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Reduced-intensity conditioning for allograft after cytoreductive autograft in relapsed/ resistant Hodgkin's lymphoma

Reduced-intensity conditioning for transplant (RICT) aims to exploit graft vs lymphoma (GvLy) effects while reducing conditioning-related toxicity. Because GvLy responses might be insufficient when HL are bulky and lymphoma growth is rapid, we pioneered that intensive cytoreduction prior to RICT may allow GvLy reaction to be exploited (Carella *et al.* JCO 2000;18:3918). Twenty-seven patients with relapsed or refractory HL underwent RICT from an HLA-identical sibling preceeded by ASCT. Previous therapy consisted of median 2 (2-4) lines. High-dose therapy with ASCT consisted of BEAM protocol or melphalan 200 mg/m^2. RICT consisted of fludarabine-cyclophosphamide or fludarabine-melphalan. The two groups had similar prognostic factors. The median time to neutrophils and platelets recovery was 10 days and 16 days, respectively. Chimerism studies indicated 100% donor-derived engraftment. Day 100 and cumulative (2 yrs) TRM were 5.3% (2 pts) and 18% (7 pts), respectively. Seventeen patients (63%) are alive (12 in complete remission and 5 with stable disease) with a median follow-up of 46 months (6-117 months). Ten patients expired (TRM, disease progression) with a median follow-up of 46 months (range, 6-117 mo.), the median OS was 47 months. In conclusion, tandem ASCT/RICT is feasible and effective salvage therapy for patients with advanced HL. The long-term results obtained appear encouraging.