das atividades propostas, porém os motivos das atividades não finalizadas e inexecutáveis podem gerar obstáculos na melhoria dos processos para crescimento do serviços principalmente em aumentar o número de transplantes realizados visando qualidade nos processos e segurança do paciente.

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## MORTALITY RATE OF PATIENTS UNDERGOING DIFFERENT TYPES OF BONE MARROW TRANSPLANTATION IN BRAZIL: A HISTORICAL COHORT OF 14-YEARS OF ANALYSIS

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**Objectives:** Analyze the mortality rates and survival time of patients undergoing different types of Bone Marrow Transplant in Brazil, in the period from 2010 to 2023. **Material and methods:** Retrospective cohort study, descriptive and analytical, carried out with data from the Brazilian Transplant Registry. The study included 21017 patients who underwent allogeneic or autologous bone marrow transplant in Brazil from 2010 to 2023. Patients with incomplete information were excluded. The variables mortality rate and type of bone marrow transplant were analyzed. To analyze the mortality of patients, the intervals of 1-, 3-, 5- and 10-years after transplantation were used. In the analysis of the data, the Statistical Package for the Social Sciences, version 24.0, was used. In the descriptive form, percentage frequencies were used and in the inferential Pearson's chi-square was used at the significance level of 5%. **Results:** When comparing mortality rates at intervals of 1-, 3-, 5- and 10-years after transplants, longitudinally, of patients who underwent autologous (n = 13185) and allogeneic (n = 7832) bone marrow transplant, cases that evolved to death were observed in 14% vs. 37% (HR = 1.35, 95% CI 1.33–1.38, $p < 0.001$), 24% vs. 46% (HR = 1.93, 95% CI 1.86–2.01, $p < 0.001$), 30% vs. 51% (HR = 1.64, 95% CI 1.58–1.69, $p < 0.001$) and 38% vs. 54% (HR = 1.41, 95% CI 1.37–1.45, $p < 0.001$) respectively. When also comparing, longitudinally, the mortality rate of patients who underwent related (n = 5918) and unrelated (n = 1914) allogeneic bone marrow transplant at the respective year intervals, cases that evolved to death were observed in 36% vs. 39% (HR = 1.08, 95% CI 1.01–1.15, p = 0.019), 46% vs. 48% (HR = 1.04, 95% CI 0.98–1.10, p = 0.123), 49% vs. 50% (RR = 1.02, 95% CI 0.96–1.07, p = 0.448) and 54% vs. 53% (HR = 0.98, 95% CI 0.93–1.03, p = 0.433), respectively. **Discussion:** It was observed that allogeneic bone marrow transplantation is a risk factor for the outcome of death compared to autologous transplantation, obtaining statistical significance at all intervals. With regard to related and unrelated allogeneic transplants, it was analyzed that only in the 1st year there was statistical significance when analyzing the risk factor of the outcome death for the unrelated transplant, showing that the survival of patients who undergo related allogeneic transplant is greater than the unrelated only up to the 1st year post-transplant. The study was limited by the lack of specificity of the diseases that each patient had before undergoing transplants, paving the way for future, more specific studies on the subject. **Conclusion:** The results of the study were in agreement with the current scientific literature, showing that mortality rates of related and unrelated allogeneic transplants do not tend to be that different over the years.

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## OUTCOMES OF ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANTATION IN ACUTE MYELOID LEUKEMIA PATIENTS WITH ACTIVE REFRACTORY DISEASE BEFORE TRANSPLANT

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**Introduction:** Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) is the most potent post-remission treatment for Acute Myeloid Leukemia (AML) to reduce relapse rates. However, achieving Complete Remission (CR) and Minimal Residual Disease (MRD) before transplant are crucial predictors of relapse and mortality post-consolidation therapy. This study aims to describe the characteristics and outcomes of AML patients who underwent HSCT without achieving CR. **Methods:** We conducted a retrospective analysis of AML patients with active refractory disease who underwent HSCT between 2010 and 2024 at two Brazilian centers. Active AML was defined as having more than 5% blasts in the Bone Marrow (BM) before starting conditioning or a sequential conditioning regimen. **Results:** A total of 28 AML patients with refractory disease after multiple lines of therapy (including a prior HSCT in 5 patients) were included. The median age was 47 years (range, 19–83), 39% were male, and the median percentage of blasts in BM at the start of HSCT was 11% (range: 5%–50%). Nine out of 19 assessed patients (47%) were high-risk based on the HCT-CI score. Donors were haploidentical in 15 patients (53.6%), matched unrelated in 7 patients (25%), and matched related in 6 patients (21.4%). Reduced-Intensity Conditioning (RIC) was performed in 22 patients (79%), with

FluCyTBI 2 or 4 Gy in 16 patients (73%), FluBu6.4 in 5 patients (23%), and FluMel140 in 1 patient (4%). Myeloablative Conditioning (MAC) was used in 6 patients (21%), with FluBu9.6 in 3 patients (50%), BuCy in 2 patients (33%), and FluTBI12Gy in 1 patient (17%). Mobilized peripheral blood stem cells were the most common stem cell source (21 patients, 75%), while bone marrow was used in 7 patients (25%). The cumulative incidence (CI) of relapse/progression at 3-months, and 3-years was 18%, and 36%, respectively. The CI of non-relapse mortality (NRM) at 3-months, and 3-years was 14% and 26%, respectively. The CI of acute grade II–IV GVHD at 100-days was 21%, and the CI of chronic GVHD at 3-years was 29%, with only patients requiring prolonged systemic therapy. After a median follow-up of 42-months, Overall Survival (OS) and Progression-Free Survival (PFS) at 3-years were 42% and 44%, respectively. The blast count in BM immediately before HSCT was a strong predictor of survival: OS at 3-years was 22% compared to 76% for patients with 10% or fewer blasts ($p = 0.015$), and PFS was 22% vs. 65% ($p = 0.035$). **Conclusion:** HSCT is a feasible and safe alternative for patients with refractory or relapsed AML after multiple lines of therapy, particularly for those with 10% or fewer blasts in BM before transplant. However, prospective studies with larger cohorts are needed to further define the role of HSCT in this challenging context.

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## QUALIFICAÇÃO DO PROGRAMA DE TRANSPLANTE DE MEDULA ÓSSEA DO SUS – MAIS TMO – PROADI SUS – BP

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**Objetivo:** Apresentar o perfil dos pacientes transplantados pelo projeto PROADI SUS na Instituição. Métodos: Estudo de coorte retrospectivo composto por 41 pacientes de ambos os sexos, com idades entre 3 e 66 anos. Os critérios de exclusão foram pacientes indeferidos pelo time assistencial. Todos os pacientes foram regulados via SNT. Foram analisados dados demográficos, clínicos, de comorbidade, doença, transplante, doador e desfecho. **Resultados:** Dos 41 pacientes atendidos, 51% (21) eram provenientes do estado de São Paulo, 27% (11) do Distrito Federal, 12% (5) de Sergipe, 4,9% (2) da Bahia, 2,4% (1) do Pará e 2,4% (1) do Espírito Santo. Em relação aos dados da doença, os diagnósticos predominantes foram leucemia mieloide aguda (41%) e leucemia linfoblástica aguda (20%). Os dados do transplante indicaram que 51% foram alogênicos haploidênticos, 39% alogênicos aparentados e 9,8% alogênicos não aparentados. Ao avaliar o tipo de condicionamento, 56% foram mieloablativos. No pós-transplante, 46% dos pacientes tiveram Doença do Enxerto Contra Hospedeiro (DECH), mas nenhum apresentou DECH crônica. Analisando a sobrevida pelo método Kaplan-Meier, a sobrevida em 30 dias foi de 95,12% e em 100 dias foi de 87,07%, comparado a dados do CIBMTR que estimam uma sobrevida de 80,0%. **Conclusão:** Este estudo demonstrou que os pacientes atendidos pelo projeto na Instituição apresentaram taxas de sobrevida superiores às estimativas do CIBMTR. A oportunidade de garantir acesso ao transplante de medula óssea, reforçando a importância de iniciativas como essa para a qualificação contínua dos programas de TMO no Brasil.

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## ADULT T-CELL LEUKEMIA/LYMPHOMA RELAPSED AFTER AUTOLOGOUS TRANSPLANT AND TREATED WITH HAPLOIDENTICAL STEM CELL TRANSPLANT

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**Introduction:** Adult T-cell Leukemia/Lymphoma (ATL) is a highly aggressive T-cell malignancy that occurs in a proportion of individuals who are long-term carriers of Human T-cell Lymphotropic Virus type 1 (HTLV-1). Allogeneic hematopoietic stem cell transplantation has been suggested as a potentially curative strategy to eradicate HTLV-1 positive cells. **Objective:** To describe the case of a patient with ATLL initially treated as peripheral T lymphoma and presenting refractoriness to several lines of treatment who was successfully treated with an allogeneic haploidentical stem cell transplantation. **Case description:** A 60-year-old woman was diagnosed with peripheral T-cell non-Hodgkin lymphoma after a biopsy of skin lesions in December 2021. She did not present with lymphadenopathy. She was treated at another center with 6-cycles of Brentuximab Vedotin (BV), cyclophosphamide, doxorubicin and prednisone (BV-CHP) followed by autologous hematopoietic stem cell transplantation as consolidative therapy. Six months after transplant, she progressively presented worsening of her skin lesions. A new skin biopsy confirmed relapse, and she was referred to our center. A new skin biopsy revealed a diagnosis of T-cell lymphoma associated with a positive serology for the Human T-Lymphotropic virus 1 (HTLV-1). The combination of the biopsy findings and the association with HTLV-1 positivity supported the diagnosis of ATL. The patient achieved a complete response