

Reduced intensity transplantation in follicular lymphoma

A retrospective analysis has shown that reduced intensity allogeneic transplantation might provide effective disease control for heavily pre-treated patients with relapsed follicular lymphoma after autologous transplantation.

183 patients with a median of four lines (3–10) of treatment underwent reduced intensity allogeneic transplantation a median of 30 (range 1–249) months after autologous stem cell transplantation and had a median follow-up of 58.8 months (range 3–159). These patients had a 5-year progression-free survival of 47.7%, and a 5-year overall survival of 51.1%. However, reduced intensity allogeneic transplantation was associated with significant toxicity in this cohort, in which more than a quarter of patients had a treatment-related complication in the absence of relapsed disease.

“By far and away, this is the biggest body of evidence that describes the efficacy and toxicity [of allogeneic transplantation] in this group of patients”, said lead author Stephen Robinson (University Hospital Bristol NHS Foundation Trust, Bristol, UK). “This is the only study that describes reduced intensity allogeneic stem cell transplantation outcomes exclusively in patients with follicular lymphoma who have failed a previous autologous transplant”, he added.

“Even in these heavily treated patients, reduced intensity allogeneic transplantation can achieve very effective disease control. Over half the patients are alive at 5 years after the allogeneic transplant...although the toxicity rate 2 years after transplant was 27%. These results suggest that any patient with follicular lymphoma relapsing after an autologous transplant and who is eligible to

undergo reduced intensity allogeneic transplantation should be actively considered for this therapy”.

Leslie Popplewell (City of Hope, Duarte, CA, USA) commented, “there are many new and exciting treatments out for follicular lymphoma; however, none of them are known to be curative, unlike allogeneic transplantation. We sometimes forget the resource that we have with reduced intensity allogeneic transplantation”. She added, “even though the time to progression after autologous transplant was short for some of these patients, the patients did extremely well with the allogeneic transplant...this is a potentially curative treatment modality that should be strongly considered, particularly in the setting of the younger follicular lymphoma patient”.

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