# UCLouvain

# Relapse after allogeneic stem cell transplantation

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# RELAPSE AFTER SCT = MAJOR CAUSE OF TREATMENT FAILURE





### PROGNOSIS OF RELAPSE



### Prognostic factors

- Time to relapse
  - > 24 mo (0), 6-24 mo (1), 3-6 mo (2), <3 mo (3)
- Disease-risk index
  - Low: indolent NHL, CLL, CP-CML (0)
  - Int: aggressive NHL, MDS (1)
  - High: high-risk AML (2)
- Myeloabaltive conditioning (1)
- Prior GvHD (1)

Thanarajasingam et al., BBMT 2013



### PROGNOSIS OF RELAPSE



Zuanelli Brambilla et al., TCT 2021

Bejanyan et al., BBMT 2015



### TIMELINE OF RELAPSE





### TKI AFTER ALLO FOR PH+ ALL

# PREVENT



Warraich et al. BBMT 2020



### TKI FOR FLT3 mutated AML

# PREVENT



Burchert et al. JCO 2020



# AZA MAINTENANCE FOR MDS/AML



Oran et al. Blood Adv 2020

PREVENT



### AZA + APR-246 in TP53 mutated AML

# PREVENT



### CIR



1 year CIR = 38.3% (95% CI 23.7, 57.6)

1-year RFS = 59.9% (95% CI 41.0, 74.4)



### PROPHYLACTIC DLI FOR AML

# PREVENT

	CONTROLS	pDLI	P-value
LFS	35.3%[14.9-55.8]	62.1%[43.5-80.7]	0.118
OS	40.2%[19.3-61]	69.8%[52.2-87.3]	0.036



Schmid et al, BMT 2022



### TIMELINE OF RELAPSE





### MRD

# DETECT





Yoon et al. BBMT 2015

### ASO-PCR



### CHIMERISM

# DETECT







Koreth et al BBMT 2014



# Kinetics of chimerism to detect relapse

### Table 5

Predicted 1-Year OS and DFS Probabilities for 9 Combinations Obtained from 3 Specific Combinations of Patient Prognostic Covariates and 3 Pairs of Percent Chimerism Values at Days 30 and 90

Patient Characteristics	% Chimerism at Days (30, 90)	Predicted Probabilities at 1 Year Post-SCT			
		OS		DFS	
		Р	95% CI	P	95% CI
Complete remission	95, 95	.780	.689, .884	.737	.643, .845
Allotype = MRD	95, 100	.949	.918, 1.000	.638	.459, .887
Cytogenetics $=$ good	95, 90	.718	.616, .836	.615	.478, .792
Active disease	95, 95	.402	.269, .601	.412	.287, .593
Allotype = MUD	95, 100	.826	.648, 1.000	.272	.083, .895
Cytogenetics = poor	95, 90	.296	.176, .498	.244	.113, .529
Active disease	95, 95	.842	.724, .978	.687	.505, .935
Allotype = MRD	95, 100	.918	.816, 1.000	.576	.326, 1.000
Cytogenetics = intermediate	95, 90	.581	.367, .918	.550	.322, .940

CI indicates confidence interval; MUD, matched unrelated donor; MRD, matched related donor.

Predicted values are based on the fitted joint models for percentage of T cell or myeloid cell chimerism and OS or DFS summarized in Table 3.

Tang et al BBMT 2014



# DONOR LEUKOCYTE INFUSION TO PREVENT RELAPSE

	- `		_		_
R		$\mathbf{V}$		$\mathbf{N}$	
		V		IN	

Low (~10 <sup>6</sup> CD3+/kg)	High (~10 <sup>7</sup> CD3+/kg)
– MRD	<ul> <li>Frank Relapse</li> </ul>
<ul> <li>Mixed Chimerism</li> </ul>	
<ul> <li>Indolent disease</li> </ul>	<ul> <li>Aggressive disease</li> </ul>
<ul> <li>Unrelated</li> </ul>	– Sibling
<ul> <li>Early after SCT</li> </ul>	<ul> <li>Late after SCT</li> </ul>
<ul> <li>History of GvHD</li> </ul>	<ul> <li>No history of GvHD</li> </ul>



### ESCALATED-DOSE OF DLI TO AVOID GvHD



Dazzi et al. Blood 2000

PREVENT



# MRD MONITORING VERSUS CHIMERISM?

### PREVENT



- ----- qPCR/sDCC pos, no intervention, n=10
- qPCR/sDCC pos, with intervention, n=11



Wethmar et al, BMT 2020

21 relapses within 2 years (N=94)

12 relapse detected by qPCR and/or sDCC

Median time to relapse 47 days

Sensitivity 75% for combined qPCR/sDCC 69% for qPCR 56% for sDCC



### TIMELINE OF RELAPSE





### MECHANISMS OF RELAPSE



Sauerer et al. Mol Cancer 2023



### WITHDRAWAL OF IMMUNOSUPPRESSION (WIS)

TREAT



Kekre et al. Haematologica 2015



### ACHIEVING REMISSION



Gokbuget et al., Blood 2012

TREAT



### TIMELINE OF RELAPSE





### CELL-BASED THERAPY TO IMPROVE SURVIVAL

### CONSOLIDATE



Thanarajasingam et al., BBMT 2013

Schmid et al., Blood 2012



### DLI VS SECOND ALLO

### CONSOLIDATE



Schmid et al., Haematologica 2018



### CONSOLIDATE

Single leukapheresis of the donor with peripheral leukcocytes product containing lymphocytes, granulocytes, monocytes...

<ul> <li>Mixed chimerism/MRD+</li> </ul>	80%	
– CML		
<ul> <li>Chronic Phase</li> </ul>	60-80%	
<ul> <li>Accelerated/blastic</li> </ul>	35%	
<ul> <li>Low grade lymphoma</li> </ul>	70-80%	Decreased
– CLL	75%	Efficacy
– MM	45%	
<ul> <li>Hodgkin lymphoma</li> </ul>	40-45%	
– AML/MDS	15-30%	
– ALL	0-20%	
<ul> <li>Aggressive lymphoma</li> </ul>	10-20%	

Complications :

- GvHD
- Aplasia
- TRM 5-44%



### SECOND ALLO

### CONSOLIDATE





Risk factors for OS:

- Age > 35 yo
- Shorter duration of first remission
- Interval between SCT < 1 y
- Grade II-IV aGVHD
- Chronic GvHD
- Higher disease burden
- EBMT score
- Type of donor

Ruutu et al, BMT 2015



# MAC VS RIC

### CONSOLIDATE



Shaw, BMT 2008

Michallet, BJH 2000



### DONOR'S CHANGE

### CONSOLIDATE



Shimoni et al. BCJ 2019



### OTHER CELL-BASED THERAPIES

### CONSOLIDATE



Nonspecific Cell-Mediated Toxicity

