Further improvements in survival seen after allogeneic transplant

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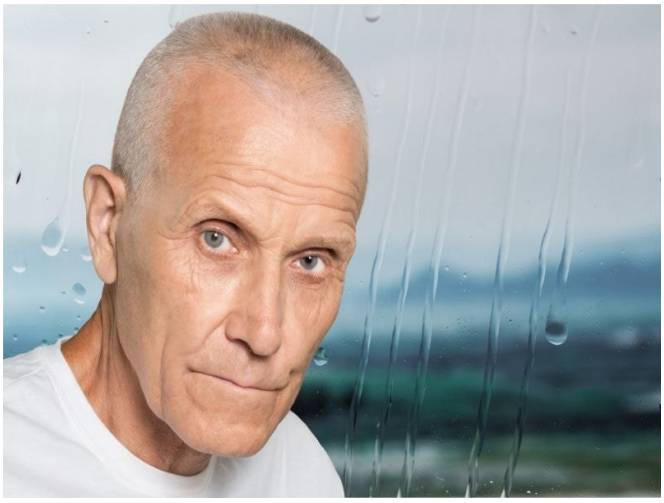

(HealthDay)—From 2003-2007 to 2013-2017, there was an improvement in survival for allogeneic hematopoietic cell transplantation, according to a study published online Jan. 21 in the *Annals of Internal Medicine*.

George B. McDonald, M.D., from the Fred Hutchinson Cancer Research Center and University of Washington School of Medicine in Seattle, and colleagues compared cohorts that had transplants during 2003 to 2007 versus 2013 to 2017 to examine whether survival had improved. Data were included for 1,148 and 1,131 patients who received their first allogeneic transplant during 2003 to 2007 and 2013 to 2017, respectively.

The researchers identified decreases in the adjusted hazards of day 200 nonrelapse mortality, relapse of cancer, relapse-related mortality, and overall mortality (hazard ratios, 0.66, 0.76, 0.69, and 0.66, respectively). The reduction in overall mortality was of a similar degree for patients who received myeloablative versus reduced-intensity conditioning and for patients whose allograft came from a matched sibling versus an unrelated donor. The frequency of jaundice, renal insufficiency, mechanical ventilation, high-level cytomegalovirus viremia, gram-negative bacteremia, invasive mold infection, acute and chronic graft-versus-host disease, and prednisone exposure also decreased.

"These data show further improvement in survival—a 34 percent reduction in overall mortality compared with 2003 to 2007—after consideration of factors that reflect older and sicker patients treated in recent years," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

More information: Abstract/Full Text (subscription or payment may be required)