

ONKOLOGIE

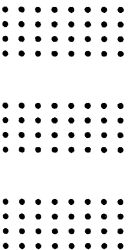
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Abstracts



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KARGER

ENGRAFTMENT OF PATIENTS WITH LYMPHOID MALIGNANCIES
TRANSPLANTED WITH AUTOLOGOUS BONE MARROW,
PERIPHERAL BLOOD STEM CELLS OR BOTH

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46 patients with lymphoid malignancies receiving autologous transplants using three different sources of hematopoietic stem cells were compared for engraftment parameters. 13 patients received autologous marrow with posttransplant growth factors (group 1). During the same time 14 patients were transplanted with autologous marrow plus recombinant granulocyte colony stimulating factor (rhG-CSF) mobilized peripheral blood stem cells (PBSC) and posttransplant growth factors (group 2). 19 patients received rhG-CSF mobilized PBSC and posttransplant growth factors (group 3). All PBSC were collected after G-CSF mobilization (16 microgram/kg/day s.q. for 6 days) without prior chemotherapy.

A median of 3 to 4 leukapheresis yielded 5.3 and $5.8 \cdot 10^6$ CD 34 + cells/kg, resp. After high dose myeloablative chemo- or radiochemotherapy, the median days to recover 0.5 and $1.0 \cdot 10^9$ neutrophils/l were 12 vs 9 vs 9 ($p=0.0003$) and 13 vs 10 vs 10 days ($p=0.0003$) for group 1 vs group 2. The median day to platelet transfusion independence was 22 vs 11 vs 11 days ($p=0.001$). The number of units of platelets transfused dropped from 119 to 39 vs 40 ($p=0.0236$). No secondary graft failures were observed. No apparent increase in the relapse rate was observed by the addition of PBSC with a follow-up of 9 to 24 months. These data demonstrate that G-CSF mobilized peripheral blood stem cells are effective in reducing the time of neutropenia, platelet recovery and days of antibiotics in heavily pretreated patients with lymphoid malignancies. PBSC alone appears to be superior to marrow alone and the addition of marrow unnecessary.