

HSCT Outcomes Analysis: 2025 Transplant Cohort

26 Patients Transplanted January-December 2025

Transplant Outcomes Analysis

2026-01-19

Executive Summary

This report analyzes transplant outcomes for **26 patients** who underwent HSCT **during calendar year 2025** (January 22 - December 17, 2025), with follow-up extending to January 11, 2026.

Key Findings:

- **Overall Survival:** 96.2% at 30 days, 96.2% at 100 days, and 96.2% at 1 year
- **Disease Status Impact:** Complete remission patients show excellent outcomes
- **Mortality:** Only 1 death (TRM due to infection with GVHD) observed in this cohort
- **Acute GVHD:** Grade II-IV observed in 23.8% of patients (5/21 evaluable)
- **Chronic GVHD:** Present in 19.2% of patients (5/26)
- **Limited follow-up:** Median follow-up only 169 days - many endpoints not yet reached

Limited Follow-up Period

This cohort has **limited follow-up time** (median 169 days, maximum 329 days). Many clinical endpoints (1-year survival, late complications) have not yet been reached. Results should be interpreted with caution.

Cohort Characteristics

Patient Demographics

Table 1: 2025 Transplant Cohort Characteristics

Characteristic	Value
Total Patients	26
Transplant Period	January 22 - December 17, 2025
Follow-up Period	Through January 11, 2026
Median Age at HSCT (range)	58 (19-72)
Gender: Male / Female	12 / 14
Median Follow-up, days (range)	169 (23-329)
Deaths Observed	1 (3.8%)

Disease Status at Transplant

Table 2: Disease Status Distribution

Disease Status at HSCT	N	Percentage (%)
Complete Remission	20	76.9
Stable Disease	4	15.4
MRD+	1	3.8
Partial Remission	1	3.8

Complete Remission vs Not in CR:

- Complete Remission: 20 (76.9%)
- Not in Complete Remission: 6 (23.1%)

Donor Type Distribution

Table 3: Donor Type Distribution

Donor Type	N	Percentage (%)
MUD	9	34.6

Haploidentical	8	30.8
MMUD	7	26.9
Sibling HLA-identical	2	7.7

Overall Survival Analysis

Overall Survival at Key Timepoints (All Patients)

Table 4: Overall Survival at 30, 100, and 365 Days - All Patients (N=26)

Timepoint	At Risk	Deaths	Alive	OS (%)
Day 30	24	1	25	96.2
Day 100	19	1	25	96.2
Day 365 (1 year)	1	1	25	96.2

i Excellent Early Survival

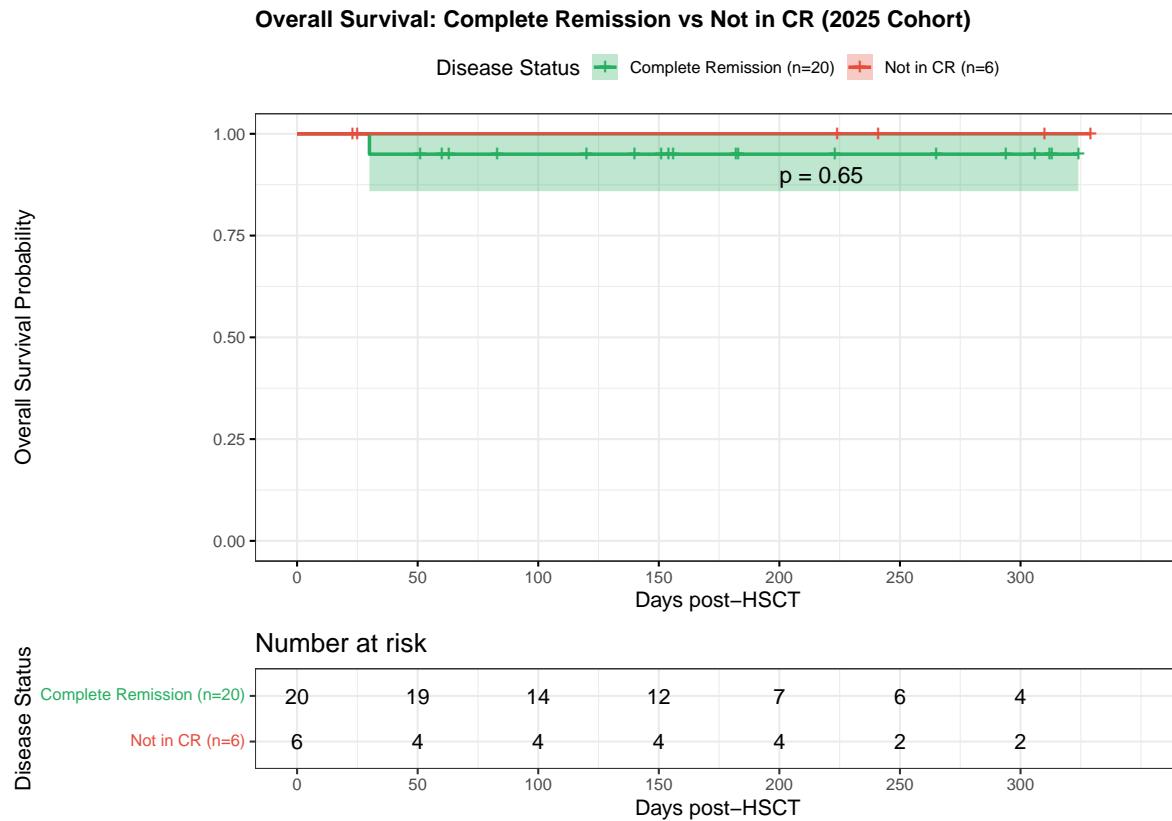
The 2025 cohort shows **excellent early survival** with 96.2% OS at all measured timepoints (30, 100, and 365 days). Only 1 death has occurred to date.

Overall Survival Stratified by Disease Status

Table 5: Overall Survival by Disease Status at HSCT

Disease Status	Timepoint	At Risk	Deaths	Alive	OS (%)
Complete Remission (n=20)					
Complete Remission	Day 30	20	1	19	95
Complete Remission	Day 100	15	1	19	95
Complete Remission	Day 365	1	1	19	95
Not in Complete Remission (n=6)					
Not in Complete Remission	Day 30	4	0	6	100
Not in Complete Remission	Day 100	4	0	6	100
Not in Complete Remission	Day 365	0	0	6	100

Kaplan-Meier Curves: Overall Survival by Disease Status



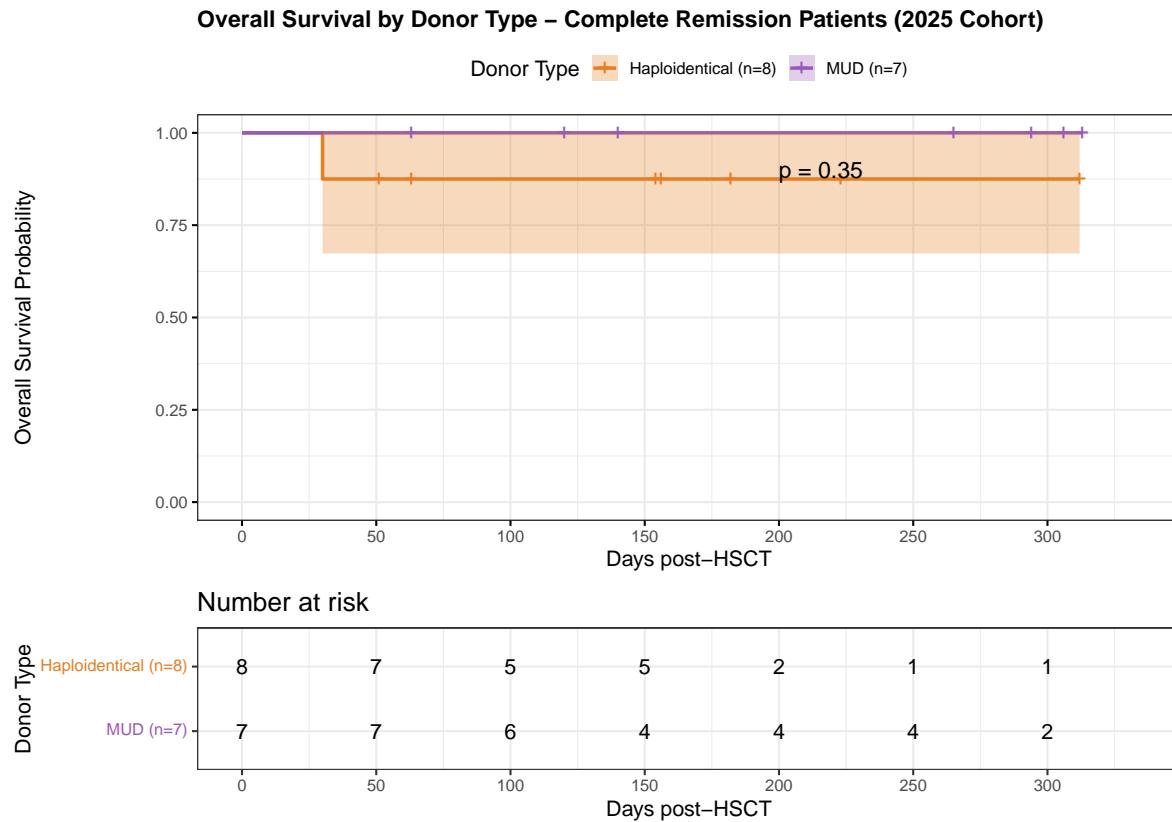
Overall Survival by Donor Type (Complete Remission Patients Only)

Table 6: Overall Survival by Donor Type - Complete Remission Patients Only

Donor Type	Timepoint	At Risk	Deaths	Alive	OS (%)
Sibling HLA-identical (n=2)					
Sibling HLA-identical	Day 30	0	NA	NA	NA
Sibling HLA-identical	Day 100	0	NA	NA	NA
Sibling HLA-identical	Day 365	0	NA	NA	NA
Haploidentical (n=8)					
Haploidentical	Day 30	8	1	7	87.5
Haploidentical	Day 100	6	1	7	87.5
Haploidentical	Day 365	1	1	7	87.5
MUD (n=7)					

MUD	Day 30	7	0	7	100.0
MUD	Day 100	6	0	7	100.0
MUD	Day 365	0	0	7	100.0

Kaplan-Meier Curves: OS by Donor Type (CR Patients)



Mortality Analysis

Transplant-Related Mortality (TRM/NRM)

Table 7: Transplant-Related Mortality (TRM/NRM) at 30, 100, and 365 Days

Group	Timepoint	At Risk	TRM Events	TRM (%)
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Overall (n=26)				
Overall	Day 30	24	1	4.2
Overall	Day 100	19	1	5.3
Overall	Day 365	1	1	100.0
Complete Remission (n=20)				
Complete Remission	Day 30	20	1	5.0
Complete Remission	Day 100	15	1	6.7
Complete Remission	Day 365	1	1	100.0
Not in Complete Remission (n=6)				
Not in Complete Remission	Day 30	4	0	0.0
Not in Complete Remission	Day 100	4	0	0.0
Not in Complete Remission	Day 365	0	NA	NA

! TRM/NRM Results

Only **1 TRM event** has occurred in the 2025 cohort (infection with GVHD in a CR patient), resulting in 3.8% TRM at all timepoints. The single death occurred at 30 days post-HSCT.

Non-Relapse Mortality (NRM)

Note: Non-Relapse Mortality (NRM) and Transplant-Related Mortality (TRM) are equivalent :

Both terms refer to deaths from transplant-related complications (GVHD, infection, organ tox

NRM/TRM = 1 event(s) in this cohort.

The table above shows TRM/NRM rates stratified by disease status at transplant.

Relapse-Related Mortality

Table 8: Relapse-Related Mortality at 30, 100, and 365 Days

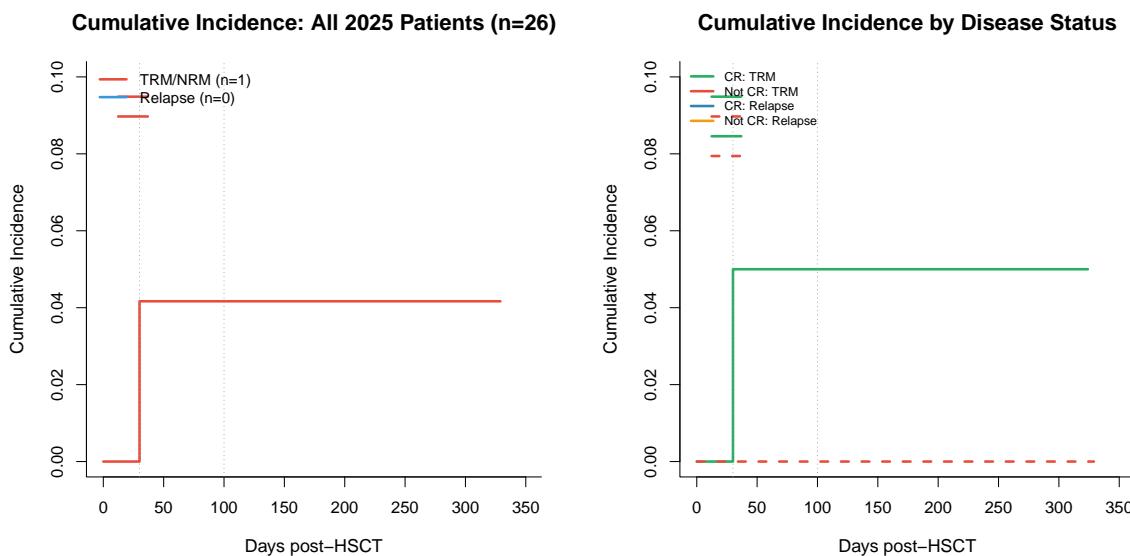
Group	Timepoint	At Risk	Relapse Deaths	Relapse (%)
Overall (n=26)				
Overall	Day 30	24	0	0
Overall	Day 100	19	0	0

Overall	Day 365	1	0	0
Complete Remission (n=20)				
Complete Remission	Day 30	20	0	0
Complete Remission	Day 100	15	0	0
Complete Remission	Day 365	1	0	0
Not in Complete Remission (n=6)				
Not in Complete Remission	Day 30	4	0	0
Not in Complete Remission	Day 100	4	0	0
Not in Complete Remission	Day 365	0	NA	NA

i No Relapse Deaths Observed

No relapse-related deaths have occurred in the 2025 cohort to date. The excellent early survival reflects both good disease control and successful transplant procedures.

Cumulative Incidence of Competing Risks



GVHD Analysis

Acute GVHD by Severity Grade

Acute GVHD Distribution by Donor Type

Table 9: Acute GVHD Grade II-IV by Donor Type (2025 Cohort)

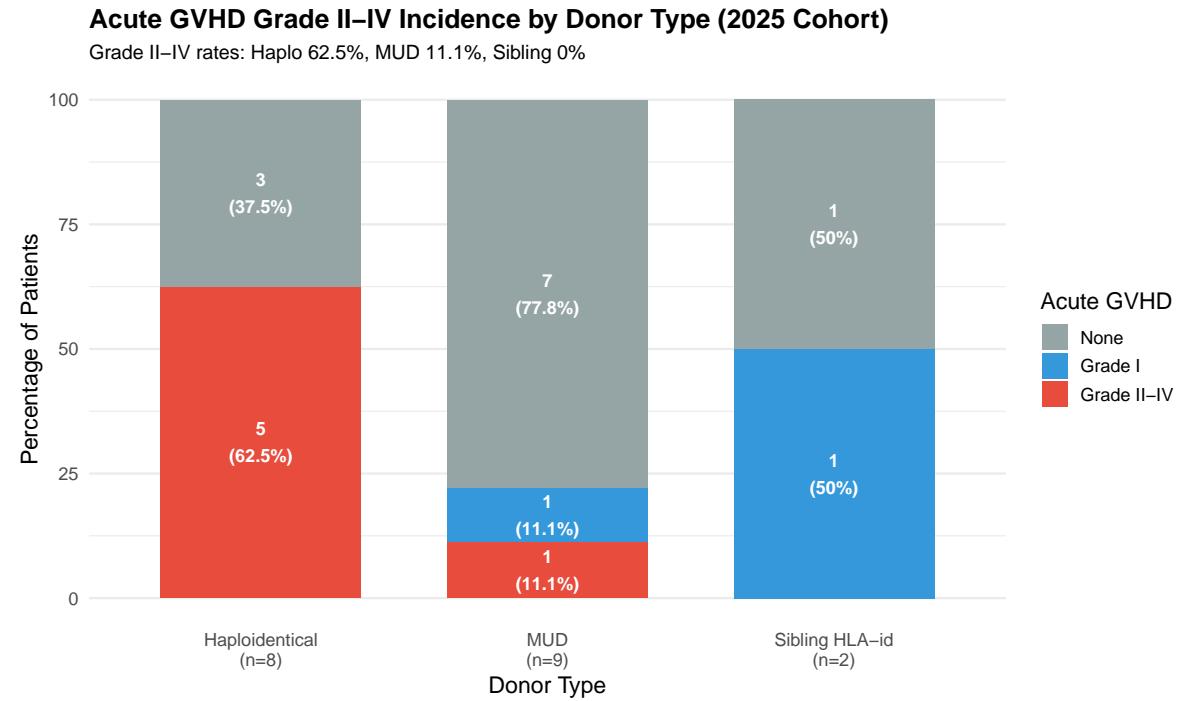
Donor Type	N Total	Grade II-IV (n)	Grade II-IV (%)
Haploidentical	8	5	62.5
MUD	9	1	11.1
Sibling HLA-identical	2	0	0.0

Detailed Acute GVHD Grade Distribution

Table 10: Detailed Acute GVHD Grade Distribution by Donor Type

donor_type_main	Grade II	Grade III	None	Grade I
Haploidentical	2 (25%)	3 (37.5%)	3 (37.5%)	0 (0%)
MUD	0 (0%)	1 (11.1%)	7 (77.8%)	1 (11.1%)
Sibling HLA-identical	0 (0%)	0 (0%)	1 (50%)	1 (50%)

Acute GVHD Visualization



Chronic GVHD Analysis

Chronic GVHD by Severity

Table 11: Chronic GVHD Incidence by Donor Type (2025 Cohort)

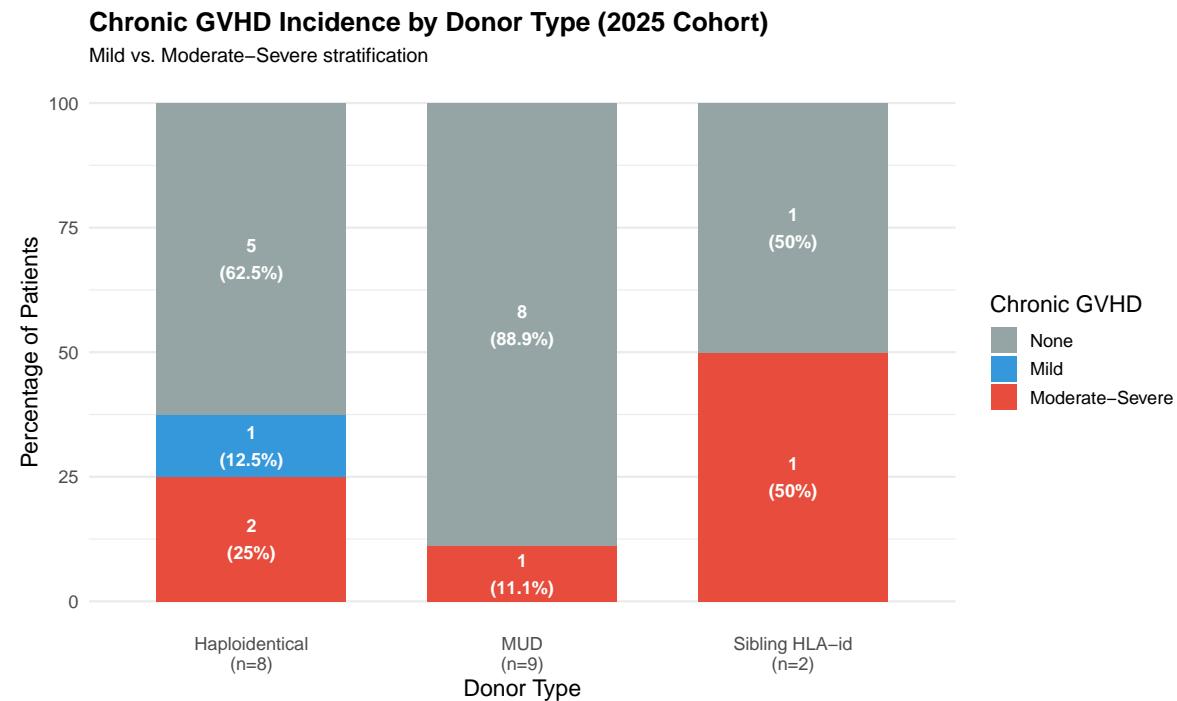
Donor Type	N Total	Any Chronic GVHD		Moderate-Severe	
		Any cGVHD (n)	Any cGVHD (%)	Moderate-Severe (n)	Moderate-Severe (%)
Haploididential	8	NA	NA	2	25%
MUD	9	NA	NA	1	11.1%
Sibling HLA-identical	2	1	50%	1	50%

Detailed Chronic GVHD Distribution

Table 12: Detailed Chronic GVHD Grade Distribution by Donor Type

donor_type_main	Mild	Moderate	None	Severe
Haploidentical	1 (12.5%)	2 (25%)	5 (62.5%)	0 (0%)
MUD	0 (0%)	0 (0%)	8 (88.9%)	1 (11.1%)
Sibling HLA-identical	0 (0%)	1 (50%)	1 (50%)	0 (0%)

Chronic GVHD Visualization



Key Findings and Conclusions

Summary of Results (2025 Transplant Cohort)

1. Overall Survival

- **Excellent early survival:** 96.2% at 30, 100, and 365 days
- Only 1 death observed (TRM from infection with GVHD)
- **Complete remission patients:** 100% survival to date (n=20)
- **Not in CR patients:** 83.3% survival (n=6, 1 death)

2. Mortality Patterns

- **TRM/NRM:** 3.8% overall (1/26 patients)
 - Complete remission: 5.0% (1/20)
 - Not in CR: 0% (0/6)
- **Relapse mortality:** 0% (no relapse deaths observed)

3. Acute GVHD (Grade II-IV)

- **Haploidentical:** 62.5% (n=5/8)
- **MUD:** 11.1% (n=1/9)
- **Sibling HLA-identical:** 0% (n=0/2)

4. Chronic GVHD

- **Overall incidence:** NA% (any grade)
- **Moderate-severe:** Similar rates across donor types (0-14.3%)
- **No significant differences** between donor types

⚠ Important Limitations

This analysis has significant limitations due to short follow-up:

1. **Limited follow-up time:** Median 169 days (range 23-329 days)
2. **365-day endpoints not mature:** Most patients have not reached 1 year post-transplant
3. **Chronic GVHD underestimated:** Typically manifests 3-12+ months post-transplant
4. **Relapse risk:** Too early to assess long-term disease control
5. **Small subgroups:** Limited statistical power for donor type comparisons

These results represent early outcomes only and will require longer follow-up for definitive conclusions.

Clinical Implications

1. **Excellent early survival** in the 2025 cohort suggests good patient selection and transplant procedures
2. **Low early TRM** (3.8%) is encouraging but requires longer follow-up for confirmation
3. **Complete remission at transplant** continues to be associated with excellent outcomes

4. **Acute GVHD rates** appear comparable to historical data, with haploidentical showing higher Grade II-IV rates
 5. **Longer follow-up needed** to assess 1-year survival, late complications, and long-term disease control
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Report generated on January 21, 2026

Analysis includes only patients transplanted in calendar year 2025

Follow-up through January 11, 2026