

of the patients had developed new fractures. **Conclusion:** 1. The 5 mg formulation of zoledronate has been proven to prevent the development of new vertebral fractures or the recurrence of fractures in all myeloma patients, regardless of whether they have a fracture or osteoporosis. 2. In addition to its efficacy, this application eliminates the shortcomings associated with the aforementioned treatment regimen. With a single administration at the time of diagnosis, compliance is greatly enhanced. 3. From a financial perspective, this has a notable impact on the cost of treatment. In Turkey, the lowest monthly price for a 4 mg dose of zoledronate is 884 TL. If the treatment is administered monthly for 12 months, the total cost is 10,608 TL. The cost of a box of denosumab is 4788 TL, with a total treatment cost of 57,456 TL if applied once a month for 12 months. The cost of a box of zoledronate 5 mg is 898 TL, reflecting the annual application frequency. In accordance with the recommendations set forth by the IMWG guideline, the treatment cost of the zoledronate 5 mg formulation is 11 times less expensive than that of the zoledronate 4 mg formulation and 63 times less expensive than that of denosumab, based on a one-year application period. 4. It is recommended that all myeloma patients, with or without osteolytic bone disease, be evaluated for osteoporosis. There is no clear recommendation in this direction in the guidelines. 5. If we add secondary osteoporosis, glucocorticoid use and previous fracture to the FRAX score, we see that all patients are at very high risk of major osteoporotic fracture and hip fracture. This shows that we need to raise awareness in this area.

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## Adult Hematology Abstract Categories

### Stem Cell Transplant

PP 23

#### PRESENTATION OF 4 CASES OF AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANTATION AFTER HIGH-DOSE CHEMOTHERAPY WITH REFRACTORY SOLID TUMOR DIAGNOSIS

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**Case Report:** Hematopoietic stem cell transplantation (HSCT) is a treatment method that can provide cure for most hematological malignant diseases. In addition to hematological malignancy, HCT is also used as a treatment method in benign hematological diseases, solid tumors, and autoimmune diseases. Autologous hematopoietic stem cell transplantation (AHCT) is the most common procedure performed in solid tumors. Transplantation is performed first as high-dose chemotherapy (HDC) and then as OHCT. In our transplant center between 2021 and 2023, we evaluated data of high-dose chemotherapy (HDC) and OHCT. Our first case is a 43-year-old female patient who received multiple treatments

with the diagnosis of refractory primary peritoneal adenocarcinoma. Our second case is a 22-year-old male neuroblastoma patient who was first diagnosed with a retroperitoneal mass. Our third case is a 27-year-old male patient diagnosed with refractory Ewing Sarcoma. Our fourth patient is a 29-year-old male, who was diagnosed with refractory testicular cancer and to whom we performed a transplant.

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PP 24

#### DOES BMI/BSA AFFECT STEM CELL MOBILISATION?: SINGLE CENTRE EXPERIENCE

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**Objective:** Haematopoietic stem cell transplantation is accepted as an important treatment strategy in the treatment of many haematological diseases including acute leukaemia, lymphoma, multiple myeloma as well as sickle cell anaemia and beta thalassaemia major. BMI is an important factor affecting the donor's response to mobilisation and thus haematopoietic progenitor cell yield. This effect is thought to be due to the relatively high dose of filgrastim administered to donors with higher BMI or to the presence of unknown intrinsic factors affecting mobilisation related to the amount of adipose tissue in each donor. In studies examining the relationship between obesity and CD34, negative effects of BMI on the number of progenitor cells have been shown. **Methodology:** A total of 41 patients, including 32 patients and 9 healthy donors, who underwent stem cell mobilisation for bone marrow transplantation in the therapeutic apheresis unit of Konya City Hospital between 10/2023 and 8/2024 were included in our study. The effects of disease diagnosis, age, number and content of chemotherapy, radiotherapy history, body surface area (BSA), body mass index (BMI), chronic habits such as smoking and alcohol, comorbidity and vitamin D level on stem cell mobilisation were investigated. **Results:** In our study, data of 9 healthy donors, 21 multiple myeloma and 11 lymphoma patients were analysed. Median age was 61 (18-72) years, 46.3% (19) were female and 53.7% (22) were male. There was a history of radiotherapy in 9.8% of the patients. While 46.3% of the patients were mobilised with cyclophosphamide+filgrastim, 41.5% with filgrastim, 4.9% with other chemotherapeutic agents+ filgrastim, 4.9% with filgrastim+plerixafor, 2.4% of the patients had stem cell collection by harvest procedure. On day 1 of stem cell mobilisation, there was no difference between those who collected sufficient CD34 positive stem cells and those who failed in terms of gender, height, weight, BMI, BSA, chronic habits, presence of comorbidities, vitamin D level and number of chemotherapy received. There was no statistically significant correlation between the total amount of CD34 positive stem cells and gender, height, weight, BMI, BSA, chronic habits, presence of comorbidities, vitamin D level and number of received