Transplant prep for follicular lymphoma has less risk

Follicular lymphoma is a blood cancer that can be treated with a blood or marrow transplant (BMT). To prepare for transplant, people get chemotherapy (chemo) to kill cancer cells and decrease the risk of transplant rejection. Researchers looked at 2 combinations of chemo to see which worked better.

They compared medical records of 200 people with follicular lymphoma who had BMT between 2008 and 2014. To prepare for BMT, the people got 1 of these chemo combos:

- either fludarabine and busulfan, nicknamed FluBu,
- or fludarabine, cyclophosphamide and rituximab (a targeted therapy), nicknamed FCR.

**FCR combo before transplant may lower risk of chronic GVHD**
At 3 years after transplant, both groups of people lived equally long. However, they had different rates of chronic graft-versus-host disease, or GVHD. GVHD is a common transplant side effect. Chronic GVHD may damage the skin, eyes, lungs and other organs. In this study, people who got FCR had lower risk of developing chronic GVHD at 1-year after transplantation, compared to people who got FluBu. However, this difference disappeared 2 years after transplantation.

**Keep in mind**
Researchers don’t know how severe the chronic GVHD was for each patient in this study. Also, some people can’t take certain medicines due to allergies or other reasons.

**Consider asking your doctor**
If you have follicular lymphoma, you may want to ask your doctor:

- Which chemo combo is best for me before transplant?
- What will help reduce my risk of GVHD?

**Learn more about**

- [This research study](#)
- [Follicular lymphoma, a type of non-Hodgkin lymphoma](#)
- [Graft-versus-host disease](#)

**Source**

**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.