

Abstract: P2152

Title: CMV REACTIVATION AFTER AUTOLOGOUS STEM CELL TRANSPLANTATION : A SINGLE CENTER EXPERIENCE

Abstract Type: e-Poster Presentation

Topic: Stem cell transplantation - Clinical

Background:

Cytomegalovirus reactivation (CMV-R) is low after autologous stem cell transplantation (auto-SCT) and the prognostic value of this reactivation remains controversial.

Aims:

This study aimed to determine the frequency of CMV-R and its impact on survivals after auto-SCT.

Methods:

A descriptive retrospective study was carried out on patients who underwent a first auto-SCT between May 2018 and December 2022 for multiple myeloma and lymphoma. CMV -R was monitored, only if clinical symptoms or unexplained cytopenia, by qPCR. All patients received acyclovir as antiviral prophylaxis. Preemptive and curative therapy post auto-SCT used ganciclovir or foscarnet according to the clinical or biological parameters.

Results:

A total of 181 patients were included. The median age was 52 years (range, 13 - 66). The sex ratio was 0.88. The underlying diseases included Multiple Myeloma (MM n= 144), lymphoma (n=37).

Twelve patients (7%) developed CMV-R after a median time of 30 days (range, 17 to 48) (MM n=11; NHL n=1). The median age of these patients was 58 years (range, 40-64). Febrile episodes of CMV-R were observed in 6 patients while gastrointestinal symptoms were observed in 7 patients. The median CMV viral load was 881 cp/ml (range, 150-4428). Eight patients received Foscarnet, two received Ganciclovir and the two other received Val ganciclovir and Leflunomide respectively. The median duration of therapy was 15 days (range, 7-23). In multivariate analysis, CMV -R was not associated with age ($p=0.1$), underlying disease ($p=0.2$), pre-graft status ($p=0.6$) and treatment with steroid therapy for engraftment syndrome ($p=0.7$).

After a median follow up of 11 months (range, 21 days to 59 months), there were no significant differences in overall survival (OS) between patients with or without CMV-R ($p=0.5$). There was no association between Non relapse mortality (NRM) and CMV-R ($p=0.4$).

Summary/Conclusion:

In our study, CMV-R was rare and had no impact on outcomes after auto-SCT. However, predictive factors for CMV-R could be helpful to identify high-risk patients who require CMV monitoring.

Keywords: Autologous hematopoietic stem cell transplantation, CMV infection