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Lymphoproliferative disorders following solid organ transplantation

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Post-transplant lymphoproliferative disorders (PTLD) are serious and potentially life-threatening complications of chronic immunosuppression in organ transplant recipients. They include a spectrum of heterogeneous disorders ranging from benign hyperplasia to invasive malignant lymphoma. Most of the PTLD are associated with Epstein Barr virus (EBV)-driven neoplastic transformation in B cells. Risk factors for the development of PTLD include loss or absence of EBV immunity, younger age and pre-transplant EBV naivety, and the amount and type of immune suppression, type of organ transplantation, and time from transplantation. There has been a steady increase in the incidence of PTLD which parallels the improved outcomes seen in patients following solid or hematopoietic stem cell transplantation. Lymphoproliferative disorders occurring after transplantation have different characteristics from those that occur in the general population. In the past decade, there has been significant progress in understanding and treatment of PTLD. The effectiveness of reduction of immune-suppression and treatment with standard lymphoma regimens, including rituximab has been established. Novel treatments such as adoptive T-cell transfer and anti-EBV approaches (e.g. arginine butyrate, cidofovir) have been promising. In this session, we will discuss epidemiology, pathobiology, changing paradigms in treatment, and future directions in management of PTLD.

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