

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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حَسْبُكَ اللَّهُ  
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# Ethic consideration in HSCT

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12<sup>TH</sup> HSCT CONGRESS

TEHRAN 1401



A 20-year-old man diagnosed with acute lymphoid leukemia (pre-B ALL) presented with 40,000 white blood cells and normal cytogenetics. Ph was negative.

The patient reached complete morphological remission following the induction regimen and then received consolidation treatment.

MRD?

What should we do?

He did not have any matched-related or matched-unrelated donors.

One year after the first remission and during the maintenance, he relapsed with more than 70% blasts in the bone marrow evaluation.

The patient received salvage treatment with the FLAG regimen. In the subsequent bone marrow evaluation, 30-40% blast remained.

Next step?

The patient receives the next salvage treatment with the CLAG regimen.

In the next evaluation of the bone marrow, a partial response with a blast of 15% was reported.

Next step?

With 15% blast,  
the patient underwent haploidentical transplantation  
from his 46-year-old mother

# Follow-up

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After 7 years of transplantation, the patient is well and in complete remission.

He only has limited and chronic skin GVHD.



## Case 2:

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A 23-year-old lady was diagnosed with a favorable risk AML (normal cytogenetics, NPM1+ FLT3-).

The patient reached complete morphological remission following the standard induction treatment (7+3) and then received consolidation treatment with 4 cycles of HIDAC.

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One year later, she developed a relapse with over 70% blast in BMA/B.

The patient received salvage treatment with the FLANG regimen.

In the evaluation of the bone marrow, second complete morphological remission was reported with a blast percentage of less than 5%.

She did not have matched-related or unrelated donors

What do you recommend?

She didn't accept haploidentical transplantation

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After 4 months, she suffered a second relapse with a 60% blasts.  
She received the salvage regimen with the  
“Mitoxantrone + Etoposide”  
and it decreased blasts to 20%

The patient underwent haploidentical transplantation from her nullipara 26-year-old sister

# Follow-up

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After 6 months of transplantation, the disease recurred and she expired

# Cell Therapy

Mesenchymal Stem Cells (MSC) in:  
Friedreich's Ataxia (FA)

A 17 y/o male with FA presented with ataxia  
and history of hypertrophic cardiomyopathy

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# Hematopoietic Stem Cell Transplantation

Rare Metabolic Disorders;

Morquio A Syndrome (MPS IV)

- A 7 y/o girl with FA presented with MPS Iv
  - Enzyme Replacement Therapy
  - Hematopoietic Stem Cell Transplantation?
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## Haploidentical HSCT in Aplastic Anemia (AA)

A 25-year-old man diagnosed with AA since 2017, under treatment with ATG+ cyclosporine 125 mg BD,

Dependent to plt and blood transfusion.

WBC: 1100

Hb:7.4

Plt:<10000

He did not have any matched-related or matched-unrelated donors.

What do we do?

