



## The 65th ASH Annual Meeting Abstracts

**ONLINE PUBLICATION ONLY****732.ALLOGENEIC TRANSPLANTATION: DISEASE RESPONSE AND COMPARATIVE TREATMENT STUDIES****Complete Remission with Incomplete Count Recovery (CRi) Prior to sUCBT Is Associated with High Graft Failure in Acute Leukaemia Patients over 14 Years of Age**Yue Wu<sup>1</sup>, Guangyu Sun<sup>2,3</sup>, Baolin Tang<sup>4</sup>, Kaidi Song<sup>5</sup>, Xiaoyu Zhu<sup>3</sup><sup>1</sup>the First Affiliated Hospital of USTC, Hefei, China<sup>2</sup>the First Affiliated Hospital of USTC, Hefei, CHN<sup>3</sup>The First Affiliated Hospital of USTC, Division of Life Sciences and Medicine, University of Science and Technology of China, Hefei, China<sup>4</sup>The First Affiliated Hospital of University of Science and Technology of China, Hefei, China<sup>5</sup>The First Affiliated Hospital of University of Science and Technology of China, Hefei, China

Recent studies have shown that measurable residual disease (MRD) has a definite impact on transplantation outcomes for acute leukaemia patients. However, the influence of complete remission with incomplete count recovery (CRi) prior to transplantation is rarely reported. Therefore, we retrospectively analysed 364 MRD-negative acute leukaemia patients who received single-unit unrelated cord blood transplantation (sUCBT). Among them, 90 patients were diagnosed with CRi. The cumulative incidence of neutrophil engraftment was lower for the CRi patients than for the CR patients. The cumulative incidences of platelet engraftment, 100-d non-relapse mortality (NRM), acute graft-versus-host disease (GVHD), chronic GVHD and the probabilities of 5-year overall survival, leukaemia-free survival and GVHD-free relapse-free survival were comparable. Among the patients older than 14 years ( $\geq 14$ ), the CRi group was associated with decreased neutrophil and platelet engraftment compared to the CR patients (92.0% vs. 96.8%, 58.0% vs. 76.0%,  $P = 0.019, 0.018$ , respectively). Multivariate analysis of neutrophil engraftment in the patients  $\geq 14$  revealed that CRi, especially incomplete platelet recovery (CRp) prior to transplantation, were independent risk factors. Our study suggests that CRi is associated with an increased risk of graft failure for patients  $\geq 14$  after sUCBT, even after controlling for other risk factors.

**Disclosures** No relevant conflicts of interest to declare.<https://doi.org/10.1182/blood-2023-178153>

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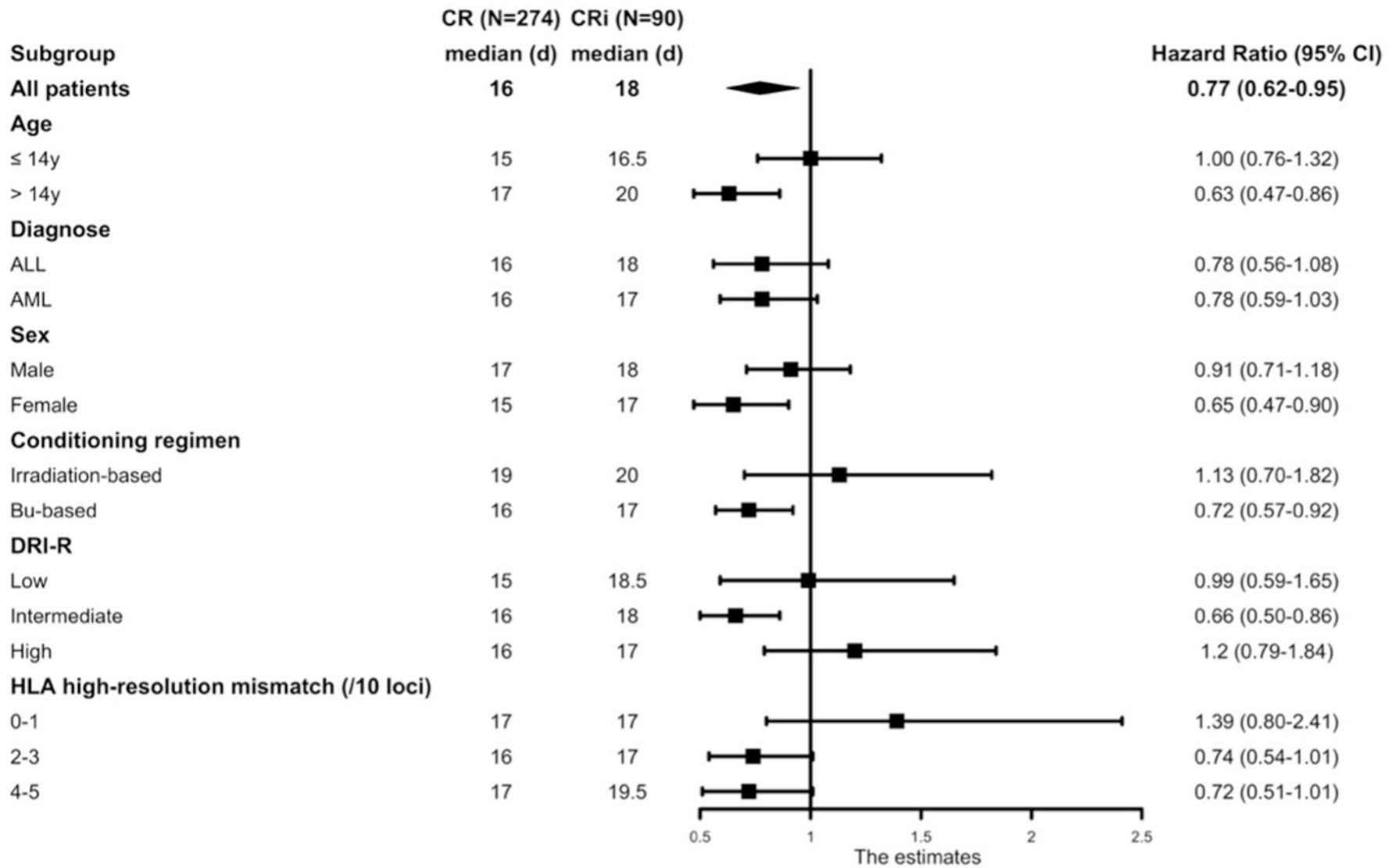


Figure 1