



Allo Transplant Helps Some Patients with DLBCL and Follicular Lymphoma when Chemotherapy and Radiation Don't

Important Points:

- 25% of patients with either diffuse large B cell lymphoma (DLBCL) or grade 3 follicular lymphoma achieved durable remission after an allo transplant when chemotherapy and radiation alone didn't work.
- Patients are just as likely to survive after transplant with a low dose of chemotherapy and radiation before transplant as with a high dose.
- Patients have fewer serious side effects from a low dose of chemotherapy and radiation.

Doctors often use a high dose of chemotherapy, and sometimes radiation, to treat patients with diffuse large B cell lymphoma (DLBCL) or grade 3 follicular lymphoma. However, this treatment doesn't always work. Even when it does work, the disease can come back. Also, high doses of chemotherapy and radiation can have serious side effects.

When the disease comes back or does not respond to treatment, doctors have a few options. One option is for the patient to get an allogeneic hematopoietic cell transplant (allo transplant). To prepare for an allo transplant, patients must first get chemotherapy, and sometimes radiation, again. This destroys the unhealthy blood cells in the patient's body. Then, doctors put in healthy blood cells from a donor.

In this study, researchers looked at more than 530 patients who got an allo transplant after chemotherapy and radiation alone didn't work. About 450 of these patients had DLBCL, and 80 had follicular lymphoma. The researchers looked at how well the patients did after transplant.

The researchers also looked at the amount of chemotherapy and radiation patients got before their transplant to see what worked better to treat the disease. Some patients got low doses of chemotherapy and radiation while others got high doses.

The study results were hopeful. 25% (1 out of 4) of the patients went into remission, meaning their cancer symptoms went away, for 3 years or more after transplant. Also, patients who got a low dose of chemotherapy and radiation survived as often as patients who got a high dose.

This is important information because we now know that:

- An allo transplant might help patients with DLBCL and follicular lymphoma go into remission if chemotherapy and radiation alone don't work.
- Patients are just as likely to survive after transplant with a low dose of chemotherapy and radiation as with a high dose.
- Patients have fewer serious side effects from a low dose of chemotherapy and radiation.

Source:

Impact of pretransplantation conditioning regimens on outcomes of allogeneic transplantation for chemotherapy-unresponsive diffuse large B cell lymphoma and grade III follicular lymphoma. Hamadani M, Saber W, Ahn KW, Carreras J, Cairo MS, Fenske TS, Gale RP, Gibson J, Hale GA, Hari PN, Hsu JW, Inwards DJ, Kable RT, Klein A, Maharaj D, Marks DI, Rizzieri DA, Savani BN, Schouten HC, Waller EK, Wirk B, Laport GG, Montoto S, Maloney DG, Lazarus HM. *Biology of Blood and Marrow Transplantation*. 2013 May 01;19(5):746-753. Epub 2013 Feb 01.