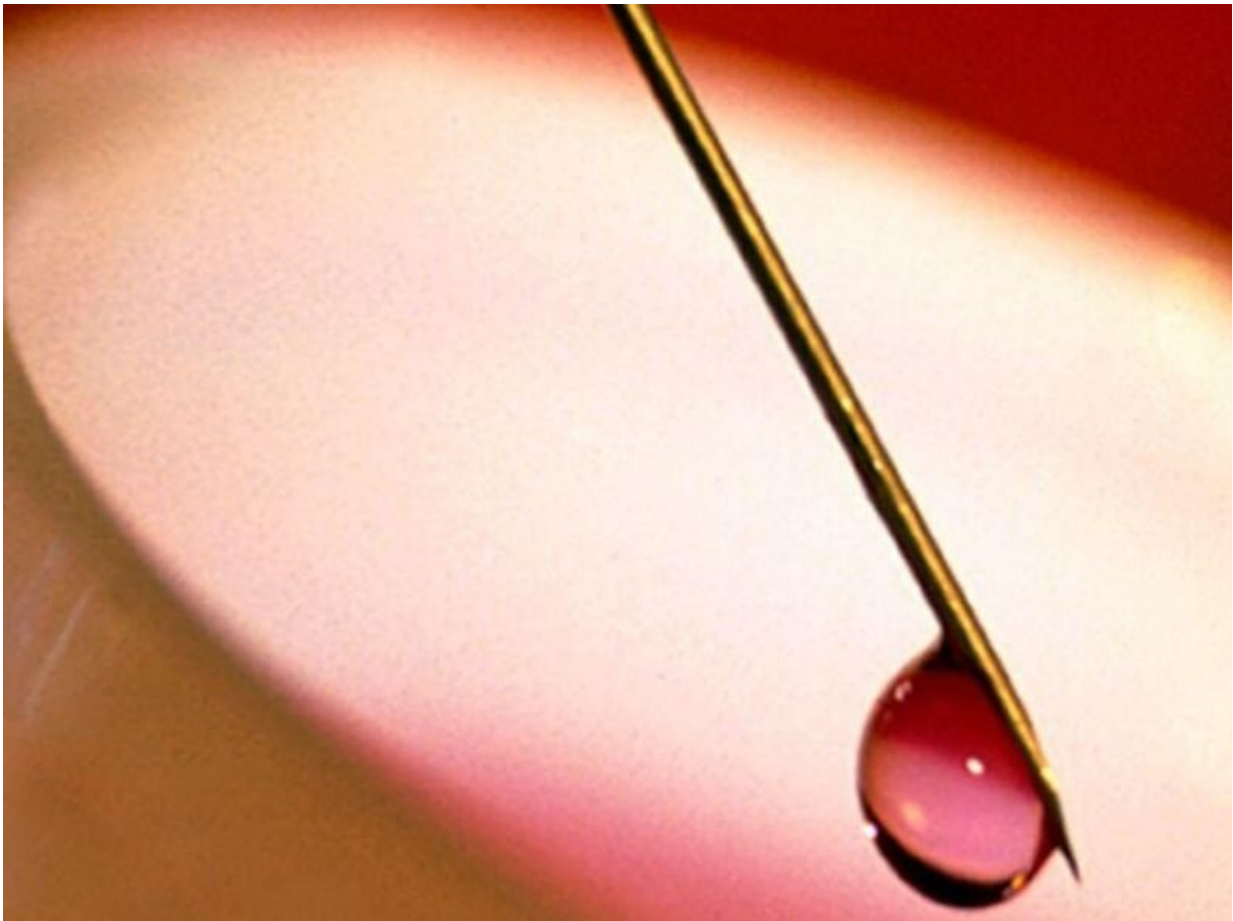


Stem cell transplant reviewed for peripheral T-cell lymphoma

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(HealthDay)—For patients with refractory or relapsed peripheral T-cell

lymphoma (R/R-PTCL), three- and five-year overall survival (OS) and progression-free survival (PFS) are similar with allogeneic or autologous hematopoietic stem cell transplant (HSCT), but transplant-related mortality (TRM) is higher with allogeneic HSCT, according to a review published online May 27 in *JAMA Network Open*.

Jun Du, M.D., from the Chinese Academy of Medical Sciences and Peking Union Medical College in Tianjin, China, and colleagues conducted a systematic review of the literature and meta-analysis to compare the effectiveness and safety of allogeneic HSCT versus autologous HSCT among patients with R/R-PTCL. Thirty trials were included in the meta-analysis, with 880 and 885 patients undergoing allogeneic and autologous HSCT, respectively.

The researchers found that the three-year OS and PFS were 50 and 42 percent, respectively; five-year OS and PFS were 54 and 48 percent, respectively; and three-year TRM was 32 percent in the allogeneic HSCT group. The three-year OS and PFS were 55 and 41 percent, respectively; five-year OS and PFS were 53 and 40 percent, respectively; and three-year TRM was 7 percent in the autologous HSCT group.

"The data from this meta-analysis provide evidence that for select patients with PTCL, both autologous HSCT and allogeneic HSCT may be a potentially effective approach to treatment," write the authors of an accompanying editorial. "This meta-analysis falls short of providing a rigorous, risk-segmented analysis of which modality is more likely to be most effective for a particular patient."

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