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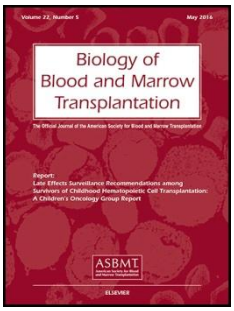

Title: Allogeneic Transplantation for Acute Myeloid Leukemia in CR1

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Commentary

Allogeneic Transplantation for Acute Myeloid Leukemia in CR1

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The advisability of allogeneic hematopoietic cell transplant (HCT) for acute myeloid leukemia(AML) in first CR(CR1) is an increasingly important subject given the greater ability to safely perform reduced-intensity/non myeloablative HCT in older subjects[1] and its extension to unrelated donors. The latter has complicated conventional donor-no donor analyses designed to account for the "guarantee time" HCT recipients, but not chemotherapy-only subjects, must live prior to HCT[2]. In this issue of BBMT Østgård et al.[3] use the more appropriate Mantel-Byar method, crediting to chemotherapy follow-up time prior to HCT[2]. They also performed landmark analyses, with subjects receiving HCT after a 200- or, alternatively, 365-day landmark considered in the chemotherapy only group. Each of these methods, combined with multivariate analyses, found, confirming other recent studies[4,5] , HCT in CR1 associated with less relapse, longer survival and longer relapse-free survival, regardless of age (15- 60 vs 60-70) and cytogenetics ("intermediate" vs. "adverse", with HCT not performed in CR1 in cases with "favorable" cytogenetics). Choice of donor (matched related vs. matched unrelated) and intensity of conditioning did not affect conclusions.

This important paper benefits from use of the Danish National Acute Leukemia Registry