

FULL TEXT LINKS

natureportfolio

Find It @ UCL

[Bone Marrow Transplant](#). 2025 Oct;60(10):1325-1332. doi: 10.1038/s41409-025-02667-2.
Epub 2025 Jul 16.

Allogeneic hematopoietic cell transplantation for older patients with Philadelphia-positive acute lymphoblastic leukemia. A study by the Acute Leukemia Working Party of the EBMT

Sebastian Giebel ¹, Myriam Labopin ², Ryszard Swoboda ³, Didier Blaise ⁴, Ibrahim Yakoub-Agha ⁵,
Stephanie Nguyen ⁶, Eva Maria Wagner-Drouet ⁷, Cristina Castilla-Llorente ⁸,
Panagiotis Kottaridis ⁹, Thomas Schroeder ¹⁰, Renato Fanin ¹¹, Jakob Passweg ¹², Jurjen Versluis ¹³,
Charles Crawley ¹⁴, Ludovic Gabellier ¹⁵, Stephan Mielke ¹⁶, Xavier Poiré ¹⁷, Erfan Nur ¹⁸,
Carlos Pinho Vaz ¹⁹, Matthias Eder ²⁰, Chiara Nozzoli ²¹, Peter Dreger ²², Zinaida Peric ²³,
Mohamad Mohty ², Fabio Ciceri ²⁴

Affiliations

PMID: 40670716 DOI: [10.1038/s41409-025-02667-2](#)

Abstract

The role of allogeneic hematopoietic cell transplantation (allo-HCT) in older patients with Philadelphia-positive acute lymphoblastic leukemia (Ph+ ALL) is not well established. In this retrospective analysis we evaluated outcomes of 566 patients with median age of 60 (range 55-76) years treated in first complete remission with allo-HCT from either a matched sibling (n = 138), unrelated (n = 343) or haploidentical (n = 85) donor between the years 2016 and 2022. The probability of overall survival (OS) and leukemia-free survival (LFS) at 2 years was 71% and 59.5%, respectively. The incidence of relapse, and non-relapse mortality (NRM) was 18% and 22.5%, respectively. The rate of graft-versus-host disease (GVHD)-free, relapse-free survival was 50%. In a multivariate model, the use of total body irradiation (TBI) was the only factor affecting outcomes, being associated with reduced risk of NRM (hazard ratio, [HR] = 0.46, p = 0.004), improved LFS (HR = 0.53, p < 0.001) and OS (HR = 0.47, p < 0.001) as well as increased risk of chronic GVHD (HR = 1.68, p = 0.009) and extensive chronic GVHD (HR = 1.84, p = 0.04). We conclude that in the last few years, outcomes of allo-HCT for patients with Ph+ ALL aged ≥55 years are encouraging. TBI-based reduced intensity conditioning appears preferable in this patient population. Our data can serve as a reference for future prospective trials.

© 2025. The Author(s), under exclusive licence to Springer Nature Limited.

[PubMed Disclaimer](#)

Related information

[GEO Profiles](#)

[MedGen](#)

LinkOut – more resources

Full Text Sources

[Nature Publishing Group](#)

Medical

[MedlinePlus Health Information](#)