specifically detail the adverse effects in patients meeting the criteria for frailty syndrome. Conclusion: The presented cases suggest that geriatric assessment may be a more accurate predictor of adverse events in BTKi treatment than chronological age. Thiago Xavier Carneiro receives honoraria from Janssen.

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FRAILTY ASSESSMENT IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA TREATED WITH THE COMBINATION OF VENETOCLAX AND IBRUTINIB

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Introduction: The American Society of Clinical Oncology (ASCO) advocates for the routine use of a comprehensive geriatric assessment, emphasizing frailty, to pinpoint vulnerabilities that might go unnoticed in standard clinical evaluations. Currently, limited information is available on the optimal management of toxicity in patients treated with the combination of new agents for Chronic Lymphocytic Leukemia (CLL). Objective: To delineate the geriatric assessment of a CLL patient who underwent treatment with a combination of Venetoclax and Ibrutinib. Methodology: The patient in question followed a service-specific geriatric assessment protocol. Frailty was assessed using the modified Fried frailty criteria and the Frail Scale. Instrumental Activities of Daily Living (IADL) functionality was gauged using the Lawton scale, while sarcopenia was evaluated in line with the updated guidelines from the European Working Group on Sarcopenia. **Results:** R. S.A., a 74-year-old male with no notable comorbidities, was referred in 2019 due to the discovery of 6 cm intra-abdominal lymph nodes on a CT scan. An axillary lymph node biopsy confirmed a lymphocytic lymphoma diagnosis. His complete blood count was within the normal range. He was under observation until the end of 2020 when he began to show symptoms and had enlarged retroperitoneal lymph nodes measuring 9.3 cm, along with increased cervical, supraclavicular, axillary, and mediastinal lymph nodes. The IgVH mutation test was inconclusive, and the 17p deletion was not detected. Ibrutinib therapy was initiated in January 2021 with a dosage of 140 mg administered three times daily. The patient saw a generalized reduction in lymphadenopathy after 9 months. A Positron Emission Tomography (PET) scan in January 2023 revealed 2.5 cm abdominal lymph nodes, with the patient being asymptomatic. He expressed an interest in limited-duration therapy and had a detectable residual disease at 1% in the peripheral blood. Before the combined therapy, the geriatric assessment rated him as robust, independent for IADLs, and with no motor function impairments. Venetoclax therapy commenced in January 2023. The patient progressed without symptoms of tumor lysis or any other adverse symptoms after 6 months of combined therapy. Discussion: The combined therapy of Ibrutinib and Venetoclax, which has recently gained approval, was researched in elderly patients or those with comorbidities in the GLOW study. This study exclusively utilized age over 65 and comorbidities as predictors of toxicity (CIRS). Significant adverse effects were reported, with 69% of patients experiencing grade 3/4 adverse events. We postulate that, in the described case, the geriatric assessment could identify a patient who, despite advanced chronological age, was able to tolerate the treatment without dose reductions or adverse events. Conclusion: The geriatric assessment holds promise as a predictive tool for toxicity in the combined therapy of Ibrutinib and Venetoclax for CLL. Thiago Xavier Carneiro receives honoraria from Janssen.

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LEUCEMIA MIELOIDE CRÔNICA E OUTRAS SÍNDROMES MIELOPROLIFERATIVAS CRÔNICAS INCLUINDO AS POLICITEMIAS

INIBIDORES DE AURORA QUINASES EXIBEM ATIVIDADE ANTINEOPLÁSICA EM CÉLULAS BA/F3 CSF3RT618I

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Objetivos: As neoplasias mieloproliferativas (NMP) se consolidam como um grupo relevante de doenças derivadas do mau funcionamento do processo de hematopoese e têm por atributo particular a proliferação aumentada de uma ou mais séries mieloides. Dentre estas, distinguem-se as leucemias neutrofílicas crônicas (LNC), causadas pela mutação T618I do gene *CSF3R*, traço que gera a ativação do receptor independente de ligante e a sinalização *downstream* através da via JAK2/STAT. Estudos anteriores em linhagem linfocítica dependente de IL3, Ba/F3, demonstraram que mutações em BCR::ABL1 e $JAK2^{V617F}$ aumentaram a expressão de proteínas da família da aurora quinase (AURKs), mais especificamente de AURKA e de AURKB. Estudos pré-clínicos têm ilustrado a