Is haploidentical donor the donor of choice for relapsed Hodgkin's lymphoma? Yes. Anna Sureda, Clinical Hematology Department, Institut Català d'Oncologia-Hospitalet, Barcelona, Spain.

Allogeneic hematopoietic stem cell transplantation (allo-HCT) represents a potential curative strategy for patients with Hodgkin lymphoma (HL) relapsing after autologous stem cell transplantation (auto-HCT), but not all potential candidates have an HLA matched sibling donor (SIB) or a matched unrelated donor available (MUD) and the incidence of disease relapse is still high. Encouraging results have been reported with haploidentical HCT (haplo-HCT) after a nonmyeloablative regimen and post-transplantation cyclophosphamide (PTCy) as graft-versus-host-disease (GVHD) prophylaxis. The biggest retrospective analysis comparing haplo-HCT in front of SIB and MUD suggested that PTCy-based haplo-HCT was associated with comparable results with respect to non-relapse mortality, overall survival and progression-free survival with those of conventional transplantations. Moreover, haplo-HCT resulted in a lower incidence of extensive chronic GVHD compared with MUD and higher extensive cGVHD-free, relapse-free survival (cGFRS) compared with SIB. Despite the lower cGVHD incidence in the haplo-HCT group, the risk of relapse was lower than that in the SIB group and similar to that for MUD transplantation group. Results of other two smaller retrospective analyses also indicated a better outcome of haplo-HCT in front of SIB due to a lower relapse rate and an improved cGFRS. In conclusion, the almost universal donor availability of haploidentical donors as well as their almost immediate accessibility together with the lower relapse rate as well as the higher cGFRS seen after the procedure suggest that they should be considered the donor of choice for patients with relapsed/refractory HL. Prospective clinical trials are clearly needed in this setting in order to confirm the findings of these retrospective studies.