functioning 86.7, role functioning 66.7, emotional functioning 83.3, cognitive functioning 83.3, social functioning 66.7; symptom: fatigue 33.3, insomnia 33.3. Patients who required oxygen therapy had higher scores on the financial impact scale than those who didn't, 66.7 vs 0, p = 0.0261. **Conclusion:** Role and social functioning was the worst item among functioning scales. Women had significantly higher social functioning than men. Fatigue and insomnia were the most burdensome symptoms assessed on the symptom scales. No significant differences were found in scores of EORTC between patients who reported COVID infection and those who didn't. The limitation of this study is a relatively small research group. The future direction is to perform a similar analysis on a larger population.

https://doi.org/10.1016/j.htct.2022.09.1257

PP 23

ECULIZUMAB DOSE ADJUSTMENTS DURING PREGNANCIES IN PAROXYSMAL NOCTURNAL HEMOGLOBINURIA: A SINGLE CENTER EXPERIENCE.

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Objective: Paroxysmal nocturnal hemoglobinuria (PNH) has always been considered a relative contraindication for pregnancy. The use of eculizumab has reduced morbidity and mortality of fetus and mother. Dose adjustments are often required due to emerging breakthrough hemolysis, no standard recommendations are currently available in this setting. Here we report our single hematology center experience on breakthrough hemolysis and eculizumab dose adjustments during PNH pregnancies. **Methodology:** Clinical data of four pregnancies from three PNH patients are reported. Two of them were already on standard dosage eculizumab when pregnancies were diagnosed. Their baseline PNH clone sizes were 89.5% and 97.5% on granulocytes and 38% and 90% on erythrocytes, respectively. In both cases low molecular weight heparin-prophylaxis was started when pregnancy was diagnosed. The third 26 year old patient with a baseline PNH clone of 8.8% started treatment at the beginning of her 2nd trimester. **Results:** The 26 year old patient was stable on 900 mg Eculizumab until 12 weeks post-partum. The other two developed breakthrough hemolysis during their third trimesters. Eculizumab dosing was increased initially from 900mg bi-weekly to 900 mg weekly and subsequently to 1200 mg biweekly. The 28 year old patient with the largest clone underwent two pregnancies and required even a 1200mg weekly dosage in her first pregnancy until four weeks post-partum. All four babies were delivered without complications. **Conclusion:** Eculizumab dose adjustments up to 1200 mg biweekly as well as interval shortening from bi-weekly to weekly administration seems effective and safe in breakthrough hemolysis control during pregnancy in PNH. Dose escalations did not impact on birth or development of the babies.

https://doi.org/10.1016/j.htct.2022.09.1258

PP 24

ALECTINIB-RELATED ERYTHROCYTE MEMBRANE CHANGES, NON-IMMUNE HEMOLYSIS AND ERYPTOSIS

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Objective: Alectinib is an anaplastic lymphoma kinase (ALK) inhibitor which standard initial treatment for patients with advanced ALK rearranged non-small-cell lung cancer (NSCLC). The current study was planned by the incidental observation of non-immun hemolysis signs in several alectinib-treated patients, and its aim was to comprehensively characterize eritrocyte changes under this drug. **Methodology:** We analyzed retrospectively 13 patients treated with alectinib for ALK+ NSCLC at the Bakirkoy Sadi Konuk and Kartal Dr Lutfi Kırdar Hospital Medical Onkology Depertment. Almost all patients were consulted with the hematology clinic because of anemia and elevated lactate dehydrogenase during alectinib.Laboratory tests requested for characterization of anemia included reticulocyte count, indirect bilirubin,haptoglobin, direct antiglobulin test, and LDH.All patients were examined by peripheral smear **Results:** The analyzed patients, hematological tests results are showed that: Anemia was present in approximately all of patients and was mostly mild, (lowest hgb 8.5gr/dl).Reticulocytes were increased and the direct antiglobulin (Coombs) test was negative in all patients. Peripheral blood smears showed signs of eryptosis, abnormal red blood cell morphology in all patients, with anisocytosis, a predominance of acanthocytes, as well as occasional echinocytes, spherocytes, dacrocytes and rare fragmentocytes **Conclusion:** We have reported 13 cases of significant alterations in erythrocyte morphology secondary to alectinib. Patients predominantly showed mild anemia, but one patient developed significant Coombs-negative hemolysis. In this case, hemolytic markers improved after alectinib was discontinued. This study highlights the need for both clinicians and haematologists to be observant for unrecognised off-target effects of novel agents.

https://doi.org/10.1016/j.htct.2022.09.1259