The CLL sc focuses on studies dealing with Pathway Inhibitors administered prior to and after alloHCT

The major goal of these studies is evaluate safety issues of such treatment sequences and to assess their efficacy in terms of long-term disease control.

Ibrutinib prior to alloHCT: P. Dreger et al.

Ibrutinib for bridging to alloHCT for CLL and MCL does not appear to adversely affect engraftment, GVHD risk, and NRM. Patients who had received ibrutinib for less than 8 months had a relatively high risk of relapse. Therefore, ibrutinib might improve the perspective of chemo-immunotherapy-refractory patients scheduled for alloHCT. Manuscript submitted.

Idelalisib prior to alloHCT: J. Schetelig et al.

Chronic Leukemia and MDS Session.

Wednesday, March 19th, Poster Hall, Poster A143

This early analysis of safety signals suggests that idelalisib-based salvage therapy immediately prior to alloHCT does not negatively affect engraftment, acute GVHD and very early mortality. Longer follow-up and higher patient numbers are needed in order to fully establish the safety of this treatment sequence and to assess long-term disease-control.

Treatment of relapse after alloHCT in the new Era of new targeted drugs : L. Sellner et al.

Active survey

Preliminary single center analyses suggest that the chances for survival have improved for patients whose CLL relapsed after alloHCT in recent years. Within the framework of a retrospective registry study we will test the hypothesis that improved for patients whose CLL relapsed after alloHCT in recent years. Within the framework of a retrospective registry study we will test the hypothesis that

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