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723.ALLOGENEIC TRANSPLANTATION: LONG-TERM FOLLOW-UP AND DISEASE RECURRENCE

Cytomegalovirus Reactivation Concurrent with Bloodstream Infection Early after Allogeneic Hematopoietic Stem Cell Transplantation: Association with Poor Prognosis

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In patients undergoing allogeneic hematopoietic stem cell transplantation (allo-HSCT), infections are a leading cause of death, particularly cytomegalovirus reactivation (CMVr) and bloodstream infection (BSI). This retrospective study aimed at evaluating the incidence of CMVr and BSI, identify the risk factors, assess their impact on survival, and examine the association between CMVr and BSI in allo-HSCT recipients during the first 100 days post-transplantation. The study population consisted of 500 allo-HSCT recipients who were CMV-DNA-negative before allo-HSCT. Of these, 400 developed CMVr, and 75 experienced BSI during the 100 days after allo-HSCT. Multivariate regression analysis indicated that graft failure and acute-GVHD were significant risk factors for poor prognosis, while CMVr and BSI were not. Among the 500 patients, 56 (14%) developed both CMVr and BSI. CMVr did not increase the incidence of BSI, but the combination of CMVr and BSI significantly reduced the 6-month overall survival (P=0.003) and long-term survival (P=0.002). Our study provides real-world data on the impact of post-transplant CMVr and BSI on survival, particularly in regions such as our China province, where CMV IgG prevalence is high.

Disclosures No relevant conflicts of interest to declare.

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