média de 10,3 dias, enquanto no HCPA foi de 14,7 dias e na SC foi de 13,5 dias. **Discussão e conclusão:** Os pacientes que realizaram TCTH no HNSC tiveram uma espera média de 10 meses, enquanto os outros tiveram uma espera média de 18 e 19 meses, respectivamente. Fato que mostra a importância de se ter um serviço de TCTH num hospital público terciário que é referência para o tratamento de doenças hematológicas na região, possibilitando um tratamento padrão-ouro, sem atrasos e com maior possibilidade de SLP. As complicações referidas no pós-TCTH imediato foram semelhantes entre os grupos, fato também esperado devido às particularidades inerentes ao regime de condicionamento utilizado. O estudo tem limitações, sendo a principal o tempo de acompanhamento dos pacientes incluídos, que só foi até cem dias após o transplante, não sendo possível avaliar o SLP desses pacientes a longo prazo.

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HOW PUBLIC POLICIES HAVE IMPROVED THE OVERALL SURVIVAL OF TRANSPLANT ELIGIBLE NEWLY DIAGNOSED MULTIPLE MYELOMA PATIENTS IN THE CHILEAN PUBLIC HEALTH SYSTEM

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Background: In Chile, particularly in the public system, treatment of patients with transplant eligible newly diagnosed multiple myeloma (NDMM) has evolved, being divided into 4 treatment periods endorsed and financed by the Ministry of Health, since 2000. **Objectives:** Evaluate the overall survival (OS) of patients with transplant eligible NDMM in different periods of time, defined according to the strategy and treatment scheme. **Materials and methods:** Ambispective observational cohort study. A total of 213 ≤ 65 years patients from our institutional registry were analyzed. Since 2013 the registry is prospective. Four periods were defined: Period 1 (P1) from 2000 to 2007, in which there was only melphalan-prednisone as treatment; Period 2 (P2) from 2008 to 2013, in which thalidomide began to be used for some young patients, in addition to autologous stem cell transplantation (ASCT) in some cases; Period 3 (P3) from 2014 to 2018, in which the protocol to be used was cyclophosphamide - thalidomide - dexamethasone (CTD) and ASCT; Period 4 (P4) from 2019 to 2022, in which triplets based on bortezomib, ASCT and post-transplant maintenance with lenalidomide were used. The indications for ASCT in all periods were restrictive: Only for patients ≤60 years in very good partial response (VGPR) or better. Treatment in the different periods, early mortality (defined as death within the first 6 months of diagnosis), and OS of each group were analyzed. **Results:** There were 37 patients at P1, 56 at P2, 61 at P3, and 59 at P4. At P1, 65% of patients were treated with a melphalan-prednisone regimen, 8% vincristine - doxorubicin - dexamethasone (VAD) regimen and 8% with a thalidomide-based regimen. No ASCT was performed, and early mortality rate was 24%. At P2, 71% were treated with a thalidomide-based regimen (13% CTD, 87% thalidomide - dexamethasone), 20% melphalan-based regimen, and 2% bortezomib-based regimen. 21% had ASCT performed and 9% received maintenance (thalidomide-based). Early mortality was 16%. At P3, 90% received a thalidomide-based regimen (82% CTD) and 10% bortezomib-based regimen. 33% underwent ASCT, 20% received maintenance (thalidomide-based) and early mortality was 16%. At P4, 97% were treated with bortezomib-based regimen. 36% were transplanted. Maintenance was administered to 75% of patients, 93% based on lenalidomide. Early mortality was 7%. With a median follow-up of 77.5 months, the median OS for the entire group was 55.1 months. The median OS of P3, P2 and P1 was 96, 35 and 25 months respectively ($p < 0.0001$). Due to the short observation time of P4, the mean OS cannot yet be determined. **Discussion:** OS has increased in each treatment period. Induction regimens have gone from being melphalan-based, then thalidomide-based, to finally being mostly bortezomib-based. Transplant and maintenance rates have increased over time. Early mortality has decreased, especially in the last period (P4). The median OS of P3 is 8 years, better than expected, as the induction and maintenance regimen was mainly thalidomide-based. P4 showed a trend of an even better OS. Longer follow up is needed. **Conclusion:** Public policies, through the progressive incorporation over time of new drugs (for example, proteasome inhibitors or immunomodulators) and combinations of these, associated with the reduction of gaps in access to ASCT, have improved the OS of transplant eligible NDMM patients. With these advances, it has been possible to democratize access to high-cost and first-line therapies in the chilean public health system for these patients.

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IMPACT OF THE CREATION OF A MULTIDISCIPLINARY GROUP FOR THE STUDY OF AMYLOIDOSES IN A DEVELOPING LATIN AMERICAN COUNTRY

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Background: Amyloidosis represent a diagnostic challenge, due to a low clinical suspicion and the technical difficulty involved in correct typing of amyloid. Recognition of the clinical picture is usually delayed, in part due to its multisystemic and nonspecific involvement. Moreover, treatments are mostly of high cost, which makes it a difficult disease to manage in developing countries. **Objectives:** The objective of this study was to evaluate the impact of the creation of an Amyloidoses multidisciplinary study group in a public center in a developing Latin American country, in terms of increasing diagnostic and improving correct classification, management and survival. **Methods:** An observational analytic ambispective cohort study was made. All patients in the amyloidosis registry of our center from 2005 to 2022 were included. We divided the cohort in 2 groups, period 1 (P1) that included years 2005 to 2014 (without amyloidosis study group), and period 2 (P2) that included years 2015 to 2022 (with amyloidosis study group). **Results:** Fifty-six patients with diagnosis of amyloidosis were included: 12 in P1 and 44 in P2. Classification according the "Mayo 2012"prognostic score was done in 8% of AL amyloidosis patients in P1 vs 40% in P2 ($p = 0.035$), and according to the "European prognostic score"in 8% vs 50% ($p = 0.009$), respectively. Early mortality rate was 67% in P1 and 30% in P2 ($p = 0.020$). The estimated 5-years overall survival (OS) of the whole cohort was 16.7% in P1 vs 43.6% in P2 ($p = 0.017$). **Discussion:** We were able to increase diagnosis by a 366%, and significantly improve classification and treatment in P2. Importantly, early mortality decreased, and OS was better. **Conclusion:** The creation of a multidisciplinary Amyloidosis study group improved diagnosis, classification, and outcomes of patients in a developing Latin American country.

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ANÁLISE DE SOBREVIDA EM PACIENTES COM MIELOMA MÚLTIPLO EM SERVIÇO DE REFERÊNCIA DO ESTADO DE SÃO PAULO

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Introdução: O mieloma múltiplo (MM) é um câncer decorrente da proliferação clonal de plasmócitos na medula óssea. Com os tratamentos disponíveis atualmente foi possível aumentar a sobrevida dos pacientes, mas os desfechos clínicos permanecem divergentes em diferentes regiões. Há pouca informação sobre tratamentos, sobrevida e perfil dos pacientes com MM no Brasil. **Objetivo:** Realizar análise de sobrevida em pacientes com MM do Hospital do Servidor Público Estadual de São Paulo. **Metodologia:** Coorte retrospectiva com coleta em prontuário de dados demográficos e clínicos de pacientes com MM atendidos entre 2010 e 2022. Avaliadas sobrevida global (SG) e livre de progressão (SLP) com a curva de Kaplan-Meier, teste log-rank e análise de regressão de Cox. **Resultados:** Amostra com 99 pacientes (49 homens); mediana de 64 anos ao diagnóstico (40 a 89); subtipos: IgG 54,5%, IgA 17,2%, cadeia leve 23,2% e sem informação 5,1%; estadiamento International Staging System (ISS): I 10%, II 34%, III 38% e sem dados 17%. Em 1ªlinha, 66,7% receberam bortezomibe, ciclofosfamida e dexametasona (VCD), 77,9% receberam protocolos com bortezomibe. Em 2ªlinha ou posterior, 15% daratumumabe e 6% carfilzomibe. SG mediana foi de 77 meses (IC95%: 42,3 - 111,6) e a SLP de 27 meses (IC95%: 16,5 - 37,4). Atingiram resposta completa 12,1%, resposta parcial muito boa 20,2% e sem dados de resposta em 43,4%. Submetidos a transplante autólogo de células-tronco hematopoiéticas (TCTH) 30,3% dos pacientes, com SG e SLP de 117 e 54 meses respectivamente. No grupo não submetido a TCTH, a SG e SLP foram de 70 e 21 meses com $p = 0,026$ e $<0,0001$ respectivamente. Apresentaram significância para SG o número de ciclos na 1ªlinha com HR 0,67 (IC95% 0,53-0,86, $p = 0,002$) e o TCTH com HR 0,11 (IC95% 0,33-0,39, $p = 0,001$). O subtipo do MM e ISS não influenciaram a SG e SLP. **Discussão:** O MM representa cerca de 15% das malignidades hematológicas, mais incidente em idosos acima de 60 anos. Após 16 anos do uso do bortezomibe, os estudos demonstraram melhora em sobrevida com segurança, portanto essa droga é utilizada em diversos protocolos. A SG em estudos varia de 61 a 67 meses e a SLP varia de 31 a 38 meses, com as maiores taxas encontradas em esquemas com bortezomibe. A maioria dos pacientes deste estudo receberam em 1ª linha regimes com bortezomibe. Estudo MMyBRAve (Brasil), de pacientes diagnosticados entre 2008 a 2016, demonstrou SG de 70 meses, o presente estudo demonstrou SG de 77 meses, que pode ser atribuído à incorporação de novos agentes à 1ªlinha de tratamento. Sabe-se que os imunomoduladores e os inibidores de proteassoma associados ao TCTH melhoraram a sobrevida, entretanto o