[座長]
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Background: Endothelial Activation and Stress Index (EASIX) was first described in 2017 as a novel and simple predictive marker for the outcome of acute graft-versus-host disease (GVHD) after allogeneic hematopoietic cell transplantation (HCT). Independent investigators have subsequently proved EASIX to be predictive of overall survival (OS), non-relapse mortality (NRM), and various complications of HCT. The utility of EASIX in a Japanese cohort is not well established. **Methods:** We retrospectively reviewed medical records of consecutive alloHCT cases at our institution between 2016 and 2021, to obtain patient characteristics, EASIX, and outcomes. EASIX was computed for 3 different time points: before conditioning (pre), on day 0 (d0), and day 28 (d28) of alloHCT. **Results:** A total of 128 cases were included in the study, with a median age of 54 (range 18-71). Median EASIX-pre, -d0, -d28 were 1.6, 2.1, 6.8, respectively. EASIX-d0 was superior in stratifying both OS and NRM compared to EASIX-pre and -d28. However, EASIX failed to identify patients at risk of complications related to endothelial dysfunction, such as GVHD, thrombotic microangiopathy, or sinusoidal obstruction syndrome. In multivariate analysis, higher EASIX-d0 was significantly associated with inferior OS (hazard ratio 1.50 [95% confidence interval 1.18-1.90]) and NRM (1.53 [1.13-2.10]) after adjusting for age, conditioning intensity, disease risk index, and HCT-comorbidity index. **Discussion:** EASIX appears applicable in a Japanese cohort, although its association with complications needs further exploration.