Adult Hematology Abstract Categories

Stem Cell Transplant
OP 10

LONG-TERM OUTCOMES OF ALLOGENEIC STEM CELL TRANSPLANTATION FOR RELAPSED/REFRACTORY HODGKIN AND NON-HODGKIN LYMPHOMA: MULTI-CENTER EXPERINCE FROM TURKEY

Ayse Uysal [1], Nur Soyer [2], Hakan Ozdogu [3], Hakan Goker [4], Olgu Erkin Cınar [4], Burak Devecı [5], Asu Fergun Yılmaz [6], Işık Kaygusuz Atagunduz [6], Ali Emre Tekgunduz [7], Sebnem Izmır [8], Filiz Vural [2]

[1] *Fırat University School of Medicine, Department of Hematology*
[2] *Ege University School of Medicine, Department of Hematology*
[3] *Baskent University School of Medicine, Department of Hematology*
[4] *Hacettepe University School of Medicine, Department of Hematology*
[5] *Medstar Antalya Hospital, Department of Hematology and Stem Cell Transplant Unit*
[6] *Marmara University School of Medicine, Department of Hematology*
[7] *Memorial Bahcelievler Hospital, Department of Hematology and Stem Cell Transplant Unit*
[8] *Istanbul Gelisim University, Memorial Sisli Hospital Hematology and Bone Marrow Transplantation Unit*

Objective: In this multicenter retrospective study, we evaluated the efficiency on survival and safety of allogeneic hematopoietic stem cell transplantation (allo-HSCT) in patients with relapse/refractory (R/R) Hodgkin lymphoma (HL) and non-Hodgkin lymphoma (NHL). **Methodology:** A total of 110 patients with R/R HL or NHL who underwent allo-HSCT were evaluated between July 2007 and October 2022 in 7 adult stem cell transplantation centers. The primary endpoints of this study were progression-free survival (PFS), graft versus host disease-free, relapse-free survival (GRFS) and overall survival (OS) after the allo-SCT **Results:** Forty-one (37.3%) of total patients were diagnosed with HL, 69 (62.7%) were NHL. The median age at the time of transplantation was 39,5 years (16-67) and 66 (60%) of them male. The mean follow-up time was 67,5±8.1 months and the rates of 5-years OS, PFS, and GRFS were 38.4%, 59.3% and 49.5% respectively. In multivariate analysis, OS was significantly impacted by both conditioning regimen type and acute GvHD degree. Myeloablative conditioning regimen and grade 3-4 acute GvHD had a statistically significant negative effect on OS (HR: 1.74, 95% CI: 1.02-2.98, p=.042, and HR: 2.03, 95% CI: 1.12-3.68, p=.019, respectively). Mismatch unrelated donor (HR: 3.91, 95% CI: 1.58-9.67, p=.003) and CMV reactivation (HR: 1.99, 95% CI: 1.11-3.58, p=.020) were statistically significant negative effect on GRFS. **Conclusion:** According to our results, PFS, OS, and GRFS are not impacted by the disease subtype. However, the transplantation results are affected by the conditioning regimens, donor type, acute GVHD status, and CMV reactivation

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Adult Hematology Abstract Categories

Other Diseases
OP 11

INCREASED CAROTID INTIMA MEDIA THICKNESS AS AN INDICATOR OF INCREASED CARDIOVASCULAR RISK IN PATIENTS WITH PRIMARY FAMILIAL ERYTHROCYTOSIS

Alpay Yesılaltay [1], Hasan Değirmenci [2]

[1] *Baskent University Faculty of Medicine Hematology Clinic Istanbul Hospital*
[2] *İstanbul Şişli Hamidiye Etfal Education and Research Hospital Department of Cardiology*

Objective: Erythrocytosis is a group of disorders frequently encountered in haematology practice. Erythrocytosis (polycythemia) is considered to be an elevated haemoglobin (Hb) and/or haematocrit ratio (Hct) in peripheral blood. This ratio is defined as an Hb value >16.5 g/dL in males and >16.0 g/dL in females and an Hct value >49% in males or >48% in females. Erythrocytosis is basically divided into primary and secondary according to EPO (Erythropoietin) level. Both groups are divided into hereditary and acquired forms. EPO level is normal in the primary form. Primary Familial Erythrocytosis (PFE) form often includes EPO mutations (germline mutations). Mutations in EPO receptors result in increased erythrocyte production despite physiological EPO levels. It is inherited and often has a family history of early cardiovascular and cerebrovascular disease events. Primary acquired polycythaemia is Polycythaemia Vera, which includes (somatic mutations; clonal) (JAK2 mutations). Here JAK mutations have mutations of the JAK2V617F or Exon 12 region. It is a chronic myeloproliferative disease involving the bone marrow with the risk of leukaemia and myelofibrosis. The basic rule in secondary causes is increased EPO levels. Secondary inherited type includes germline mutations (VHL, EGLN1, EPAS) and methaemoglobinaemia. Acquired secondary polycythaemia is mainly due to hypoxic causes. In this group of patients, lung, cardiac, endocrine, high altitude and renal transplantation are the main causes. In the approach to polycythaemic patients in haematology outpatient clinics, patients are followed up with intermittent phlebotomies unless the patient has P Vera, normal EPO and JAK mutation. There is no common follow-up and treatment integrity for this group of patients including our study. Although PFE does not have the risk of haematological malignancy, cardiac and cerebral events at an early age are common in family members in the anamnesis of patients. In line with this result, we wanted to evaluate the possible cardiovascular risk in patients in the PFE group and measured carotid intima-media thickness (CIMT) with high-resolution B-mode carotid