Bone marrow failure is one of the manifestations of the DNA repair problem in Fanconi anemia (FA), and leads to the need for a Hematopoietic Stem Cell Transplant (HSCT). This is currently the only long-term treatment for fixing bone marrow failure in FA.

Timing of Transplant

It is important to note that not every person with FA will need a transplant. Although likely, it is not a certainty. Someone needs a transplant when their counts are low enough to require it. Criteria may include:

- A consistent downward trend in counts over a few readings. This is determined by assessing blood counts every 1 to 3 months, depending on how low counts are. Infection can cause a decline in counts, so it’s important to take this into consideration, looking for a consistent trend over time. Ideally, patients should be transplanted before requiring blood or platelet transfusions.

Fa Comprehensive Care Centers

FA is very unique and complex, and the best chance at positive outcomes are when patients are treated at centers that have a deep understanding of and experience with treating FA. This is important for long-term follow-up as well. If a patient is unable to travel to an FA center, physician-to-physician communication and collaboration is vital. The transplant process and follow-up require a team approach to care for all aspects of the patient’s needs. An effective team will include subspecialists that are invested in FA and who approach their patients through an FA lens.

Proven FA Centers

- University of Minnesota Masonic Children’s Hospital (Minneapolis, MN)
- Cincinnati Children’s Hospital Medical Center (Cincinnati, OH)
- Memorial Sloan Kettering Cancer Center (New York, NY)
- Stanford University (California)

More Information

Visit www.fanconi.org for more information about transplants, including frequently asked questions, as well as specific medical guidelines about when and how to proceed with treatment.