

Transplant may help older patients with acute myeloid leukemia (AML)

What were researchers trying to learn?

Researchers wanted to learn how older patients with AML do after a blood or marrow transplant.

When patients find out they have AML, they often get chemotherapy. This usually makes the cancer go away (1st complete remission). But often the cancer comes back (relapses). The researchers in this study thought a transplant during 1st complete remission might keep the cancer away (prevent relapse). This is a common approach in patients younger than 60 years old.

Before transplant, patients get chemotherapy, with or without radiation, to prepare the body for transplant. This is the preparative regimen. But older patients may not be healthy enough to get a preparative regimen with high intensity like many younger patients get. So the researchers in this study gave all patients a reduced-intensity preparative regimen. This uses lower doses of chemotherapy, with or without radiation.

Researchers studied 114 patients who were 60 – 74 years old with AML in 1st complete remission. The patients got transplant between 2004 and 2011.

What did they find?

Patients in the study had better outcomes (results) than similar patients who weren't in the study and didn't get a transplant.

About half of the patients were alive 2 years after transplant. And about 40% (4 in 10) didn't have any symptoms of AML. This is better than patients in other studies who didn't get a transplant. In those studies, less than 20% (2 in 10) were alive 2 years after treatment.

Fewer patients than usual got graft-versus-host disease (GVHD). GVHD is a common complication after transplant. Less than 10% of patients (1 in 10) got acute GVHD. And less than 30% of patients (3 in 10) got chronic GVHD.

Within 2 years of transplant, the AML came back for 44% of patients (about 4 in 10). This is better than patients in other studies who didn't get a transplant. In those studies, the AML came back in about 80% of patients (8 in 10) within 2 years of treatment.

Important Point:

Reduced-intensity transplant is a good treatment option for some older patients with AML.

Why is this important?

Transplant doctors now know that older patients with AML might do better if they get a reduced-intensity transplant during 1st complete remission. This information helps transplant doctors and older patients with AML decide if transplant is a good treatment option for them.

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. In this study, the researchers didn't directly compare patients who got a transplant with those who didn't get a transplant. Instead, they studied patients who got a transplant and then compared the results to other studies of patients who didn't get a transplant. Also, the researchers only looked at patients who joined this study. Patients who joined the study might be different than patients who didn't join.

Questions to ask your doctor

If you're 60 years of age or older and have AML, you may want to ask:

- Am I eligible for a reduced-intensity transplant?
- What are the risks and benefits of a transplant? What about other treatment options?
- When is the best time for me to have a transplant?

Learn more about

- [This research study](#)
- [Acute myeloid leukemia \(AML\)](#)

Source

Devine SM, Owzar K, Blum W, et al. Phase II study of allogeneic transplantation for older patients with acute myeloid leukemia in first complete remission using a reduced-intensity conditioning regimen: results from Cancer and Leukemia Group B 100103 (Alliance for Clinical Trials in Oncology)/Blood and Marrow Transplant Clinical Trial Network 0502. *Journal of Clinical Oncology*. 2015 Dec 10; 33(35):4167-4175. Epub 2015 Nov 2. PMC4658453.

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.

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