



ISBMT

Indian Society for Blood & Marrow Transplantation

BMT MASTER CLASS

December 2025

**Relapsed AML with
Primary Graft Failure**

Presenter: Dr Vedant Shripad Vaidya

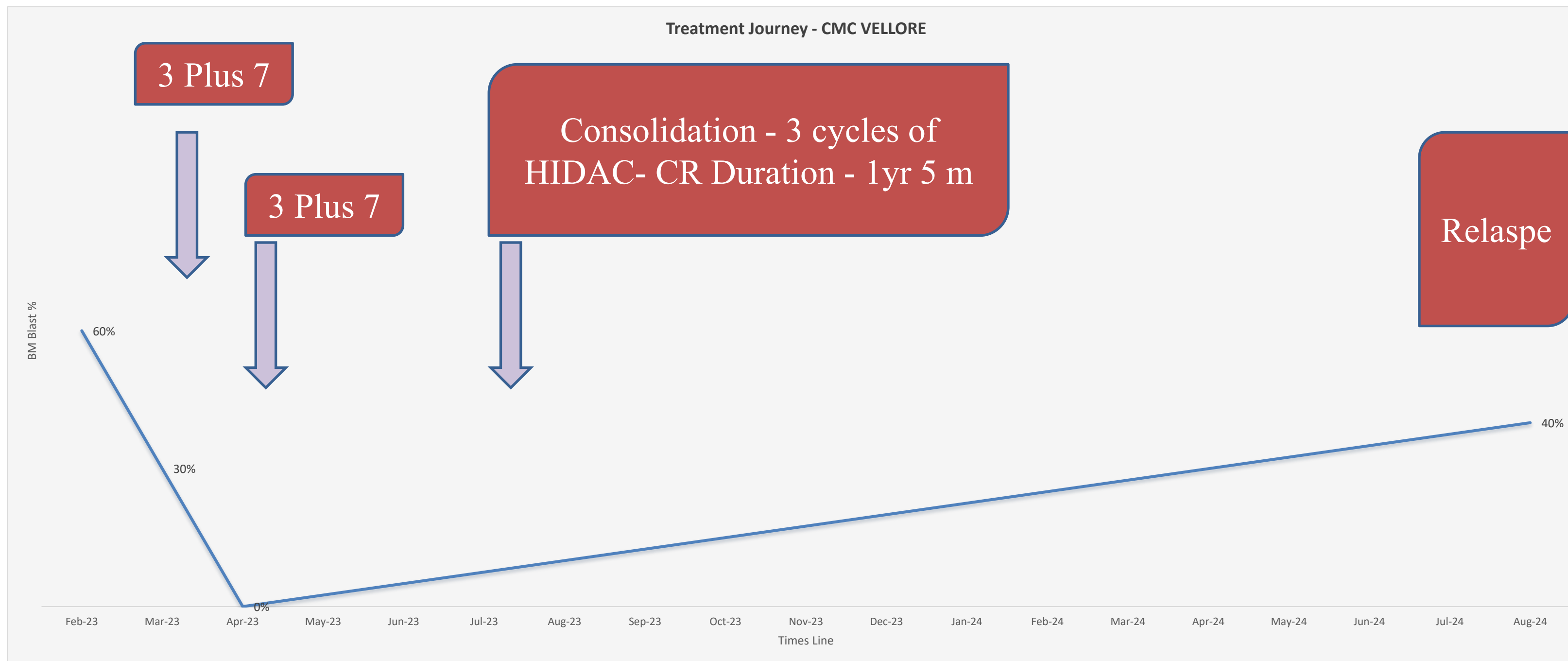
Designation: Senior Resident

Institute: JIPMER

13yr/ male, single child - AML M1/M2 - Good Risk (Diagnosed in Feb 2023) t (8;21).

Baseline: Feb 2023
Induction 1: Feb 2023
Induction 2: March 2023

Consolidation: May to July 2023
Diagnosed as Relapse - August 2024
(CR duration 1yr 5 month)



Pre- transplant work up

	Donor 54y/male	Recipient 15y/ Male
Blood	A positive	A positive
DCT/ICT	Negative	Negative
DSA/SAB		Negative
BM		No fibrosis
CMV titres IgG	105 (positive)	15.1 (positive)
HIV	Negative	Negative
Hep B	Negative	Negative
Hep C	Negative	Negative
HCV RNA		Not detected
HBV DNA		Not detected
EBV DNA		Not detected

Salvage:

FLAG + Ven f/b 6 cycles of Aza-ven

Underwent haploidentical (6/12) transplant with father as donor on 18/7/25 - Primary graft failure

Transplant Details

Transplant Details	
Conditioning	Fludarabine + Busulfan.
Stem cell infusion dose	CD34 dose of 9.1×10^6 cells/kg CD3 of 2.5×10^8 cells/kg
GVHD Prophylaxis	Post-transplant cyclophosphamide (PTCy), Tacrolimus, and Mycophenolate Mofetil (MMF)
Complications	Severe mucositis and diarrhea Mild Veno-occlusive disease (VOD) Transient hemorrhagic cystitis
<p>Post Transplant : Primary Graft failure BM is in remission, Mixed chimerism and SAB is negative</p>	

Questions

1. We have not assessed Minor HLA, Kir Mismatch
 2. Attempted for Matched Unrelated Donor – failed
 3. CHIP (clonal hematopoiesis) somatic mutation analysis not performed
- Would any of these strategies helped better?
 - Any further details to look for ?

Thank you...