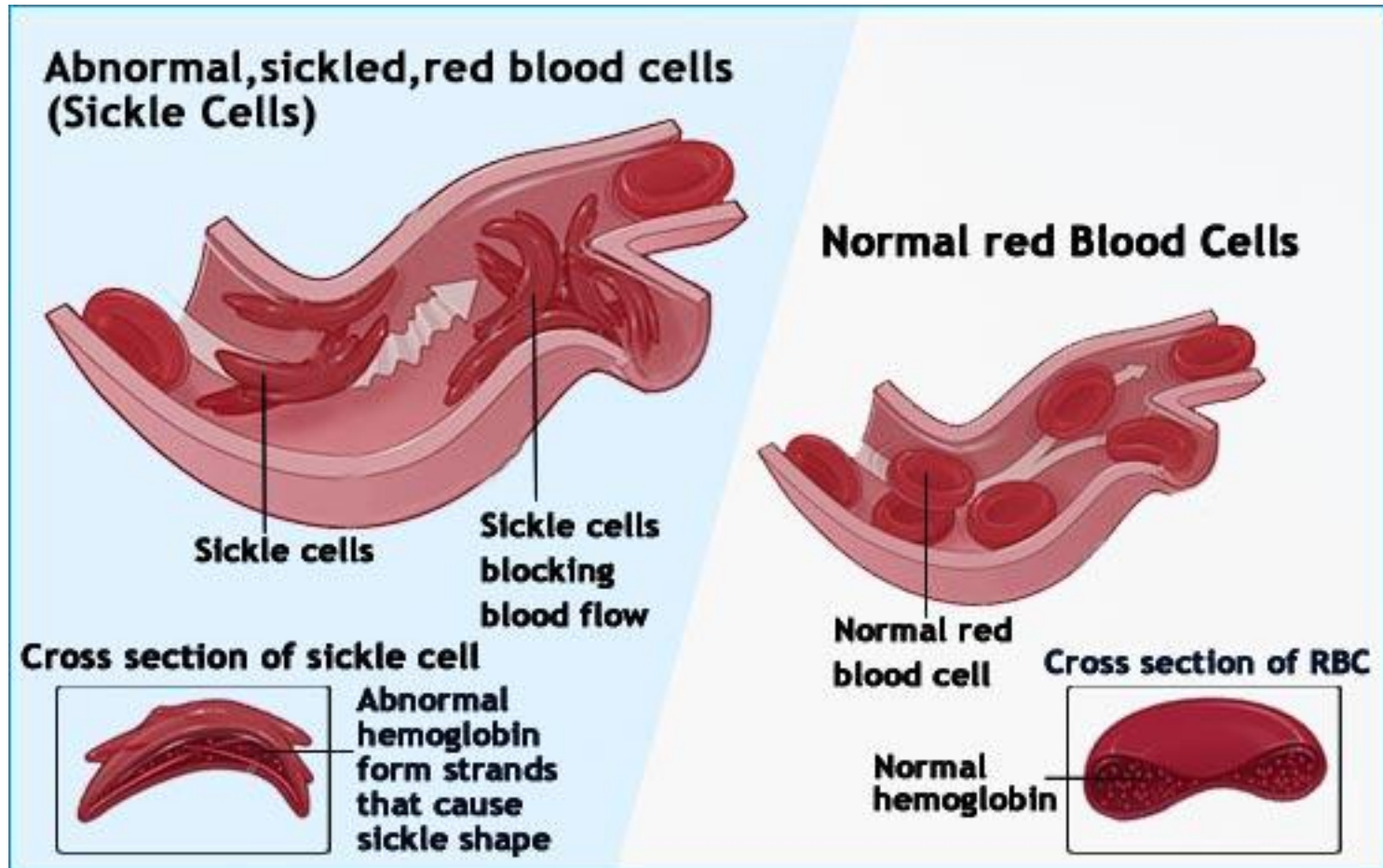
May 2013

Goals for end of 2013

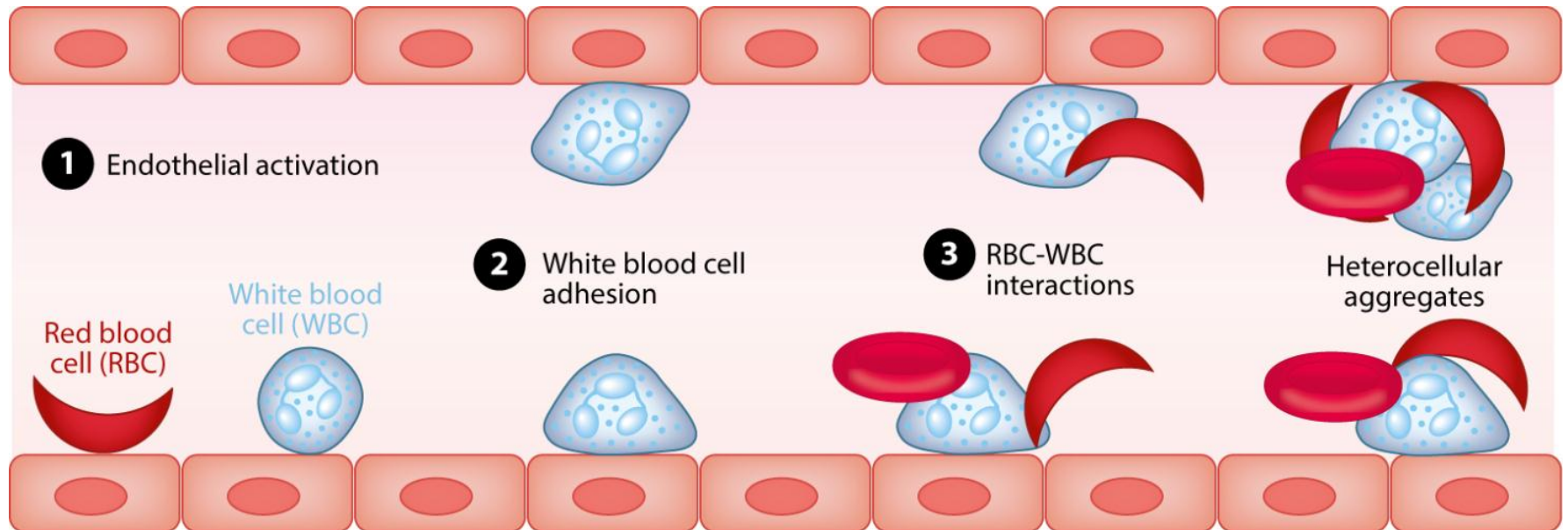


-  Fase I
-  Fase II
-  Fase III
-  Fase IV

Pathophysiology

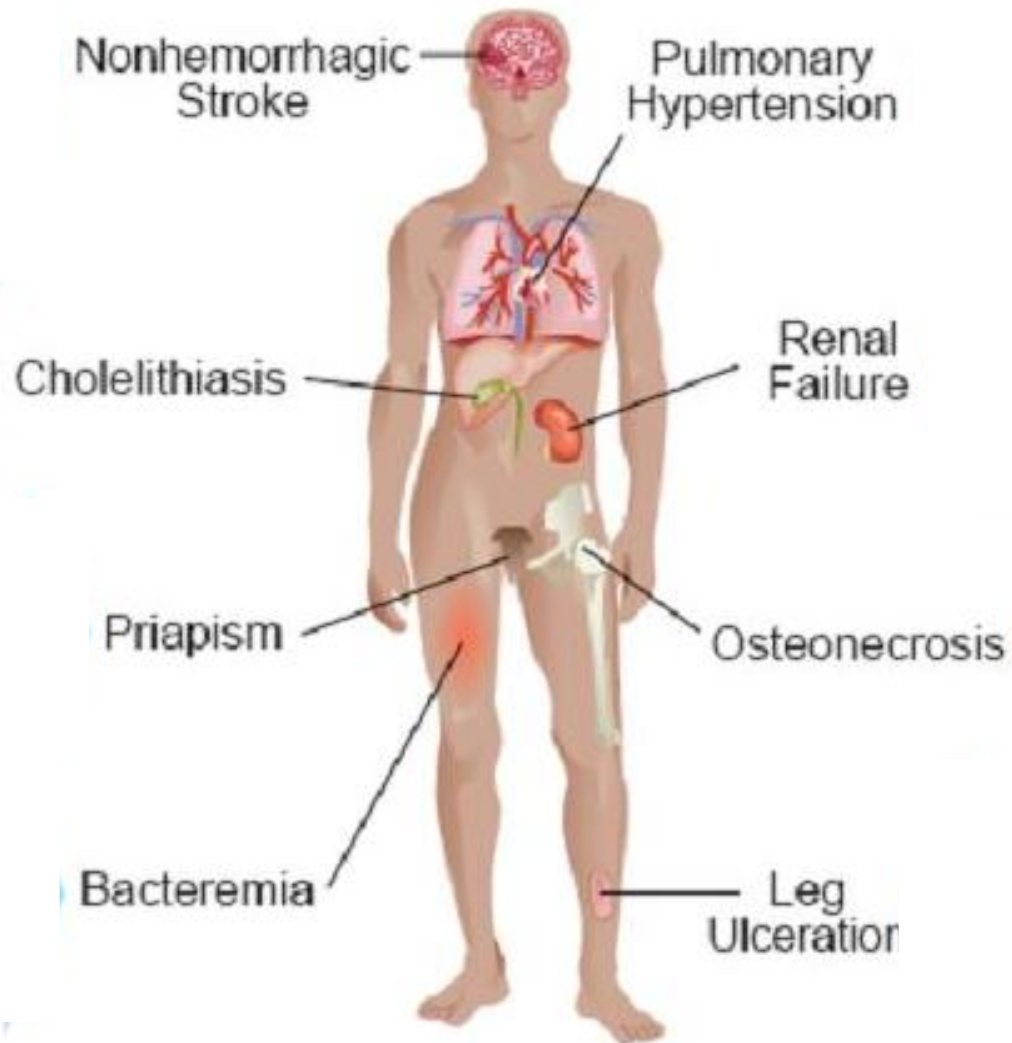


Pathophysiology



Kassim AA, DeBaun MR. 2013.
Annu. Rev. Med. 64:451–66

Clinical Manifestations SCD



Clinical Evolution in SCD

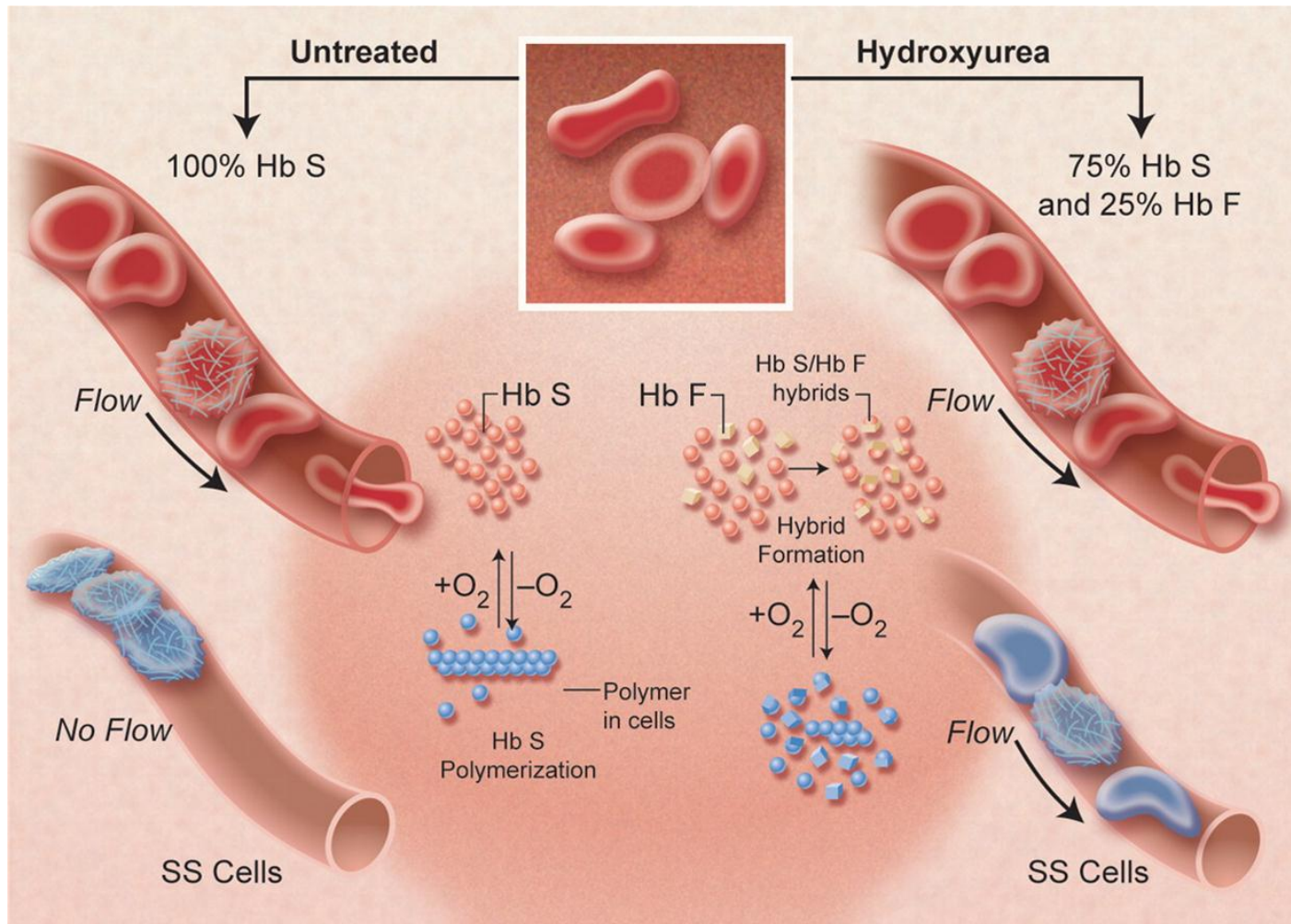
Infections
Sepsis
Splenic Sequestration
Ischemic Stroke
Dactylitis

Vasocclusive crises
Acute chest syndrome
Pulmonary hypertension
Priapism
Hemosiderosis

Kidney disease
Retinopathy
Leg ulcers
Aseptic necrosis femur
Hemorrhagic stroke
Multiple organ failure

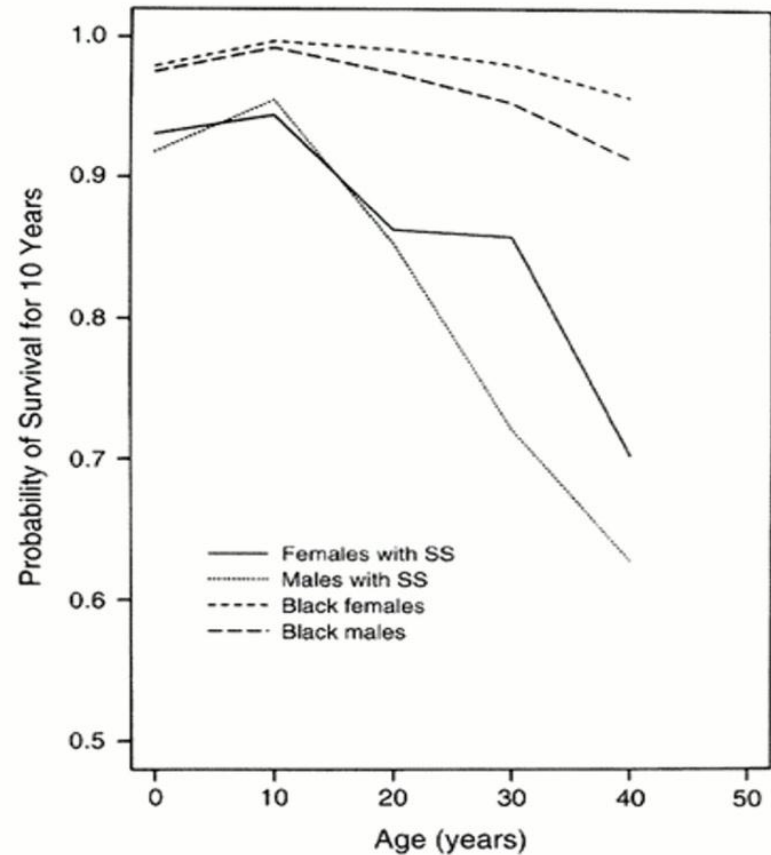
A G E

Hydroxycarbamide



Survival in SCD

- **Rational**
 - Survival of affected afrodescendents are shortened in 25 to 30 years when compared to non affected group
 - First case of SCT in a patient with acute leukemia and SCD



Mortality in SCD

- Time evaluated 1979 to 2005
 - N=16654 deaths due to sickle cell anemia
 - National Center for Health Statistics
- Death rate 1979
 - Median age
 - mens: 33,4 years
 - Women: 36,9 years
- Death rate 2005
 - Median age
 - Man: 38 years
 - Woman: 42 years

Mortality in SCD

- Time evaluated 1979 to 2005
 - N=16654 deaths due to sickle cell anemia
 - National Center for Health Statistics
- Death rate 1979

> 19 years: mortality rate increased 1% for each year
< 19 years: mortality decreased 3% for each year

- Death rate 2005
 - Median age
 - Man: 38 years
 - Woman: 42 years

Transplantation in SCD

Problems before transplant....

- Heavily transfused patients
 - Antibodies
 - Iron overload
- Comorbidities
 - Stroke
 - Pulmonary dysfunction
 - Hepatic dysfunction
- Predictive factors of severity

Transplantation in SCD

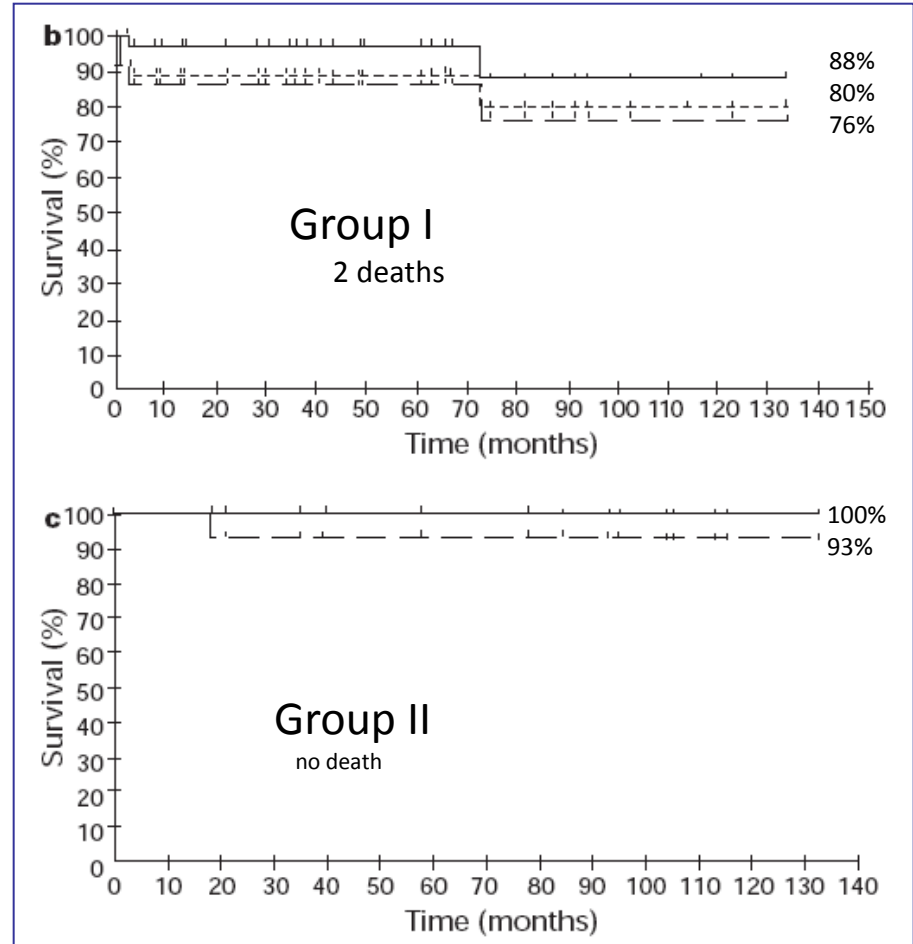
Problems after transplant....

- Acute and chronic toxicity of chemotherapy
 - Mucositis
 - Infections
 - Fertility
 - Second neoplasia
- Immunesuppression
- Graft versus Host diseases

What transplant can do for our patients?

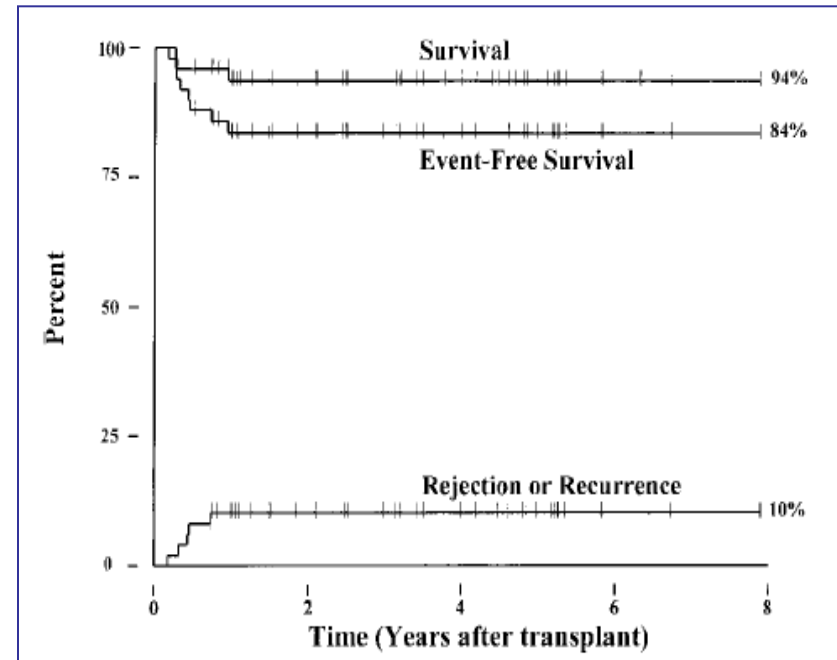
Stem Cell Transplantation in SCD

- N= 50
- Group I – 36 patients
 - Stroke, ACS, Vasocclusion
 - Med Age 8,6 years (1,7 to 23 y)
- Group II – 14 patients
 - Families with affected kids who wanted to go back to their countries cured!
 - Med Age 2 years (0,9 a 15 y)
- Graft failure or rejection
 - 25% group I
 - 7% group II

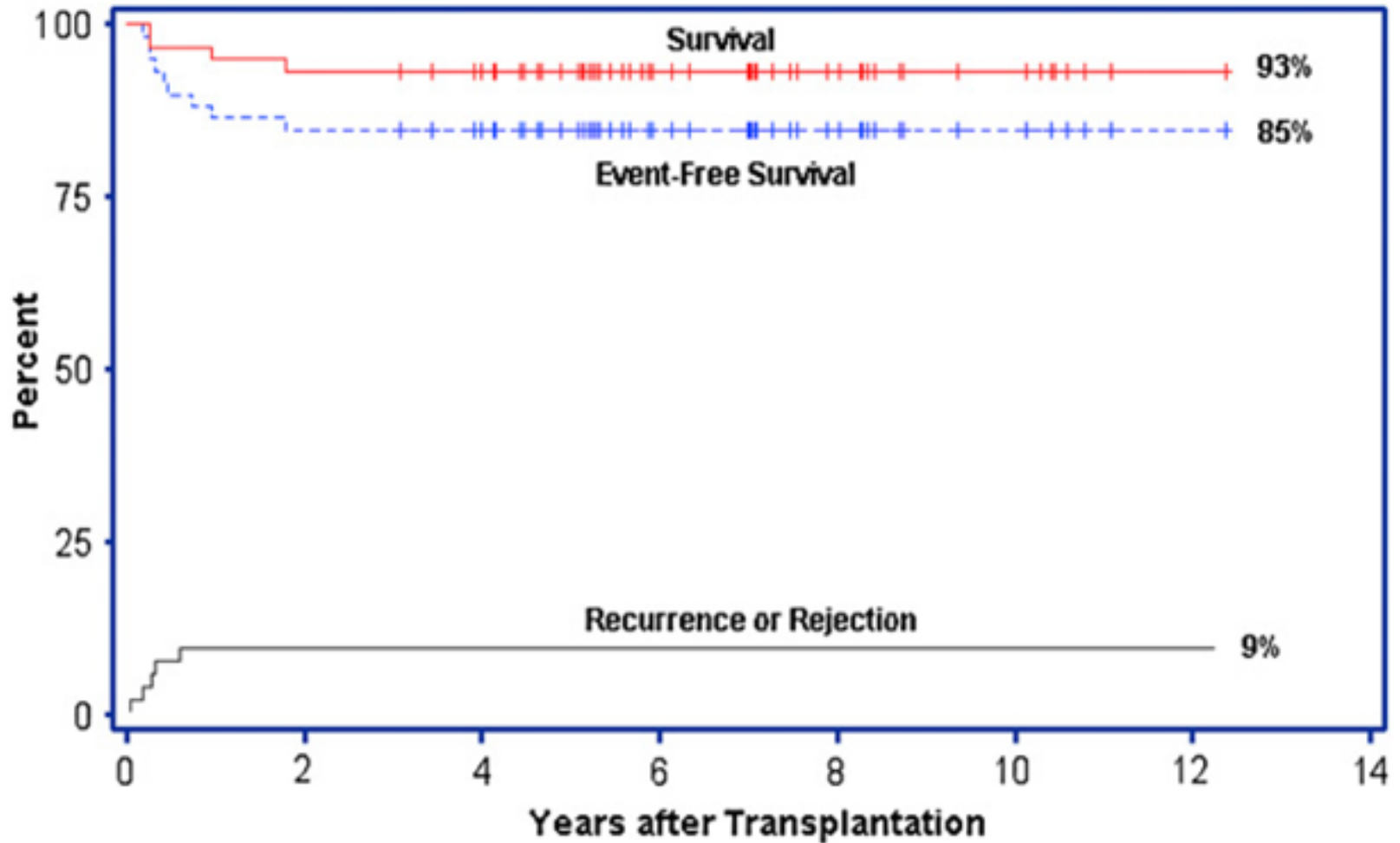


Stem Cell Transplantation in SCD

- N = 50 (48 SS)
- Med Age 9,9 (3,3 to 15,9)
- Indications
 - Stroke
 - Acute Chest syndrome
 - Vasocclusive crisis
- Evolution
 - 3 deaths
 - 1 stroke
 - 2 GVHD
- Chimerism
 - 5 graft failures/rejections



Stem Cell Transplantation in SCD USA



SCT for Sickle Cell Anemia

French Cohort

- N= 144 patients
 - 84M; 60F
- **Median Age:** 9 years
- **Indications**
 - Vasculopatia cerebral (89)
 - CVO frequentes (41)
 - Osteonecrose (7)
 - Aloimunização (4)
 - Hipertensão Pulmonar (1)
 - Leucemia (2)
- **Stem Cell Source**
 - BM (121)
 - CB (21)
 - PBSC (1)
 - BM+CB (1)

Conditioning regimen: BuCy ATG

Median Follow Up
3.1 years (0.2-15.5)

SCT for Sickle Cell Anemia

French Cohort

- Results
 - Take: 142/144 (2 cords)
 - 1 late rejection after 3 years
 - Acute GVHD
 - \geq II in 23%
 - \geq III in 4,9%
 - Chronic GVHD
 - 9,7% (4 extensive)
- Deaths N=6 (4,1%)
 - 4 GVHD related, 1 Stroke, 1 sepsis in aplasia

SCT for Sickle Cell Anemia

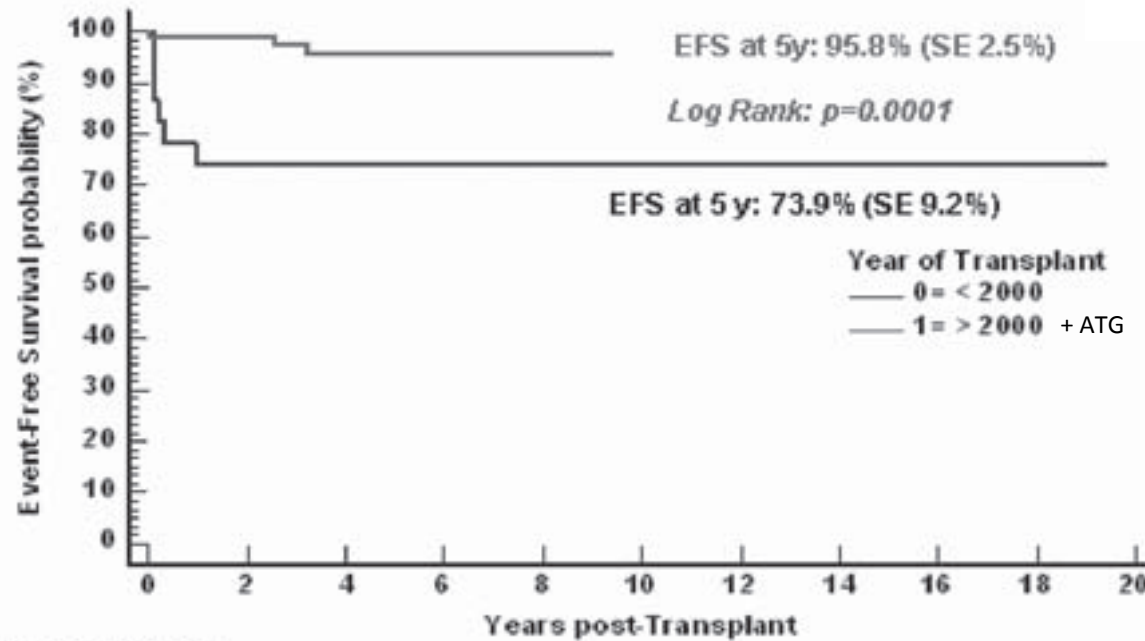
French Cohort

- CNS
 - No new strokes
- Lungs
 - Stabilization of lung function
- Reversion of chronic “Inflammatory state”
 - Increased BMI (body mass index)

SCT for Sickle Cell Anemia

French Cohort

5 year Overall Survival 95%
Event free survival 92,2%



Number at risk

Group: 0

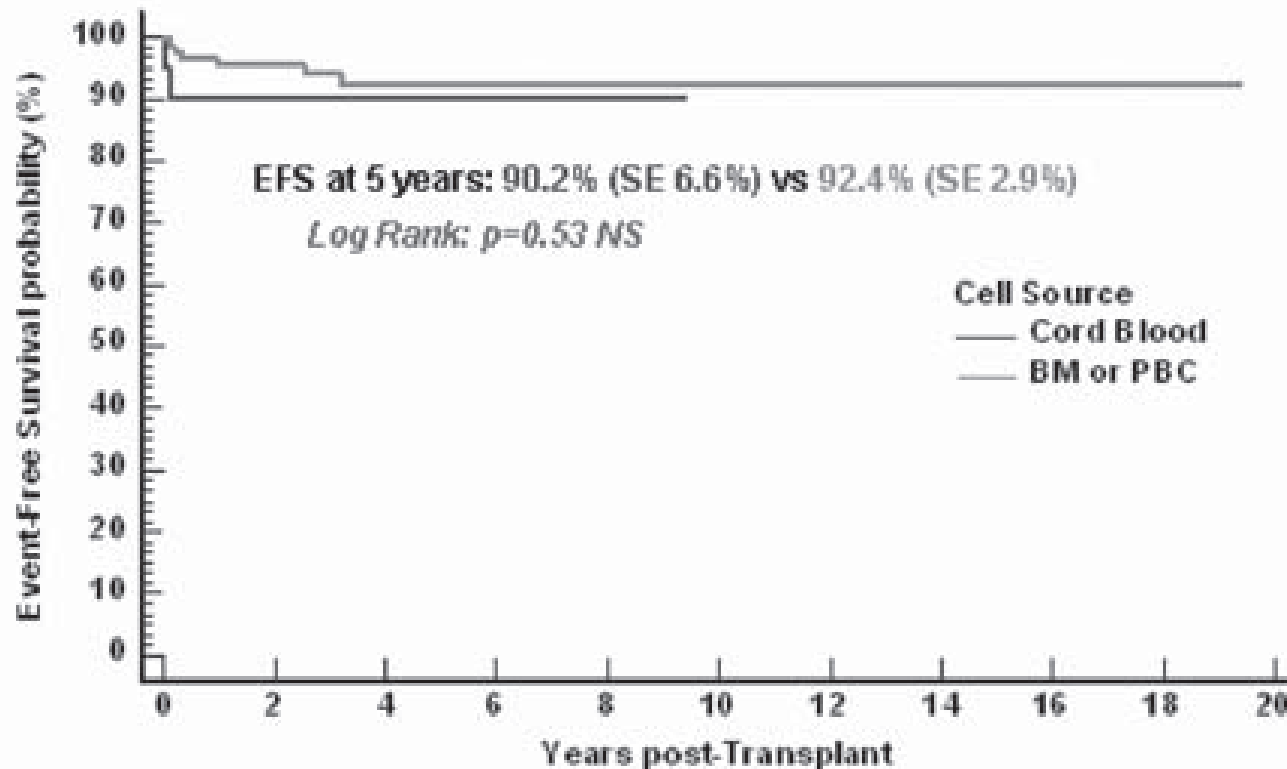
23 17 17 15 15 11 8 2 1 1 1

Group: 1

119 68 40 17 10 0 0 0 0 0 0

SCT for Sickle Cell Anemia

French Cohort



Number at risk

Group: cord blood

19 14 11 5 4 0 0 0 0 0 0

Group: other

123 71 46 27 21 11 8 2 1 1 1

Hemoglobinopathies

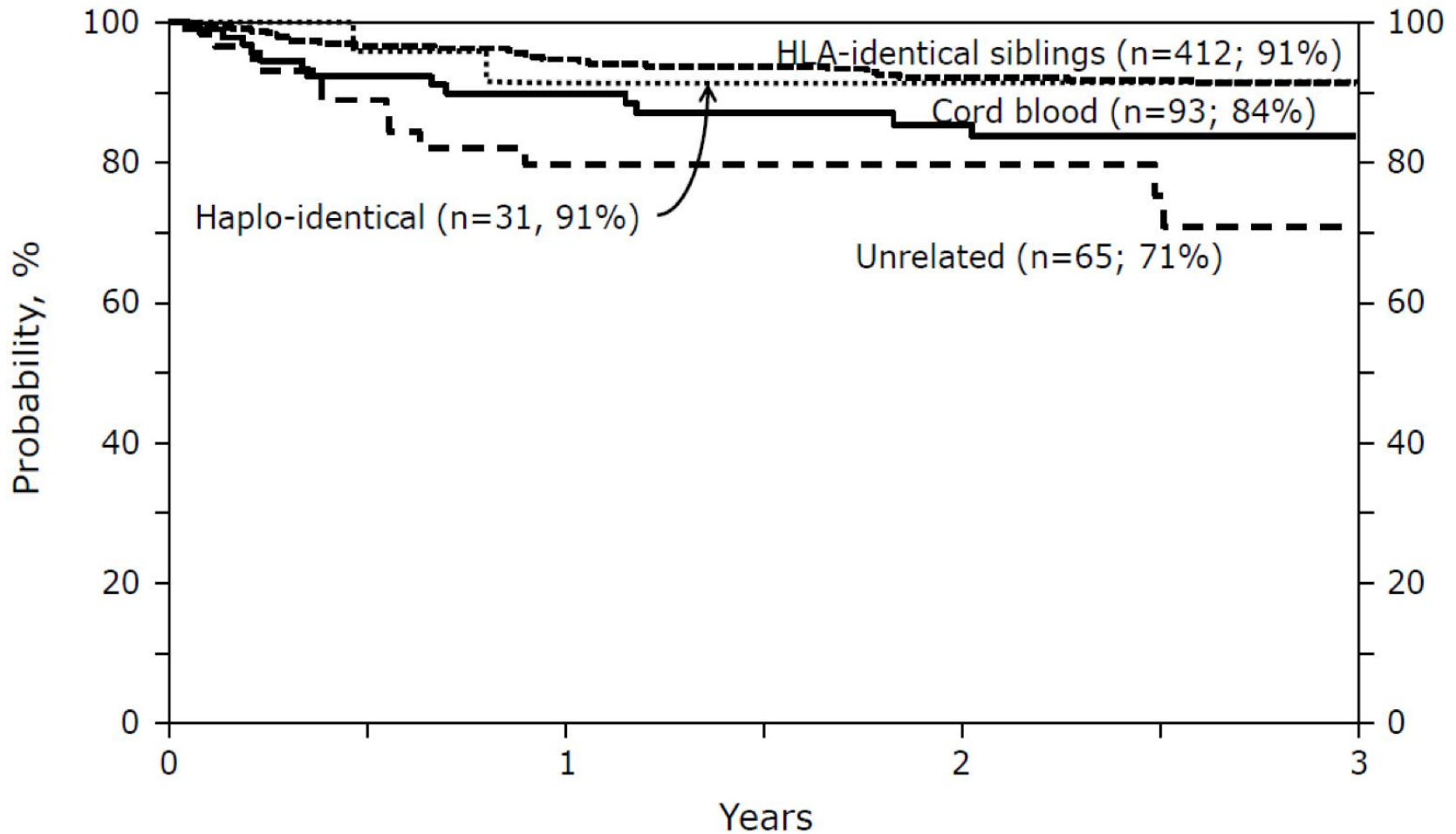
	Thalassemia	Sickle Cell
In Brazil	485 cases	30 a 50.000 cases
SCT results		
Overall Survival	66% (grau I a III)*	94%
Disease Free Survival	68% (graus I a III)**	85%
Mortality	12 a 37% (grau III)	4 a 7%
Acute and chronic GVHD	4 a 31%	10 a 22%
* Class I – 93% **Class II – 83%		

SCT in SCD – Europe and USA

Transplants for SCD	EBMT- Eurocord (1986- 2013)	CIBMTR (1986- 2012)
Total	611	627
Type of donor		
HLA-identical	487	430
CB related and unrelated	73	71
Haploidentical donor	34	61
Other unrelated donor	17	65
Overall survival		
1 year	95±1%	96±2%
2 years	94±1%	94±1%

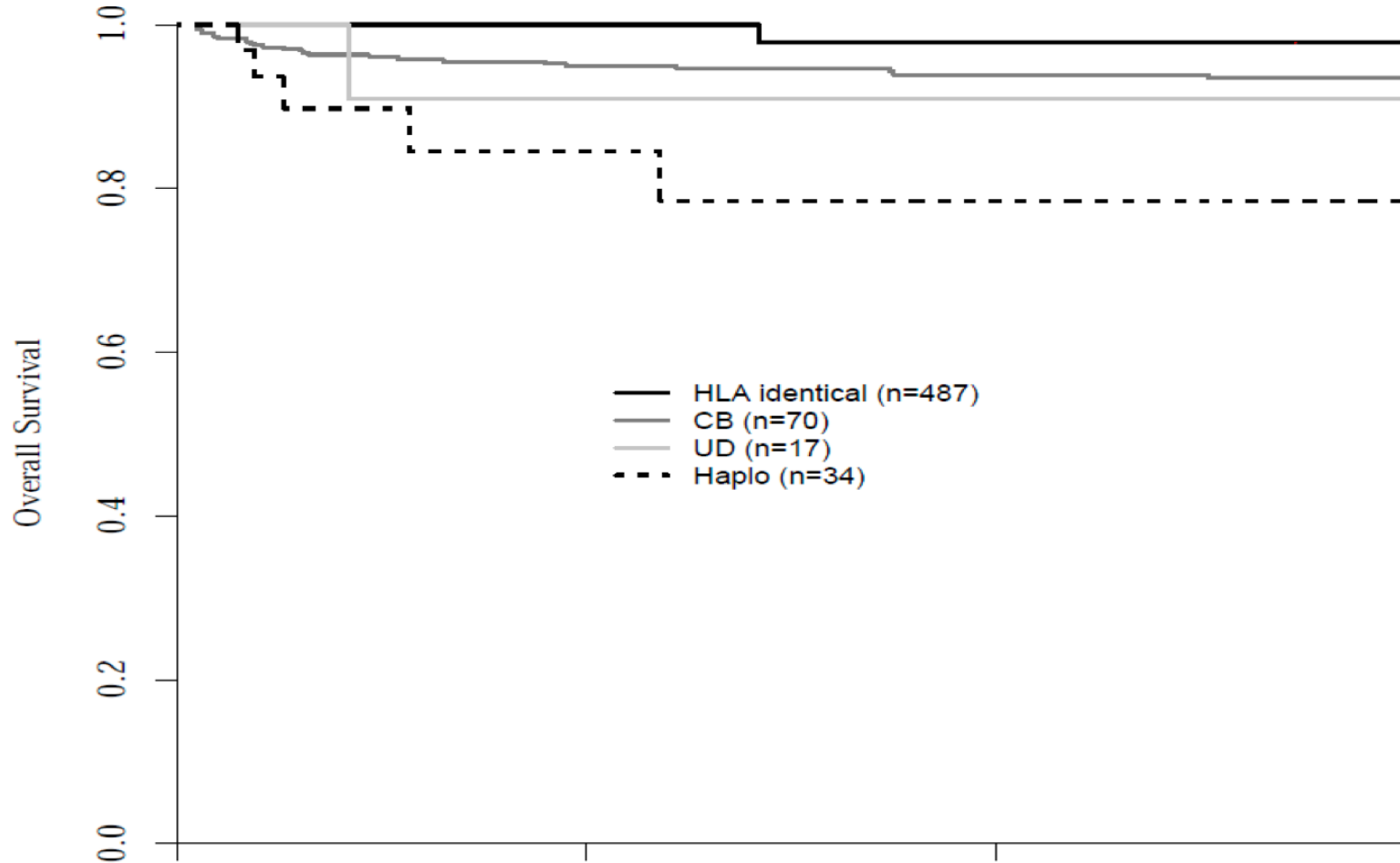
Unpublished data kindly provided by prof. Eliane Gluckman

SCT in SCD – USA - CIBMTR



Unpublished data kindly provided by prof. Eliane Gluckman

SCT in SCD – Europe - EBMT



Unpublished data kindly provided by prof. Eliane Gluckman

Indications for SCT in SCD

Brazilian Protocol

Organ	Some of the findings
Age	No limit
Vasocclusive crisis	<ul style="list-style-type: none"> a. Two ACSD in the last 2 years b. ≥ 3 episodes of severe pain crisis per year in the last 2 years
CNS	<ul style="list-style-type: none"> a. Neurologic event (stroke or neurologic deficit that last for > 24 hours) b. Neurologic sign or symptom c. TCD > 200 cm/seg (2x)
Organ damage	<ul style="list-style-type: none"> a. Pneumopathy b. Pulmonary Hypertension c. Reduced kidney function d. Osteonecrosis in more than one articulation e. Retinopathy
Alloimmunization	≥ 2 antibodies in patients in regular transfusion program
Hydrea	Reduction < 50% of algic crisis under HU treatment or intolerance to HU

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Indications for SCT in SCD

Brazilian Protocol

- **N=21 patients**
 - 22 transplants
- **Median Age 14 years (7 to 38 years)**
 - Median Age Ribeirão Preto : 16 years
- **Median follow up 3 years (30 days – 13 years)**
- **Major Indications**
 - Stroke
 - Priapism
 - Vasocclusive crisis
 - Alosensibilization
 - Altered TCD velocity
- **Conditioning**
 - Fludarabine e Bussulfan 12 mg/kg (Ribeirão Preto)
 - Fludarabinae e Cyclophosfamide (2 cases)
 - Bussulfan e Cyclophosphamide

	Center	Age	Indication	Conditioning regimenr	Follow Up
1	HCUFMG	14	Stroke + Moya-Moya	BuCy + ATG	
2	HCUFMG	33	Hodgkin lymphoma	BU+FLU+CY	
3	HC-UFPR	7	Stroke	Bu14Cy+ATG	
4	HC-UFPR	11	Stroke	BU14+Cy+ ATG	
5	HC-UFPR	10	4 strokes	BU12Cy+ATG	
6	HIAE	7	Repeated vasocclusive crisis	BUCY+/ ATG	
7	UNICAMP	24	Repeated vasocclusive crisis	FluBu+ATG +2G TBI	
8	HC-FMRP	16	Acute Chest syndrome	BuCY + ATG	
9	HC-FMRP	38	Priapism	FluCy + ATG	
10	HC-FMRP	13	Stroke + MoyaMoya	FluCy+ATG	
11	HC-FMRP	27	Priapism	FluBu12+ATG	
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21	HC-FMRP	35	Repeated vasocclusive crisis + ulcera	FluBu12+ATG	

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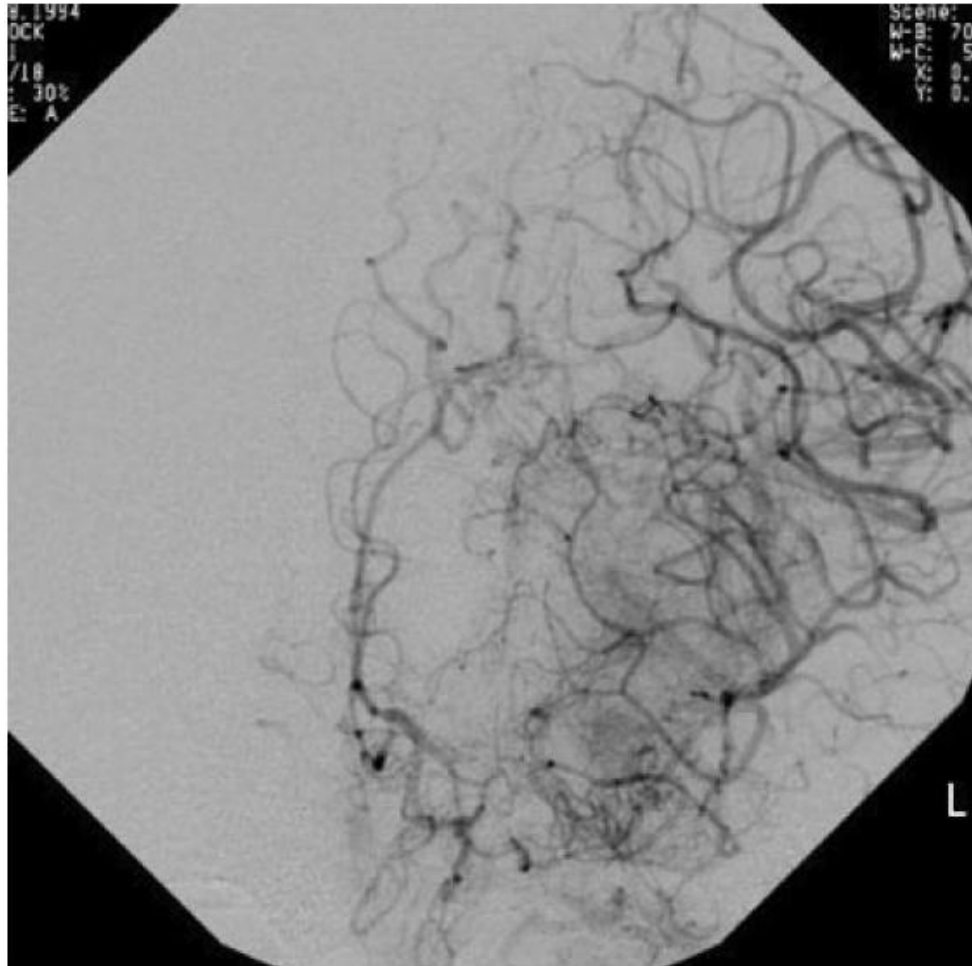
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2	HCUFMG	33	Hodgkin lymphoma	No	43 days
3	HC-UFPR	7	Stroke	Yes	13 years
4	HC-UFPR	11	Stroke	Yes	1264 days (3,4 years)
5	HC-UFPR	10	4 strokes	No	84 days
6	HIAE	7	Repeated vasocclusive crisis	Yes	818 days (2,2 years)
7	UNICAMP	24	Repeated vasocclusive crisis	Yes	691 days (1,9 years)
8	HC-FMRP	16	Acute Chest syndrome	Yes	3650 days (10 years)
9	HC-FMRP	38	Priapism	Yes	2785 days (7,6 years)
10	HC-FMRP	13	Stroke + MoyaMoya	No	1314 days (3,6 years)
11	HC-FMRP	27	Priapism	Yes	1608 days (4,4 years)
12	HC-FMRP	15	Stroke	Yes	1147 days (3,1 years)
13	HC-FMRP	34	Vasocclusive crisis	Yes	1035 days (2,8 years)
14	HC-FMRP	9	TCD + alosensibilization	Yes	820 days (2,2 years)
15	HC-FMRP	20	Repeated vasocclusive crisis	Yes	809 days (2,2 years)
16	HC-FMRP	27	Repeated vasocclusive crisis	Yes	540 days (1,5 years)
17	HC-FMRP	13	Repeated vasocclusive crisis	Yes	378 days (1 year)
18	HC-FMRP	7	Stroke	Yes	11 months
19	HC-FMRP	14	Repeated vasocclusive crisis	Yes	90 days
20	HC-FMRP	10	Repeated vasocclusive crisis	Yes	50 days
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SCT in Ribeirão Preto

- N= 16 patients (+2)
- Age median 18 (6-38)
- 1 death Moya Moya
- Median follow up 2 years
- Acute GVHD
 - 3 cases grade II easily treated
- None chronic GVHD of evaluable patients

MoyaMoya



Stem Cell Transplant in SCD

Importance of careful preparation for SCT

- Patients with severe comorbidities
- Politransfused patients
- Alosensitized
- **Leg Ulcers**

08.01.2013



08.01.2013

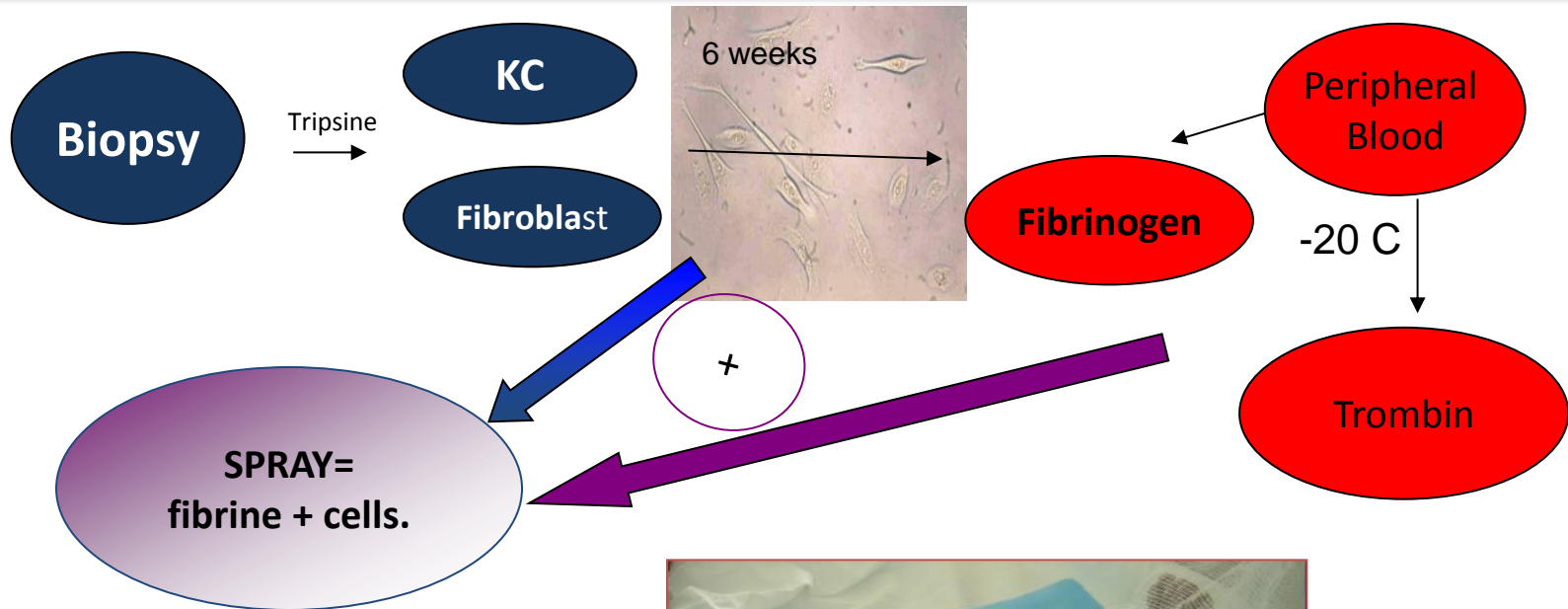
**Wound history since
1993**

**Ulcer with pale and
inflammatory bottom**

Severe pain



Keratinocyte Culture and fibrinogen glue





10.04.2013

06.04.2013

Day Zero of BM transplant

24.04.2013



Follow up

50th days after KC transplant

12th day after BM Transplant

**Clinical aspect of wounded area after
mechanic debridment**

06.05.2013



Follow up

68th day after KC transplant

24th day after BM Transplant

06.05.2013



**This ulcer was
open since 1993**

Sickle Cell Disease

- Health problem in Brazil
- Compromise the quality of life
- Pain is the hallmark of the disease
- SCT can cure SCD
- The procedure can be safely offered not only to children, but also to adults
- Since they have several comorbidities sometimes a careful selection and treatment of complications should be performed before transplant

Acknowledgements

- HC-UFPR
 - Carmen Bonfim
- HC-UFMG
 - Gustavo Teixeira
- HC-Unicamp
 - Francisco Aranha
- HIAE
 - Juliana F Fernandes

Acknowledgements

- Blood Center Ribeirão Preto
 - Ana Cristina Pinto
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 - Fabiano Pieroni
 - Renato Cunha
 - Maria Carolina de Oliveira
 - Daniela Moraes
 - Guilherme Darrigo
 - Carlos E. Setanni Grecco
 - Ana Carolina S Paixão
- Dermatologist
 - Marco Andrey Cipriani Frade

Special thank for the patients

- **When I asked them what transplant represented to them:**
- If I die tomorrow, at least I will have known what it is to live without pain for a year of my life.
 - fem, 34 years old, one year after transplant.
 - She is now 3 years after transplant having a normal life.
- Transplant gave me the freedom of not being always concerned about my health everyday, something I had to do for 38 years of my life!
 - Male, 46 years, 8 years after transplant having a normal life