

Allo-HCT with unrelated donor tied to better outcomes in AML

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(HealthDay)—Allogeneic hematopoietic cell transplantation (allo-HCT)

with an unrelated donor (UD) results in better transplantation outcomes than cord blood transplantation (CBT) in acute myeloid leukemia (AML) patients with active disease, according to a study recently published in the *Blood Cancer Journal*.

Frédéric Baron, M.D., Ph.D., from the University of Liege in Belgium, and colleagues compared transplantation outcomes of 2,963 [patients](#) with primary refractory or relapsed AML given CBT (285 patients), 10/10 [human leukocyte antigen](#)-matched UD allo-HCT (2,001 patients), or 9/10 matched UD allo-HCT (677 patients) from 2004 to 2015.

The researchers found that in CBT, UD 10/10, and UD 9/10 recipients, neutrophil engraftment and complete remission rates were 75 and 48 percent, 93 and 69 percent, and 93 and 70 percent, respectively. UD 10/10 recipients had a lower incidence of relapse and nonrelapse mortality (hazard ratios, 0.7 and 0.6, respectively), and better graft-versus-host-disease-free survival (GRFS), leukemia-free survival (LFS), and [overall survival](#) (hazard ratios, 0.8, 0.6, and 0.6, respectively) compared with CBT. UD 9/10 recipients also had a lower incidence of relapse and nonrelapse mortality (hazard ratios, 0.8 and 0.7, respectively) and better GRFS, LFS, and overall survival (hazard ratio, 0.8, 0.7, and 0.7, respectively).

"These results are in contrast with those observed in AML patients in complete remission with or without minimal residual disease, where CBT did at least as good as UD allo-HCT," the authors write.

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