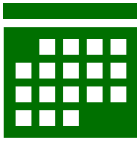


Long-term effects common after BMT in childhood

40% of children have effects 10 years later; treatments available



About 4 out of every 10 children who get blood or marrow transplant (BMT) have effects 10 years later.

That's news from a study of about 1,300 children who got BMT during 2000-2010. On average, the children got BMT around ages 8-10 to treat leukemia or other blood cancers.

About 10 years after BMT, doctors looked for:

- New cancers
- Chronic graft-versus-host disease (CGVHD)
- Other problems

Few, or about 3 or 4 out of 100 children, got a new cancer, most often a skin cancer.

CGVHD was more common. About 40 of 100 children got CGVHD, which can affect many body parts: skin, digestive system, and more. CGVHD can be serious, but it can be treated with medicines.

However, the study began before doctors started using the medicine cyclophosphamide to prevent GVHD. So rates of GVHD may be lower now.

About 10 years after BMT, children who got CGVHD were more likely to stay cancer-free. Mild CGVHD can fight cancer cells. However, children who got CGVHD were also more likely to have kidney problems.

Children who got total body irradiation before BMT were more likely to have side effects later.

Other less common late effects included slowed growth and effects on the bones, circulation, genitals, heart, liver, lungs and pancreas.

After BMT, it's important to get 6-month and yearly checkups to spot or prevent these problems.

Ask your doctor

Before BMT: What preparations for BMT are the best for me? Do I need total body irradiation?

After BMT: What medicines or options do I have to prevent graft-versus-host disease? What things should I watch for?

Learn more about

- [Post-Transplant Care Guides](#) at [BeTheMatch.org](#)
- [Clinical trials for GVHD](#) at [CTsearchsupport.org](#)
- [More study summaries](#) at [CIBMTR.org](#)

Source

Lee CJ, Wang T, Chen K, et al. [Association of Chronic Graft-versus-Host Disease with Late Effects following Allogeneic Hematopoietic Cell Transplantation for Children with Hematologic Malignancy](#). *Transplantation and Cellular Therapy*. 2022;28(10):712.e711-712.e718. Epub 2022/07/22. PMC9547959. doi: 10.1016/j.jtct.2022.07.014.

About this research summary

This information is provided on behalf of the Consumer Advocacy Committee of the CIBMTR® (Center for International Blood and Marrow Transplant Research®). The CIBMTR is a research collaboration between the National Marrow Donor Program®/Be The Match® and the Medical College of Wisconsin.

Learn more at [CIBMTR.org](#).  

This plain-language summary was written by Jennifer Motl at the Medical College of Wisconsin and reviewed by an author of the full article. © 2023 by CIBMTR, license [CC BY-SA 4.0](#).