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