Medicine may protect digestive organs after transplant

Cyclophosphamide helpful after blood and marrow transplant, study shows

The medicine cyclophosphamide may reduce serious digestive problems after blood or marrow transplant (BMT).

That’s according to a new study of about 1,400 people who got BMT for blood cancers, including leukemia and myelodysplastic syndromes.

Although BMT can cure blood cancers, it can also have serious effects called graft-versus-host disease (GVHD). GVHD happens when donated cells attack the patient’s organs, including the stomach and intestines.

In this study, doctors gave 2 types of medicines after transplant to prevent GVHD:

- An old medicine used for a new purpose, called cyclophosphamide
- Older medicines, such as tacrolimus, methotrexate, mycophenolate mofetil or ATG

People who joined the study got BMT from either a fully matched donor or a half-matched, or haploidentical donor.

The study showed that people who got half-matched BMT with cyclophosphamide had less GVHD in their stomach and intestines than people who got fully matched BMT with older medicines.

This was surprising, because in past studies, people who got half-matched BMT had more GVHD than people who got fully matched BMT.

Researchers said that cyclophosphamide may have made the difference. Cyclophosphamide may protect the stomach and intestines against GVHD.

People lived equally long whether they got fully matched BMT with older medicines or half-matched BMT with cyclophosphamide.

It’s important to know that half-matched BMT is safe, because many people don’t have a fully matched donor. More people can find a half-matched donor, usually a parent, brother or sister.

What’s next

This is an early study. More research is needed about GVHD and cyclophosphamide.