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"Thalassemia: Incidence and predictive factors for chronic GVHD after HLA-identical sibling marrow transplantation "

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Abstract:

Allogeneic bone marrow transplantation is the only definie cure in thalassemia and its most important complication is chronic graft-versus-host disease (cGVHD). We analysed the incidence of cGVHD and its associated risk factors in a group of 89 Iranian thalassemic patients of HLA-identical sibling transplants surviving at least 90 days after transplantation.In the majority of cases (39) cGVHD occurred in the first year following transplant (median 271 days). Actuarial probability of cGVHD in 1 year was 43.8±10% (95% CI). In univariate analysis, the most important risk factor was the type of transplant: 78.9% (15.19) of patients who underwent peripheral blood stem cell transplant developed cGVHD compared with only 34.3% (24/70) of those who underwent bone marrow transplant (RR=3.65 p<0.001). other risk factors were infused cell number (RR=1.09 p=0.001) and prir acute cGVHD grade (p=0.02); the probabilities of cGVHD in patients with grade 0, I, II, III-IV acute cGVHD were 17.6%, 36.4%, 46.4% and 68.2% respectively. In multivariate analysis, the only independent predicitive factor for development of cGVHD was the type of transplant (BPT> BM p<0.001). The probability of survival was 93.3% and there was no significant difference in the probability of survival between PBT vs BMT (94% vs 92% p=0.6

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Chronic GVHD

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