Cytoreduction Should Not (Uniformly) Precede Transplant for MDS

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Disclosures

• None

Definition

- Cytoreduction: some type of therapy prior to transplant conditioning
 - Chemotherapy (7+3, Vyxeos)
 - Hypomethylating agents with or without venetoclax
- In this talk, term is irrespective of blast count

Cytoreduction does not improve outcomes

Relapse-Free Survival		P-value	Study
Cytoreduction	No cytoreduction	r-value	Study
37%	42%	0.78	Damaj et al, BBMT 2014
38-41%	38%	0.9	Schroeder et al, BBMT 2019
41%	51%	0.3	Field et al, BMT 2010
NA	NA	0.5	Allesandrino et al, JCO 2013

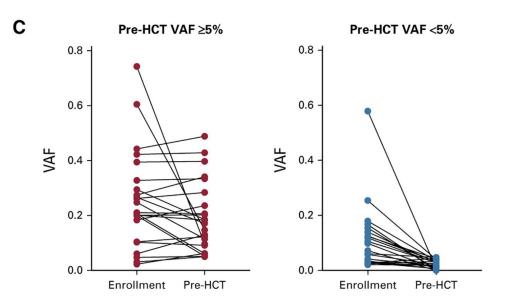
Caveats:

- 1. All retrospective studies
- 2. Differences between patients who did/did not receive cytoreduction
 - Many studies include both secondary AML and MDS
- 3. Patients who achieved CR may have better outcomes mostly AML

MDS is a heterogeneous disease and is largely lumped together in these studies!

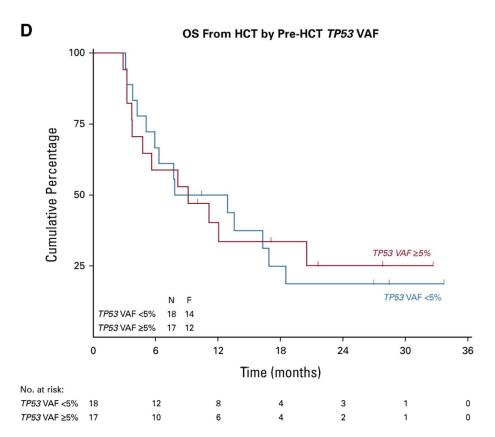
"Effective" cytoreduction may not improve outcomes either

Molecular analysis of CTN 1102



Molecular clearance of TP53 is hard to achieve

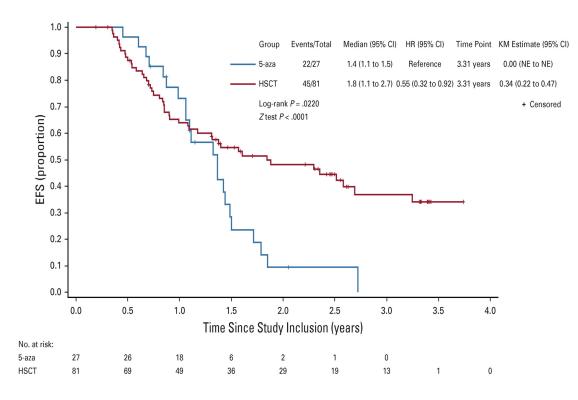
Verslius et al, JCO 2023; 41(28):4497-4510.



Pre-transplant *TP53* mutation abundance does not correlate with post-transplant survival

Risks of delaying transplant

Α



Prospective RCT of continuous 5-AZA vs 5-AZA \rightarrow transplant

High rate of dropout even before allocation to study arm

- 7% died due to infections
- 16% progressed to AML

Study not powered to assess primary endpoint

Kröger et al, JCO 2021; 39(30):3318-3327

My own practice: trajectory matters

- <u>I do not cytoreduce:</u>
 - MDS with < 5% blasts
 - Borderline transplant candidates (only "one shot" at curative therapy)
- I nearly always cytoreduce:
 - MDS with rapidly increasing blasts
 - Or other evidence of incipient transformation
 - MDS with 10-20% blasts
- I sometimes cytoreduce:
 - MDS with 5-10% blasts depends on trajectory and scenario
 - 2-3 cycles max if possible

Thanks