SKIN CANCER (OTHER THAN MELANOMA)

ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANTATION FOLLOWING REDUCED-INTENSITY CONDITIONING IN ADVANCED STAGE MYCOSIS FUNGOIDES AND SÉZARY SYNDROME

F. Onida [1] - G. Saporiti [1] - S. Alberti Violetti [2] - E. Tagliaferri [1] - F. Grifoni [1] - G. Levati [1] - M. Sciume [1] - N. Orofino [1] - D. Fanoni [2] - L. Baldini [1] - E. Berti [2]

Hematology - Bmt Center [1] - Dermatology Unit, Fondazione Ca' Granda Irccs Ospedale Maggiore Policlinico, University Of Milan [2]

Introduction: Life expectancy of patients with advanced stage mycosis fungoides (MF) or Sézary syndrome (SS) is presently dismal, with median survival ranging from 18 to 48 months. In selected patients, allogeneic hematopoietic stem cell transplantation (allo-HSCT) based on reduced-intensity conditioning (RIC) regimens represents a potential curative strategy with favorable risk-benefit ratio.

Objective: Here we report the updated long-term results of our allo-HSCT program in patients with MF and SS.

Patients and Methods: As of October 2018, 43 patients (25 M and 18 F, median age 52 years, range 19-66) all having stage IIB to IV refractory MF (n=28) or SS (n=15) underwent allo-HSCT from HLA-identical sibling (n=18), unrelated donors (n=23) or haploidentical related donors (n=2). Median time from diagnosis to HSCT was 43 months and median number of previous treatment lines was 6. Source of stem cells was peripheral blood in 38 patients, bone marrow in 4 patients and cord blood in 1 patient. Conditioning regimens included FC/TBI200, pentostatin/TBI200, and fludarabine/melphalan.

Results: A complete remission (CR) was achieved in 27 out of the 39 evaluable patients (69%). Transplant-related death occurred in 7 patients (16%). Acute graft-versus-host disease (GvHD) occurred in 18 patients out of 34 evaluable (53%), grade III-IV in 9 (26%), whereas chronic GvHD was observed in 10 patients (28%), being extensive in 4 (11%). At the last follow-up, 22 patients were alive and 20 maintained CR after a median follow-up of 78 months (range 1-212). Overall, the 5-year outcomes (with 95% C.I.) were: OS 51% (33%-66%), DFS 40% (20%-50%), NRM 15% (4%-27%) and relapse incidence 48% (32%-65%). However, when MF and SS were analyzed separately, 5-yrs DFS were 29% and 59%, respectively.

Conclusions: After long-term median follow-up, we confirm RIC allo-HSCT as a feasible and effective immune-mediated cure strategy in patients with advanced stage refractory MF/SS.