How to make transplant work best for myelodysplastic syndromes

What were researchers trying to do?

Researchers wanted to share information about treating myelodysplastic syndromes (MDS) with transplant. An allogeneic (from a donor) transplant can cure MDS in some people. Doctors and patients must decide whether transplant is their best treatment option. If so, they must also think about:

- When is it best to have transplant?
- Who should the donor be?
- What type of preparative regimen is best? This is the chemotherapy and radiation given to prepare the body for transplant.
- What type of blood-forming cells are best?

What did they recommend?

Who should get transplant?

People who are fit and don't have many other health problems are more likely to get better after transplant. Doctors can use tools, such as surveys and risk scores, to try to predict how someone will do with or without transplant. The researchers recommend looking at 2 risk scores:

1. CIBMTR MDS transplant risk index
2. Revised IPSS

When should they get transplant?

People with high-risk MDS should get transplant right away. But people with low-risk MDS may wait.

Who is the best donor?

The best donor is a matched sibling (brother or sister) or a matched unrelated donor. If doctors can't find a matched donor, they should consider other donors, like partially matched donors, for people who are very fit but have high-risk MDS.

What type of preparative regimen is best?

A less intense preparative regimen is best for people older than 65 and people with many other health problems. But a more intense preparative regimen may be better if a person is healthy enough for it.

What type of blood-forming cells are best?

After any type of preparative regimen, peripheral blood stem cells (PBSC) are better, especially from a matched sibling donor. Bone marrow is better only when the donor is unrelated to the patient and a more intense preparative regimen is used.

Important Point:

There are many things to think about before using transplant to treat MDS. Doctors and patients should think about the timing, the donor, the preparative regimen, and the cells.

Why is this important?

These guidelines help doctors and patients decide whether to use allogeneic transplant to treat MDS.

What else should I keep in mind about this research?

Patients and doctors should make treatment decisions after talking about the risks and benefits of all options. Just because a treatment is recommended for most people doesn't mean it's the best for you.

Questions to ask your doctor

If you have MDS and are considering transplant, you may want to ask:

- Do you recommend transplant for me? Why or why not?
- Do I have high-risk disease or low-risk?
- When is the best time for me to get a transplant?
- What type of transplant do you recommend?

Learn more about

- This research study
- Myelodysplastic syndromes

Source

Saber W, Horowitz MM. Transplantation for myelodysplastic syndromes: Who, when, and which conditioning regimens. Hematology, the American Society of Hematology Education Program. 2016 Dec 2; 2016(1):478-484.

About this research summary

Ground-breaking research into blood and marrow transplant is happening every day. That research is having a significant impact on the survival and quality of life of thousands of transplant patients. But the research is written by scientists for scientists. By providing research news in an easy-to-understand way, patients, caregivers, and families have access to useful information that can help them make treatment decisions.

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.

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