*OMB No. 8113784652657*

# Chronic Graft Versus Host Disease Disease Biology And

Graft-Versus-Host Disease/Graft-Versus-Leukemia: Recent Advances in Therapy Case 3: Moderate Chronic Graft-Versus-Host Disease Introduction to Chronic Graft versus Host Disease 2020 Graft vs. Host Disease (GVHD) - Mayo Clinic Graft Versus Host Disease (GVHD) Chronic Graft versus Host Disease and Your Mouth 2017 Graft-Versus-Host Disease: Q\u0026A With Lori Styles, MD, Pharmacyclics David Miklos, MD, PhD: Ibrutinib in Chronic Graft-Versus-Host Disease Pursue 21 I - Graft Rejection \u0026 Primary Immune deficiency disorders Living with graft versus host disease on the lungs Chronic Graft-vs-Host Disease (GVHD) of Skin and Connective Tissues 2018 Feb 22, 2020 GvHD (Graft vs Host Disease) Chronic Graft-Vs.-Host Disease (GvHD) | 2022 BMT Reunion Workshops Literature and Cancer Survivorship: How Insights from Books Can Help Us Heal | Cedars-Sinai Introduction to Graft-versus-Host Disease (GVHD) Graft-versus-Host Disease: Skin, Hair and Nails Managing Chronic GVHD: 100 Days After Transplant and

Beyond #29 - Kickin' it with Dr. Krish: How One Man is Changing the Way we Think About Sickle Cell Cures Integrating Novel Strategies to Optimize Care of Patients With Chronic Graft vs Host Disease Introduction to Chronic Graft-versus-Host Disease 2019 Chronic Graft versus Host Disease of the Gastrointestinal Tract 2017 Chronic Graft versus Host Disease and the Gastrointestinal Tract 2016 Chronic Graft-versus-Host Disease of the Skin and Connective Tissue 2022 Introduction to Chronic Graft-vs-Host Disease (GVHD) 2018 Chronic Graft versus Host Disease of Skin and Connective Tissues 2016 Chronic Graft vs Host Disease (GvHD) | Memorial Sloan Kettering Updates in Chronic Graft-versus-Host Disease (GVHD) Management Introduction to Chronic Graft versus Host Disease 2016 Your Eyes and Chronic Graft vs Host Disease 2019 Your Mouth and Chronic Graft-versus-Host Disease 2020 Chronic Graft-vs-Host Disease (GVHD) of the Gastrointestinal Tract and Liver 2018 Chronic Graft-versus-Host Disease of the Skin and Connective Tissues 2021

Pathogenesis and Therapy of Graft-versus-Host Disease

Chronic Graft Versus Host Disease and Reduced Intensity Allogeneic Hematopoietic Stem Cell Transplantation

Graft vs. Host Disease, Third Edition

Graft-versus-host Disease

The European Blood and Marrow Transplantation Textbook for Nurses

A Case Based Teaching Guide
Comprehensive Guide for Patient Care
Stem Cell Transplantation
Pathology of Graft vs. Host Disease
Stem Cell Transplantation for Hematologic Malignancies
Origin and Homeostasis of Regulatory T Cells in Chronic Graft-versus-Host Disease
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Prevention and Complications
Blood Stem Cell Transplantation
Survivorship after Transplant
Under the Auspices of EBMT
Blood and Marrow Transplantation Long-Term Management
National Institutes of Health Consensus Development Project on Criteria for Clinical Trials in Chronic Graft-versus-Host Disease: I. Diagnosis and Staging Working Group Report

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***edited by***

## HESS VILLARREAL

*Pathogenesis and Therapy of Graft-versus-Host Disease*
Elsevier Health Sciences
This Open Access edition of the European Society for Blood and Marrow Transplantation (EBMT) handbook addresses the latest developments and

innovations in hematopoietic stem cell transplantation and cellular therapy. Consisting of 93 chapters, it has been written by 175 leading experts in the field. Discussing all types of stem cell and bone marrow transplantation, including haplo-identical stem cell and cord blood transplantation, it also covers the indications for transplantation, the management of early and late complications as well as the new and rapidly evolving field of cellular therapies. This book provides an unparalleled description of current practices to enhance readers' knowledge and practice skills. This work was published by Saint Philip Street Press pursuant to a Creative Commons license permitting commercial use. All rights not granted by the work's license are retained by the author or authors.

**Chronic Graft Versus Host Disease and Reduced Intensity Allogeneic Hematopoietic Stem Cell Transplantation**

Springer

Since the original publication of Allogeneic Stem Cell Transplantation: Clinical Research and Practice, Allogeneic hematopoietic stem cell transplantation (HSC) has undergone several fast-paced changes. In this second edition, the editors have focused on topics relevant to evolving knowledge in the field in order to better guide clinicians in decision-making and

management of their patients, as well as help lead laboratory investigators in new directions emanating from clinical observations. Some of the most respected clinicians and scientists in this discipline have responded to the recent advances in the field by providing state-of-the-art discussions addressing these topics in the second edition. The text covers the scope of human genomic variation, the methods of HLA typing and interpretation of high-resolution HLA results. Comprehensive and up-to-date, Allogeneic Stem Cell Transplantation: Clinical Research and Practice, Second Edition offers concise advice on today's best clinical practice and will be of significant benefit to all clinicians and researchers in allogeneic HSC transplantation.

**Graft vs. Host Disease, Third Edition** Academic Press

This consensus document is intended to serve 3 functions. First, it standardizes the criteria for diagnosis of chronic graft-versus-host disease (GVHD). Second, it proposes a new clinical scoring system (0-3) that describes the extent and severity of chronic GVHD for each organ or site at any given time, taking functional impact into account. Third, it proposes new guidelines for global assessment of chronic GVHD severity that are based on the number of organs or sites

involved and the degree of involvement in affected organs (mild, moderate, or severe). Diagnosis of chronic GVHD requires the presence of at least 1 diagnostic clinical sign of chronic GVHD (e.g., poikiloderma or esophageal web) or the presence of at least 1 distinctive manifestation (e.g., keratoconjunctivitis sicca) confirmed by pertinent biopsy or other relevant tests (e.g., Schirmer test) in the same or another organ. Furthermore, other possible diagnoses for clinical symptoms must be excluded. No time limit is set for the diagnosis of chronic GVHD. The Working Group recognized 2 main categories of GVHD, each with 2 subcategories. The acute GVHD category is defined in the absence of diagnostic or distinctive features of chronic GVHD and includes (1) classic acute GVHD occurring within 100 days after transplantation and (2) persistent, recurrent, or late acute GVHD (features of acute GVHD occurring beyond 100 days, often during withdrawal of immune suppression). The broad category of chronic GVHD includes (1) classic chronic GVHD (without features or characteristics of acute GVHD) and (2) an overlap syndrome in which diagnostic or distinctive features of chronic GVHD and acute GVHD appear together. It is currently recommended that systemic therapy be

considered for patients who meet criteria for chronic GVHD of moderate to severe global severity. *Graft-versus-host Disease* CRC Press An essential update and comprehensive review Patients undergoing solid organ and hematopoietic stem cell transplantation frequently develop skin diseases that can be challenging to themselves and their doctors. In the first part of this volume, prevalent epidemiological, clinical and histological skin problems of solid organ recipients are discussed. Pre- and posttransplant management as well as follow-up programs are presented focusing on European and Swiss guidelines. A special chapter is dedicated to immunosuppressive drugs considering current standards, and new and upcoming medication. The second part starts with a summary of historical aspects of hematopoietic stem cell transplantation, and proceeds with a description of skin manifestations of graft-versus-host disease and their therapy. Covered are early, late and very late periods after transplantation with a focus on recent consensus classification and treatment aspects of chronic graft-versus-host disease. The publication ends with a comprehensive review and practical guidance on photoprotection in transplant recipients. This book covers all the important

dermatological aspects that should be considered in diagnosis and treatment of recipients of solid organ and hematopoietic stem cell transplants. It is intended as a guide for dermatologists, nephrologists, hemato-oncologists and all specialists involved in the field of transplantation.

The European Blood and Marrow Transplantation Textbook for Nurses Springer Science & Business Media

While comprehensive descriptions of the various aspects of Graft-versus-Host Disease (GvHD) have already been published, to date there is no monograph on the clinical and diagnostic pathology of this life-threatening disease. This book fills this gap and serves as a reliable guide to the histomorphologic diagnosis of GvHD. It contains a concise description of: the clinical pathology of GvHD; the applicability and limits of immunohistologic methods in the diagnosis of this disease; an instructive guide to the histological diagnosis; and differential diagnostic problems and potential diagnostic pitfalls.

*A Case Based Teaching Guide* Springer

Context: The use of HLA-haploidentical hematopoietic cell transplantation (Haplo-HCT) with post-transplantation cyclophosphamide (PT-Cy), has become a more frequent therapeutic approach,

for patients without an available HLA-matched related or unrelated donor. According to several reports, the incidence of acute GVHD is similar or even inferior to what has been observed after HLA-matched allogeneic hematopoietic cell transplantation. Currently there is limited data regarding chronic GVHD (cGVHD) in this setting. The impact of the graft source along with the conditioning regimen remains unknown. Objectives: To analyze the incidence, risk factors and treatment response of cGVHD in patients who received Haplo-HCT with post-transplantation cyclophosphamide. Design: Multi-center retrospective study, including 219 patients from four Spanish centers. Setting: Patients were seen at the day clinics in all four centers. Patients: Our cohort includes: 219 transplanted patients between December 2007 and March 2018. Median age of 46 years, 65% were male. The majority of diagnoses included: AML 35%, HL 28%, and NHL 10%. Sixty five percent received a reduced intensity conditioning. Main outcomes measures: The incidence of cGVHD was 28% (n=56), being predominantly mild grade (16%). The median time to cGVHD diagnosis was 218 (68-1017) days. Sixteen percent showed a progressive onset, while overlapping was seen in 23%. Forty eight

percent of patients were without immunosuppressive therapy (IST) at diagnosis. Additionally, 41% who reduced or stopped IST, developed cGVHD. Through univariate analysis, we observed that myeloablative conditioning (p=0.069), thiotepa based conditioning (p=0.033) and ALL (p=0.039), showed more incidence of cGVHD. Patients with cGVHD required a median of 2 (1-4) treatment lines, with response rate of 53% to first line treatment. Results: The median time to neutrophil engraftment was 17 (12-45) days, and platelet engraftment was 27 (6-150) days. There were 4 primary graft failures. Full bone marrow chimerism achieved at a median of 28 (13-180) days. Transplant related mortality (TRM) at day 100 and one year was 12% and 21% respectively. Cumulative incidence (CI) for II-IV and III-IV grades of aGVHD was 49% and 10% respectively. The CI of relapse at one year was 17% (overall 20%). The composite end point at one and two years was 52% and 46% respectively. The overall survival (OS) at one and two years was 67% and 61% respectively. The median follow-up time was 23 (3-115) months. Conclusions: The low rate of cGVHD, with excellent responses to first line treatments, supports Haplo-HCT as a promising therapeutic alternative. Our data

showed factors that might be implicated in the development of cGVHD.

Comprehensive Guide for Patient Care Frontiers Media SA

Fully revised for the fifth edition, this outstanding reference on bone marrow transplantation is an essential, field-leading resource. Extensive coverage of the field, from the scientific basis for stem-cell transplantation to the future direction of research Combines the knowledge and expertise of over 170 international specialists across 106 chapters Includes new chapters addressing basic science experiments in stem-cell biology, immunology, and tolerance Contains expanded content on the benefits and challenges of transplantation, and analysis of the impact of new therapies to help clinical decision-making Includes a fully searchable Wiley Digital Edition with downloadable figures, linked references, and more References for this new edition are online only, accessible via the Wiley Digital Edition code printed inside the front cover or at www.wiley.com/go/forman/hematopoietic.

*Stem Cell Transplantation* CRC Press

Hematopoietic cell transplantation (HCT) provides curative therapy for a variety of diseases. Over the past several decades, significant advances have been made in the field of HCT, to the

point where HCT has become an integral part of treatment modality for a variety of hematologic malignancies and some nonmalignant diseases. HCT remains an important treatment option for a wide variety of hematologic and nonhematologic disorders, despite recent advances in the field of immunologic therapies. Factors driving this growth include expanded disease indications, greater donor options (expanding unrelated donor registries and haploidentical HCT), and accommodation of older and less fit recipients. The development of less toxic pretransplant conditioning regimens, more effective prophylaxis of graft-versus-host disease (GVHD), improved infection control, and other advances in transplant technology have resulted in a rapidly growing number of transplant recipients surviving long-term free of the disease for which they were transplanted. The changes over decades in the transplant recipient population and in the practice of HCT will have almost inevitably altered the composition of the long-term survivor population over time. Apart from an increasingly older transplant recipient cohort, the pattern of transplant indications has shifted from the 1990s when chronic myeloid leukemia made up a significant proportion of allo-HCT indications. Changes in cell source, donor

types, conditioning regimens, GVHD prophylaxis, and supportive care have all occurred, with ongoing reductions in both relapse and non-relapse mortality (NRM) have been demonstrated. These patients have increased risks for a variety of late complications, which can cause morbidity and mortality. Most long-term survivors return to the care of their local hematologists/oncologists or primary care physicians, who may not be familiar with specialized monitoring and management of long complications after HCT for this patient population. As HCT survivorship increases, the focus of care has shifted to the identification and treatment of long-term complications that may affect quality of life and long-term morbidity and mortality. Preventive care as well as early detection and treatments are important aspects to reducing morbidity and mortality in long-term survivors after allo-HCT. This second edition, Blood and Marrow Transplantation Long-Term Management: Survivorship after Transplant, provides up-to-date information about diagnosis, screening, treatment, and long-term surveillance of long-term survivors after HCT.

**Pathology of Graft vs. Host Disease**

Frontiers Media SA

With detailed contributions from

more than 40 leading authorities on the topic, this Third Edition comprehensively explores the immunobiology, pathophysiology, and clinical manifestations of graft-versus-host disease (GVHD)-offering sections revealing the most up-to-date research on immune activation and dysregulation, the pathophysiology of target organ damage, and GVHD prevention and treatment.

Stem Cell Transplantation for Hematologic Malignancies Chronic Graft Versus Host DiseaseInterdisciplinary Management

In this book, world-renowned experts in the field express well-reasoned opinions on a range of issues and controversies relating to haploidentical transplantation with the aim of providing practicing hematologists with clinically relevant and readily applicable information. Among the areas covered are graft manipulation and methods to control T-cell alloreactivity, the nature of the ideal graft and donor, haploidentical transplantation in pediatric and adult patients with malignant and nonmalignant diseases, immunologic reconstitution following transplantation, complications, and the prevention and treatment of relapse post transplantation. Attention is drawn to the implications of high-impact clinical trials whenever such trials are available. The readily intelligible text

is complemented by numerous helpful tables, algorithms, and figures. The book will provide practical support for hematologists and transplant physicians as they attempt to provide optimal care in this exciting but increasingly complex medical specialty.

## Origin and Homeostasis of Regulatory T Cells in Chronic Graft-versus-Host Disease

CRC Press
Immune Biology of Allogeneic Hematopoietic Stem Cell Transplantation: Models in Discovery and Translation, Second Edition once again provides clinical and scientific researchers with a deep understanding of the current research in this field and the implications for translational practice. By providing an overview of the immune biology of HSCT, an explanation of immune rejection, and detail on antigens and their role in HSCT success, this book embraces biologists and clinicians who need a broad view of the deeply complex processes involved. It then moves on to discuss the immunobiology mechanisms that influence graft-versus-host disease (GVHD), graft-versus-leukemia effect, and transplantation success. Using illustrative figures, highlighting key issues, describing recent successes, and

discussing unanswered questions, this book sums up the current state of HSCT to enhance the prospects for the future. The second edition is fully revised and includes new chapters on microbiome, metabolism, kinase targets, micro-RNA and mRNA regulatory mechanisms, signaling pathways in GVHD, innate lymphoid system development, recovery and function in GVHD, genetically engineered T-cell therapies, immune system engagers for GVHD and graft-versus-tumor, and hematopoietic cell transplant for tolerance induction in solid organ grafts. Brings together perspectives from leading laboratories and clinical research groups to highlight advances from bench to the bedside Guides readers through the caveats that must be considered when drawing conclusions from studies with animal models before correlating to clinical allogeneic hematopoietic stem cell transplantation (HSCT) scenarios Categorizes the published advances in various aspects of immune biology of allogeneic HSCT to illustrate opportunities for clinical applications

**Inpatient Dermatology** John Wiley & Sons

This book is open access under a CC BY 4.0 license. This textbook, endorsed by the European Society for Blood and Marrow Transplantation (EBMT), provides adult and paediatric nurses

with a full and informative guide covering all aspects of transplant nursing, from basic principles to advanced concepts. It takes the reader on a journey through the history of transplant nursing, including essential and progressive elements to help nurses improve their knowledge and benefit the patient experience, as well as a comprehensive introduction to research and auditing methods. This new volume specifically intended for nurses, complements the ESH-EBMT reference title, a popular educational resource originally developed in 2003 for physicians to accompany an annual training course also serving as an educational tool in its own right. This title is designed to develop the knowledge of nurses in transplantation. It is the first book of its kind specifically targeted at nurses in this specialist field and acknowledges the valuable contribution that nursing makes in this area. This volume presents information that is essential for the education of nurses new to transplantation, while also offering a valuable resource for more experienced nurses who wish to update their knowledge.

Dermatological Emergencies Springer Science & Business Media

‘Dermatological Emergencies’ aims to cover aspects of situations and their management when

they present in a Dermatology setup. This includes severe drug reactions, bullous disorders, erythroderma, infections, vasculitis and systemic emergencies presenting with skin signs. This book guides the reader to recognize such emergencies, helps to approach the initial phase of management, identifies the investigations, thus leading to a holistic management of the scene. Case scenarios are used in all chapters with logical flow of text, flowcharts, algorithms and representative clinical and laboratory images for better understanding of the readers. Key Features Details all dermatological emergencies Discusses manifestation of these emergencies with unique algorithms and flowcharts Examines case scenarios for first-hand experience Consists of Do's and Don'ts for effective management of cases Uses high quality clinical images for clarity

Atlas of Graft-versus-Host Disease John Wiley & Sons

Title: Origin and homeostasis of regulatory T cells in chronic Graft-versus-Host Disease1. ObjectivesChronic graft-versus-Host disease (cGvHD) is a frequent complication of allogeneic hematopoietic stem cell transplantation that is basically caused by the donor-derived T cells immune response against recipient

tissues. Within cGvHD, general defects in central and peripheral tolerance have been respectively attributed to damages to the thymus and an alteration in Treg homeostasis. Hence, the aim of the project consists both in assessing thymic function upon the injection of different doses of T cells, and in determining how T cells subsets evolve. 2. MethodsOn the background of the C57BL/6 (H2-Kb) u2192 BALB/C (H2-Kd) mismatched model of cGvHD, we developed a new three strains-based model (Figure 1) that allows to trace the different origin of T cells after transplantation by flow cytometry. BALB/C mice were lethally irradiated (8.5 Gy) and injected with 2.5u30fb106 C57BL/6 bone marrow cells, different doses of C57BL/6 sorted Treg (0.3 and 1u30fb105 CD45.1+/Luc+ Treg) and splenic u03b1u03b2-TCR+ Tconv (0.3 and 0.4u2219106 CD45.2+/FoxP3-DTR+, respectively). The CD45.2+ Treg fraction was depleted upon the I.P. administration of diphteria toxin (DT; 5 u03bcg/Kg) to all the mice at day +1 and +3 post-transplant. The origin of T cells is determined by the differential expression of CD45 isoforms.3. ResultsThe T cells subsets showed functional and quantitative variations among the cGvHD mice injected with different doses of lymphocytes within

one and two months from the transplant and within all the assessed organs. Interestingly, also the origin of the different T cells subsets showed an organ-dependent variation according to the number injected cells.4. ConclusionsUpon the injection of a greater dose of Treg, we noticed a substantial normalization in the T cells activation markers and a different contribution of T cells fractions to the disease, thus confirming their preponderant role in the disease. Unexpectedly, variations were present within the thymus as well, revealing a potentially relevant role of this organ in maintaining the Tconv and Treg pools in a cGVHD setting.

Harper's Textbook of Pediatric Dermatology Springer

who deals with cancer patients posttransplant." --Book Jacket.

Prevention and Complications Frontiers Media SA

This text provides a comprehensive, state-of-the art review of this field, and will serve as a valuable resource for clinicians, pathologists and researchers with an interest in GVHD and its mimickers. The book reviews new data about risk factors affecting outcomes, pathologic features, and profiles the new WHO guidelines as well as current practices. The richly illustrated text covers the gamut of gross and histologic presentations of acute GVHD in skin, gut,

liver, and additional organs affected by chronic GVHD. An engaging aspect of this book is the format of patient based cases as the focus for the major chapters teaching points. The case presentations include both infectious and toxic complications that mimic GVHD, or displaying similar morphologies. Recent up to date references on clinical investigations and pathogenesis make the reading and teaching resonant with the readers. Pathology of Graft vs. Host Disease will serve as a very useful resource for physicians and researchers dealing with, and interested in, this challenging disease. It provides a concise yet comprehensive summary of the current status of the field that will help guide patient management and stimulate investigative efforts. All chapters were written by experienced transplant physicians with expertise in their fields.

*Blood Stem Cell Transplantation* John Wiley & Sons

This book summarizes the global progress in medical and scientific research toward converting traditionally chronic autoimmune diseases into a drug-free reversible illness using hematopoietic stem cell transplantation (HSCT) and other cellular therapies such as T regulatory cells (Treg), mesenchymal stromal/stem cells, and chimeric antigen receptor T (CAR T) cells

in order to reintroduce sustained immune tolerance. This title provides information on different types of stem cells and immune cells; post-transplant immune regeneration; cellular regulatory requirements; ethical and economic considerations; and the advantages and disadvantages of HSCT in the treatment of a variety of autoimmune diseases versus current conventional treatments. Arranged by disease, the text provides a comprehensive guide to HSCT for all types of autoimmune/immune disorders including monogenetic autoimmune diseases; autoimmune aplastic anemia; neurologic immune diseases including multiple sclerosis, chronic inflammatory demyelinating polyneuropathy, neuromyelitis optica, and stiff person syndrome; rheumatologic diseases such as systemic sclerosis and systemic lupus erythematosus; dermatologic diseases such as pemphigus; gastrointestinal disorders such as Crohn’s disease and celiac disease; and immune-mediated endocrinologic disease type I diabetes mellitus. Guidance is provided on the transplantation technique, cell collection and processing, conditioning regimens, infections, and early and late complications. Key Features Outlines therapies and techniques for HSCT for autoimmune

diseases Discusses the advantages of HSCT over conventional therapies Reviews the entire process of stem cell therapy from harvest and ethics to indications, efficacy, and regulatory oversight *Survivorship after Transplant* Springer A consummate classic with a fresh approach to pediatric dermatology Children´s skin is different. Maturation affects the epidermal barrier, the cutaneous microbiome, adnexal structures, vasculature, and transcutaneous absorption of drugs. The immature skin is more susceptible to pathogens and environmental disruption. Many genetic disorders are either present at birth or manifest early in childhood. Skin diseases thus present differently in children than in adults. Pediatric dermatology has seen significant advances over the last decade, particularly in the field of molecular genetics research, which has furthered our understanding of the pathogenesis of many skin diseases and the development of new approaches to treatment. This fourth edition of the Harper classic provides state-of-the-art information on all aspects of skin disease in children. It covers the diagnosis and treatment of all conditions - both common and rare - with a consistently evidence-based approach. Existing content has been refreshed and fully updated to reflect

emerging thinking and to incorporate the latest in research and clinical data - especially at the genetic level. This new fourth edition includes: Greater focus on the genetics behind skin disease, including new genes/genodermatoses , progress in genetic analysis, and stem cell transplants Increased coverage of lasers and other technologies used to treat skin disease More summary tables, learning points, tables of differential diagnosis, and clinical algorithms for diagnosis and management Additional online features, including patient information links and multiple choice questions Harper's Textbook of Pediatric Dermatology delivers crucial clinical insights and up-to-date research information that spans the breadth of the field. As the most comprehensive reference book on this subject available, this revised fourth edition will support and guide the daily practice of both dermatologists and pediatricians across the world.

Under the Auspices of EBMT Cambridge University Press

With detailed contributions from more than 40 leading authorities on the topic, this Third Edition comprehensively explores the immunobiology, pathophysiology, and clinical manifestations of graft-versus-host disease (GVHD)-offering sections revealing the most up-to-date research on immune activation and

dysregulation, the pathophysiology of target

Blood and Marrow Transplantation Long-Term Management

Karger Medical and Scientific Publishers

This volume provides a comprehensive and state-of-the-art review on pediatric hematopoietic stem cell transplantation (HSCT). The book covers such topics as graft versus host disease (GVHD), HSC mobilization, stem cell selection, and HSCT-relevant laboratory assays and techniques. The text is specially formatted so that the scientific basis of HSCT and ethical considerations are integrated into the relevant clinical framework. Each chapter also includes diagrams, illustrations, and tables that summarize key points and concepts that can be used as a quick visual reference for the reader. Written by experts in the field, Hematopoietic Stem Cell Transplantation for the Pediatric Hematologist/Oncologist is a valuable resource on pediatric HSCT suited for pediatric hematologists-oncologists, fellows, advanced practitioners, clinical nurses, and other referring physicians.

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