表 9　前処置の詳細（Yamasaki S らの論文 29 の Table 2 を転載）

Table 2　Treatment characteristics

	Manipulation		
	No. (n=18)	*CD34+ cell selection (n=32)*	
		CliniMACS (n=17)	*Isolex (n=15)*
Conventional conditioning regimen	7 (39%)[a]	9 (53%)	15 (100%)
TBI + CY + others[b]/TBI + melphalan	3/0	8/1	14/0
BU + CY + others[c]	4	0	1
ATG-containing	1 (6%)	0	7 (47%)
GVHD prophylaxis			
CYA + MTX/CYA + prednisolone/CYA	1/0/0	5/0/1	7/2/2
FK506 + MTX/FK506	6/0	3/0	0/4
Reduced-intensity conditioning regimen	11 (61%)	8 (47%)	0
TBI + CY/TBI + Flu + BU/TBI + Flu + ATG + others[d]/TBI + BU + ATG	1/0/0/0	0/2/4/1	0/0/0/0
Flu + others[e]	10	1	0
ATG-containing	6 (33%)	5 (29%)	0
GVHD prophylaxis			
CYA + MTX/CYA + prednisolone/CYA + MMF/CYA	1/1/0/1	0/0/3/2	0/0/0/0
FK506 + MTX/FK506 + prednisolone + MMF/FK506 + prednisolone/FK506	6/1/1/0	0/0/0/1	0/0/0/0
Prednisolone/none	0/0	1/1	0/0
G-CSF after transplant	12 (67%)	16 (94%)	14 (93%)

[a]Number of patients (%) unless indicated otherwise.
[b]Others = ATG, BU, Ara-C, thiotepa or VP-16.
[c]Others = ATG, Ara-C, Flu or melphalan.
[d]Others = BU, CY or thiotepa.
[e]Others = BU, CY, Ara-C, idarubicin or melphalan.
ATG, antithymocyte globulin; Flu, fludarabine; MMF, mycophenolate mofetil.

表 10　生着、GVHD 及び治療関連毒性（Yamasaki S らの論文 29 の Table 3 を転載）

Table 3　Engraftment, GVHD and regimen-related toxicity

	Manipulation		
	No. (n=18)	*CD34+ cell selection (n=32)*	
		CliniMACS (n=17)	*Isolex (n=15)*
Median time of engraftment (range) (days)			
Neutrophil	14 (10–27)	14 (9–20)	12 (9–20)
Platelet	18.5 (0–46)	14 (9–23)	16 (12–37)
Graft failure/rejection	0[a]/0	1/3	1/0
Acute GVHD[b]			
0/I	3/2	9/3	5/4
II/III/IV	1/6/2	2/0/1	2/2/1
Median onset (range) (days) of ⩾II acute GVHD	14 (6–77)	26.5 (3–50)	12.5 (5–32)
Chronic GVHD[c] *(onset, days)*			
None/limited/extensive	7/1 (105)/0	9/0/1 (112)	6/1 (101)/0
RRT[d] II/III/IV	2/2/2	1/1/2	2/6/1
VOD/TMA	2/5	1/1	0/2

[a]Number of patients unless indicated otherwise.
[b]A total of 43 patients who developed acute GVHD within 28 days or who survived ⩾28 days after transplant were evaluated for acute GVHD.
[c]A total of 25 patients who engrafted and survived ⩾100 days after transplant were evaluated for chronic GVHD.
[d]Maximum early RRT was graded according to the criteria documented by Bearman *et al.*RRT, regimen-related toxicity; VOD, veno-occlusive disease; TMA, thrombotic microangiopathy; ⩾II acute GVHD, grades II–IV acute GVHD.