Maintenance therapy post AlloSCT

Disease relapse remains the leading cause of failure after allo-HCT, with an overall incidence of around 30%. Maintenance therapy, defined as therapy initiated while the patient remains in complete remission (CR), is a promising approach to reduce the risk of relapse after allo-HCT. Although this ensures that disease-directed therapy can be initiated while in remission, this approach overtreats a significant number of patients who otherwise may not have needed such therapy. However, many uncertainties still surround posttransplant maintenance therapy, including which patient subsets truly benefit, choice of agent, and duration of therapy. Populations with risk factors for higher relapse risk are more likely to benefit from maintenance therapy. High- risk cytogenetic and molecular abnormalities, the presence of measurable residual disease (MRD) immediately before transplant, and the use of reduced- intensity conditioning all are associated with an increased risk for disease relapse after allo-HCT and have all been used to risk stratify populations. Heterogeneity in access to mutational testing, MRD evaluation, and specific agents makes presenting any standard approach difficult.