
This article reviews immune suppression and recovery that occur after allogeneic stem cell transplantation, with changes in the epidemiology, and some of the recent advances that have been made in management of infectious complications.


Although complete response achievement is necessary in patients with poor-risk disease, it might not be as critical for long survival in more indolent multiple myeloma.


New strategies are necessary to make allogeneic stem-cell transplantation safer and more effective for patients with multiple myeloma. Until this is achieved, allo-reduced-intensity conditioning in myeloma should be recommended only in the context of clinical trials.


This review presents information on plerixafor, including its mechanism of action in mobilizing stem cells, pharmacokinetics, clinical efficacy, adverse effects, and pharmacoeconomic considerations.


Allogeneic hematopoietic stem-cell transplantation remains a potential curative therapeutic option for many older patients with myelodysplastic syndromes. In this analysis, disease stage at time of transplantation, but not recipient age or the intensity of the conditioning regimens, was the most important factor influencing outcomes.


Results suggest that age alone should not be the primary reason for exclusion from receiving myeloablative reduced-toxicity conditioning with i.v. Bu-Flu preceding transplantation in patients with acute myeloid leukemia or myelodysplastic syndrome.


Umbilical-cord blood is increasingly considered as an alternative to peripheral blood progenitor cells or bone marrow, especially when a human leukocyte antigen (HLA)-matched adult unrelated donor is not available. The data in this analysis support the use of umbilical-cord blood for adults with acute leukemia when there is no HLA-matched unrelated adult donor available and when a transplant is needed urgently.


The authors conclude that leukemia-free survival after double umbilical cord blood transplantation is comparable with that observed after matched related donor and matched unrelated donor transplantation. For patients without an available human leukocyte antigen (HLA)-matched donor, the use of 2 partially HLA-matched umbilical cord blood units is a suitable alternative.


This report demonstrates that allogeneic sibling transplantation with a reduced-intensity conditioning regimen is safe and efficacious for patients with advanced indolent B-cell malignancies enrolled in a Cooperative Group study.

The role of allogeneic hematopoietic cell transplantation (alloHCT) in human immunodeficiency virus (HIV)-positive patients is not known. These data suggest that alloHCT is feasible for selected HIV-positive patients with malignant and nonmalignant disorders.