Get transplant before trying CAR-T cells for lymphoma

Study included adults whose lymphoma continued after 2 kinds of treatment

People with lymphoma should get a blood or marrow transplant (BMT) before trying newer chimeric antigen receptor T cell (CAR-T) therapy.

This news comes from a study of 411 adults who had diffuse large B cell lymphoma, a type of non-Hodgkin lymphoma (NHL). Lymphoma is a cancer with tumors in the lymph nodes.

Everyone in the study had already tried two other types of therapy. Their tumors shrank but did not disappear. This is called partial remission.

So, doctors wanted to know which was better to do next:

- autologous BMT, using a patient’s own cells,
- or CAR-T therapy, using a patient’s genetically modified cells.

Doctors compared people who got these treatments during 2013 to 2019. People who got BMT did better than people who got CAR-T. People who got BMT had a higher chance of the lymphoma getting better and were likely to live longer.

Doctors said that people who have lymphoma in partial remission should try autologous BMT first. If that doesn’t work, they should get CAR-T therapy next.

Keep in mind

This applies to lymphoma only, not other diseases. And it’s only for people who had partial remission after 2 kinds of therapy. People whose lymphoma is not any better after therapy can get CAR-T cells right away. This study included only 1 type of CAR-T cell,
axicabtagene ciloleucel (brand name Yescarta). Results might be different with other CAR-T cells.

Learn more about

- Autologous transplant at BeTheMatch.org
- CAR-T therapy at CTsearchsupport.org
- More study summaries at CIBMTR.org

Source


About this research summary

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