

Tabel 8: Samenvatting aanbevelingen internationale richtlijnen t.a.v. autologe SCT bij WM

| mSmart 2016 Mayo Stratification, 2017 ⁴⁹ | Nat comprehensive Cancer network version 2.2016 ⁵⁴ | 8 th International Workshop for WM, 2016 ⁵⁰ | British Society of Haematology 2014 ⁹ | ESMO, 2018 ¹⁰ | How I Treat, 2019 ¹⁵ |
|--|---|---|--|---|--|
| <p>Strong consideration for chemosensitive, transplant eligible patients in first relapse taking into account the patient's preference</p> | <p>An option for salvage therapy (not specified whether this approach should be undertaken early or late in the disease course)</p> | <p>The panel agrees that stem cell transplantation (SCT) should be discussed in selected WM cases, although physicians should take into account the numerous available alternative treatment options. ASCT is a feasible and effective treatment option for high-risk WM patients who are eligible for transplant, but should ideally be offered at early relapses. ASCT is not as beneficial for patients exposed to more than 3 lines of therapy or with chemotherapy refractory disease.</p> | <p>In younger, fitter patients with aggressive disease (short progression-free survival or transformation) in the setting of chemosensitive disease and at least a partial response to reinduction</p> | <p>As salvage therapy in transplant eligible patients with aggressive disease</p> | <p>High-dose therapy (HDT) with autologous stem cell transplantation (ASCT) may have a role for the treatment of young patients with chemosensitive disease or those with an early relapse and a clinically aggressive course.</p> |