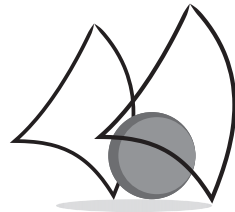


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O-006

## HEMATOLOGY/PEDIATRIC TRANSPLANTATION

**Autologous transplantation of hematopoietic stem cells in Hodgkin's lymphoma. Experience of the Brazilian Group of Pediatric Bone Marrow Transplantation.**

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High-dose chemotherapy followed by autologous hematopoietic stem cell transplantation (auto HSCT) is considered the standard treatment for recurrent or refractory Hodgkin's lymphoma (HL). Objective: To evaluate auto HSCT data for HL from different institutions participating in the Brazilian Group of Pediatric Transplantation. Method: Seven pediatric HSCT centers participated in this retrospective analysis. Results: We included 63 patients (pts), transplanted between November 1999 and January 2016, with a median age of 12.8 years (range: 2.9 to 18) of which 61.9% were males. The main histological type was nodular sclerosis in 41 pts, followed by mixed cellularity in 13, lymphocyte predominance in 5 and lymphocyte depletion in only one. The stage at diagnosis was IV in 13 pts, III in 26 and II in 23, whereas B symptoms were present in 31 pts. Auto HSCT indications were: recurrence in 45 pts and progression/refractoriness in 18. The patients were mainly conditioned with the BEAM regimen (55 pts), busulfan (BU) + melphalan (MEL) + gemcitabine (GEN) in 6, BU/MEL in 1 and carbo-platinum + cyclophosphamide + carmustine also in one patient. The source of cells was peripheral blood in 38 cases, followed by bone marrow in 22 and peripheral blood and bone marrow in 3, with a median of infused CD34+ cells of  $6 \times 10^6/\text{kg}$ . Mucositis grade III and IV was observed in 15 pts and severe skin toxicity in 2 of the pts conditioned with BU+MEL+GEN. Fifty-nine pts had febrile neutropenia, with 1 death from sepsis caused by *Candida*. The median length of hospital stay was 19 days (12-56), the median neutrophilic grafting was 14 days (8-40) and for platelets, 19 days (6-74), with 42 pts using GCSF (Granulocyte-colony stimulating factor). Pre or post-BMT radiation therapy was performed in 62 pts. When assessing the pre-transplantation disease status, we observed that 21 pts were transplanted in partial remission (PR) and 42 in complete remission (CR). Fifty-seven percent of the transplanted pts in PR had recurrence after the transplantation, versus 21% of those in CR ( $p < 0.001$ ). Three patients with recurrence after auto HSCT underwent a second allogeneic HSCT and are alive. There were 19 deaths between 74 days and eight years after the transplantation (median of 572 days), with 16 being associated with recurrence, 1 with sepsis and 2 with unreported causes, showing an overall survival of 67.8% with a median follow-up of 2.9 years (ranging from 74 days to 15 years). Conclusion: The auto HSCT for HL was considered a safe procedure with low mortality related to the procedure. Transplanted patients with active disease (PR) have higher recurrence rates, demonstrating the importance in controlling the pre-BMT disease. New conditioning regimens must be assessed regarding their toxicity and impact on survival.

**Keywords:** autologous transplantation, Hodgkin's lymphoma, pediatric transplantation