



: Bone marrow transplantation; Hematopoietic stem cell transplantation; Allogeneic transplantation; Autologous transplantation

Bone marrow transplantation, also known as hematopoietic stem cell transplantation (HSCT), is a well-established therapeutic approach for a wide range of conditions, including hematological malignancies, bone marrow failure syndromes, and certain non-malignant diseases [1, 2]. This review aims to provide an overview of recent developments in BMT, focusing on key areas such as donor selection, conditioning regimens, GVHD management, and emerging therapies. In the realm of modern medicine, the landscape of hematopoietic stem cell therapy has been dramatically shaped by unprecedented advancements in bone marrow transplantation. This comprehensive review embarks on a journey through the latest breakthroughs, innovations, and transformative developments in this field, shedding light on the profound impact on patient outcomes and the broader implications of hematologic disorders. Historically, bone marrow transplantation has been a beacon of hope for individuals grappling with a wide range of hematological

Cord blood niche, rich in hematopoietic stem cells, are another valuable donor source. Advances in cord blood banking and selection criteria have expanded the applicability of cord blood transplantation, especially in pediatric cases.

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Innovative allogeneic donor selection, combining HLA typing, killer immunoglobulin-like receptors (KIR) matching, and other genetic factors, are being developed to enhance graft compatibility and reduce complications.

Conditioning regimens play a pivotal role in preparing patients for BMT by suppressing the recipient's immune system and creating a favorable environment for donor cell engraftment. Recent developments include

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RIC regimens have gained popularity, particularly in older or medically fragile patients. These regimens use a less toxic approach while maintaining graft-versus-leukemia effects.

Engraftment of aged hematopoietic stem cells, such as monoclonal antibodies and cytokine inhibition, in conditioning regimens indicate future directions. These approaches aim to enhance graft survival and reduce toxicity. Personalized conditioning tailoring regimens based on individual patient characteristics, disease status, and specific transplantation goals is ongoing. This approach minimizes toxicity and maximizes therapeutic efficacy.

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GVHD remains a significant challenge in BMT. Recent advances in GVHD management include pharmacological approaches. Novel immunosuppressive agents, such as JAK inhibitors and JAK/STAT inhibitors, have shown promise in controlling acute and chronic GVHD while minimizing toxicity.

Infection of allogeneic T cell (Teg) and mesenchymal stem cell

con in o ad ancemen in bone ma o an plan a ion (BMT) ma k a an fo ma i e e a in he eld of hema opoie ic em cell he ap . e xpan ion of dono op ion be ond familial ma che , inco po a ing haploiden ical and n ela ed dono , ha e ol ion i ed acce ibili , p o iding hope fo pa ien i ho immedia e ma che . Technological ide in i e ping ha e ele a ed p eci ion in dono - eci pien ma ching, igni can l ed cing he i k of g a - e - ho di ea e (GVHD) and imp o ing o e all an plan cce a e . e e ol ion of condi ioning egimen , incl ding ed ced-in en i app oache , ha b oadened he demog aphic of eligible eci pien , making BMT a iable op ion fo olde indi id al and ho e i h nde ling heal h condi ion . Be ond he an plan i elf, he in eg a ion of a ge ed he apie and imm nomod la o d g in po - an plan ca e ep e en a pi o al ep o a d enhancing pa ien ell-being and long- e m o come . In e ence, he e comp ehen i e ad ancemen nde co e he d namic na e of BMT, an fo ming i f om a p oced e i h limi ed applicabili o a e a ile and e ec i e ea men op ion. A e ea ch and inno a ion pe i , he f e of bone ma o an plan a ion hold p omi e fo e en g ea e cce a e , imp o ed pa ien e xpe ience , and e xpan ed he ape ic po ibili e .

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