MS (1). In the MIST study; One group of patients with relapse-refractory MS (RRMS) underwent myeloablative AHSCT with cyclophosphamide (200 mg/kg) and antithymocyte globulin (ATG), and the other group was given disease-modifying therapy. During an average follow-up of 2 years, disease progression was 5% in the AHSCT group and 62% in the other group. In addition, those who underwent AHSCT had fewer relapses, and the rate of lesion healing on MRI was observed to be higher in the AHSCT group (2). In the HALT-MS study, event-free survival and improvement in neurological functions were observed at higher rates in patients who underwent AHSCT after high-dose immunotherapy (3-4). In a study conducted in Sweden, no recurrence or progression was observed in the first 3 years of treatment after AHSCT, and it was also stated that no new lesions developed on MRI (5). Although studies show the potential benefits of AHSCT, more long-term data from randomized controlled trials are needed to evaluate the effectiveness and safety of this intervention in the treatment of RRMS.

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OP 13

Autologous stem cell transplantation experience in an adult recurrent medulloblastoma patient: Case report

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Case report: Introduction: Medulloblastoma is the most common malignant primary embryonal brain tumor in children and occurs in the cerebellum. Approximately 70% of patients are diagnosed before the age of 20. The disease is rare after the 4th decade of life. It originates from the brainstem and metastasizes to other brain tissue, ventricles and medulla spinalis via CSF. Metastasis to bone, bone marrow, lung or lymph nodes outside the CNS is a very rare condition. Surgery, chemotherapy and radiotherapy are used in the treatment of medulloblastoma. In some patients (patients in the high-risk group, relapsed/refractory patients), autologous stem cell transplantation(ASCT) is performed following high-dose chemotherapy to increase survival rates. Here, we will present a case of medulloblastoma in which we performed autologous stem cell transplantation in our center.
Key words: Medulloblastoma, autologous stem cell transplantation
Case report: A 30-year-old male patient applied to the neurology clinic in May 2020 with complaints of headache, dizziness, nausea, vomiting and fainting. In the brain imaging, a 6×4 cm mass lesion was observed in the posterior fossa, located in the ventricle and causing compression symptoms (Cystic Astrocytoma? Medulloblastoma?). The patient underwent ventriculoperitoneal shunt and subtotal mass excision at the neurosurgery clinic. The biopsy pathology result was reported as medulloblastoma (classical type, p53 mutation positive). Chemotherapy was recommended by the oncology clinic, but the patient did not accept the treatment. In August 2020, the patient was given cranial RT and was subsequently followed without medication. in June 2023 due to complaints of pain and weakness in both lower extremities, there was an intradural mass lesion (25×19 mm) obliterating the spinal cord at the T11-T12 level and extending to the extraspinal area, and a diffuse mass lesion within the spinal cord at the T10 level with a craniocaudal length of 17 mm. Mass excision as a result of pathology; It was reported as classical medulloblastoma (non-WNT/non-SHH group (grade 4)). After the patient was given 2 courses of mini-ICE chemotherapy, a nearly complete response in the imaging. The patient was mobilized with G-CSF. In our center, the patient was performed autologous stem cell transplantation (6.55×10^6 /kg cells) with temozolamide ($2 \times 200 mg/m^2$ on days -6,-5,-4), etoposide (100 mg/m^2 on days -7,-6,-5,-4,-3,-2), thiotepa (300 mg/m^2, on days -4,-3,-2) protocol in November 2023.The patient, who had neutrophil and platelet engraftment on the 10th day after transplantation, was discharged with outpatient clinic control. **Discussion and conclusion:** Although the prognosis has improved in children with medulloblastoma, an estimated 20-30% will relapse following initial treatment (1). Recurrences may be local or widespread (brain and vertebra) (2,3,4). In case of recurrent disease after initial treatment, the likelihood of long-term survival is significantly reduced. Autologous hematopoietic cell transplantation after high-dose chemotherapy has been evaluated in small series and resulted in prolonged disease-free survival in approximately 20-25% of patients (7,8). In the study conducted by Eduvian et al., they showed that autologous stem cell transplantation after chemotherapy has a definite, albeit limited, role for selected pediatric brain tumors with poor prognosis and complete/partial remission before transplantation(9).

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OP 14

AUTOLOGOUS STEM CELL TRANSPLANTATION EXPERIENCE IN B-ALL DEVELOPING DURING MAINTENANCE LENALIDOMIDE TREATMENT:CASE REPORT

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Case report: Introduction: Secondary leukemias that occur after chemotherapy are mostly myelodysplastic syndrome and acute myeloid leukemias.With the recent increased use of immunomodulatory (IMID) drugs (pomalidomide, thalidomide and lenalidomide); It has been shown that secondary leukemias increase. Acute lymphoblastic leukemia (ALL) has frequently been described in association with IMID. Here, we present our second ASCT experience in a case who underwent autologous stem cell transplantation (ASCT) with the diagnosis of multiple myeloma and developed B-ALL during the maintenance lenalidomide treatment.

Key words: Multipl myelom, B-ALL, autologous stem cell transplantation

Case report: A 62-year-old female patient was diagnosed with multiple myeloma (MM) in 2017.The patient was given 4 cycles of BED (bortezomide, cyclophosphamide, dexamethasone) treatment.The patient, who was in remission, underwent ASCT with Melphalan 200 mg/m2 preparation regimen in 2018.After ASCT, the patient was started on lenalidomide maintenance treatment. Approximately 4 years later, in 2022, during the course of lenalidomide treatment, CALLA+ B-ALL was diagnosed with a bone marrow biopsy.The patient was given hyper-CVAD Chemotherapy. The patient, who was in remission after the treatment, underwent ASCT again in 2023, for the second time with the TBI + endoxan protocol (3.8×106/kg cells) with peripheral blood stem cells collected during the previous MM disease period. **Discussion and conclusion:** ALL can develop due to cytotoxic agents and immunomodulatory (IMID) drugs such as alkylating agents and topoisomerase inhibitors. Alkylating agents such as Melphalan can cause the development of AML or MDS, often through unbalanced chromosomal abnormalities from first use. The incidence of secondary ALL developing after primary malignancy is 2.3%. Secondary malignancies are a known, albeit rare, complication of long-term lenalidomide therapy. However, the incidence of secondary ALL due to lenalidomide is very low. Parrondo et al demonstrated a significant increase in the risk of secondary malignancies following lenalidomide maintenance following high-dose melphalan and autologous hematopoietic stem cell transplantation in patients with multiple myeloma (MM). 4-17% of these malignancies are hematological malignancies. After ASCT, maintenance lenalidomide has now become the standard treatment for multiple myeloma. Lenalidomide creates a basis for the development of hematological malignancy secondary to treatment in these patients. However, considering the use of melphalan in the chemotherapy regimen before ASCT, lenalidomide alone cannot be blamed for treatment-related ALL. However, as a result of our literature review, there is a stronger association between lenalidomide maintenance therapy and treatment-associated ALL in multiple myeloma patients. Therefore, in case of suspicious hematological findings in patients receiving maintenance lenalidomide treatment, bone marrow aspiration and biopsy samples should be carefully evaluated for leukemia.

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OP15

A Case of Multiple Myeloma with Atypical Cutaneous Presentation Treated by Daratumumab + CYBORG

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This case report illustrates the unconventional progression of multiple myeloma (MM) in a 57-year-old male, primarily highlighted by a cutaneous manifestation on the right cheek malar region, indicative of disease recurrence. Initially diagnosed following back pain and dyspnea, the patient's journey took a distinctive path from standard multiple myeloma treatments to the innovative application of daratumumab + CYBORG therapy. The biopsy from the lesion confirmed the recurrence of plasma cell neoplasia, leading to the adoption of daratumumab + CYBORG therapy. This innovative treatment strategy underscores the evolving landscape of MM management, particularly in cases presenting with atypical symptoms such as cutaneous involvement. The implementation of daratumumab + CYBORG therapy in this context not only highlights its potential as a significant advancement in MM treatment.

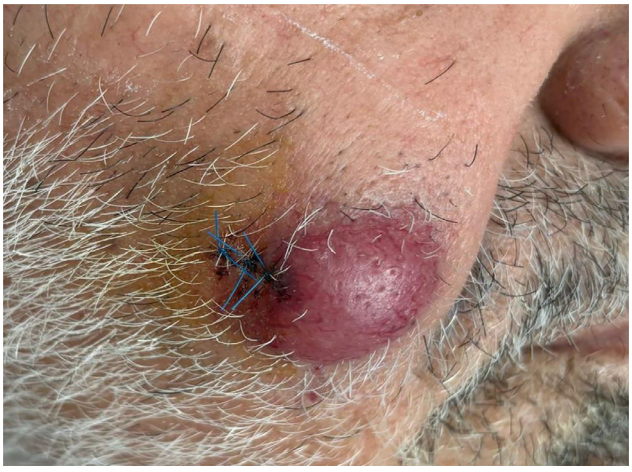

Image 1. Skin lesion on face._