How to start the program

Should we start with auto HCT or with allo HCT?

(At the end of this introduction, I would like to hear the opinion of audience by raising a hand.)

Resembling but different ...

Auto HCT



Convenient & Less expensive

Allo HCT



Looks difficult & Expensive

Share the same road ...



... based on the rule which seems difficult to understand at a glance.

 What are the advantages of starting the program with autologous HCT?

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 - Troubleshoot program components without dealing with most complex immunologic issues
 - Pharmacy support
 - Apharesis and cell processing lab
 - Nursing support
 - Infection control
 - Laboratory support

 What are the advantages and disadvantages of starting the program with allogeneic HCT

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Advantages

- Greater pool of potential allogeneic recipients
- Troubleshoot all program components during the same period of time

Disadvantages

- Greater risk of early poor outcomes due to "infrastructure"
- Loss of confidence of stakeholders
 - Referring MDs, hospital, local authorities

 How should the program evaluate the needs of the population when considering the initial strategy?

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 - What is the impact of the transplant center upon health in the region?
 - Will the impact differ if autologous or allogeneic
 HCT are not part of the portfolio
 - Is regional reputation, based upon outcomes, an important factor of success and sustainability?

 What consideration should be given to transplant candidate selection in the program's first few years?

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 - Which diseases and disease status to focus upon?
 - Those with best opportunity for cure?
 - Limited alternative treatments?
 - How to consider recipient risk and comorbidities

Auto HCT

Allo HCT

Neutropenia

Bacterial infection

Cryo. devises

Cryo. devises

Stem cell harvest

Donor care

GVHD

Experience on

Fungal/viral infection

Lymphoma, mveloma

Leukemia

Which transplant to be started with?

Auto HCT vs. Allo HCT

Please raise your hand!