16th Congress of APBMT in Sydney, Australia (October 30-31)

Abstract title:

Prospective multicenter phase II study of myeloablative conditioning consisted of intravenous busulfan and fludarabine +/- total body irradiation for older patients (55 years and older): Interim analysis of the JSCT FB09 study.

Authors:

Naoyuki Uchida1, Michihiro Hidaka2, Toru Sakura3, Toshihiro Miyamoto4, Tomoaki Fujisaki5, Tetsuya Eto6, Yoshinobu Maeda7, Kenji Fukuno8, Kana Matsumoto9, Kunihiko Morita9, Junji Kishimoto10, Takahiro Fukuda11, Takanori Teshima7, Shuichi Taniguchi1, Shin-ichiro Mori11, and Mine Harada12, for the Japan Study Group for Cell Therapy and Transplantation (JSCT).

Affiliations:

1Dept. Hematology, Toranomon Hospital, Tokyo, Japan

2Dept. Hematology, NHO, Kumamoto Medical Center, Kumamoto, Japan

3Dept. Hematology, Saiseikai Maebashi Hospital, Gunma, Japan

4Dept. Hematology, Kyushu Univ. Hospital, Fukuoka, Japan

5Dept. Hematology, Matsuyama Red Cross Hospital, Ehime, Japan

6Dept. Hematology, Hamanomachi Hospital, Fukuoka, Japan

7Dept. Hematology, Okayama Univ. Hospital, Okayama, Japan

8Dept. Hematology, Gifu Municipal Hospital, Gifu, Japan

9Dept. Clinical Pharmacy, Doshisha Women's College of Liberal Arts, Kyoto, Japan

10Digital Medicine Initiative, Kyushu Univ., Fukuoka, Japan

11Dept. Stem Cell Transplantation, National Cancer Center Hospital, Tokyo, Japan

12Dept. Hematology, NHO, Oomuta Hospital, Fukuoka Japan.

Abstract Text:

Aim: Multicenter phase II study has been conducted to investigate whether myeloablative dose of intravenous busulfan (ivBu) can be used for elderly recipients.

Method: This study started in September 2009, and 32 centers participated (Trial identifier: UMIN000002426). Patients aged from 55 to 70 with acute myeloid leukemia (AML) or myelodysplastic syndrome (MDS) who were planned for allo-SCT (bone marrow (BM), peripheral blood (PB), and cord blood (CB)) were enrolled. Pretransplant conditioning consisted of 30 mg/m2 of fludarabine (Flu) for 6 days (total 180 mg/m2) and 3.2 mg/kg of ivBu for 4 days (divided by 4 daily, total 12.8 mg/kg) with or without total body irradiation depending on type of donor cells. Calcineurine inhibitors + methotrexate for BM or PB recipients, and tacrolimus + mycophenolate mofetil were used for CB recipients.

Result: Thirty-eight patients were enrolled, and the study was closed in August 2010. Median age was 60 (55-68), 22 male and 16 female, 31 AML and 7 MDS were included. Donors were 8 matched and 2 1-Ag/allele-mismatched related BM/PB, 8 matched and 4 1-Ag/allele-mismatched unrelated BM, and 16 CB (≤2-Ag-mismatched). There was 1 whose total dose of ivBu was reduced (11.2 mg/kg) due to neurotoxicity (grade III). Thirty-five achieved neutrophil recovery (median day 17 (range, 11-45)). There was 1 who died early before engraftment (CB recipient, day 27) due to cerebral hemorrhage, and were 2 who failed to engraft (both CB recipients). There were 2 VOD/SOS observed. Up to 12 months post-transplant, there were 7 relapse, and 7 non-relapse mortality. Overall and event-free survivals were estimated to be 62 % and 59 % at 1 year post-transplant.

Conclusions: Myeloablative conditioning using Flu/ivBu12.8 mg/kg +/- TBI was well tolerated with acceptable low toxicities and was sufficient to allow donor cell-engraftment post allo-SCT for elderly patients with AML or MDS. (298 words)

Conflict of Interest Statement: No conflict of interest to disclose.