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HSCT for Latvian Children - from Early-Stage Salvage Option to Regular Therapeutic Alliance with a Lithuanian Center

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Background: Hematopoietic stem cell transplantation (HSCT) became a clinically realistic and financially supported option for Latvian children in 2005 when Latvia joined the EU.

Aim of the study: Clinical data of transplanted Latvian children with different diagnoses were retrospectively analyzed to evaluate outcomes during different periods and at different transplantation centers.

Patients and Methods: 30 consecutive patients after alloHSCT were enrolled during the „early“ transplantation phase (2005-2018) in Germany/Hungary/Sweden in the proportion of 25/4/1 respectively. During the Lithuanian period (2011-2022), 31 patients were enrolled for analyses including auto- (n=9) and alloHSCT (n=22). Descriptive analysis was performed, and Kaplan-Meier survival curves were constructed. Results were considered statistically significant if $p < 0.05$.

Results: Clinical characteristics of both patient groups are statistically different in distribution by diagnosis and by indications for transplantation ($p=0.025$). The Median follow-up time in both groups was 39.0 months (interquartile range (IQR) 13.5-80.5). Median age at transplantation and sex distribution were similar in both groups ($p=0.36$ and $p=0.94$ respectively). The median interval from diagnosis to transplantation was 18.5 (IQR 7.0-33.0) months during the „early phase“ and 11.0 (IQR 7.0-24.0) for patients, transplanted during the Lithuanian phase ($p=0.53$). Despite apparent differences in 12-month survival proportions between groups (71.4% for LT phase vs. 57.1% for „early phase“), no significant differences were found between the overall survival curves ($p=0.95$).

Conclusion: There is still room for further improvement for the whole healthcare team of both countries including a uniform approach for indications for HSCT, usage of the same therapeutic programs, and certified laboratory facilities.