

Despite high curable rates, up to 30% of patient will relapse or will be refractory to first line therapy (R/R). In this scenario, hematopoietic cell transplantation (HCT) is an important treatment modality to reverse the poor prognosis of these R/R HL patients. Hence, our goal was to evaluate the outcomes of R/R HL pts who underwent an autologous HCT. **Methodology:** Pts who underwent an autologous or allogeneic HCT for R/R HL at the University of Campinas, Bone Marrow Transplantation Unit of Clinical Hospital, from 1994 to 2023, had their charts revised, retrospectively. 144 procedures were performed, 121 autologous HCT, and 23 allogeneic HCT, It was analyzed 119 (95%) patients for the first autologous HCT. Descriptive analyses, Kaplan-Meier Method, Log-Rank test to compare groups and Cox Regression were applied by IBM-SPSS 24.0. **Results:** The median age was 27 years (9-72), 60% male. Nodular sclerosis (63%) was the most common histology. The time from diagnosis and HCT was 23 months (6-96); 44% pts had chemoresistant disease (CT\_R) and 56% chemosensitive (CT\_S); the OS and PFS pts with CT\_R were worse and Cox Regression analyzes confirmed as worst prognosis (OS: HR 2.29, 95%CI 1.29-4.07,  $p=0.004$ ), besides that for PFS the time from diagnosis and HCT (PFS: HR 0.98, 95%CI: 0.97-0.99,  $p=0.007$ ) was also another factor. **Conclusion:** Despite the small number of enrolled pts, our data can be compared to literature regarding OS and PSF. Chemosensitivity disease at HCT was associated with better outcome, and Autologous-HCT allows for long-term survival in R/R HL.

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#### SYNDROME OF INAPPROPRIATE ANTIDIURETIC HORMONE SECRETION AS CENTRAL NERVOUS SYSTEM LYMPHOMA RELAPSE SIGN OF NODAL DIFFUSE LARGE B-CELL LYMPHOMA

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**Case report:** A woman (65) with nodal diffuse large B-cell lymphoma in remission developed confusion and communication loss before the 6th chemotherapy. She had no fever and no meningeal sign. Biochemistry revealed hyponatremia consistent with the secretion of inappropriate ADH. MRI showed contrast enhancement on the mesencephalic aqueductus cerebri and on 3rd ventricle. Cerebrospinal fluid had low glucose,

high protein, and lymphocytes. Central nervous system lymphoma with SIADH as a relapse sign was diagnosed.

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#### Adult Hematology Abstract Categories

Myeloma  
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#### INFECTION RATES ACROSS THE AUTOLOGOUS STEM CELL TRANSPLANTATION WITH REFLECTION OF MULTIPLE MYELOMA INDUCTION STORY IN TURKEY

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**Objective:** This study aimed to investigate the frequency of infections after autologous hematopoietic stem cell transplantation (HSCT) in patients who were diagnosed with multiple myeloma (MM) in our tertiary center. **Methodology:** We conducted a single-center retrospective study between May 2007 and November 2016. All patients with MM diagnoses were screened on our institutional electronic database and European Society of Blood and Marrow Transplantation data-collecting forms. **Results:** Total 150 patients enrolled in the study. Nearly all patient developed fever. The median time from SCT to fever development was  $7.4 \pm 2.8$  days. The most frequently encountered infection type was pneumonia and soft tissue infections. Other clinically documented infections were oropharyngeal candidiasis, herpetic stomatitis, skin and soft tissue infections, and neutropenic colitis. One patient developed CMV colitis. Blood and urine cultures were positive in 18.6% and 20%, respectively. **Conclusion:** The number of pre-transplant treatment regimens and antimicrobial lines was not statistically significant ( $p=0.34$ ). No correlation was found between the timing of the SCT and the number of antimicrobial lines after transplantation ( $p=0.44$ ). There was no statistical significance between febrile neutropenia and CD34 cell count ( $p=0.34$ ). Early mortality rate was 0.6%. The early mortality rate covering the first 100 days was acceptable.

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