

(4) As the number of patients who received nonmyeloablative conditioning was limited, we could not perform a multivariate analysis of the nonmyeloablative subgroup alone. Further studies with larger number of nonmyeloablative transplants would be necessary to confirm these results.

In conclusion, our findings indicate that patients with an elevated pretransplantation serum ferritin level had inferior survival because of increased NRM, mainly from infection and organ failure, in allogeneic HSCT. Moreover, this association was observed as well in patients who received nonmyeloablative HSCT. These results emphasize the potential value of the treatment of iron overload in the pre- and posttransplantation setting. Different strategy from that for chronically transfused patients might be needed for pretransplant patients, because early intervention for iron overload and judicious prophylaxis and surveillance regimens for infections may be more important in allogeneic HSCT. Further study to confirm these findings would be helpful.

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