**DOCUMENT NUMBER:** PBMT-GEN-058

**DOCUMENT TITLE:**
Criteria for Re-Transplantation

**DOCUMENT NOTES:**

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**Document Information**

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PBMT-GEN-058
CRITERIA FOR RE-TRANSPLANTATION

1 PURPOSE
1.1 To describe the criteria for patient selection for second or subsequent
Hematopoietic Stem Cell Transplant (HSCT).

2 INTRODUCTION
2.1 Some patients will fail to respond to HSCT because of primary or secondary graft
failure, severe graft dysfunction, autologous reconstitution or relapse of their
primary disease. In some of these cases, when the patient's situation is life-
threatening, a subsequent transplant is indicated.

3 SCOPE AND RESPONSIBILITIES
3.1 Physicians, nurses, and advanced practice nurses.

4 DEFINITION/ACRONYMS
4.1 HSCT Hematopoietic Stem Cell Transplant
4.2 TBI Total Body Irradiation
4.3 HIV Human Immunodeficiency Virus
4.4 ALL Acute Lymphoblastic Leukemia

5 MATERIALS
5.1 See specific drug administration sheets – See SOP PBMT-GEN-013 Materials for
Admission Checklist.

6 EQUIPMENT
6.1 N/A

7 SAFETY
7.1 N/A

8 PROCEDURE STEPS
8.1 The selection criteria for second or subsequent HSCT include:
8.1.1 Documentation of graft failure from prior transplant without autologous
recovery.
8.1.2 Relapse of malignancy after prior transplant with a reasonable
expectation that a subsequent transplant provides a chance of long term
relapse free survival.

*An example of this would be a patient relapsing after a chemotherapy-
based or reduced intensity transplant who could be re-transplanted using
a Total Body Irradiation (TBI)-based prep regimen.
*A second example would be a patient experiencing a late relapse (>1 year) after a matched sibling transplant who could be re-transplanted using an unrelated donor.

8.1.3 Primary or secondary graft failure with marrow aplasia.

8.1.4 Adequate organ function to withstand planned cytoreduction. The patient would go through a complete transplant work-up including re-evaluation of disease status, infectious disease status, organ function, "donor" screening, infectious disease screening and would need be deemed able to withstand the anticipated toxicity of planned therapy.

8.1.5 Control of active infections.

8.1.6 Availability of a suitable donor.

8.1.7 Availability of a full time care taker.

8.1.8 The patient and or their donor cannot be Human Immunodeficiency Virus (HIV) positive.

8.1.9 Parental/patient consent

9 RELATED FORMS/DOCUMENTS
9.1 Patient specific consents are composed for second transplants.

10 REFERENCES
10.1 See materials attached to specific drug information utilized in the preparative regimen selected for the patient.

11 REVISION HISTORY

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<th>Description of Change(s)</th>
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| 04           | S. McCollum | • Acronyms defined throughout.  
                            • Added Section 11 - Revision History.  
                            • Removed Section 8.1.3 stating >6 months lapse from prior transplant to planned re-transplant unless the patient has graft failure with marrow aplasia.  
                            • Section 8.1.9: Removed “or HTLV”  
                            • Removed Section 8.1.10 stating the patient cannot have ALL in relapse. |
# Signature Manifest

**Document Number:** PBMT-GEN-058  
**Title:** Criteria for Re-Transplantation  
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All dates and times are in Eastern Time.

## PBMT-GEN-058 Criteria for Re-Transplantation

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