With a median follow-up of 58 months (5-138), the event free survival (EFS) were 19 months (5-32) and the overall survival (OS) were 56 months (0-116).

We observed advantage in terms of OS in those patients that reach CR at +100 post ASCT and in those who develop chronic GVCHD (p=0.065 and p=0.012 respectively)

Conclusions: ASCT is still the only curative option despite the high relapse rates. To reach CR at +100 post ASCT and the development of chronic GVHD seems that they confer advantage in terms of OS. The importance of knowing the molecular profile of the entities that we consider for ASCT.

Disclosure: Nothing to declare

P352

HPC preparation using spinning membrane filtration for DMSO removal from multiple cryopreservation bags: A first experience

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Background: Washing of HPC products prior to use is a known method for DMSO and dead cell debris removal. Products collected from cell separators in a 2016 study by Lecchi et al. have median final volumes of 420 ml inclusive of cryopreservative solution with a maximum of 1542 mL and a minimum of 73 mL in a sample size of 912. This study documents a first experience of a cell processing lab seeking to integrate process automation technology to wash and volume reduce products which can account for the initial material source volume variability, product characteristics, and number of bags.

Methods: Here we report the pre-clinical assessment of the lab's initial work with the LOVO Cell Processing System for a 5 product experience over 2 days with 1 machine. This study used products intended for destruction. The workflow used parallel and sequential processing schedule. After water-bath thawing, bags were sampled, weighed to determine volume, and subsequently connected to LOVO or pooled into a transfer pack and then connected to LOVO. The bags were then diluted 1:1 at 50 ml/min with LOVO at +4-8C using 6% Hydroxyethylstarch 130/0.4 (Voluven, Fresenius Kabi) and processed using a 3 cycle procedure. After processing the bags were weighed for volume, sampled, and stored in a 4-8C refrigerator in their LOVO final product bags. Samples were assessed from T=0 to T=24 hours.

Results: CD34+ viability and absolute counts were determined using flow cytometry. Processing duration and solution volume consumed was determined by the LOVO's sensors and confirmed by the operator. Data is presented as a percentage relative to the post-thaw values. Note, the values presented are not total process yields. The results focus on the LOVO processing step.

Conclusions: The operators easily integrated into the software to drive the machine. The machine demonstrated it's flexibility with a wide-range of volumes, cell-inputs, and number of bags. The LOVO produced products which meet our specifications in a quick and reliable manner. Further work on this platform will be performed to validate and qualify this system for production use.

N. of bags	Method	Starting volume (mL)	Final Volume (mL)	Post wash CD34+ recovery T0 (%)	Post wash CD34+ recovery T24 (%)	Post wash CD34+ viability T0 (%)	Post wash CD34+ viability T24 (%)	Source processing time automated (minutes)	Wash buffer consumed (mL)
1	NA	30	100	96%	67%	99%	91%	17	460
3	Pooled	363	123	90%	89%	89%	90%	28	658
1	NA	81	103	99%	95%	97%	92%	19	560
2	Parallel	68	108	100%	100%	98%	98%	22	607
2	Sequential	203	150	100%	100%	97%	98%	37	958

[[P352 Table] 1. CD34+ recovery and viability post-wash]

Disclosure: No conflict

P353

Oral mucositis prevention in allogeneic hematopoietic stem cell transplantation with the photobyomodulation: A single center case series

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Background: Oral mucositis (OM) is an early adverse event of allogeneic hematopoietic stem cell transplantation (HSCT) that occurs approximately in 85% of cases, negatively affecting quality of life of patients. Photobiomodulation (FBM) has been proposed by the Multinational Association of Supportive Care in Cancer and the International Society of Oral Oncology for the prevention and treatment of chemotherapy-induced OM, as a result of its anti-inflammatory, biomodulator and tissue repair