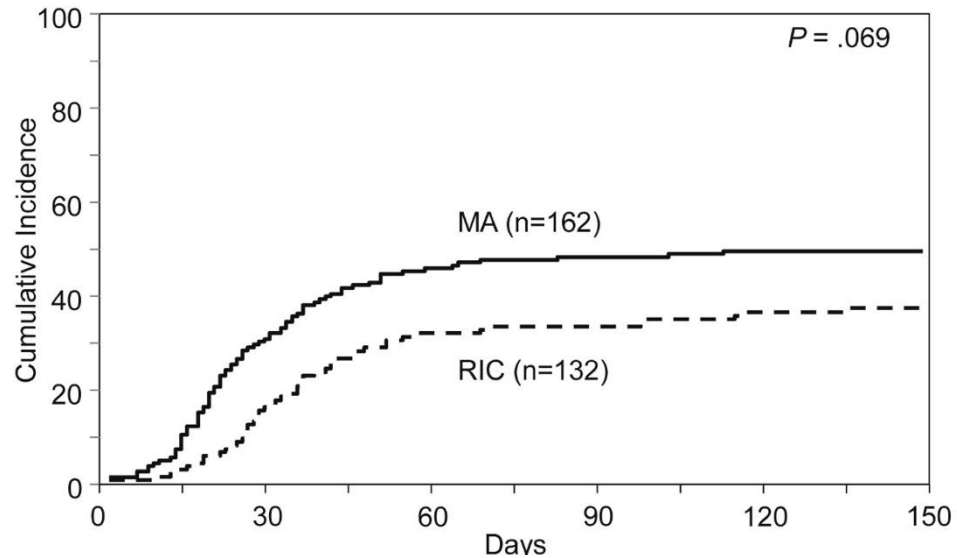


Allogeneic Stem Cell Transplantation in CLL

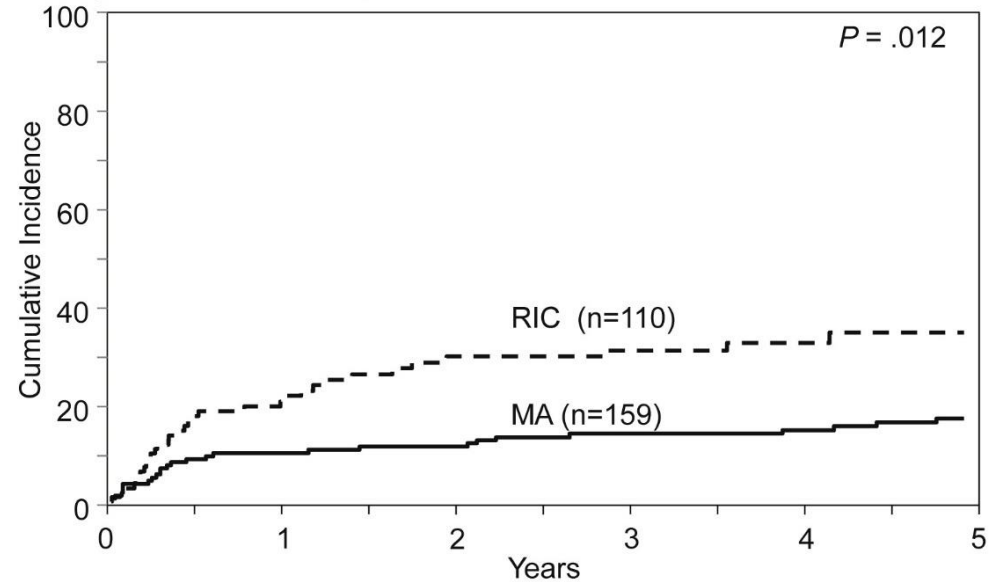
Professor Constantine (Con) Tam
Alfred Health and Monash University
Melbourne, Australia

Allograft in the pre-novel agent era – CIBMTR analysis

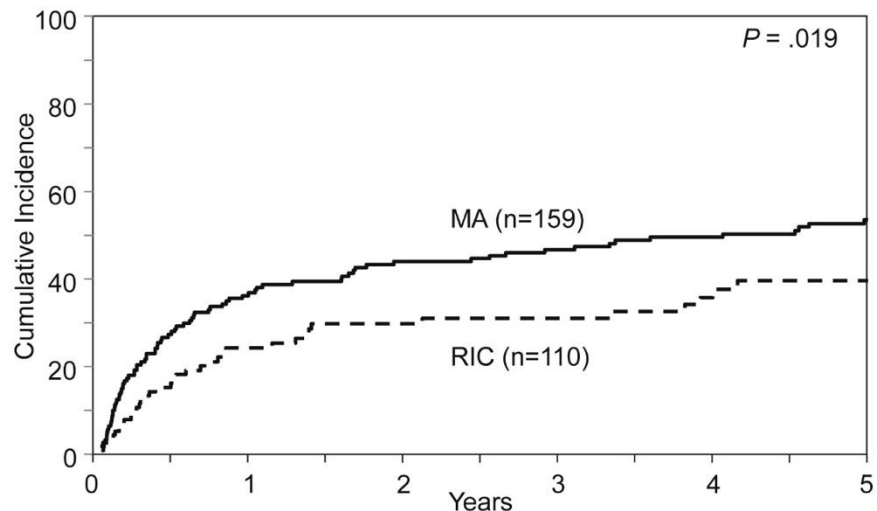
Acute GVHD, Grades II-IV



Progression/Relapse

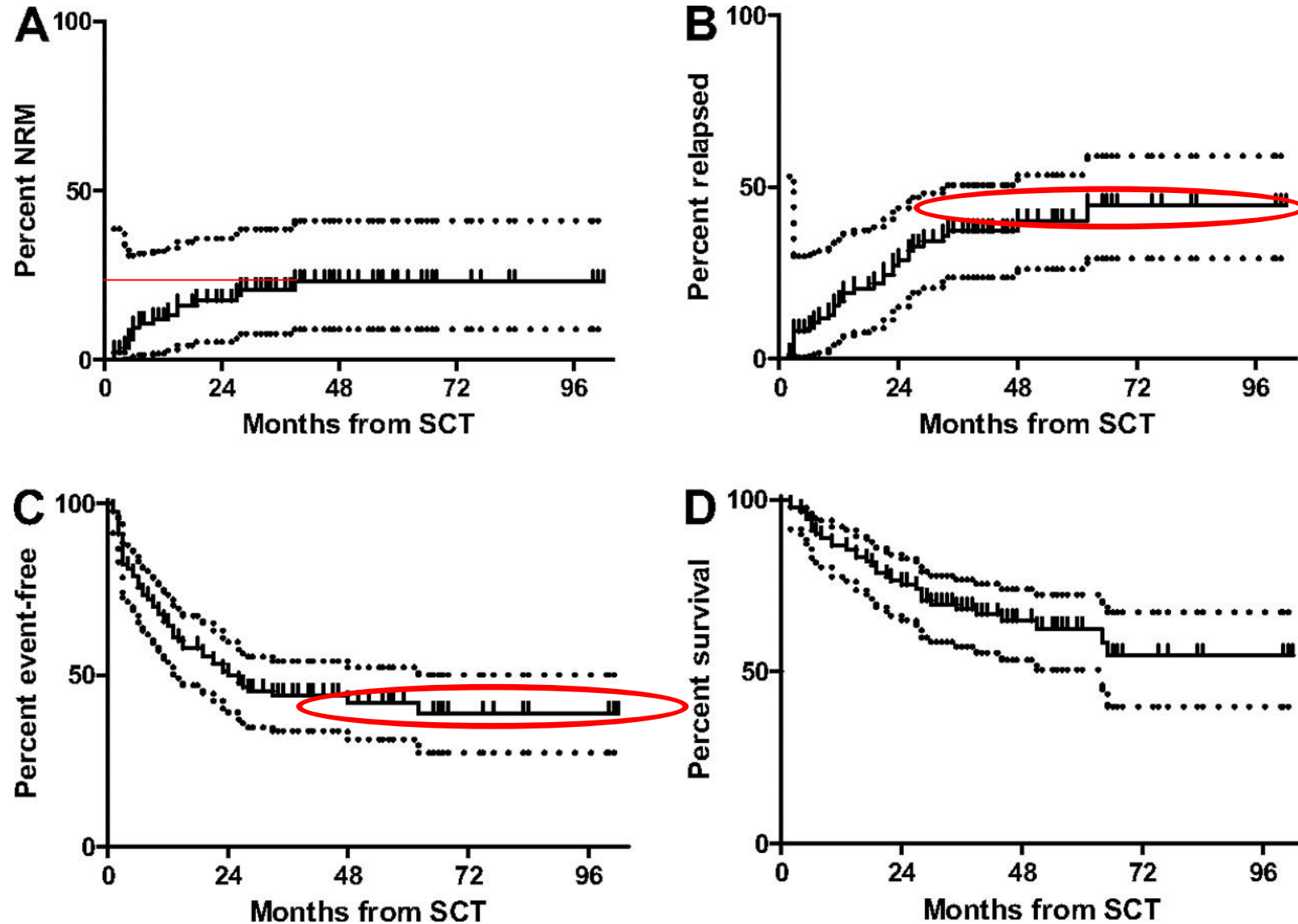


F
Treatment-related Mortality



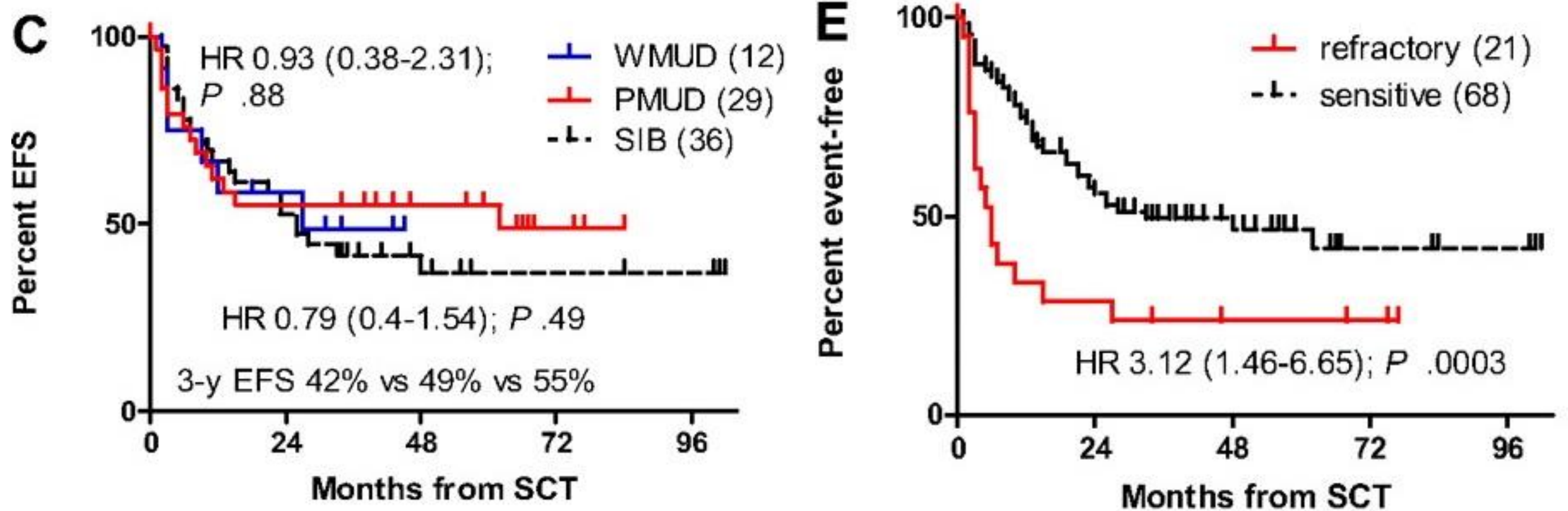
- 297 patient CIBMTR series.
- RIC allograft preferred – reduced risk of TRM and aGVHD offsets lower rates of disease control.

Long-term clinical and MRD results of the German CLL Study Group CLL3X trial



• 4y EFS of 42%.

CLL3X – donor type and disease status at SCT



EBMT Allograft in CLL data - 2589 patients

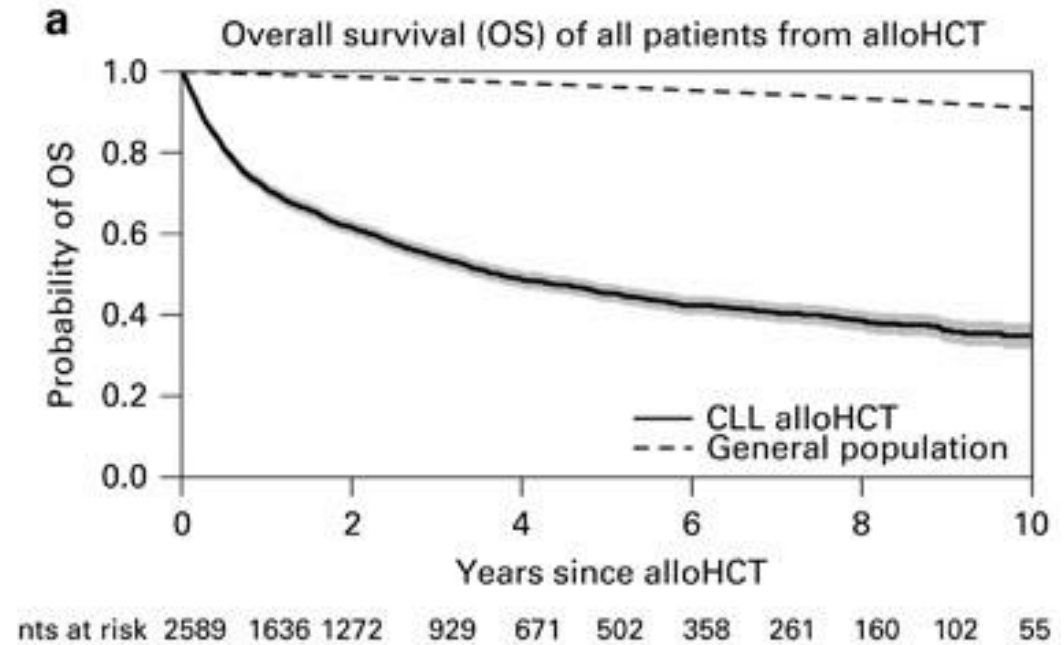
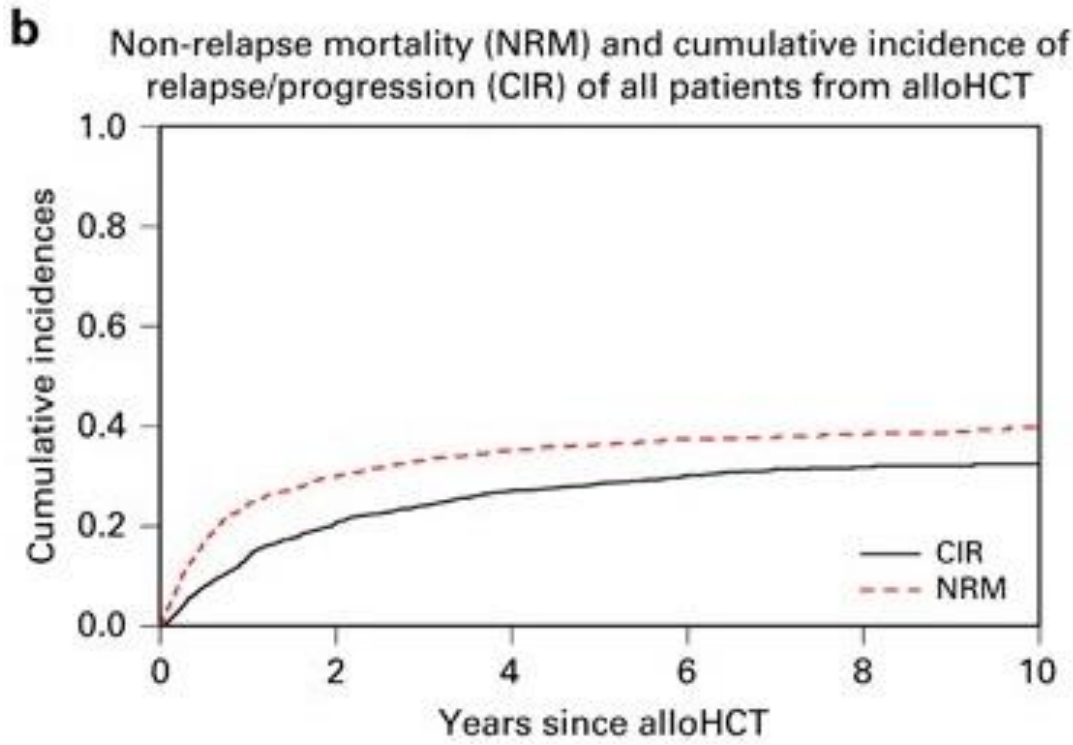
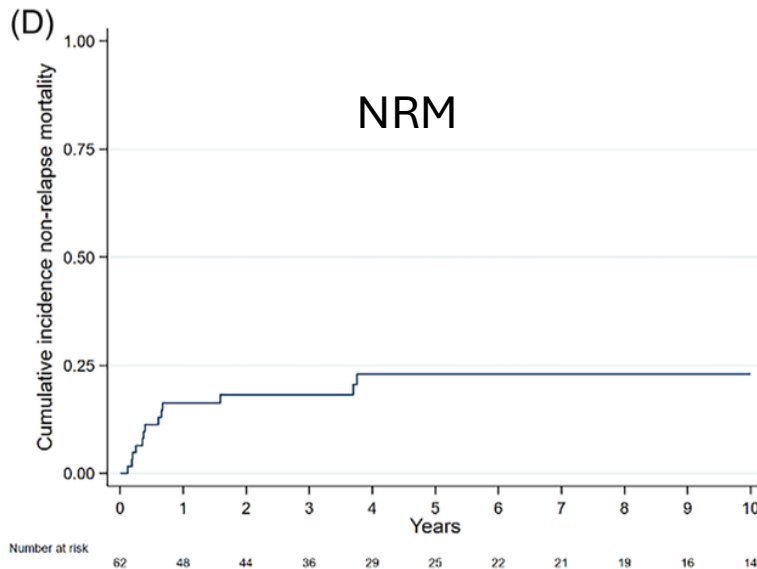
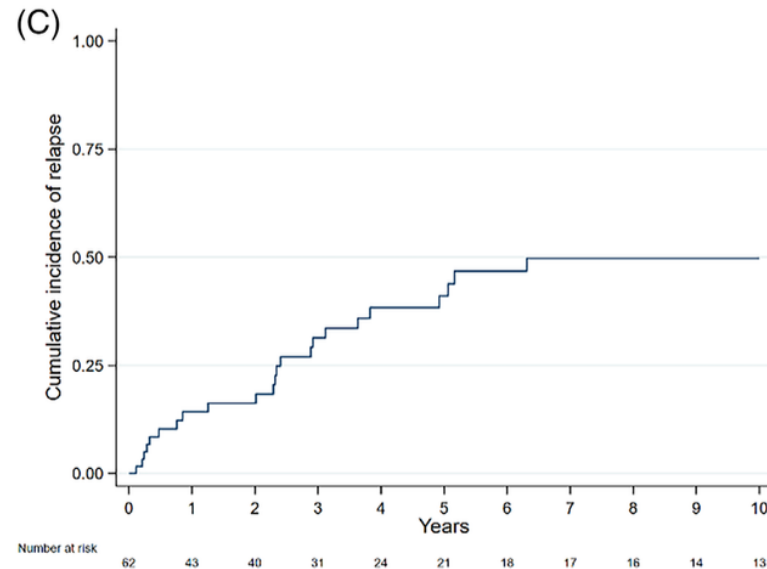
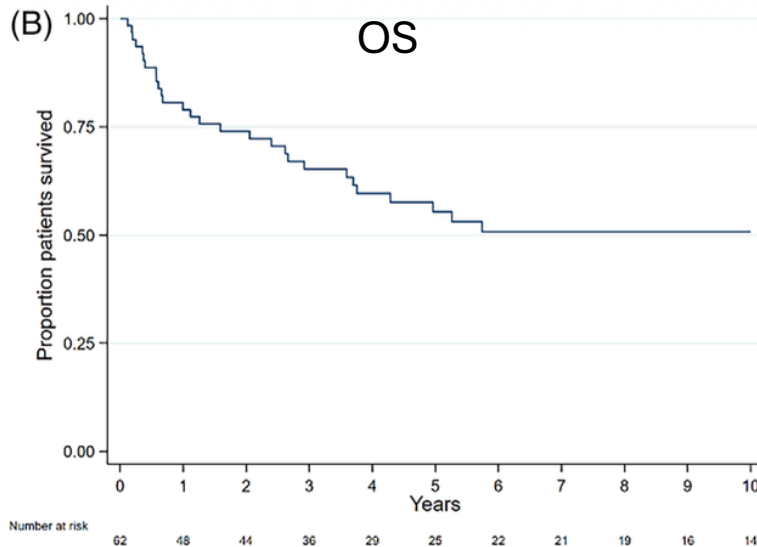
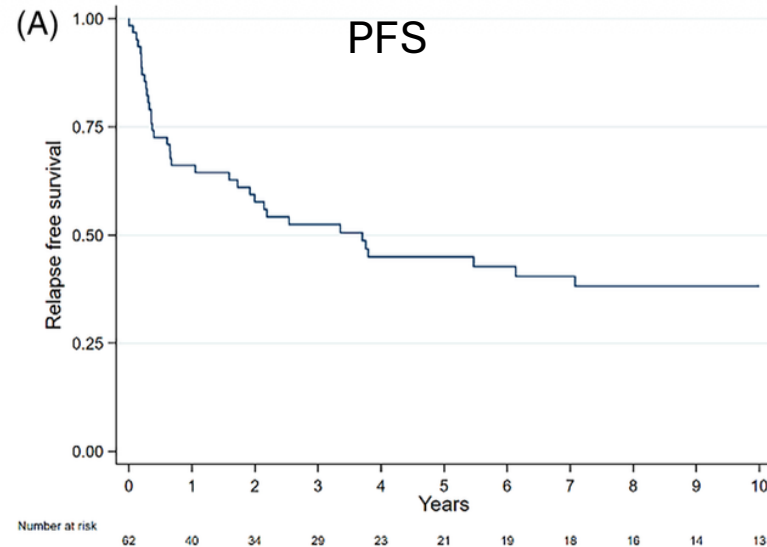


Table 2. Overall and event-free survival, cumulative incidences of relapse/progression and non-relapse mortality for patients with CLL at 1, 2, 5 and 10 years after allo-HCT

Time from allo-HCT	Overall survival (%) (95% CI)	Event-free survival (%) (95% CI)	Incidence of relapse/progression (%) (95% CI)	Non-relapse mortality (%) (95% CI)
1 year	71 (69–73)	62 (60–64)	14 (13–15)	24 (23–26)
2 years	62 (60–64)	49 (47–52)	21 (19–22)	30 (28–32)
5 years	45 (43–48)	35 (33–37)	29 (27–30)	36 (34–38)
10 years	35 (32–38)	28 (25–31)	32 (30–35)	40 (37–42)

Abbreviations: allo-HCT = allogeneic hematopoietic stem cell transplantation; CI = confidence interval.

Allogeneic Stem Cell Transplant: RMH / Peter Mac 2000-2022



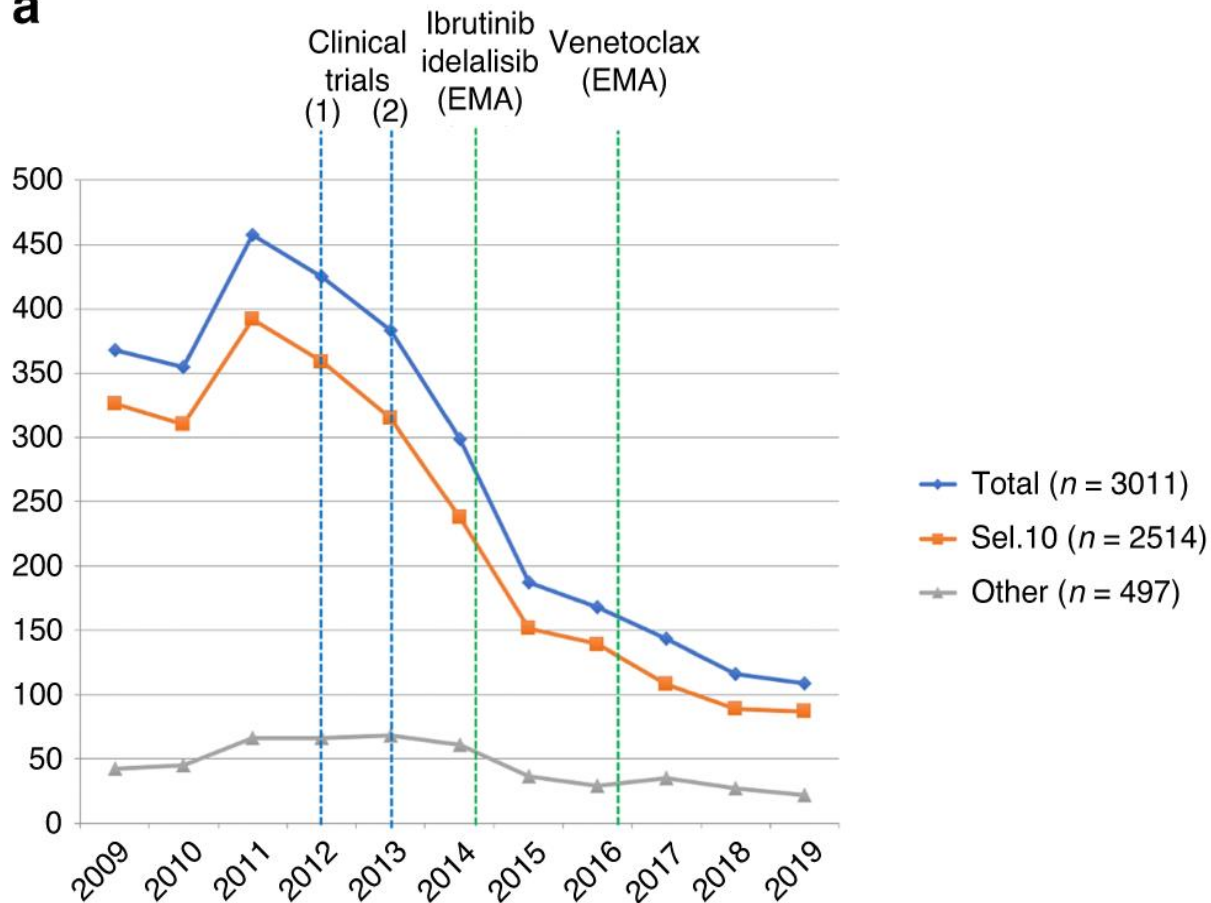
Only 28% had novel agents

TP53-LoF = HR 2.2 for PFS
Age > 54 = HR 2.6 for OS

We suggest that alloSCT should be considered for young patients who have been treated with **at least two novel agents** and either demonstrated a **short response** to one or both therapies or have CLL with **TP53 aberrancy or complex karyotype**.

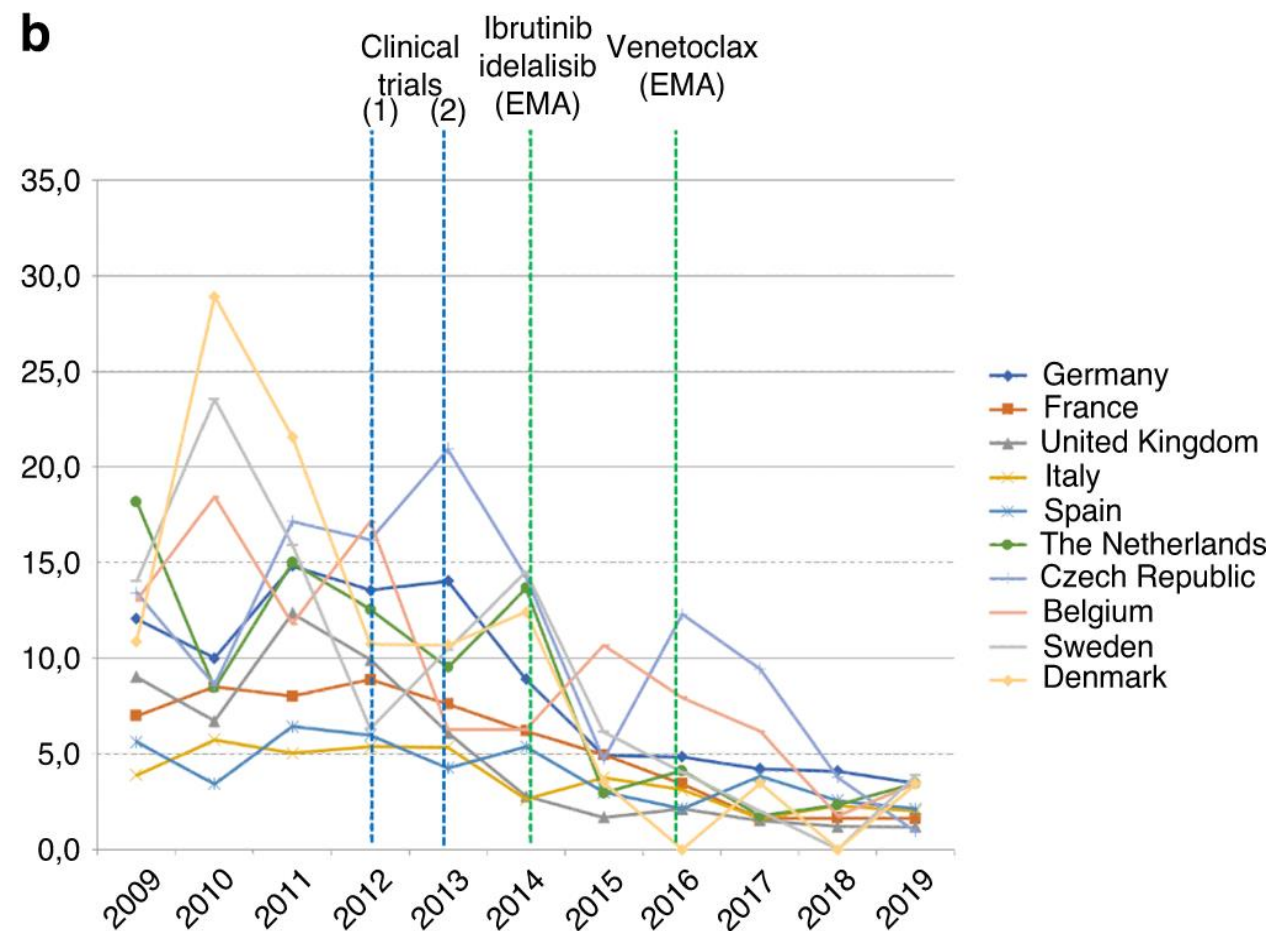
EBMT Allograft in CLL data

a



(1) First clinical trials for ibrutinib and idelalisib
(2) First clinical trials for venetoclax

b



ANZTCT Registry Report (2025)

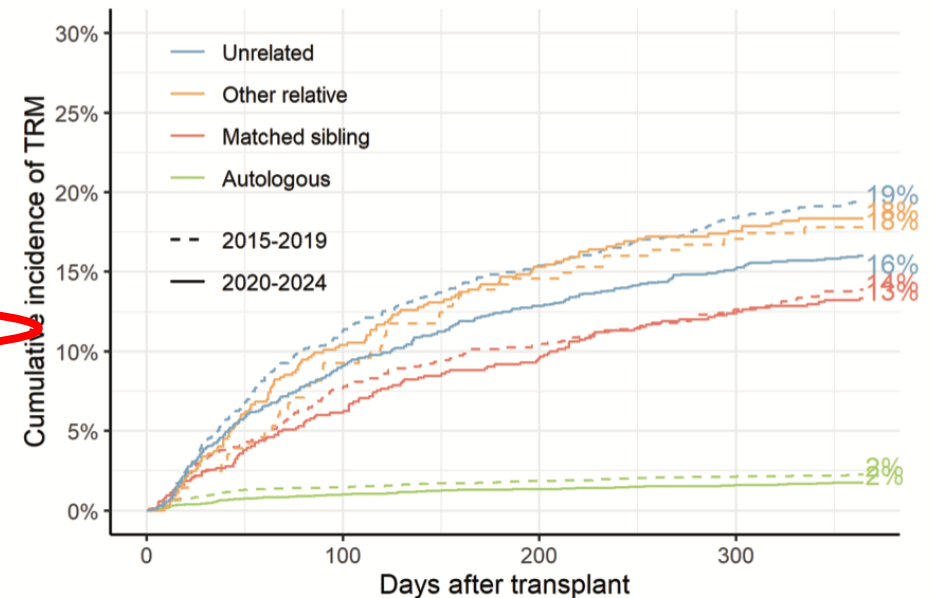
ANZTCT Registry Annual Data Summary 2025

Recipients aged 16+ - indication by transplant type

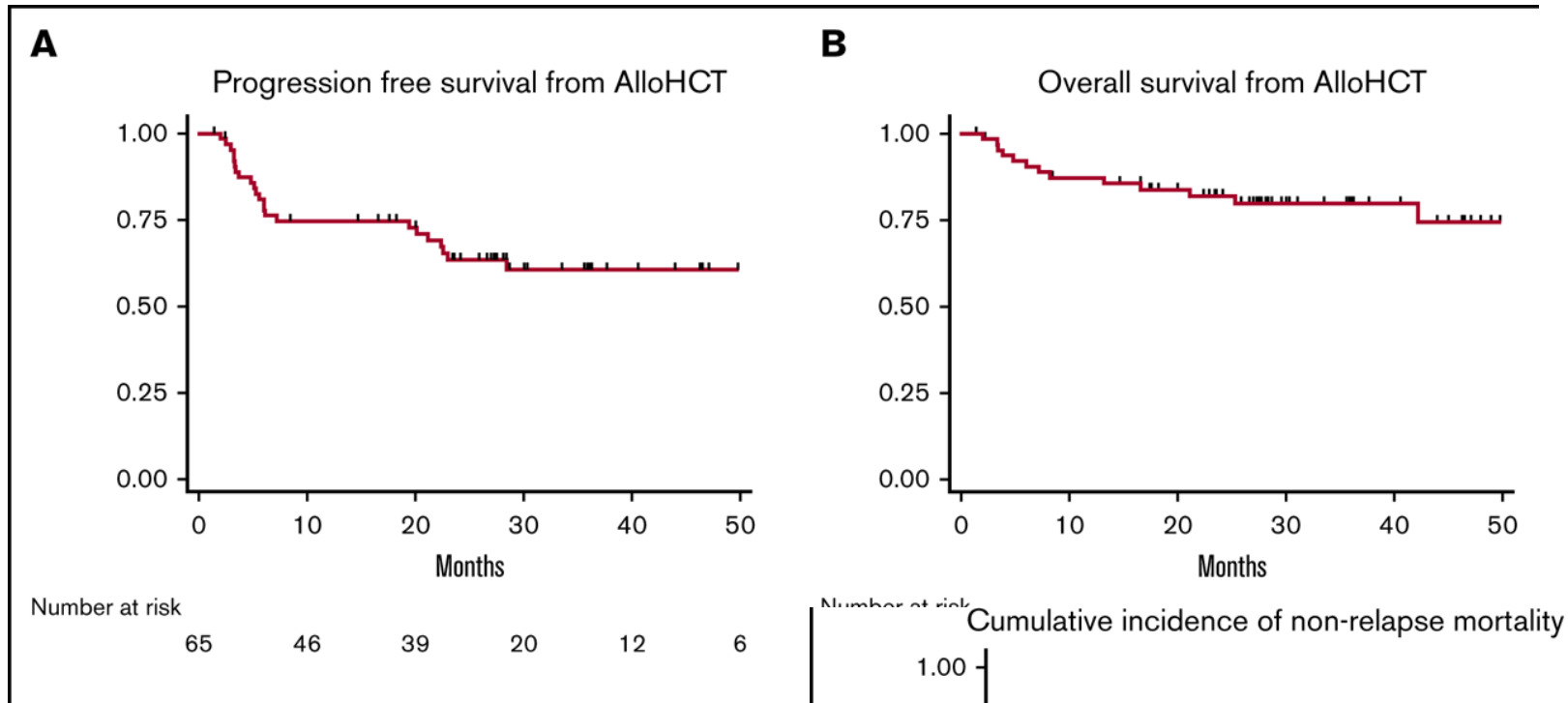
Diagnosis	Allogeneic related		Allogeneic unrelated		Autologous	
	Aust	NZ	Aust	NZ	Aust	NZ
Leukaemias						
ALL CR1	50	9	51	8	0	0
AML CR1	110	20	167	25	2	0
AML not-CR1	7	1	7	0	0	0
CLL (incl PLL) not-CR1	4	1	6	1	0	0

TRM trends: recipients aged 16+

Transplant related mortality 2015-2024 recipient aged 16+



Allograft in targeted agent era – Multi-Centre

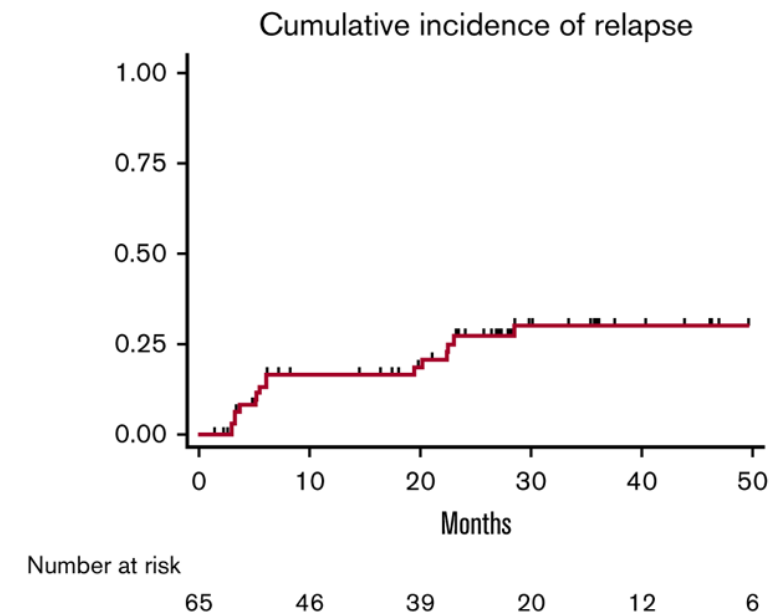
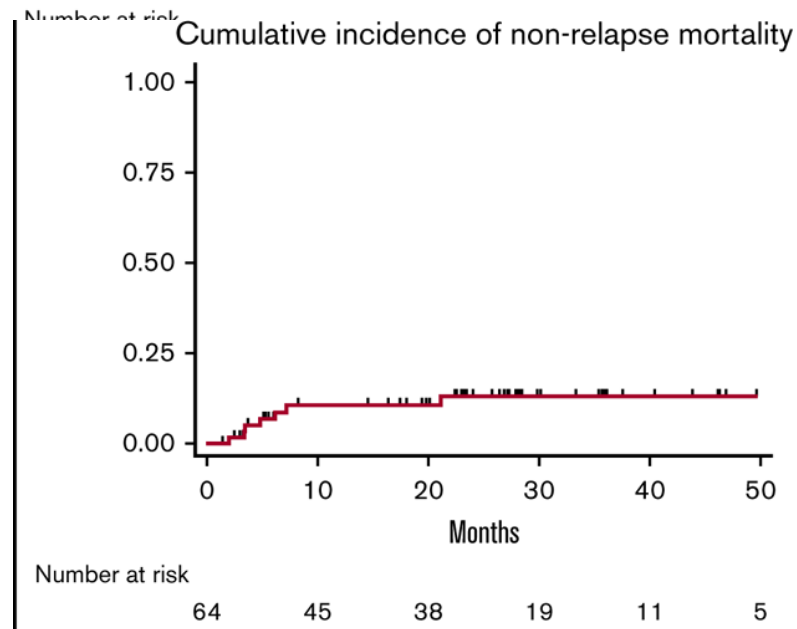


- As a general principle, delivered as consolidation therapy after inducing a response

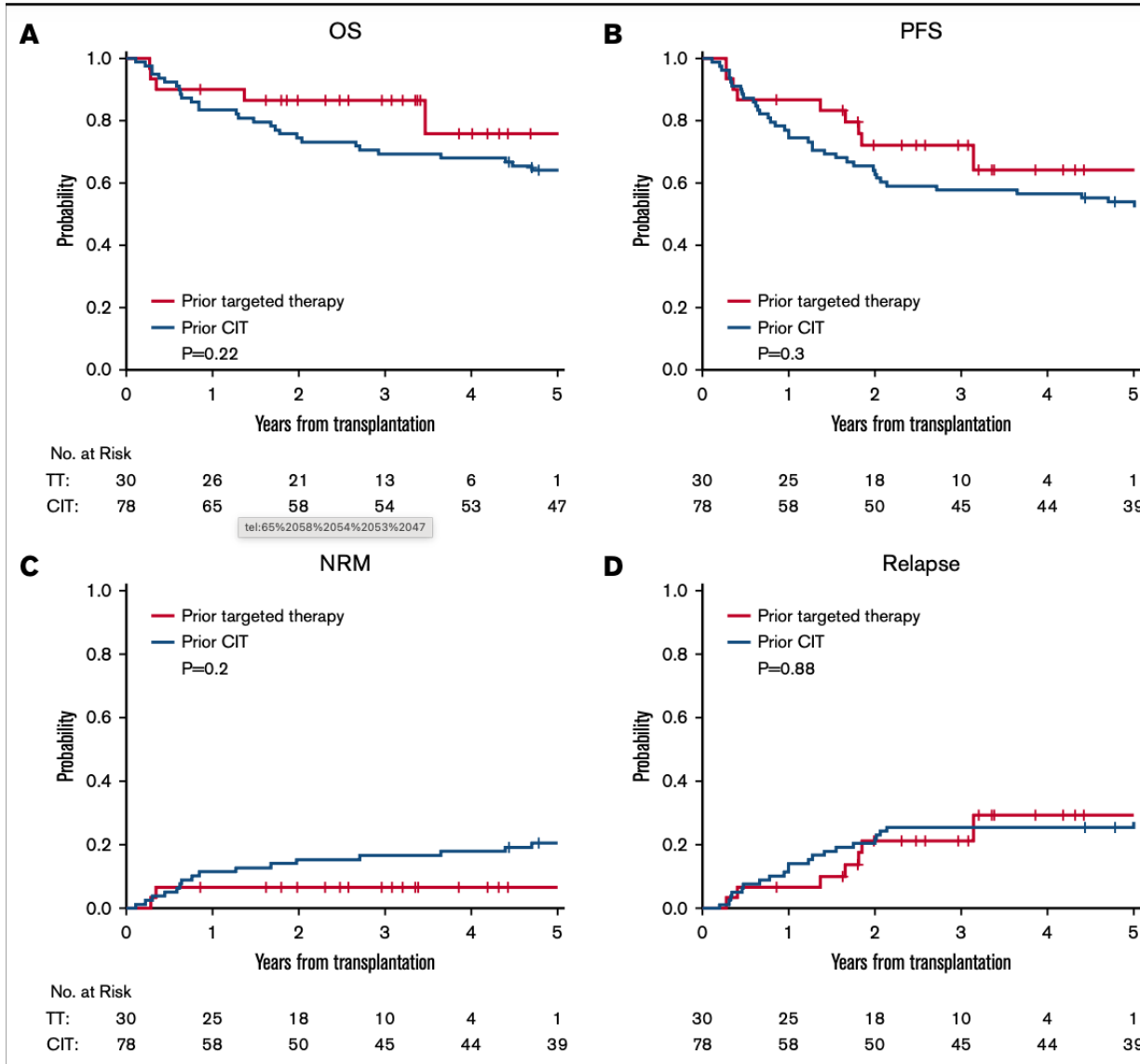
38% of patients double-exposed, 13% double-refractory.

No disease-related characteristics associated with outcomes (but small numbers).

NB. Only 3 patients with PD pre-allo



Allograft in targeted agent era – Dana Farber



In remission at time of SCT : 99% (CIT) vs 93% (NA)

Only HCl-comorbidity score was predictive of poor outcome

No impact on allo outcomes:

- CR vs PR prior to SCT
- FISH / complex karyotype
- Exposure to multiple targeted agents
- Time from first therapy to SCT

CLL : Success in Targeted Therapies

- Covalent BTK Inhibitor
- BCL2 Inhibitor



