

Transplant and Sickle Cell Disease (SCD)

Learning more about you or your child's ("your") treatment options can help you make informed medical decisions.

This fact sheet **tells you:**

- What SCD is
- What the transplant steps are
- When to see a transplant doctor
- Questions to ask your doctor

What is **SCD**?

SCD is an inherited blood disorder. This means it's passed on from parents to children. Healthy red blood cells are round and flexible. They move through your blood vessels. But in SCD, your red blood cells are curved, hard and sticky. They can get stuck in your blood vessels and clog them. This can cause pain, infection, low blood counts, stroke, and other serious health problems.

What is a **blood or marrow transplant (BMT)**?

BMT is the only proven cure for SCD. BMT, also called bone marrow transplant, is **not** surgery. It uses healthy blood-forming cells from a donor and gives them to you in an intravenous (IV) infusion to replace your unhealthy ones. Because BMT has serious risks and side effects, it's only used if you have severe SCD.

Who can get **BMT**?

Kids and teens with severe sickle cell disease may be able to get a BMT. If they have a brother or sister who matches them and can be their donor, they can get a BMT at some hospitals. Otherwise, they may be able to get a BMT if they join a clinical trial.

Currently, adults with severe sickle cell disease are only able to get a BMT if they join a clinical

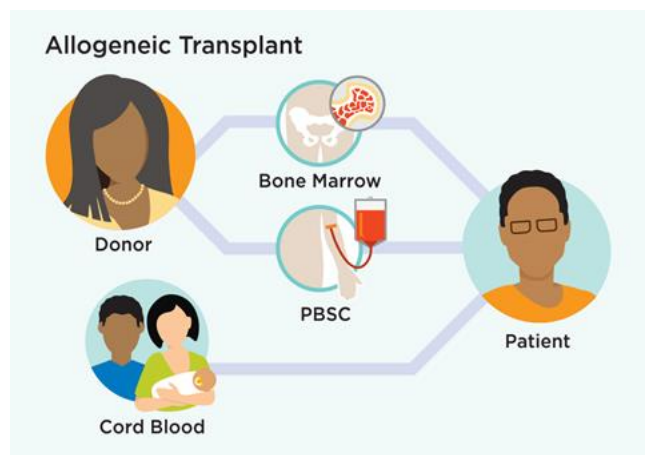
trial. Find clinical trials for SCD at JCCTP.org.

Talk with your doctor about whether BMT may be a treatment option for you.

Allogeneic transplant steps

1. First, your doctor searches for your donor. This can take weeks to months.
2. Next, you will get chemotherapy, and possibly radiation, to kill the unhealthy cells. This can take up to 2 weeks.
3. On transplant day, the donated cells are given to you through an intravenous (IV) infusion. The new cells travel to the inside of your bones.
4. After a few weeks, the donated cells begin to make healthy blood cells.
5. Then, you will need many months to recover. You will spend some of this time in or near the hospital.

Doctors, nurses and social workers will closely care for you during the entire process to prevent and treat any side effects or complications.



Continued on back >

When to **see a transplant doctor**

You should see a transplant doctor if you've had:

- A stroke
- Damage to your kidneys, liver, lungs, or other organs
- Frequent pain crises

Your first appointment with a transplant doctor

At your first appointment, the doctor will:

- Review your medical history
- Talk with you about your treatment options and their risks and benefits
- Make recommendations for you and your other doctors
- Start a donor search even if you don't need a transplant right away. This can help you get a transplant faster if it's needed later.

Questions to ask your doctor

- What are the chances of a cure with a transplant? Without one?

- What are the risks of waiting or trying other treatments before a transplant?

- Does my current age or health affect how well transplant will work?

- What are the possible side effects of transplant? How can they be reduced?

- How might my quality of life change over time, with or without transplant?

Resources for you

- Talk to someone who can help
 - Call: 1 (888) 999-6743
 - Email: patientinfo@nmdp.org
- Find a clinical trial for SCD
 - Call: 1 (888) 814-8610
 - Email: clinicaltrials@jcctp.org
- Order free resources
 - Visit: BeTheMatch.org/request



Every individual's medical situation, transplant experience, and recovery is unique. You should always consult with your own transplant team or family doctor regarding your situation. This information is not intended to replace, and should not replace, a doctor's medical judgment or advice.