

Aplastic anemia non transplant treatment

- Mojtaba Ghadiany
 - Hematologist /Medical Oncologist
- Shahid Beheshti university of Medical Science

History of treatment for AA

- Steroid and vitamins
- 1960s androgens
 - effective , adverse effects , no improvement mortality
- 1970s alloHCT
- 1980s immunosuppressive
- ALG , ATG , rabbit , horse , Porcine
- ATG+ CSA for 40 years

ATG+CSA+ELT vs ATG+CSA

- 2017
- 92 patients vs historical control
- At 6 months
- ORR 90% vs 66%
- CRR 30% vs 10%
- Rate of relapse and clonal evolution were similar
- OS was the same

Treatment of SAA and VSAA

- BMT
 - Sibling match donor
 - <40 y
 - No contraindication for BMT
-
- IST with h-ATG+CSA+ELT is the standard
 - ATG 40mg d1 to d4
 - CSA for 1 y then taper
 - ELT 150mg d14 for 3 months or 6 months

Low dose ATG

- 2016
- 31 patients
- 15mg /kg d1 to d5
- Results were similar with standard dose
- 2024
- 62 patients low dose
- 25mg/kg d1 to d4
- Results were similar with standard dose

CSA+ELT vs ATG+CSA+_ELT

- 2023
- 38 Patients
- Results were similar to ATG+CSA+ELT

SECOND LINE TREATMENT

- ELT
- Second ATG
- Danazol
- Alemtuzumab
- Novel therapies

Non Severe Aplastic Anemia

- No treatment
 - Transfusion dependency
 - Bleeding
 - Lifestyle dictate
 - Encountering infection
-
- ATG+CSA
 - DANA ZOLE

NOT recommended drug for AA

- Mycophenolate
- Sirolimus
- Corticosteroid
- Cyclophosphamide
- G-CSF and Erythropoietin
-

Vaccination an AA

- May induce AA or induce relapse of AA
- First 6 months not response to vaccination
- After 6 months may response

- THANKS

