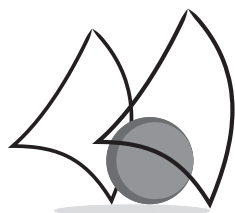


**Annals of the XX Brazilian Congress
of the Brazilian Society of Bone Marrow Transplant
August 24 – 27, 2016,
Fortaleza – Ceará – Brazil**



XX CONGRESSO
DA **SBTMO 2016**

SOCIEDADE BRASILEIRA DE
TRANSPLANTE DE MEDULA ÓSSEA

Hotel Gran Marquise . Fortaleza . Ceará
24 a 27 de agosto de 2016

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ALLOGENEIC TRANSPLANT**Engraftment data in haploidentical Hematopoietic Stem Cell Transplantation - Experience of a Center**

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<http://dx.doi.org/10.1590/1806-9282.62.suppl1.164>

Introduction: The lack of compatible HLA (human leukocyte antigen) donors is a major limitation for performing hematopoietic stem cell transplantations (HSCT). Less than one third of patients find 100% compatible related donors and even a smaller percentage finds alternative donors. However, most patients have a potential haploidentical donor. The recent T-lymphocyte depletion technique *in vivo*, with post HSCT cyclophosphamide, seems to prevent severe forms of graft-versus-host disease (GVHD) and reduce grafting failure, allowing the performance of transplants with haploidentical donors, giving patients the opportunity of undergoing a potentially curative treatment. **Objective:** To evaluate the engraftment data of patients submitted to haploidentical HSCT. **Patients and Methods:** A retrospective observational study based on the review of medical records. All patients submitted to haploidentical HSCT at the institution were included. The criteria for undergoing haploidentical HSCT were the unavailability of a 100% compatible related donor, unavailability of donor from the Bone Marrow Donor Registry (REDOME) after 4 months of searching and the urgency in transplanting the patient. **Results:** Data from 12 patients who underwent haploidentical HSCT were analyzed from February 2013 to May 2016. Most patients were males (7 patients), and one of these, with bone marrow aplasia, underwent 2 haploidentical HSCTs. There were 4 cases of aplasia, 3 cases of acute myeloid leukemia, 1 acute lymphoblastic leukemia, 2 Hodgkin's disease (HD) and 2 congenital immunodeficiencies. Eleven patients received fludarabine/cyclophosphamide and TBI 2 Gy in the conditioning regimen and the source was the bone marrow in 100% of cases. The median age of patients at the transplant was 13.31 years, ranging from 6 months to 26 years. The median follow-up was 11.3 months (1.6 to 37.6). The engraftment occurred on average at 15.5 days (15-20), and only one patient had engraftment failure. The median amount of infused CD34/kg cells was 4×10^6 . At the control monitoring 30 days after the HSCT, only 2 patients did not have complete chimerism. One patient had a recurrence of HD and 3 patients died, two of them due to complications related to the procedure, one due to late graft rejection. Overall survival was 75%, whereas the event-free survival rate was 66.66%. **Discussion:** The literature shows that haploidentical HSCT is a viable alternative for patients without compatible related donors, with resulting morbidity and mortality rates similar to procedures with a related donor and, in some studies, better than unrelated HSCT. The results described above corroborate the impression that haploidentical HSCT promotes early engraftment and complete chimerism. However, there are still questions regarding recurrence rates and immune reconstitution which, due to the small number of patients and duration of follow-up in this sample could not be assessed.

Keywords: Haploidentical, Stem Cell Transplantation