

Patient Selection for HCT

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Current Indications for HCT

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HCT for Hemoglobinopathies

& other Genetic disorders

Belinda Simoes

- Panel Discussion

Limitations & Contraindications to HCT

Beds & Resources alter priorities

Urgency of patients' condition

Who goes first?

- 17 yo severe aplastic anemia with matched sib
- 27 yo Mother of 2 young children with AML intermediate risk, in CR1: Matched sib donor
- 32 yo M with high risk ALL in CR2; sib donor

Use of limited resources

Is it wisest to:

Treat your own, local patients or

Those most likely to benefit

Those with fewest other options

How do you choose?

Patient Factors in HCT Choice

Age upper limit 40 or 50, 60, 70 years

Serious infections – how recent

KPS and/or HCT-CI; Organ Function

Standard Risk vs. Advanced or resistant disease

Other factors influencing HCT candidate choice

- Support for the patient
 - Family to be caregivers
 - Financial capacity for medications, housing
 - Comprehension of risks
- Access to the Transplant Center – length of stay
- Access to followup care--remote from Center

Medical relative contraindications

Should these factors predicting more complex or costly HCT exclude some patients?

Anticipated higher transfusion needs

Myelofibrosis, Splenomegaly

Alloimmunization; platelet refractory

Coagulopathy

Medical relative contraindications

Do these depend on available resources?

Donor options

Sibling only: or

Family: partially matched, haplo

URD: only HLA allele matched

UCB: HLA & dose

Other limits to expanding HCT

- Cost & availability of alternative therapies
 - TKIs, rituximab
- Safe and available blood supply
 - Irradiator, CMV safe; HIV & Malaria safe
- Monitoring labs
 - CMV & viral PCR; Drug levels, other
- Costly medications
 - Immunosuppressives; antiviral, antifungal