



**Dana-Farber**  
Cancer Institute



**BRIGHAM AND  
WOMEN'S HOSPITAL**

DANA-FARBER/BRIGHAM AND WOMEN'S CANCER CENTER



A RESOURCE FOR PHYSICIANS

# **Recommended Referral Timing for Stem Cell Transplant Evaluation**

This resource has been developed to **help guide you regarding the appropriate timing and conditions** for a referral for a stem cell transplant consultation. For many patients, early referral for a transplant evaluation has a significant impact on outcomes. Specific guidelines are provided by disease type.

## **Adult Leukemias and Myelodysplasia**

---

### **Acute Myelogenous Leukemia (AML)**

*High-resolution HLA typing is recommended at diagnosis for all patients*

Early after initial diagnosis

### **Acute Lymphoblastic Leukemia (ALL)**

*High-resolution HLA typing is recommended at diagnosis for all patients*

Early after initial diagnosis

### **Myelodysplastic Syndromes (MDS)**

- Intermediate 2 or high risk by IPSS score
- High/very high risk by R-IPSS score
- Treatment-related MDS
- Adverse cytogenetics
- Failure of hypomethylating agents

### **Chronic Myelogenous Leukemia (CML)**

- Disease progression after second-line therapy
- Accelerated phase
- Blast crisis (myeloid or lymphoid)

### **Myeloproliferative Neoplasms (MPNs)**

- Primary myelofibrosis (PMF) with high risk DIPSS or DIPSS-Plus
- Post-polycythemia vera and post-ET with high risk DIPSS or DIPSS-plus
- Any patient with PMF or secondary MF younger than age 55 years

# Lymphoma

---

## Non-Hodgkin Lymphoma

### ***Follicular Lymphoma***

- Poor response to initial treatment
- Initial remission duration < 24 months
- Transformation to diffuse large B-cell lymphoma at any point in disease course

### ***Diffuse Large B-cell or High-Grade Lymphoma***

- Primary induction failure
- At first or subsequent relapse, preferably prior to beginning second-line therapy
- Double hit (MYC and BCL-2 or BCL-6) – at diagnosis

### ***Mantle Cell Lymphoma***

- At diagnosis

### ***Other High-Risk Lymphomas***

- At diagnosis

## Hodgkin Lymphoma

- Primary induction failure
- At first or subsequent relapse, preferably prior to beginning second-line therapy

## T-Cell Lymphoma

- At diagnosis preferable, or at first relapse

## Chronic Lymphocytic Leukemia (CLL)

- High-risk cytogenetics or molecular features (e.g., strongly consider for patients with del(17q), TP53 mutation, or complex cytogenetics; consider for patients with relapsed disease and unmutated IGHV mutation status with additional high-risk abnormalities such as del(11q) or NOTCH1 mutation)
- Refractory to novel agents
- Richter's transformation

**As a result of clinical advances, stem cell transplant has become a viable option for older patients.**

## **Multiple Myeloma**

---

All patients should be evaluated for stem cell transplant at diagnosis or at first evidence of disease progression. We evaluate patients for transplant based on a number of factors, including:

- Age
- Characteristics of the myeloma
- Response to prior treatment
- Performance status

## **Non-Malignant Diseases**

---

### **Hemoglobinopathies**

Sickle Cell Disease

- With aggressive course (stroke, end-organ complications, frequent pain crises)

Transfusion-Dependent Thalassemias

- At diagnosis

### **Hemaphagocytic Lymphohistiocytosis (HLH)**

- At diagnosis

### **Severe Aplastic Anemia and other Marrow Failure Syndromes**

(including Fanconi anemia, Diamond-Blackfan anemia, and others)

- At diagnosis

## **The Adult Stem Cell Transplantation Program at Dana-Farber/Brigham and Women's Cancer Center**

is one of the largest and most experienced in the world. Since our program's founding in 1972, our program has performed more than 10,000 transplants for adult patients with blood cancers and related disorders. Our outcomes for allogeneic transplant patients consistently exceed expected outcomes established by the Center for International Blood and Marrow Transplant Research (CIBMTR).

From evaluation and donor search, to treatment planning and inpatient care, to post-transplant and survivorship care, our program offers the full spectrum of care for transplant patients. We have more than 35 transplant-credentialed physicians and are committed to close collaboration with referring providers on Shared Care initiatives to enable effective and convenient post-transplant care close to patients' homes.

Our program is fully accredited by the Foundation for the Accreditation of Cellular Therapy (FACT) and the National Marrow Donor Program. We are a member of the Center for International Blood and Marrow Transplant Research (CIBMTR).

**IF YOU HAVE ANY  
QUESTIONS OR  
WOULD LIKE TO  
CONSULT WITH ONE  
OF OUR TRANSPLANT  
PHYSICIANS, PLEASE  
CALL 617-632-6028.**

**For more information:  
[www.dfbwcc.org/bmt](http://www.dfbwcc.org/bmt)  
Phone: 617-632-6028**

Our program offers comprehensive services, including:

- GVHD prevention and management
- Basic and translational research
- Stem cell transplant survivorship clinic
- Experienced donor search teams
- Quality assurance, control and improvement initiatives
- Extensive patient education resources



**Dana-Farber**  
Cancer Institute



BRIGHAM AND  
WOMEN'S HOSPITAL

DANA-FARBER/BRIGHAM AND WOMEN'S CANCER CENTER

**[www.dfbwcc.org/bmt](http://www.dfbwcc.org/bmt) | Phone: 617-632-6028**