:medac

TREOSULFAN IN HSCT

Abstracts

EBMT
51st Annual Meeting
30 March - 2 April 2025
Florence, Italy

Dear Reader,

We are excited to share with you the latest findings presented at the EBMT Congress held from March 30th to April 2nd 2025 in Florence. This year's congress showcased numerous studies on Treosulfan, highlighting its efficacy and safety in both pediatric and adult patients. Just to mention a few examples, for pediatric patients, studies such as OS2-05 and OS2-08 demonstrated high engraftment rates and low toxicity, while Paed4-02 and A328 confirmed Treosulfan's effectiveness in treating severe combined immunodeficiency and transfusion-dependent thalassemia. In adult patients, abstracts OS18-04 and B118 revealed Treosulfan's potential in reducing non-relapse mortality and improving overall survival, with B121 and OS9-04 further supporting its use in conditioning regimens for hematological malignancies.

Beyond these presentations, many other fascinating abstracts were presented, offering valuable insights into the use of Treosulfan. We hope you find this brochure both informative and enjoyable.

Best regards from Wedel,

Yours

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Contents

Abbreviations

a/cGvHD	Acute/Chronic Graft-versus-Host Disease
ACS	Acute Chest Syndrome
aHSCT	Autologous Hematopoietic Stem Cell Transplantation
AL	Acute Leukemia
ALL	Acute Lymphoblastic Leukemia
allo	Allogeneic
AML	Acute Myeloid Leukemia
ATG	Anti-Thymocyte Globulin
ATLG	Anti-T Lymphocyte Globulin
AUC	Area Under the Curve
BCL	B-Cell Lymphoma
BEAM	BCNU, Etoposide, Ara-C, Melphalan
Bu	Busulfan
Carbo	Carboplatin
CEAM	Cyclophosphamide, Etoposide, Ara-C, Melphalan
CI	Cumulative Incidence
CIR	Cumulative Incidence of Relapse
Clo	Clofarabine
CMML	Chronic Myelomonocytic Leukemia
CMPN	Chronic Myeloproliferative Neoplasm
CMV	Cytomegalovirus
CNS	Central Nervous System
CR	Complete Response
CSA	Ciclosporin A
Cy	Cyclophosphamide
d	Day
DBA	Diamond-Blackfan Anemia
DFS	Disease-Free Survival
DRI	Disease Risk Index
EBV	Epstein-Barr Virus
ECD	Endothelial Cell Dysfunction
EFS	Event-Free Survival
ES	Ewing Sarcoma
Eto	Etoposide
FB	Fludarabine, Busulfan
FBT	Fludarabine, Busulfan, Thiotepa
FBT	Fludarabine, Busulfan, Thiotepa
Flu	Fludarabine
FT	Fludarabine, Treosulfan
FTT	Fludarabine, Treosulfan, Thiotepa
FTTA	Fludarabine, Treosulfan, Thiotepa, ATG
G-CSF	Granulocyte Colony-Stimulating Factor
GCT	Germ Cell Tumor
GF	Graft Failure
GRFS	Graft-versus-Host Disease-Free, Relapse-Free Survival
GvHD	Graft-versus-Host Disease
HB	Hepatoblastoma
HCT-CI	Hematopoietic Cell Transplantation-Comorbidity Index
HHV	Human Herpesvirus
HID	Haploidentical Donor
HL	Hodgkin Lymphoma
HLA	Human Leukocyte Antigen
HSCT	Hematopoietic Stem Cell Transplantation
IEI	Inborn Errors of Immunity
IST	Immunosuppressive Therapy
LFS	Leukemia-Free Survival
LMIC	Low- and Middle-Income Countries
MAC	Myeloablative Conditioning
MDS	Myelodysplastic Syndrome
Mel	Melphalan
MMC	Mixed Myeloid Chimerism
MMRD	Mismatched Related Donor
MMUD	Mismatched Unrelated Donor
mo	Month
Morquio A	Morquio A Syndrome
MPN	Myeloproliferative Neoplasm
MRD	Minimal Residual Disease/Matched Related Donor
MSD	Matched Sibling Donor
MUD	Matched Unrelated Donor
MVA	Multivariate Analysis
NB	Neuroblastoma
NHL	Non-Hodgkin Lymphoma
NMA	Non-Myeloablative
NMD	Non-Malignant Disease
NRM	Non-Relapse Mortality
OP	Osteopetrosis
OS	Overall Survival
PAH	Pulmonary Arterial Hypertension
PBSC	Peripheral Blood Stem Cells
PFS	Progression-Free Survival
POD	Progression of Disease
PPB	Pleuropulmonary Blastoma
PT-Cy	Post-Transplant Cyclophosphamide
pt(s)	Patient(s)
RB	Retinoblastoma
Ribo	Ribomustin
RIC	Reduced Intensity Conditioning
RTC	Reduced Toxicity Conditioning
RTX	Rituximab
SAA	Severe Aplastic Anemia
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SB	Sialoblastoma
SCD	Sickle Cell Disease

Abbreviations

SCID	Severe Combined Immunodeficiency
SOS	Sinusoidal Obstruction Syndrome
TA-TMA	Transplant-Associated Thrombotic Microangiopathy
TBI	Total Body Irradiation
TCD	T-Cell Depletion
TCL	T-Cell Lymphoma
TCRαβ/CD19	T-Cell Receptor Alpha/Beta and CD19 Depletion
TDM	Therapeutic Drug Monitoring
TDT	Transfusion-Dependent Thalassemia
TFS	Thalassemia-Free Survival
TM	Thalassemia Major
Treo	Treosulfan
TRM	Transplant-Related Mortality
TT	Thiotepa
VOC	Vaso-Occlusive Crisis
VOD	Veno-Occlusive Disease
VP	Etoposide
WAS	Wiskott-Aldrich Syndrome
WT	Wilms Tumor
y	Year

Pediatric Patients

Fludarabine/Treosulfan/Thiotepa/ATG Conditioning for Sibling Haemopoietic Stem Transplantation in Sickle Cell Disease Leads to Early and Sustained Engraftment With Low Toxicity & GVHD

OS2-05
Oral presentation

Adam Gassas[1], Farah O'Boyle[1], Kirstin Lund[1], Toni Petterson[1], Sandra Loaiza[1], Kelly Hennessy[1], Sandrine Bremathas[1], Leena Karnik[1], Josu de la Fuente[1,2]

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Study design	Retrospective analysis	**Aim**	FTTA conditioning for sibling HSCT in SCD
Outcome parameters	Engraftment, toxicity, GvHD, survival		
Patients	80	**Median age (range)***	11 y (3-18)
Indication	SCD with either stroke, severe cerebrovascular disease, or recurrent VOC/ACS not responding to hydroxycarbamide		
Conditioning regimen	Flu 160 mg/m^2, Treo 42 g/m^2, TT 10 mg/kg and ATG (Thymoglobin) 7.5 mg/kg, ATLG (Grafalon) 30 mg/kg or Alemtuzumab 0.3 mg/kg		
Results*			
Engraftment	100% on day +28 (neutrophiles median 13 d, range 8-24; platelets median 30 d, range 15-62)		
Secondary graft failure	1.3% (n=1)		
aGvHD	13.8% (n=11, grade II-III, no grade IV)		
cGvHD	20% (n=16, limited), 11.3% (n=9, extensive)		
VOD	13.8% (n=11)		
Median time to stop IST	210 d (91-538)		
2 y OS	98.6% (one death on d+185)		
2 y EFS	97.1%		
Conclusions	• FTTA conditioning with pre-transplant suppression of hemopoiesis leads to correction of SCD with very low toxicity. • High engraftment rates and low incidence of GvHD. • FTTA conditioning is justified as the standard of care in the pediatric population for SCD.		

*Numbers differing from abstract were based on talk presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/1117

Treosulfan, Thiotepa, and Fludarabine-Based Reduced Toxicity Conditioning Regimen in Children With Thalassemia Major: A Report From a Tertiary Care Center in India

OS2-08
Oral presentation

Ravi Joshi[1], Sunil Bhat[1], Pooja Mallya[1], Shobha Badiger[1], Rhea Daruvala[1]

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Study design	Retrospective analysis	**Aim**	Evaluate FTT conditioning regimen in children with TM
Outcome parameters	Engraftment, VOD, GvHD, OS, TFS		
Patients	81	**Median age (range)**	144 mo (22-276)
Indication	TM		
Conditioning regimen*	Treo 14 g/m^2/d for 3 d, TT 8 mg/kg/d in two divided doses, Flu 40 mg/m^2/d for 4 d, +/- Rabbit ATG		
Results*			
Neutrophil engraftment	92.5%, Median 12 d		
Platelet engraftment	Median 14 d		
VOD	11% (n=7 mild & moderate, n=2 severe)		
aGvHD	43.2% (n=23 grade I/II, n=12 grade III/IV)		
cGvHD	17.6%		
Primary graft failure	7.4%		
Mixed chimerism	6.2%		
OS	86.4%		
TRM	3.7%		
TFS	81.4%		
Conclusions	• Reduced-toxicity conditioning with FTT is effective for HSCT in children with TM. • Lesser toxicity, significantly reduced incidence of VOD. • Achieves excellent OS and TFS.		

*Numbers differing from abstract were based on talk presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/1041

Hematopoietic Stem Cell Transplantation in Osteopetrosis: An IEWP Study of 715 Children

Paed4-01
Oral presentation

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Study design	Retrospective registry study	**Aim**	Outcomes after HSCT for OP
Outcome parameters	OS, EFS		
Patients*	555	**Median age (range)**	0.7 y (0-15)
Indication	OP		
Conditioning regimens*	FB (46%), Bu/Cy (32%), FTT (17%), other (5%)		
Results*			
3 y OS	72%; 59% (1990-2000), 69% (2001-2011), 78% (2012-2022) 80% (FTT), 77% (FB), 70% (Bu/Cy); p=0.157		
3 y EFS	60%; 52% (1990-2000); 56% (2001-2011); 67% (2012-2022) 72% (FTT), 63% (FB), 63% (Bu/Cy); p=0.185		
GF	20%		
180 d aGvHD	25% (grade II-IV), 10% (grade III-IV)		
2 y cGvHD	11% (all), 5% (extensive)		
VOD	24% (of which 35% mild, 19% moderate, 46% severe/very severe); associated with Bu-exposure and younger age in MVA		
PAH	13%		
Hypercalcemia	20%		

Conclusions*	• Largest study to date on HSCT outcomes in children with OP. • Significant improvement in survival over the last decade. • Challenges remain with GF, VOD, and TRM, especially without HLA matched donor. • FB vs FTT: no difference in OS/EFS, but FB associated with VOD.

*Numbers differing from abstract were based on talk presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/972

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Busulfan-Fludarabine Versus Treosulfan-Fludarabine Conditioning for Infants With Severe Combined Immunodeficiency: A Retrospective Multicenter Study

Paed4-02
Oral presentation

Filippo Consonni[1,2], Laura Sam[3], Archana Rautan[4], Virginie Courteille[5], Zohreh Nademi[3,6], Juliana Silva[4], Persis J. Amrolia[4], Robert Chiesa[4], Martin Castelle[5], Romain Levy[5], Jean-Sebastian Diana[5], Antonio Perez-Martinez[4], Sophie Hambleton[3,6], Andrew Gennery[3,6], Despina Moshous[5], Mary Slatter[3,6], Kanchan Rao[4], Benedicte Neven[5], Su Han Lum[3,6]

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Study design	Retrospective multicenter study	**Aim**	Outcomes of FB vs FT conditioning in infants with SCID
Outcome parameters	OS, EFS, GRFS, ECD, toxicities, chimerism		
Patients	164	**Median age (range)**	6.4 mo (1.4-22.2)
Indication*	SCID (FB n=62, FT n=102)		
Conditioning regimens*	**FT** 30 g/m² n=31 36 g/m² n=57 42 g/m² n=11	**FB** AUC≥70mgh/L n=29 AUC<70mgh/L, n=29 NA, n=4	p
Results*			
5 y OS	82%	79%	0.54
EFS	81%	70%	0.09
d+100 aGvHD (gr. II-IV/III-IV)	12.7%/4.1%	21.1%/4.0%	0.18/0.61
1 y cGvHD	2.1%	2%	0.60
d+100 ECD	8%	53%	<0.001
VOD	7.8%	43.6%	<0.001
Pulmonary hypertension	0%	11.3%	<0.001
Respiratory support	15.2%	32.3%	0.01
Dialysis	3.9%	11.3%	0.07
Conclusions	• No difference in OS, EFS, GRFS between FB and FT. • FT associated with significantly lower ECD compared to FB. • FB achieved better myeloid chimerism vs. Treo 30 g/m², but not compared to higher doses of Treo. • Treo could be preferred conditioning in infants with SCID. • PK studies could further optimize long-term myeloid function.		

*Numbers differing from abstract were based on talk presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/1122

Treosulfan, Thiotepa and Fludarabin Represents a Safe and Efficient Alternative Conditioning in T Cell Depleted Haploidentical and MSD HSCT for Patients With TDT

A328
Poster presentation

Anja Troeger[1], Katharina Kleinschmidt[1], Gina Penkivech[1], Juergen Foell[1], Tarek Hanafee-Alali[1], Stephanie Leszczak[1], Marcus Jakob[1], Sonja Kramer[1], Silke Kietz[1], Petra Hoffmann[1], Claudia Behrendt-Boehm[1], Carina Kaess[1], Andreas Brosig[1], Robert Offner[1], Daniel Wolff[1], Selim Corbacioglu[1]

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Study design	Retrospective case series	**Aim**	Outcome of T-haplo HSCT vs MSD HSCT in TDT pts
Outcome parameters	OS, DFS, engraftment, chimerism, transfusion independence, IST duration		
Patients	24	**Median age (range)**	11 y (2-23) T-haplo HSCT, 11.4 y (4-35) MSD
Indication	TDT		
Conditioning regimen	Treo, TT, Flu, ATG-Grafalon®		

Results	**MSD**	**T-haplo HSCT**
n	10	14
OS / DFS	100% / 100%	100% / 93%
Leukocyte engraftment (d)	28.5 (20-28)	14 (11-36)
Chimerism (range)	96% (27.7-100%)	100% (34.6-100%)
Transfusion independence	100%	All but one
IST duration (d)	178 (108-296)	220 (88-527), 1 pt still on IST
Immune reconstitution (d)	53.5 (20-153)	110 (33-168)

Conclusions

- T-haplo HSCT is a viable alternative to MSD HSCT in TDT pts.
- Treo is an effective alternative to Bu with lower VOD incidence.
- No severe transplant-related toxicity observed.

https://ebmt2025.abstractserver.com/program/#/details/presentations/2254

Fludarabine/Treosulfan/Thiotepa/ATG Conditioning for Sibling Transplantation Transfusion Dependent Thalassaemia Leads to Early and Sustained Engraftment With Low Incidence of VOD and GVHD

A340
Poster presentation

Leena Karnik[1], Farah O'Boyle[1], Kirstin Lund[1], Toni Petterson[1], Sandra Loaiza[1], Kelly Hennessy[1], Sandrine Bremathas[1], Adam Gassas[1], Josu de la Fuente[1,2]

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Study design	Retrospective analysis	**Aim**	Evaluate FTTA conditioning for sibling transplantation in TDT
Outcome parameters	Engraftment, GvHD, VOD, survival rates		
Patients	67	**Median age (range)**	8 y (2-18)
Indication	TDT		
Conditioning regimen	Flu 160 mg/m^2, Treo 42 g/m^2, TT 10 mg/kg, ATG 7.5 mg/kg		
Results			
Engraftment	100% with donor hematopoiesis d+28; 3% (n=2) secondary GF		
Med. neutrophil engraftment	12 d (range 9-21)		
Deaths	3% (n=2)		
aGvHD	16.4% (n=11) grade 2-4		
cGvHD	11.9% (n=8) mild, 6% (n=4) moderate/severe		
VOD	9% (n=6)		
Cessation of IST	175 d (105-523)		
1 y stable mixed chimerism	38.1% myeloid, 47.9% T cells		
2 y OS	97%		
2 y DFS	93.5%		
Conclusions	• FTTA conditioning leads to early and sustained long-term engraftment. • Low rates of graft failure and toxicity and minimal GvHD. • Optimal approach for HSCT in TDT		

https://ebmt2025.abstractserver.com/program/#/details/presentations/2136

Prospective Evaluation of Treosulfan Exposure Impact on the Outcomes of Pediatric Allogeneic Hematopoietic Cell Transplantation

B174
Poster presentation

Francesco Delle Cave[1], Simona De Gregori[1], Giovanna Giorgiani[1], Francesca Compagno[1], Vincenzo Passantino[1], Lou Tina Diana Boti[1], Sonia Bonanomi[2], Adriana Balduzzi[2,3], Natalia Maximova[4], Marco Rabusin[4], Arcangelo Prete[5], Valeria Calbi[6], Maria Ester Bernardo[6], Marco Zecca[1]

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Study design	Multicenter, prospective study	**Aim**	Develop TDM-guided Treo dose individualization in infants and children undergoing HSCT
Outcome parameters	Toxicity, efficacy, OS, EFS, donor chimerism		
Patients	65 (reporting on first 23 pts)	**Median age (range)**	8.7 y
Indications	Malignant (n=9), NMD (n=14)		
Conditioning regimen	Treo administered for 3 consecutive d at age-directed dose (first dose, further doses could be modified), combined with other chemotherapy agents		
Results			
OS	95%		
EFS	89% (Events observed: one leukemia relapse and one late graft loss at 14 mo in thalassemia patient)		
Donor chimerism	100% in malignant (n=8), 98-100% in NMD (n=11/14)		
Median AUC after first dose	1572.5 mgh/L (range, 970-2804 mgh/L); n=13 within, n=4 below, n=6 above therapeutic range		
Treo posology modification	Reduced by 10-20% in 5 pts, increased by 10-20% in 9 pts		
Conclusions	• Treo dose adjustment based on first dose AUC might limit toxicity and optimize HSCT outcome. • Wide variability in Treo exposure. • Tendency to AUC reduction in older pts.		

https://ebmt2025.abstractserver.com/program/#/details/presentations/2042

Autologous Hematopoietic Stem Cell Transplantation for Malignant Neoplasms in Children: Single Center Experience for 560 Pediatric Patients

B213
Poster presentation

Teimur Aliev[1], Kirill Kirgizov[1], Elena Machneva[1], Irina Kostareva[1], Karina Sergeenko[1], Darya Smirnova[1], Nataliya Burlaka[1], Yuriy Lozovan[1], Irina Trushkova[1], Anna Elfimova[1], Konstantin Mitrakov[1], Tatyana Potemkina[1], Mariya Malova[1], Ramil Fatkhullin[1], Nara Stepanyan[1], Garik Sagoyan[1], Amina Suleymanova[1], Nune Matinyan[1], Guzel Muftakhova[1], Anatoliy Kazantsev[1], Olga Romantsova[1], Marina Rubanskaya[1], Tatyana Ushakova[1], Polad Kerimov[1], Anastasiya Rodina[1], Nataliya Batmanova[1], Yuliya Skvortsova[2], Ilya Kazantsev[3], Alexey Slinin[2], Timur Valiev[1], Tatyana Gorbunova[1], Vladimir Polyakov[1], Svetlana Varfolomeeva[1]

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Study design	Retrospective analysis	**Aim**	Type/CI of complications and outcome after aHSCT
Outcome parameters	OS, EFS, transplant-related toxicities		
Patients	560	**Median age (range)**	8.7 y (0.9-17.7)
Indications	NB (n=364), ES (n=83), HL/NHL (n=35), WT (n=33), GCT (n=24), RB (n=9), CNS tumors (n=9), PPB (n=1), SB (n=1), HB (n=1)		
Conditioning regimens	Treo(Bu)/Mel, CEAM/BEAM or Mel/Ribo, VP/Carbo and TT, Mel, Eto/Carbo, TT-based (depending on underlying indication)		
Results Engraftment Transplant-related toxicities 3 y OS 3 y EFS NRM	 All pts engrafted 78.3% (grade I-II), 9.2% (grade III-IV) 83.4% 74.3% 0.9%		
Conclusions	• aHSCT for pediatric malignant neoplasms is safe and effective. • Transplant-related toxicity is acceptable. • NRM is comparably low. • Importance of long-term follow-up for large patient groups.		

https://ebmt2025.abstractserver.com/program/#/details/presentations/2290

Low-Dose Treosulfan-Based Conditioning With PTCY GVHD Prophylaxis in Haploidentical Hematopoietic Stem Cell Transplantation for Children With Severe Aplastic Anemia

B292
Poster presentation

Anna Lifshits[1], Evgeniy Burtsev[1], Irina Vlasova[1], Bulat Kurmanov[1], Aleksandra Burya[1], Veronika Konstantinova[1], Nazar Klimov[1], Georgy Seregin[1], Maria Zhuravel[1], Evgeniy Zhuravel[1], Maria Natrusova[1], Olga Filina[1], Michael Maschan[2], Gleb Bronin[1]

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Study design	Cohort study	**Aim**	Safety and efficacy of Treo-based conditioning with PT-Cy GvHD prophylaxis in haploHSCT for children with SAA
Outcome parameters	Engraftment, donor chimerism, GvHD, TA-TMA		
Patients	12	**Median age (range)**	9 y (3-16)
Indication	SAA		
Conditioning regimen*	Treo 21 g/m², Flu 150 mg/m², rATG 5 mg/kg, Cy 50 mg/kg, Rtx 375 mg/m²		
Results Neutrophil engraftment Platelet engraftment Donor chimerism GvHD incidence TA-TMA incidence	All patients are alive and transfusion independent. Median 20 d (range, 19-24) Median 19 d (range, 18-24) Complete in n=10 (83.3%), mixed chimerism in n=2 (16.6%); no primary or secondary GF Grade I aGvHD 25%, grade II-IV aGvHD 8%, cGvHD 8% 1 patient (8.3%) No toxicity above grade 2 of conditioning was observed.		
Conclusions	• Treo-based conditioning with PT-Cy GvHD prophylaxis is safe and effective in haploHSCT for children with SAA. • No toxicity above grade 2 observed, low risk of GvHD.		

*Information differing from abstract was based on poster presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/1833

Treosulfan-Based Conditioning Regimen With Plerixafor and G-CSF Before TCRαβ+/CD19+ Graft Depleted HSCT in Wiskott-Aldrich Syndrome Patients: An Update of 8 Years' Experience

B323
Poster presentation

Evelina Lyudovskikh[1], Alexandra Laberko[1,2], Svetlana Kozlovskaya[1], Julia Skvortsova[1], Alexandra Shutova[1], Larisa Shelikhova[1], Alexey Maschan[1], Michael Maschan[1], Dmitry Balashov[1]

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Study design	Retrospective study	**Aim**	Efficacy of plerixafor and G-CSF in Treo-based conditioning regimen before TCRαβ+/CD19+ cell-depleted HSCT in WAS pts	
Outcome parameters	OS, EFS, GvHD, MMC			
Patients	40	**Median age (range)**	not specified	
Indication	WAS			
Conditioning regimen	Treo 30-42 g/m², Flu 150 mg/m², Mel 140 mg/m² or TT 10 mg/kg, rATG 5 mg/kg In addition: G-CSF 10 µg/kg daily for 5 d starting on day -8, Plerixafor 240 µg/kg/d for 3 d starting on day -6			
Results	**MMRD HSCT**	**MUD HSCT**	**MRD HSCT**	p
OS	78.3%	100%	100%	0.13
EFS	69.6%	92.9%	100%	0.16
MMC	13% (3/23)	36% (5/14)		
	aGvHD: 47.5% (grade I/II), 0% (grade III/IV) cGvHD: 15% (mild in 2, moderate in 3, severe in 1)			
Conclusions	• TCRαβ+/CD19+ graft depletion approach demonstrated safety. • Low incidence of severe GvHD. • Addition of plerixafor and G-CSF to Treo-based conditioning regimen led to low-rate graft failure and achieved high OS/EFS.			

https://ebmt2025.abstractserver.com/program/#/details/presentations/2040

Treosulfan-Based Conditioning for Pediatric and Young Adult ALL: Ukrainian Single Center Experience

P222
Poster presentation

Olha Veremiichyk[1], Oleksandr Istomin[1], Andrii Budzyn[1], Nataliia Bindiuzhenko[1], Olha Martych[1], Hanna Brudna[1], Alla Mykhalchuk[1], Anisiia Luchkiv[1], Olena Silina[1], Oleksandr Lysytsia[1]

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Study design	Single-center retrospective study	**Aim**	Efficacy of Treo-based conditioning in pediatric and young adult ALL pts, comparison with FORUM study results
Outcome parameters	OS, EFS, TRM, aGvHD, relapse		
Patients	33	**Median age (range)**	6 y (1-21)
Indications	B-cell precursor ALL (n=27), T-cell precursor ALL (n=6)		
Conditioning regimen	Flu (30 mg/m²/d for 5 d), Treo (12–14 g/m²/d for 3 d), TT (10 mg/kg for 1 day)		
Results			
2 y OS	83.2% (compare: 91% in TBI arm of FORUM)		
2 y EFS	69.7% (compare: 86% in TBI, 58% in chemo-arm of FORUM)		
TRM	6%		
aGvHD	n=22 total, n=5 grade III-IV		
CIR	24% (8 pts)		
Conclusions	• Treo-based regimen may serve as a viable option in LMIC settings where access to TBI is limited. • 2-year OS exceeding 80% and TRM rate of 6% indicate Treo-based regimen is relatively safe. • Importance of resource-sensitive strategies to optimize outcomes.		

https://ebmt2025.abstractserver.com/program/#/details/presentations/1259

Treosulfan Based Conditioning for Paediatric Haematopoietic Stem Cell Transplantation: A 10-Year Experience in a Single Centre

P247
Poster presentation

Felipe Lizana[1], Paula Catalán[1], Francisco Barriga[1], María Angélica Wietstruck[1], Cristián Sotomayor[1]

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Study design	Retrospective cohort study	**Aim**	10-year experience with Treo in pediatric alloHSCT
Outcome parameters	EFS, OS, TRM, CIR, aGvHD		
Patients	72	**Median age (range)**	5.1 y (1.8–11.3)
Indication*	IEI (n=33), AML (n=21), DBA (n=6), ALL (n=3), metabolic disorders (n=4), other (n=5)		
Conditioning regimen	FTT (n=32), FT (n=14), Treo/Mel/Cy or Flu (n=21), Other (n=5)		
Results			
3 y OS	75.6% (72.6% in malignant, 77.2% in NMD)		
3 y EFS	75.9% (73.9% in malignant, 77.2% in NMD)		
TRM	9.9% (100 d), 11.4% (1 y), 18.3 (3 y)		
3 y CIR	11.6% (only malignant diseases)		
aGvHD	48.3 (grade I-IV), 23.3 (grade III-IV)		
Conclusions	• Treo-based conditioning regimens show favorable 3 y OS and 3 y EFS. • Particularly effective in pts with IEI, AML, and DBA. • Acceptable TRM rates. • Treo should be considered as an alternative to regimens with higher toxicity or requiring plasma-level monitoring.		

*Information differing from abstract was based on poster presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/1512

Adult Patients

Safety and Efficacy of Fludarabine Plus Myeloablative Dose of Treosulfan (FT14) Conditioning Regimen for AML – Interim Analysis From the FT14 Study Group

OS9-04
Oral presentation

Vera Radici[1], Daniele Avenoso[1], Alessandro Leoni[2], Cristina Skert[3], Nicola Mordini[4], Massimo Martino[5], Fabio Ciceri[6], Alessandra Picardi[7], Giorgia Saporiti[8], Francesco Saraceni[9], Francesca Patriarca[10], Cristina Tecchio[11], Piero Galieni[12], Mario Luppi[13], Chiara Nozzoli[14], Michele Malagola[1], Gabriele Magliano[1], Enrico Morello[1], Mirko Farina[1], Gloria Vaira[1], Luca Garuffo[2], Simona Bernardi[2], Federica Re[2], Domenico Russo[1]

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Study design	Multicenter prospective phase II trial	**Aim**	Evaluate efficacy and safety of FT14 regimen
Outcome parameters	LFS, OS, GvHD		
Patients	62	**Median age (range)***	57 y (53-61)
Indication	AML		
Conditioning regimen	Flu (30 mg/m²/d for 5 d), Treo (14 g/m²/d for 3 d)		
Results*			
LFS	93% (180 d), 88% (360 d)		
OS	96% (180 d), 82% (360 d)		
Relapse	11%		
Median time to relapse	6.3 (2.7-12.8) mo		
aGvHD	37% (grade I-II: 31%, grade III-IV: 6%)		
cGvHD	10% (mild: 7%, moderate: 3%, severe: 0%)		
Infectious complications	37% (CMV 6%, EBV 11%, SARS-CoV-2 4%, HHV6 2%)		
Mortality	13% (3% non-disease related, 10% disease related)		
Conclusions	• FT14 is a safe and effective myeloablative conditioning regimen for AML in pts aged 40-65 y. • Demonstrates excellent disease control with minimal toxicity. • Reduced TRM and GvHD rates compared to FB4. • Longer follow-up and direct comparative studies with FB4 are warranted. • Supports Treo as a reduced-toxicity alternative in MAC.		

*Numbers differing from abstract were based on talk presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/1064

Impact of Busulfan- Versus Treosulfan-Based Conditioning on the Incidence of Sinusoidal Obstruction Syndrome After Allogeneic Hematopoietic Cell Transplantation

OS18-04
Oral presentation

Lorenzo Lazzari[1], Aitana Balaguer-Roselló[2,3], Alessandro Bruno[1], Juan Montoro[2], Raffaella Greco[1], Pedro Chorao[2], Maria Teresa Lupo-Stanghellini[1], Marta Villalba[2], Simona Piemontese[1], Andrea Assanelli[1], Miguel Ángel Sanz[2], Jacopo Peccatori[1], Annalisa Ruggeri[1], Fabio Ciceri[1,4], Jaime Sanz[2,3,5]

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Study design	Retrospective analysis	**Aim**	Impact of Bu- vs Treo-based conditioning on SOS incidence
Outcome parameters	SOS, OS, NRM, PFS, CIR, a/cGvHD		
Patients	927	**Median age**	57 y (15-72) Treo-based group 55 y (16-75) Bu-based group
Indications	Hematologic Malignancies: AL (n=582), Lymphoma/MM (n=146), MDS/MPN (n=199)		
Conditioning regimens	FT (n=213), FT + Other (n=237), FB (n=51), FBT (n=417)		
Results*			
SOS	Higher with Bu (6.9%) vs. Treo (1.3%), p<0.0001; HR 4.47		
OS	Worse in pts with SOS (61.3%) vs. without (70.7%), p=0.03, no significant differences according to conditioning regimen.		
NRM	Higher in pts with SOS (30.4%) vs. without (14.1%), p<0.001, no significant differences according to conditioning regimen.		
aGvHD	No significant differences according to conditioning regimen.		
cGvHD	Higher with Bu (45.8%) compared to Treo (34.7%), p<0.0001		
PFS	No significant differences according to conditioning regimen.		
CIR	No significant differences according to conditioning regimen.		
Conclusions	• SOS is a challenging but relatively uncommon complication of alloHSCT. • Bu is independently associated with increased risk of SOS. • Treo may provide a protective effect against SOS in high-risk pts. • Treo is preferable for conditioning in pts undergoing second alloHSCT.		

*Numbers differing from abstract were based on talk presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/1053

Impact of Increasing Doses of Treosulfan in Double-Alkylating Conditioning Regimen on Long Term Outcome in TCRαβ/CD19 Depleted Haploidentical HSCT in Adults With Hematological Malignancies

A026
Poster presentation

Lucia Prezioso[1], Sabrina Bonomini[1], Roberta Segreto[1], Benedetta Cambò[1], Amelia Rinaldi[1], Maria Teresa Giaimo[1,2], Maurizio Soli[3], Silvia Giuliodori[4], Claudia Labate[4], Pamela Berni[4], Gabriella Sammarelli[1], Giannalisa Todaro[1], Luisa Craviotto[1], Giovanni Roti[1,2], Franco Aversa[5]

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Study design	Retrospective analysis	**Aim**	Impact of increasing Treo doses in double-alkylating regimen on long-term outcomes in αβTCR/CD19 TCD HSCT
Outcome parameters	OS, PFS, TRM, CIR, GvHD, engraftment		
Patients	81	**Median age (range)**	55 y (18-74)
Indications	ML/LL (n=43/n=8), MDS (n=3), MM (n=6), NHL/HL (n=7/n=9), MPD (n=5)		
Conditioning regimen	Treo 30 or 36 g/m² (n=32 or 49, respectively), TT 10 mg/kg, Flu 150 mg/m², Thymoglobulin 6 mg/kg		
Results			
OS	50% overall		
CIR	40% overall, lower for Treo36, p<0.01		
TRM	28% overall, lower for Treo36, p=0.2		
GvHD	4% (aGvHD grade III-IV), no cGvHD, no significant difference for Treo36, p > 0.05		
Engraftment	Full engraftment in n=79/81 pts, recovery of neutrophils at median of 13 d, platelets at median of 11 d		
VOD	No venoocclusive disease occurred.		
Viral reactivation	No CMV reactivations in letermovir era.		
Conclusions	• First evidence of long-term follow-up of αβTCR/CD19-based depletion HSCT in a large cohort. • Promising OS, PFS, and TRM, especially in pts with HSCT in CR1. • Low toxicity profile even in heavily pretreated population. • Increased Treo dose significantly improved outcomes, reducing relapse rate without increasing TRM. • Higher Treo dose can be safely used in older pts in a myeloablative double-alkylating regimen.		

https://ebmt2025.abstractserver.com/program/#/details/presentations/1991

Peripheral Blood Stem Cell Graft but Not Conditioning Improves Sibling or Unrelated Donor Transplantation Outcomes in Patients with AML ≥65 Years: A Study of EBMT ALWP

B109
Poster presentation

Alexandros Kanellopoulos[1], Myriam Labopin[2], Alexandros Spyridonidis[3], Uwe Platzbecker[4], Henrik Sengeloev[5], Didier Blaise[6], Thomas Schroeder[7], Eleni Tholouli[8], Goda Choi[9], Victoria Potter[10], Peter Dreger[11], Matthias Stelljes[12], Jenny Byrne[13], Bipin Savani[14], Eolia Brissot[15], Arnon Nagler[16], Fabio Ciceri[17], Mohamad Mohty[15]

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Study design	Retrospective analysis	**Aim**	Optimal conditioning intensity, donor selection, and SC source in alloHSCT for elderly AML pts
Outcome parameters	Graft failure, OS, LFS, NRM, GvHD, GRFS, MRD		
Patients	2900	**Median age (range)***	68.6 y (NMA) 68 y (RIC)
Indication	AML ≥65 y		
Conditioning regimen	**RIC** FB2, Flu/Mel, Flu/Treo	**NMA** Flu/TBI2Gy	
Results			p
GF	1.5%	1.9%	0.44
2 y OS	56.5%	53.4%	0.19
2 y LFS	50.7%	51%	0.78
2 y NRM	20.7%	23.8%	0.83
Grade II-IV GvHD	26.3%	25.5%	0.01
Chronic extensive GvHD	12.9%	25.3%	0.02
GRFSs	Equivalent	Equivalent	0.46
	• Lower risk of relapse in Flu/Mel compared with FB2 (HR 0.55, p=0.0002) and Flu/Treo (HR 0.63, p=0.025) • Lower risk of cGvHD in Flu/Mel compared to FB (HR 0.7, p=0.044) and in Flu/Treo compared to Flu/Mel (HR 0.59, p=0.032) • No differences between the three RIC regimens with respect to OS, NRM, GRFS, and LFS		

Conclusions*	• Less intensive conditioning regimens can be used without compromising patient outcomes, potentially reducing treatment toxicities and improving patient quality of life. • PBSC grafts are associated with better OS in elderly AML alloHSCT. • Lack of significant interaction between conditioning intensity and MRD suggests that more research is required on the role of MRD in guiding conditioning selection.

*Numbers differing/additional to abstract were based on poster presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/2326

medac

Treosulfan vs Busulfan as Part of Clofarabine-Based Reduced-Intensity Conditioning Regimen Before Allotransplant for Myeloid Malignancies

B111
Poster presentation

Laura Prin Felix[1], Maxime Jullien[1], Amandine Le Bourgeois[1], Alice Garnier[1], Pierre Peterlin[1], Sophie Vantyghem[1], Aude Marie Fourmont[1], Thierry Guillaume[1], Patrice Chevallier[1]

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Study design	Monocentric retrospective study	**Aim**	Compare Clo/Bu vs Clo/Treo RIC regimen
Outcome parameters	Neutrophils (>0.5 G/L), platelets (>50 G/L), OS, DFS, NRM, CIR, a/cGvHD		
Patients	142	**Median age (range)**	65 y CloB2 62 y CloT3
Indication	AML (n=95), other myeloid malignancies		
Conditioning regimens	**CloT3** Clo 30 mg/m²/d x 5 d Treo 10 g/m²/d x 3 d ATG 2.5 mg/kg/d x 2 d	**CloB2** Clo 30 mg/m²/d x 5 Bu 3.2 mg/kg/d x 2 ATG 2.5 mg/kg/d x 1-2 d	p
Results*			
n	34	108	
Neutrophil / Platelet recovery	10 d / 13 d	16 d / 11 d	p<0.001 / 0.2
1.5 y OS	79%	69%	0.3
1.5 y DFS	70%	63%	0.4
1.5 y NRM	15%	15%	>0.9
1.5 y CIR	15%	22%	0.3
aGvHD (grade 3-4)	21%	13%	0.2
cGvHD (all / extensive)	56% / 18%	41% / 16%	0.055 / 0.8
Conclusions	• CloT3 RIC regimen provides similar outcomes compared to CloB2 RIC regimen in adults with myeloid malignancies receiving PBSC matched transplant. • Faster neutrophil recovery with CloT3. • Significant lower CIR with CloT3 in AML pts. • Higher incidence of GvHD-related deaths in AML pts with CloT3.		

*Numbers differing/additional to abstract were based on poster presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/1818

Treosulfan/Fludarabine Versus Thiotepa/Busulfan/Fludarabine for Allogeneic Hematopoietic Cell Transplantation in Patients With Lymphomas in the Post-Transplant Cyclophosphamide Era: A Study on Behalf of GETH-TC

B118
Poster presentation

Lorenzo Lazzari[1], Marta Peña[2], Diego Fernando Martinez Moreno[2], Fabio Ciceri[1], Aitana Balaguer[3], Jaime Sanz[3], Maria Jesus Pascual[4], Ana Benzaquén[5], Jose Luis Piñana[5], Maria Queralt Salas[6], Agustin Nieto-Vazquez[7], Ignacio Español[8], Maria Huguet-Mas[9], Leyre Bento[10], Adolfo Sáez[11], Pere Barba[12], Silvia Filaferro[13], Pascual Balsalobre[14], Raffaella Greco[1], Alberto Mussetti[2]

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Study design	Retrospective analysis	**Aim**	Outcomes of FT vs. FBT in lymphoma pts
Outcome parameters	NRM, OS, PFS, GFRS, CIR/POD, a/cGvHD, hematological recovery		
Patients	178	**Median age (range)**	50 (21.2-68.5) FT 52.7 (25.3-70.1) FBT
Indications	Aggr. BCL (n=56), Indol. BCL (n=58), HL (n=38), TCL (n=26)		
Conditioning regimens	**FT**	**FBT**	p
Results*			
n	65	113	
3 y NRM	14%	33%	0.017
3 y PFS	66%	45.2%	0.023
3 y OS	70.8%	54.5%	0.056
3 y GFRS	43.8%	39.8%	0.47
3 y CIR/POD	22%	22%	0.08
aGvHD (gr. II-IV / III-IV)	26% / 14%	23% / 9.8%	0.7 / 0.5
3 y cGvHD (moderate-severe)	26%	9.9%	0.007
Engraftment d+30 (neutrophil/platelets)	92% / 56%	94% / 52%	0.06 / 0.3
GFs	0%	3%	-
Conclusions	• FT conditioning regimen demonstrated superior outcomes in terms of NRM among lymphoma pts undergoing reduced toxicity alloHSCT. • FT should be considered a viable reduced-toxicity conditioning for lymphoma pts receiving alloHSCT with PTCy-based GvHD prophylaxis, particularly for older or frail pts.		

https://ebmt2025.abstractserver.com/program/#/details/presentations/1841

Fludarabine and Treosulfan Conditioning Is Feasible and Leads to High OS and Low NRM

B121
Poster presentation

Chiara Bernardi[1,2], Stéphane Morisset[3], Amandine Pradier[1,2], Anne-Claire Mamez[1], Federica Giannotti[1], Sarah Morin[1], Stavroula Masouridi Levrat[1], Gabrielle Roth-Guepin[4], Maud D'Aveni[4,5], Céline Kicki[4,5], Arnaud Campidelli[4,5], Federico Simonetta[1,2], Simona Pagliuca[4,5], Yves Chalandon[1], Marie-Thérèse Rubio[4,5]

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Study design	Bi-institutional cohort study	**Aim**	Clinical and immune reconstitution data after FT10 conditioning
Outcome parameters	OS, PFS, relapse, NRM, a/cGvHD, EBV/CMV reactivation		
Patients	89	**Median age (range)**	63 y (29-74)
Indications*	AML (n=47), MDS (n=21), MPN (n=8), lymphoma (n=5), other (n=8)		
Conditioning regimen	Flu 30 mg/m² (5 d), Treo 10 g/m² (3 d), ATLG 10 mg/kg (1-3 d)		
Results*			
2 y OS	71.66%		
2 y PFS	56.16%		
2 y CIR	39.00%		
2 y NRM	4.84%		
Grade II-IV aGvHD	22.47%		
Moderate/severe cGvHD	23.07%		
2 y GRFS	44.48%		
Conclusions	• FT10 conditioning regimen is safe and effective. • High survival probability and low NRM observed. • Adequate immune recovery post-transplant. • Comparable outcomes to previous phase III trial.		

*Numbers differing from abstract were based on poster presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/2101

Thiotepa Addition to Treosulfan-Fludarabine Regimen Exhibited Effectiveness and Tolerability in Elderly and Unfit Patients Undergoing HSCT With Active Myeloid Diseases: A Real-World Study

B134
Poster presentation

Luca Tosoni[1,2], Gabriele Facchin[1], Rosa Plos[1,2], Chiara Callegari[1,2], Matteo Fanin[1,2], Marta Lisa Battista[1], Antonella Geromin[1], Renato Fanin[1,2], Francesca Patriarca[1,2]

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Study design	Retrospective analysis		**Aim**	FT vs FTT in elderly/ unfit AML/MDS pts undergoing HSCT
Outcome parameters	aGvHD, infections, VOD, NRM, GRFS, PFS, OS			
Patients	66		**Median age (range)**	66 y (46-76)
Indications	AML (n=58), MDS (n=8)			
Conditioning regimen	Overall	**FT** Treo 30 g/m^2, Flu	**FTT** Treo 30 g/m^2, Flu, TT 5 mg/kg	p
Results*				
n	66	48	18	
CR status at HSCT	79%	88%	57%	0.005
MRD$^+$ status at HSCT	50%	40%	90%	0.005
aGvHD (grade II-IV)	33%	35%	28%	0.558
Infection (grade III-IV)	30%	33%	22%	0.382
VOD	6%	6%	6%	0.916
Relapse	36%	38%	33%	0.754
NRM	17%	17%	17%	1.000
Death	39%	42%	33%	0.537
3 y OS	52%	50%	58%	
3 y PFS	44%			
Conclusions	• Addition of TT to Treo-based regimens was feasible. • No increase in NRM in AML/MDS cohort. • Despite higher proportion of non-CR pts in FTT group, no differences in OS and GRFS between FT and FTT. • Possible benefit of intensifying conditioning regimen with two alkylating agents in pts with active myeloid diseases.			

https://ebmt2025.abstractserver.com/program/#/details/presentations/1946

Real World Experience of Treosulfan in Allogeneic Stem Cell Transplantation in Adult Patients With Hematological Diseases. The Spanish Group of SCT and Cell Therapy (GETH-TC)

B135
Poster presentation

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Study design	Retrospective study	**Aim**	Real-world experience of Treo as SCT conditioning regimen
Primary outcome	OS, RFS, TRM, factors influencing survival		
Patients	76	**Median age (range)**	60 y (21-73)
Indications*	AML (n=49), MDS (n=18), CMPN (n=3), CMML (n=1), Other (n=5)		
Conditioning regimens	FT14 (n=29), FT10 (n=39), FT-Other (n=8)		
Results			
primary GF	n=2		
2 y OS	61.5%		
2 y RFS	51.9%		
TRM	17.2% (1 y), 18.8% (2 y)		
2 y CIR	30.6%		
Hematologic recovery	Median 17 d (neutrophils), 20 d (platelets)		
aGvHD	20.4% (grade II-IV), 11.9% (grade III-IV)		
2 y cGvHD	39.4% (moderate-severe)		
Conclusions*	• Treo conditioning regimen is safe and effective in preventing disease relapse, even in high-risk pts with elevated HCT-CI and DRI scores or undergoing second alloHSCT. • These findings support its use as a viable option for patients with significant comorbidities or advanced disease.		

*Numbers differing from abstract were based on poster presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/2013

Outcomes and Early Complications of Allogeneic Stem Cell Transplant for Hematologic Malignancies in Patients Over 65 Years

P013
Poster presentation

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Study design	Retrospective, observational, monocentric	**Aim**	Early post-HSCT complications, NRM, and long-term outcomes
Outcome parameters	Early complications (by day 100), NRM, long-term outcomes		
Patients	62	**Median age (range)**	68 y (65–75)
Indication	AML (73%), MDS (8%), CMPN (5%), Other (14%)		
Conditioning regimens	FT (29%), FBT (50%), FB (13%) as RIC (73%), MAC (24%), or NMA (3%)		
Results*			
2 y OS	49%; by donor type: MSD 75%, MMUD 60%, HID 36%, p=0.03; by conditioning (AML pts only): 70% Treo-, 39% Bu-based, p=0.06		
Early complications	98%		
Infections	79% (Bacterial: 57%, Viral: 39%, Fungal: 13%), 63% grade III, 24% grade ≥4		
aGvHD	58%; 72% grades I-II, 28% grades III-IV		
cGvHD	27%: 30% severe		
2 y DFS	71%		
2 y NRM	27%		
2 y CIR	19%		
Conclusions	• HSCT feasible for elderly pts but associated with substantial toxicity. • Significant complications within first 100 d post-transplant. • Treo-based conditioning offers better outcomes than Bu-based in AML pts.		

*Numbers differing from abstract were based on poster presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/1527

Treosulfan Versus Busulfan Conditioning Regimen in Allogeneic Stem Cell Transplantation: A Single Centre Experience

P211
Poster presentation

Dalila Salvatore[1], Giorgia Battipaglia[2], Francesco D'agostino[1], Emanuela Merla[1], Daniela Roccotelli[1], Giovanni Rossi[1], Maria Chiara Abbenante[1], Antonietta Falcone[1], Grazia Dell'Olio[1], Grazia Sanpaolo[1], Francesco Saverio Mantuano[1], Potito Rosario Scalzulli[1], Lorella Melillo[3], Lucia Ciuffreda[3], Giuseppe Cappucci[1], Giuseppe Fania[1], Michele Santodirocco[1], Angela Totaro[1], Lucia Savino[1], Angelo Michele Carella[1]

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Study design	Retrospective analysis	**Aim**	FTT vs FBT RIC regimens in alloHSCT
Outcome parameters	Engraftment, a/cGvHD, relapse, PFS, OS, GRFS		
Patients	51	**Median age (range)**	60 y (55-63) FTT 54 y (51-58) FBT
Indications	AML (n=22), ALL (n=6), MPN (n=6), LPN (n=14), MDS (n=3)		
Conditioning regimens	**FTT** TT 5 mg/kg, Treo 3 x 10 g/m², Flu 5 x 30 mg/m²	**FBT** TT 5 mg/kg, Bu 2 x 3.2 mg/kg Flu 5 x 50 mg/m²	
Results*			
n	27	24	
Engraftment neutrophils	20 d (14-30)	17 d (12-37)	
Engraftment platelets	20 d (11-153)	17 d (11-37)	
aGvHD (Grade II-IV)	15%	23%	
cGvHD (Moderate)	19%	20%	
2 y CIR	15%	17%	
Death in remission	22%	29%	
1 y PFS	73.2% ± 9	51.8% ± 10	
1 y OS	80.8% ± 7	56.6% ± 10	
1 y GRFS	65.6% ± 9	47.8% ± 10	
Conclusions	• RTC Treo-based regimen is safe and effective for disease control. • FTT regimen shows tendency for better outcomes compared to FBT RIC regimen.		

*Numbers differing from abstract were based on poster presented at conference..

https://ebmt2025.abstractserver.com/program/#/details/presentations/1228

A Single-Center Comparison of Thiotepa-Treosulfan Versus Thiotepa-Busulfan Based Conditioning Regimens in Adults With Haematological Malignancies Undergoing Allogeneic Haematopoietic Stem Cell Transplant

P220
Poster presentation

Kye Ling Wong[1], Tze Wei Chan[1], Tertius Tuy[1], Chieh Hwee Ang[1], Melinda Si Yun Tan[1], Lawrence Cheng Kiat Ng[1], Shin Yeu Ong[1], Hein Than[1], Yunxin Chen[1], Francesca Lorraine Wei Inng Lim[1], Chandramouli Nagarajan[1], William Ying Khee Hwang[1], Yeow Tee Goh[1], Yeh Ching Linn[1], Aloysius Yew Leng Ho[1], Jeffrey Kim Siang Quek[1]

Affiliation: [1]Singapore General Hospital, Singapore, Singapore

Study design	Retrospective single center study	**Aim**	Effectiveness/safety in pts with FTT/TEC-FT vs FBT/TEC-BF conditioning regimens
Outcome parameters	OS, PFS, GRFS, AEs (infection, mucositis, liver injury, and bleeding complications)		
Patients	52	**Median age (range)**	55 (47-61) Bu 57 (51-65) Treo
Indications	Leukemia (n=25), MPN (n=13), MDS (n=9), MM (n=3), Lymphoma (n=2)		
Conditioning regimens	FTT/TEC-FT (n=12)	FBT/TEC-BF (n=40)	p
Results*			
1 y OS	65.0%	58.3%	0.69
1 y CIR	32.5%	33.3%	0.65
1 y GRFS	42.9%	42.2%	0.63
GvHD	42%	48%	0.7
Mortality	42%	40%	>0.9
Neutrophil engraftment	15.5 d	17.5 d	0.4
Platelet engraftment	17 d	19 d	0.14
AEs	Similar	Similar	NS
Conclusions	• No difference in OS, PFS, GRFS between FTT and FBT. • Similar rates of AEs between groups. • Decision to switch from Bu to Treo was on based on physician's discretion, predisposing to selection bias.		

*Information differing from abstract was based on poster presented at conference.

https://ebmt2025.abstractserver.com/program/#/details/presentations/1361

Trecondi® 1 g / 5 g powder for solution for infusion

Qualitative and quantitative composition: One vial Trecondi 1 g (5 g) powder for solution for infusion contains 1 g (5 g) of treosulfan. When reconstituted, 1 mL of the solution for infusion contains 50 mg treosulfan. **Therapeutic indications:** Treosulfan in combination with fludarabine is indicated as part of conditioning treatment prior to allogeneic haematopoietic stem cell transplantation (alloHSCT) in adult patients and in paediatric patients older than one month with malignant and non-malignant diseases. **Posology and method of administration:** Administration should be supervised by a physician experienced in conditioning treatment followed by alloHSCT. A*dults with malignant disease:* Treosulfan is given in combination with fludarabine. Treosulfan 10 g/m² body surface area (BSA) per day as a two-hour intravenous infusion, given on three consecutive days (day -4, -3, -2) before stem cell infusion (day 0). The total treosulfan dose is 30 g/m²; Treosulfan should be administered before fludarabine. *Adults with non malignant disease*: Treosulfan is given in combination with fludarabine with or without thiotepa. Treosulfan 14 g/m² body surface area (BSA) per day as a two-hour intravenous infusion, given on three consecutive days (day -6, -5, -4) before stem cell infusion (day 0). The total treosulfan dose is 42 g/m²; Treosulfan should be administered before fludarabine. *Paediatric population:* Treosulfan is given in combination with fludarabine, with or without thiotepa. **Contraindications:** Hypersensitivity to the active substance; active non-controlled infectious disease; severe concomitant cardiac, lung, liver, and renal impairment; Fanconi anaemia and other DNA breakage repair disorders; pregnancy; administration of live vaccine. **Undesirable effects:** *Infections, infestations:* Very commonly infections (bacterial, viral, fungal). Commonly **s**epsis. Septic shock. *Neoplasms:* Treatment related second malignancy. *Blood, lymphatic system:* Very commonly myelosuppression, pancytopenia, febrile neutropenia. *Immune system:* Commonly hypersensitivity. *Metabolism and nutrition:* Commonly decreased appetite. Uncommonly glucose tolerance impaired including hyperglycaemia and hypoglycaemia. Acidosis, alkalosis, electrolyte imbalance, hypomagnesaemia. *Psychiatric:* Commonly insomnia. Uncommonly confusional state. *Nervous system:* Commonly headache, dizziness. Uncommonly intracranial haemorrhage, peripheral sensory neuropathy. Encephalopathy, intracranial haemorrhage, extrapyramidal disorder, syncope, paraesthesia, seizure. *Eye:* Dry eye, conjunctival haemorrhage. *Ear:* Uncommonly vertigo. *Cardiac:* Commonly cardiac arrhythmias (e.g. atrial fibrillation, sinus arrhythmia). Cardiac arrest, cardiac failure, myocardial infarction, pericardial effusion. *Vascular:* Commonly hypertension, hypotension, flushing. Uncommon haematoma. Embolism, capillary leak syndrome. *Respiratory, thoracic, mediastinal:* Commonly dyspnoea, epistaxis, oropharyngeal pain. Uncommonly pneumonitis, pleural effusion, pharyngeal or laryngeal inflammation, hiccups. Laryngeal pain, cough, dysphonia, hypoxia. *Gastrointestinal:* Very commonly stomatitis/mucositis, diarrhoea, nausea, vomiting, abdominal pain. Commonly oral pain, gastritis, dyspepsia, constipation, dysphagia, oesophageal or gastrointestinal pain, anal inflammation. Uncommonly mouth haemorrhage, abdominal distension, dry mouth. Gastric haemorrhage, neutropenic colitis, oesophagitis, proctitis, gingival pain. *Hepatobiliary:* Very commonly hepatotoxicity. Uncommonly veno-occlusive liver disease. Hepatomegaly. *Skin, subcutaneous tissue:* Very commonly pruritus, alopecia. Commonly (maculo-papular) rash, purpura, erythema, urticaria, palmar plantar erythrodysaesthesia syndrome, dermatitis exfoliative, pain of skin, skin hyperpigmentation. Uncommonly erythema multiforme, dermatitis acneiform, dry skin. Skin necrosis or ulcer, dermatitis, dermatitis bullous, dermatitis diaper.
Musculoskeletal and connective tissue: Commonly pain in extremity, back pain, bone pain, arthralgia. Uncommonly myalgia. *Renal, urinary:* Commonly acute kidney injury, haematuria. Uncommonly urinary tract pain. Renal failure, haemorrhagic or noninfective cystitis, dysuria. *Reproductive system:* Scrotal erythema, penile pain. *General, administration site:* Very commonly asthenic conditions (fatigue, asthenia, lethargy), pyrexia. Commonly oedema, chills. Uncommonly non cardiac chest pain, pain, face oedema. *Investigations:* Very commonly blood bilirubin increased, ALT increased. Commonly AST increased, γGT increased, C-reactive protein increased, weight decreased, weight increased. Uncommonly blood alkaline phosphatase increased. Blood lactate dehydrogenase (LDH) increased. **Legal classification**: POM (prescription only medicine). **Marketing authorisation holder:** medac GmbH Theaterstraße 6; 22880 Wedel, Germany. **Date of revision of text**: 11/2023
Trecondi has been authorised in all countries of the EU as well as in Australia (Link medical Products), Belarus, Canada (Medexus Pharmaceuticals Inc.), Iceland, Kazakhstan, Norway, Liechtenstein, Russia, Switzerland (Ideogen AG), United Kingdom, Ukraine

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VV-PROM-001790/v1.0/05.2025