

trados de hemácias recebidos (CH) pré início de transfusão de troca no grupo TM foi 10 (0-188) e no grupo ET foi 40 (0-138). Após início do programa transfusional, a mediana de CH/ano no grupo TM foi 19 (17-26) e no grupo ET, 30 (11-36) ($p=0.092$). Profilaxia secundária de AVCi foi a causa mais frequente de transfusão nos dois grupos. Estavam usando quelante de ferro (deferassirox) 87% dos pacientes TM e 25% dos pacientes ET. 56% realizaram RNM hepática e 12,5% RNM cardíaca. As medianas de ferritina e IST antes do início das transfusões de troca eram 1421 (82-4747) e 51,8% (27-84%) no grupo TM, 823 (182-2786) e 65% (33-94%) no grupo ET. Após seu início, a mediana de ferritina e de IST, respectivamente, foram para 2101 (239-10937) e 68,3% (27-96%) no grupo TM; 1295 (107-3422) e 55,5% (26-95%) no grupo ET. A variação da mediana de ferritina foi, no grupo TM, +680, e no grupo ET, +472 ($p=0.748$). Já a variação de IST foi de +16,5% no grupo TM e -10,25% no grupo TE ($p=0.802$). Após o início das transfusões, três pacientes do grupo TM e um paciente do grupo ET apresentaram sobrecarga de ferro hepática acentuada na RNM, conforme protocolo de Rennes. **Discussão:** A transfusão de troca tem diversas indicações na DF, mas seu efeito colateral é a sobrecarga de ferro. Nosso estudo avaliou a eficiência no controle da sobrecarga de ferro nos pacientes submetidos a duas técnicas diferentes de transfusão de troca. Os indicadores secundários, como mediana de ferritina e de IST antes e após seu início, sugerem uma tendência a melhor controle no grupo ET, embora as diferenças não sejam significativas, talvez pelo tamanho amostral. Os pacientes em ET também apresentaram menor sobrecarga de ferro à RNM. Estudos prospectivos em grupos maiores são necessários para confirmar esses achados preliminares.

<https://doi.org/10.1016/j.htct.2020.10.066>

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COMPLICATIONS AND HYDROXYUREA USE AMONG BRAZILIAN PATIENTS WITH SICKLE CELL DISEASE: A COMPARISON WITH OTHER COUNTRIES

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Background and aims: Sickle cell disease (SCD) is a multi-system disorder, and vaso-occlusive crisis (VOC) is a hallmark of the disease commonly leading to end-organ damage. This

study aims to determine the frequency of different complications among Brazilian SCD patients and compare these with data from other countries. **Material and methods:** SWAY was a multi-country survey of unmatched SCD patients and HCPs developed by international SCD experts, patient advocacy groups, and Novartis. It is a cross-sectional study, conducted in 16 countries (Bahrain; Brazil; Canada; France; Germany; Ghana; India; Italy; Lebanon; Netherlands; Nigeria; Oman; Panama; Saudi Arabia; United Kingdom; United States). SCD patients aged >6 years were recruited and answered a questionnaire that included sections on demographics, disease treatment and clinical characteristics (those aged 6-11 years old completed the questionnaire with a caregiver/parent/legal guardian proxy). Subjects also reported on SCD complications that they had ever experienced in their lives. The population for this analysis was stratified by age and according with the country. **Results:** The analysis included 260 patients from Brazil and 1,885 from other countries. Regarding hydroxyurea (HU) use, 68% of Brazilian patients reported having previous HU use vs 38% in other countries. The absence of complications was reported by 1% of Brazilian patients and 6% of those from other countries. Disease complications ever experienced that significantly differed ($p<0.05$) between Brazilian patients vs patients from other countries were: fever 85% vs 61%, infection 79% vs 51%, required blood transfusions 74% vs 39%, joint issues 70% vs 54%, swollen or painful fingers/toes 58% vs 32%, tight chest pain 55% vs 40%, gallbladder stones 43% vs 20%, issues/damage of the spleen 36% vs 19%, vision problems 31% vs 19%, stroke 13% vs 7%, issues/damage of the liver 13% vs 9%, issues/damage of the kidneys 13% vs 8% and priapism 10% vs 7%. The sample was further stratified by age, and a similar pattern of complications occurrence was observed in both Brazilian and other countries samples. Considering patients aged 6-16 years, the frequency of fever, infections, required blood transfusions and joint issues were 92%, 81%, 74% and 57% in Brazil vs 60%, 47%, 31% and 39% in other countries, respectively. Among those aged >16 years, the frequencies were 79%, 77%, 75% and 79% in Brazilian patients vs 62%, 53%, 43% and 61% in patients from other countries. **Discussion:** Brazilian patients showed significantly higher frequencies of complications compared to patients in other countries. Reasons to explain such findings need to be further addressed. In addition, a higher frequency of HU use is observed among Brazilian patients. However, it is not possible to assess the association between HU use and complications since this study was not designed to address this issue. **Conclusion:** Brazilian patients experience significantly more complications than patients from other countries. Thus, the need for treatment strategies able to improve disease management may be highlighted.

<https://doi.org/10.1016/j.htct.2020.10.067>

