

Patients with relapsed / refractory follicular lymphoma may benefit from a reduced-intensity allogeneic transplant

What were researchers trying to learn?

Researchers wanted to know whether patients with follicular lymphoma do better years after transplant if they get an autologous (auto) transplant or an allogeneic (allo) transplant. An auto transplant uses the patient's own blood-forming cells to replace the unhealthy ones. An allo transplant uses healthy blood-forming cells from a donor to replace the patient's unhealthy ones.

Doctors often use chemotherapy, and sometimes radiation, to treat patients with follicular lymphoma. But this treatment doesn't always work. Even when it does work, the disease can come back. Then doctors say the patient has relapsed / refractory follicular lymphoma. Doctors also describe follicular lymphoma with grades. Lower grades (1 or 2) grow more slowly than a higher grade (3). In this study, researchers only looked at patients with relapsed / refractory grades 1 or 2 follicular lymphoma.

Researchers studied more than 500 patients with relapsed / refractory grades 1 or 2 follicular lymphoma who had their first transplant between 2000 and 2012. They compared 250 patients who got an auto transplant with 270 patients who got a reduced-intensity allo transplant. Reduced-intensity allo transplants use lower doses of chemotherapy, with or without radiation, to prepare patients for transplant.

What did they find?

In the first 2 years after transplant, patients who get an auto transplant are more likely to survive. But for patients who get an auto transplant, the disease is more likely to relapse (come back) or progress (get worse).

More than 2 years after transplant, patients who get an allo transplant are more likely to survive. They are also less likely to get another blood cancer than patients who have an auto transplant. But these patients can get a complication called graft-versus-host disease (GVHD).

Because of this, auto transplant can be helpful for elderly or more ill patients. But allo transplant may be better for younger and healthier patients.

Important Point:

- **Auto transplant or reduced-intensity allo transplant can help patients with follicular lymphoma.**
- **More than 2 years after transplant, patients who get an allo transplant are more likely to survive than patients who get an auto transplant.**

Why is this important?

Transplant doctors now know that younger or healthier patients with relapsed / refractory follicular lymphoma might do better if they get an allo transplant.

What else should I keep in mind about this study?

The results of research studies are always limited in what they can and can't tell you. With this study, the researchers only looked at patients who had allo transplants from matched sibling or adult unrelated donors. They didn't look at patients who had allo transplants from umbilical cord blood or haploidentical donors. The results for these types of donors might be different.

Questions to ask your doctor

If you have relapsed / refractory follicular lymphoma and are considering transplant, you may want to ask:

- Do you recommend an auto transplant or an allo transplant?
- What are the risks and benefits of an auto transplant? What about an allo transplant?
- When is the best time for me to have a transplant?

Learn more about

- [This research study](#)
- [Blood and marrow transplant](#)

Source:

Klyuchnikov E, Bacher U, Kröger NM, et al. Reduced-intensity allografting as first transplantation approach in relapsed/refractory grades one and two follicular lymphoma provides improved outcomes in long-term survivors. *Biology of Blood and Marrow Transplantation*. 2015 Dec 1; 21(12):2091-2099. Epub 2015 Aug 4.

About this research summary

Ground-breaking research into blood and marrow transplant is happening every day. That research is having a significant impact on the survival and quality of life of thousands of transplant patients. But the research is written by scientists for scientists. By providing research news in an easy-to-understand way, patients, caregivers, and families have access to useful information that can help them make treatment decisions.

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.
