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Old Age is No Longer a Barrier to Stem Cell Transplant

Keystone, Colo. [Feb. 8, 2007] – The conventional wisdom has been that people in their 50s and

At-A-Glance

- Elderly people – even those in their eighth decade – can be successfully treated with high-dose chemotherapy followed by stem cell transplant.
- In studies of elderly patients with the blood cancers multiple myeloma and malignant lymphoma, age did not affect outcome in otherwise healthy patients.
- Conventional long-term, lower dose chemotherapy treatments for older patients may be more toxic and actually more expensive over the long run than a single transplant.

60s or older are not good candidates for stem cell transplant (SCT), but research presented here shows that the technique can be as successful in the elderly as it is in younger people.

The studies were presented at the 2007 BMT Tandem Meetings of the American Society for Blood and Marrow Transplantation (ASBMT) and the Center for International Blood and Marrow Transplant Research (CIBMTR).

“If your doctor tells you you’re not a good candidate for transplant because of your age, chances are it’s just not true,” said Roy Beveridge, M.D., director of the Inova transplant program, Inova Fairfax Hospital, Falls Church, Va.

Studies of SCT in multiple myeloma patients ages 70 – 79 and patients age 60 and above with malignant lymphoma who received autologous (self-donated) transplants did as well as their younger counterparts, according to the information presented at the Tandem Meetings.

SCT for Multiple Myeloma

“Multiple myeloma is a cancer of the blood that typically occurs in people in their 60s and 70s,” said Muzaffar Qazilbash, M.D., associate professor, department of stem cell transplantation, MD Anderson Cancer Center, Houston. “With the improvement in transplant techniques, elderly patients who are otherwise in good health can safely undergo this treatment,” he said.

“Most of the multiple myeloma patients age 70 or older are offered less effective non-transplant treatments that in the long run may be more toxic and expensive than a single autologous transplant. Elderly patients are also excluded from clinical trials so there’s little data available on how they respond to transplant.”

Dr. Qazilbash reported on a study of 26 patients, ages 70 to 79, treated with SCT over the past five years. “We concluded that the combination of high-dose chemotherapy and transplant is safe and feasible in selected patients in this age group.” Older patients also had a longer overall survival when the transplant was used early in the disease course, compared to those who received transplant later, after their disease had become resistant to chemotherapy.

Often, transplant is not as successful in elderly patients because they are given lower than recommended doses of melphalan, a chemotherapy drug that is given before the transplant to kill multiple myeloma cells in the blood, but which also destroys normal, healthy blood cells. This is known as preparative regimen. “Today’s seniors are healthier and more active than in the past, and most are capable of tolerating the full dose of chemotherapy,” he said.

Prior to the high-dose chemotherapy, the patient’s own stem cells are harvested and stored, and then eventually returned to the patient to rejuvenate the normal blood cells.

“At 100 days post-transplant, there were zero deaths – an excellent result in this population,” said Dr. Qazilbash. Twenty-two of 26 patients were alive after a median follow-up of 25 months, and the duration of survival and disease remission were comparable to those seen in younger patients.

Age at Transplant for Patients with Malignant Lymphoma

In a related study, researchers compared outcomes of transplant for malignant lymphoma (ML), another cancer of the blood, in patients over the age of 60 with their younger counterparts. “In ML patients with comparable pre-transplant health status, there were no statistical differences in outcomes between younger and older patients,” said Dr. Beveridge. Patients in the study were given induction chemotherapy followed by autologous transplant.

“Our data suggest that older ML patients who are otherwise generally healthy can be treated with autologous stem cell treatment strategies comparable to those developed for younger people,” he said.

The BMT Tandem Meetings are the joint annual meetings of two leading professional organizations dedicated to research, education and patient care in the field of blood and marrow

transplantation and cellular therapy. The American Society for Blood and Marrow Transplantation (ASBMT), based in Arlington Heights, Ill., is a professional association of clinicians, investigators and other health personnel promoting blood and marrow transplantation research, education, scholarly publication and clinical standards. The Center for International Blood and Marrow Transplant Research (CIBMTR), based in Milwaukee, is an affiliation of the International Bone Marrow Transplant Registry (IBMTR) of the Medical College of Wisconsin and the research arm of the National Marrow Donor Program, which collects, analyses and disseminates clinical data on blood and marrow transplantation and conducts original research to determine the most effective BMT strategies. For more information on the BMT Tandem Meetings, visit www.asbmt.org/annualmeet or the online newsroom at www.bmtnewsroom.org.

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