DOI: 10.46765/2675-374X.2023V4N1P178

CONSENSUS UPDATE

HEMATOPOIETIC STEM CELL TRANSPLANTATION FOR MYELODYSPLASTIC SYNDROMES

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Received: 19 Oct 2022 • Revised: 24 Nov 2022 • Accepted: 13 Jan 2023.

ABSTRACT

The document discuss key points in the management of patients with Myelodysplastic Disease, including therapeutic strategies, the role of new drugs available as well the Hematopoietic Stem Cell Transplantation (HSCT). Other issues evaluated were importance of molecular alterations since diagnosis to prognosis, use of comprehensive geriatric assessment for patient's selection, individualization of treatment, donor selection for HSCT and the role of blasts % and molecular mutations for the appropriate diagnosis.

Despite the new treatment options for Myelodysplastic Disease (MD), which include the association of drugs with Hypomethylants, mainly Venetoclax[1,2], monoclonal antibodies such as Magrolimab[3,4] and Sabatolimab[5,6], Hematopoietic Stem Cell Transplantation (HSCT) is still the only curative option.

The main discussion is the individualization of treatment, considering the condition of each patient, to define the best donor and type of conditioning and the possibilities of post-HSCT approaches, ranging from prophylactic or therapeutic Donor Lymphocyte Infusion (DLI), associated or not with medication[7].

Correct risk stratification has always been a preponderant aspect for the indication of HSCT, we know the importance of molecular alterations not only for the diagnosis, but also for the prognosis, and in this context we emphasize the IPSS-M[8], which refines the classification.

Another relevant point has been the use of comprehensive geriatric assessment, especially with patients over 60 years of age, as an aid tool.

In the current discussions, two points are important to be registered in this update, one of them is the 20% blast cutoff point, where it is argued that genetic-molecular characteristics prevail, and that this limit alone may not be fully adequate[9] and also the role of the bi-allelic TP53 mutation, which, when present, confers a poor prognosis independent of the blast count[10].

We can therefore conclude that a better understanding of the disease and individualization of treatment are the pillars of better management of these patients.

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