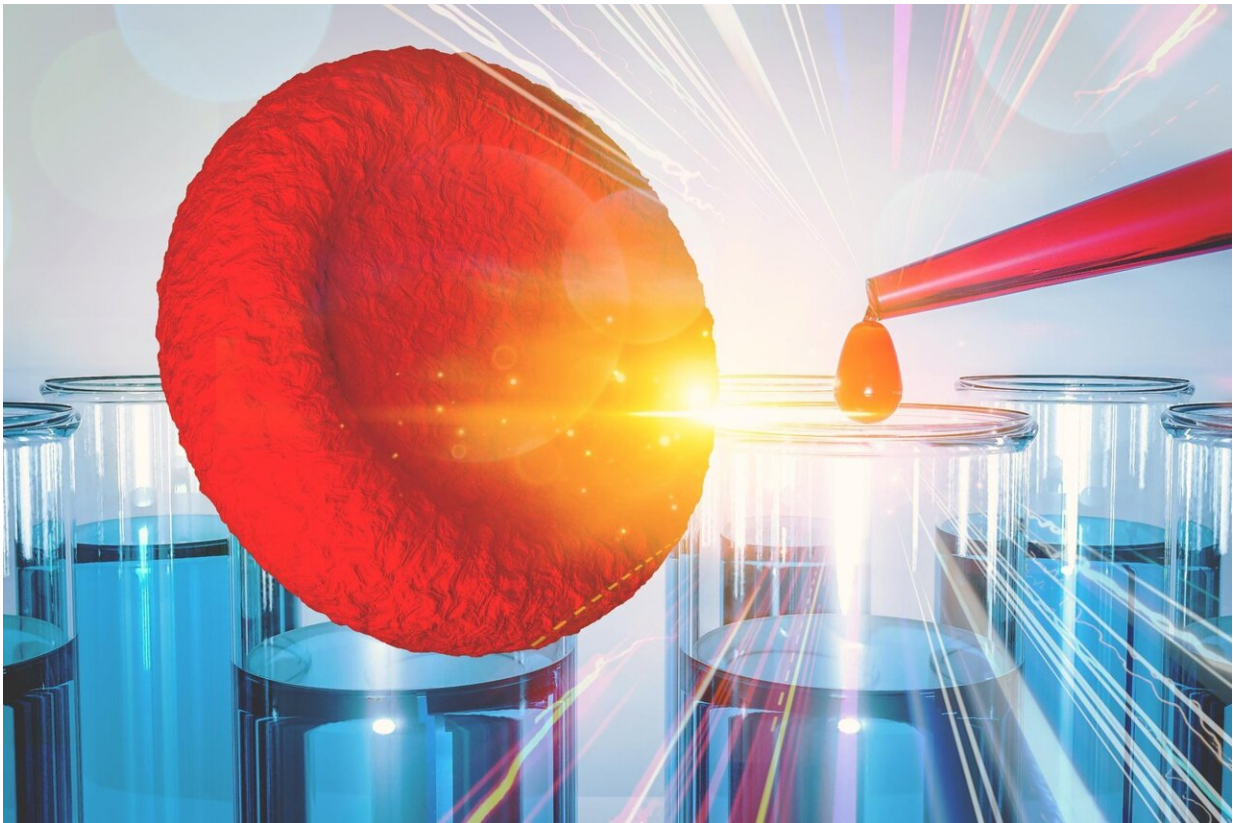


# Allogeneic HCT after primary induction failure beneficial in leukemia

December 21 2023, by Elana Gotkine

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For patients with acute myeloid leukemia (AML), immediate allogeneic hematopoietic stem cell transplantation (HCT) after primary induction failure (PIF) offers long-term survival benefit, according to a study

published online Dec. 10 in the *Blood Cancer Journal*.

Miriam Mozaffari Jovein, M.D., from the University of Freiburg in Germany, and colleagues retrospectively assessed long-term outcomes of 220 AML patients undergoing allogeneic HCT after PIF who never achieved remission. Clinical and molecular risk factors associated with treatment response and prognosis were examined.

The researchers found that [disease-free survival](#) after five and 10 years was 25.2 and 18.7 percent, respectively, while overall survival rates were 29.8 and 21.6 percent, respectively. Nonrelapse mortality was 32.5 percent at 10 years, and disease relapse occurred within 10 years after allogeneic HCT in 48.8 percent of patients. Associations with unfavorable prognosis were seen for adverse molecular risk factors determined at initial diagnosis, poor performance status at the time of allogeneic HCT, and long diagnosis-to-HCT intervals.

"Immediate allogeneic HCT in AML patients with active disease represents a valid alternative to intensive remission induction and provides long-term survival and cure in a significant proportion of patients, highlighting the importance of allogeneic HCT as the most effective treatment option in this high-risk group," the authors write. "Our data further suggests starting donor search at AML diagnosis and to immediately proceed with conditioning and allogeneic HCT in refractory patients whenever a donor is available."

Several authors disclosed ties to the biopharmaceutical industry.

**More information:** Miriam Mozaffari Jovein et al, Long-term follow-up of patients with acute myeloid leukemia undergoing allogeneic hematopoietic stem cell transplantation after primary induction failure, *Blood Cancer Journal* (2023). [DOI: 10.1038/s41408-023-00953-0](https://doi.org/10.1038/s41408-023-00953-0)

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