

# Donor epstein-barr serostatus influences GVHD after allo-HSCT

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chronic GVHD was higher for recipients receiving grafts from seropositive versus seronegative donors in univariate analysis (hazard ratio, 1.42; 95 percent CI, 1.30 to 1.56). Higher risk was identified for both acute and chronic GVHD when adjusting for confounders. The hazard ratio for chronic GVHD was 1.20 for seronegative patients with seropositive donors (95 percent CI, 1.06 to 1.59). The hazard ratios for both acute and chronic GVHD were significantly increased for seropositive patients with seropositive donors (hazard ratios, 1.24 [95 percent CI, 1.07 to 1.45] and 1.43 [95 percent CI, 1.23 to 1.67]).

"Our data suggest that [donor](#) EBV status significantly influences development of acute and chronic GVHD after allo-HSCT," the authors write.

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(HealthDay)—Donor Epstein-Barr virus (EBV) serostatus influences incidence of graft-versus-host disease (GVHD) in patients with acute leukemia undergoing allogeneic hematopoietic stem-cell transplantation (allo-HSCT), according to a study published online April 18 in the *Journal of Clinical Oncology*.

Jan Styczynski, M.D., Ph.D., from the Nicolaus Copernicus University in Toru?, Poland, and colleagues examined the effect of EBV serostatus on the overall outcome of allo-HSCT. Data were included for 11,364 [patients](#) who underwent allogeneic peripheral-blood or [bone marrow transplantation](#) for [acute leukemia](#) (1997 to 2012).

The researchers found that overall survival was similar for patients receiving grafts from EBV-seropositive donors and EBV-seronegative donors (hazard ratio, 1.05; 95 percent confidence interval [CI], 0.97 to 1.12). Seropositivity also had no influence on relapse-free survival, incidence of relapse, and non-relapse mortality. The risk of

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