Immunogenetics (IGEN) team, in which all haploidentical family members are considered, with corresponding ABO typing, age and weight, as well as the national and international donor searches. The anti-HLA panel is always considered. Conditioning regimens are chosen based on the Pediatric BMT Group of the SBTMO consensuses. GVHD prophylaxis with PT-Cy, mycophenolate mofetil and cyclosporine are used in haploidentical transplants and, more recently, also for mismatched unrelated donors. The preferred graft source is always the bone marrow, except in extreme conditions with an expected increased chance of graft failure. **Result:** A 1 year and 6 months baby girl was diagnosed with DBA at the age of 2-months of life. She remained transfusion-dependent after two steroid cycles. No HLA-compatible related or unrelated donor was found. A 38-year-old unrelated male donor was chosen, with compatible ABO typing and two HLA mismatches, antigenic incompatibility in the A locus and a permissive DP mismatched (HLA 10×12). Conditioning was based on the SBTMO 2021 consensus, with Busulfan, Fludarabine and ATG. Due to the A *mismatch*, GVHD prophylaxis included PT-Cy, MMF and CsA. After a fresh bone marrow graft, she had neutrophilic engraftment on D+18 and platelet engraftment on D+28. She had no important side effects and was discharged from the hospital on D+21. On D+29 she was admitted with bloody diarrhea due to adenovirus and developed upper respiratory infection due to Parainfluenza. The child currently remains on cyclosporine, with no signs or symptoms of GVHD, with complete chimerism and good graft function. **Conclusion:** The use of PT-Cy may overcome class I mismatches in the unrelated donor setting and expand the donor pool and the results of these transplants.

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THE ROLE OF A DIRECT COMMUNICATION CHANNEL BETWEEN PATIENT/FAMILY AND THE TRANSPLANT TEAM

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Introduction: Hematopoietic Stem Cell Transplantation (HSCT) is a complex procedure in which patients and their families are faced with several challenges. The patient/family need constant support and clarification of the entire HSCT process. The contact with the professionals through fix telephone numbers and/or e-mail can be very challenging. Many issues can also be resolved with direct communication instead of transportation to the medical center, that is expensive and time consuming. Communication strategies between patient/family and team can help in the early management of patient/family needs. WhatsApp is the most popular instant messaging social network among Brazilians and completely free if used with an open Wi-Fi access. In October, 2021, a new communication tool was implemented in the HSCT service, a cellular telephone with WhatsApp that is used daytime by nurse practitioners and at night by one of the attending physicians. All patients and their families have direct access to the team through this WhatsApp number. **Objective:** To analyze the use of the "on-call WhatsApp"by patients and by the healthcare team in all stages of HSCT. **Method:** Retrospective analysis of all contacts made by the patients/families. **Results:** From October 09, 2021 to March 16, 2023, 451 contacts were made through our WhatsApp: 68% of the messages were from patient/family, 28% from the team to patient/family and 4% from the physician referring the patient to the HSCT service. The reasons for contact of patients/families were 52 (12%) HSCT-related complications, 32 (7%) medical appointment, 29 (6%) requests summary, 21 (5%) clarification about medications, 20 (4%) about post-HSCT vaccination, 19 (4%) about test results, 15 (3%) about COVID PCR, 14 (3%) request of prescriptions, 12 (3%) questions regarding pre-HSCT, 11 (2%) regarding the donor, 11 (2%) regarding the insurance, and 11 (2%) regarding the Respiratory Unit. The most common symptoms reported using the WhatsApp were gastrointestinal 15 (29%): diarrhea, vomiting, nausea, abdominal pain and inappetence. All patients who sent messages had and answer from the team for prompt management of the clinical problems. **Conclusion:** This is an excellent option for prompt communication with the patients, avoiding several unnecessary visits. Patients, physicians and nurse practitioners continuously use the "on-call WhatsApp"pre and post appointments. It is also a very valuable tool to reach out patients for the post-HSCT follow-up.

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TRANSPLANTE AUTÓLOGO DE CÉLULAS-TRONCO HEMATOPOIÉTICAS EM PACIENTES COM LINFOMA DO MANTO EM PRIMEIRA REMISSÃO: ANÁLISE RETROSPECTIVA DOS CASOS DO HOSPITAL UNIVERSITÁRIO WALTER CANTÍDIO

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Introdução: O Linfoma de Células do Manto (LCM) é um subtipo incomum e agressivo do grupo de linfomas não-Hodgkin, não sendo considerado uma doença homogênea, mas sim uma entidade com variado espectro de apresentação clínica e molecular. Atualmente, existem diversas opções de tratamento disponíveis que atingem uma melhor resposta e consequente aumento da sobrevida global; como: quimioterapia, imunoterapia, Transplante de Células-Tronco (TCTH) e anticorpos biespecíficos. Dentre elas, faz-se necessário citar o TCTH que é indicado em primeira remissão nos pacientes portadores de Linfoma do Manto considerados elegíveis. Nesse âmbito, o objetivo deste estudo é compilar dados referentes aos 14 pacientes que foram submetidos ao TCTH