Haplo transplant helps people with leukemia

News may help people of all ethnicities get BMT sooner

A haploidentical, or haplo, blood or marrow transplant (BMT) can help people with acute myeloid leukemia (AML), research shows. AML is a blood cancer that may be cured with BMT.

A haplo donor is someone who matches exactly half of a patient's human leukocyte antigen (HLA) markers. These markers tell your body which cells belong to you and which don't. Biological parents and children are always a half match to each other, so for many people haplo donors are easy to find.

Researchers compared medical records of about 1,200 adults with AML who got BMT between 2008 and 2015. One group of people got haplo BMT. The other group of people got fully matched BMT. Both groups got medicine to prevent graft-versus-host disease (GVHD), a serious complication of BMT.

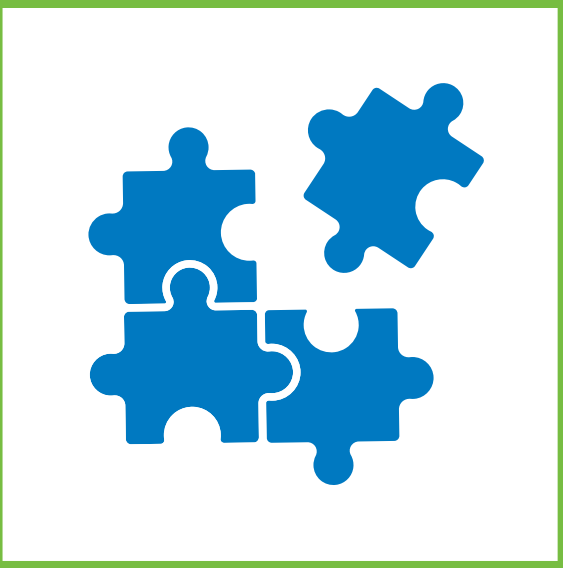
Three years after transplant, both groups lived equally long. However, the group with haplo BMT had a lower risk of chronic GVHD than the group with fully matched BMT.

Currently, it can be hard to find fully matched donors for people who are not white. In this study, about 1 in 5 people who got haplo BMT were black, compared to 1 in 20 people who got a fully matched BMT. While the donor registry needs more people from all ethnic backgrounds, this research shows that haplo BMT can help more people access treatment.

More research is needed on haplo BMT.

Ask your doctor

What type of treatment is best for me?



Learn more about

- This research
- Haploidentical transplant, from BeTheMatch.org
- Clinical trials from JCCTP.org
- The need for ethnically diverse donors of blood or marrow

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®).

Source

Rashidi A, Hamadani M, Zhang MJ, et al. Outcomes of haploidentical vs matched sibling transplantation for acute myeloid leukemia in first complete remission. Blood Adv. 2019;3(12):1826-36. Epub 2019 June 16. doi: 10.1182/bloodadvances.2019000050. PMCID: PMC6595262.