Table 2 – Mean for Survival

Subtypes	PFS Mean				OS Mean			
	Estimate	Std. Error	95% CI		Estimate	Std. Error	95% CI	
			Lower Bound	Upper Bound			Lower Bound	Upper Bound
HL	63.640	8.071	47.821	79.460	65.546	7.501	50.844	80.248
DLBCL	70.205	9.593	51.402	89.008	94.927	16.105	63.361	126.492
FL	60.899	13.367	34.700	87.098	113.000	8.485	96.369	129.631
MZL	36.200	9.543	17.495	54.905	69.250	19.674	30.689	107.811
MCL	61.075	15.882	29.947	92.203	84.429	15.081	54.870	113.988
T-cell	14.667	3.928	6.969	22.365	33.333	6.760	20.083	46.583
Total	72.452	6.735	59.252	85.652	114.038	7.918	98.519	129.557

HL Hodgkin Lymphoma, *DLBCL* Diffuse Large B-cell Lymphoma, *FL* Follicular Lymphoma, *MZL* Marginal Zone, Lymphoma, *MCL* Mantle Cell Lymphoma

Table 3 – Cox Regression for PFS and OS

	PFS				OS			
			95% CI				95% CI	
	p	HR	Lower	Upper	p	HR	Lower	Upper
age	.311	.986	.959	1.013	.793	1.004	.974	1.035
group	.290				.423			
HL-DLBCL	.515	1.516	.432	5.317	.365	1.733	.527	5.703
HL-FL	.251	2.059	.600	7.062	.143	.190	.021	1.754
HL-MZL	.357	2.377	.376	15.011	.805	1.263	.199	8.015
HL-MCL	.194	2.523	.624	10.199	.954	.954	.193	4.710
HL-T-cell	.020	7.663	1.385	42.389	.635	1.528	.265	8.805
sex	.743	1.146	.507	2.591	.851	1.096	.419	2.871

HL Hodgkin Lymphoma, *DLBCL* Diffuse Large B-cell Lymphoma, *FL* Follicular Lymphoma, *MZL* Marginal Zone Lymphoma, *MCL* Mantle Cell Lymphoma, *CI* Confidence Interval, *HR* Hazard Ratio

limitation. However, the strength of our study is the ability to compare six lymphoma subtypes within the same study. Further research is needed to focus on larger patient cohorts and incorporate detailed evaluations of risk factors in patients undergoing autologous transplantation.

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OP 12

RESULTS OF UNRELATED ALLOGENEIC STEM CELL TRANSPLANTATION: A SINGLE CENTER EXPERIENCE

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Objective: Evaluation of data from unrelated hematopoietic stem cell transplants performed in our transplant center. **Methodology:** At the Private Emsey Hospital Adult Stem Cell Transplantation Unit were evaluated retrospectively between 2016 and 2023 to Allogeneic hematopoietic stem cell transplantations performed on 76 patients with different diagnoses from unrelated donors. **Results:** Data of patients with a mean age of 41.9 years were retrospectively analyzed. All donors were from a Turkish stem cell bank and 51% had HLA 1 allele incompatibility. 28 transplants were performed between different genders. Average follow-up was 17.3 months. Neutrophil engraftment occurred in an average of 18.1 days. Acute GVHD was detected in 26% and chronic GVHD in 41%. 1-year overall survival was 37% and disease-free survival was 32%. **Conclusion:** Non-relative stem cell transplantation is an important option especially in hematological diseases where there is no family donor and allogeneic transplantation is required. It has been observed that non-relative data performed in our clinic are similar to data from other centers.

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OP 13

MANTLE CELL LYMPHOMA PATIENT WITH SKIN GVHD AFTER AUOTOLOGOUS STEM CELL TRANSPLANT

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Objective: Graft-versus-host disease (GVHD) after ASCT is an immunologically developing process. T cells and inflammatory cytokines formed against the recipient'ss alloantigens are responsible for this. It is less common in autologous SCT than in allogeneic SCT. It has been reported in the literature that there are MM patients who developed autologous GVHD after Auotologous SCT. **Case report:** Here, we present a case