Abatacept makes blood and marrow transplant safer

Medicine for acute graft-versus-host disease helps more people get BMT

The US Food and Drug Administration (FDA) recently approved abatacept as the first medicine to prevent acute graft-versus-host disease (GVHD). GVHD is sometimes a serious side effect of allogeneic blood and marrow transplant (BMT). It can affect the skin, liver, stomach and intestines.

BMT can cure leukemia, lymphoma, and some other diseases. A close match between the person and their donor, meaning the blood and marrow cells are very similar, makes GVHD less likely. In the past, people who did not have a closely matched sibling donor needed a closely matched unrelated donor.

However, not everyone has a closely matched unrelated donor. (People of color are more likely to have a partially matched rather than closely matched unrelated donor.) Using abatacept to prevent GVHD may mean that more people can get life-saving BMT, even with a partially matched donor.

The FDA approved abatacept for GVHD in part based on real-world evidence from the Center for International Blood and Marrow Transplant Research (CIBMTR). More than 330 transplant centers worldwide report to the CIBMTR.

Researchers observed about 200 people who got partially matched unrelated donor BMT, and 400 people who got closely matched unrelated donor BMT, for leukemia, lymphoma or myelodysplastic syndromes. The people also got either abatacept or other medicines to prevent GVHD.

About 6 months after BMT, people who got abatacept were more likely to be alive than those who did not. Results were similar if people got a partially matched or closely matched unrelated donor BMT.

Keep in mind

FDA approved abatacept for people aged 2 and older who get BMT from an unrelated donor.

What’s next

Ask your doctor about the best treatment for you.