Objective: Anemia commonly accompanies chronic kidney disease (CKD). Erythropoiesis-stimulating agents (ESAs), such as darbepoetin, are initiated for anemia in CKD. Additionally, hypoxia-inducible factor (HIF) prolyl hydroxylase inhibitors have demonstrated efficacy in treating CKD-associated anemia. This meta-analysis aims to compare the efficacy, safety, and tolerability of enarodustat in anemic CKD patients. **Case report Methodology:** A systematic search of Cochrane CENTRAL, Ovid Medline R, PubMed, and Web of Science databases up to March 1, 2024, was conducted. Randomized controlled trials (RCTs) directly comparing enarodustat with darbepoetin were included. Data from four unique RCTs comprising an inverse variance-weighted random-effects model were utilized for the main analysis. Primary efficacy outcome measures included hemoglobin (Hb) change at weeks 4-6 and during follow-up, while primary safety outcomes focused on serious adverse events (SAEs). Subgroup analyses were performed based on dialysis status and prior use of ESA for the primary outcome. **Results:** Four RCTs with 7 reports involving 586 patients were included in the main analysis. Enarodustat demonstrated superiority to control in terms of change in Hb levels at week 4-6 (RR 0.76, 95% CI 0.02 to 1.50, I2=96%, p=0.04) but non-inferiority during follow-up (MD 0.66, 95% CI -0.22 to 1.53, I2=91%, p=0.14). Enarodustat exhibited comparable effects for safety and tolerability parameters such as SAEs (RR 1.17, 95% CI 0.72 to 1.91, I2=0%, p=0.52), any adverse events (RR 0.95, 95% CI 0.82 to 1.08), any adverse events leading to discontinuation (RR 0.90, 95% CI 0.37 to 2.20), diarrhea (RR 1.50, 95% CI 0.05 to 43.15), hypertension (RR 0.89, 95% CI 0.43 to 1.84), and all-cause mortality (RR 0.63, 95% CI 0.08 to 5.08). Subgroup analysis by dialysis status revealed nonsignificant differences for change in Hb levels at week 4-6 and during follow-up, but comparator-based subgroup analysis demonstrated a significant difference only when comparing to placebo at week 4-6. **Conclusion:** Enarodustat exhibits promise as a treatment option for anemia associated with CKD, demonstrating superiority to control in terms of Hb change at week 4-6 and non-inferiority during follow-up. Moreover, it demonstrates comparable safety and tolerability profiles to darbepoetin, making it a potential alternative in the management of CKD-related anemia.

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OP11

A VERY RARE RELAPS TYPE IN MULTIPLE MYELOMA: LEPTOMENGEAL AND CRANIAL INVOLVEMENT

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Case report: Multiple myeloma is a hematological malignancy that develops as a result of clonal proliferation of plasma cells and progresses with remissions and relapses. It is clinically characterized by many symptoms and signs such as osteolytic bone lesions, hypercalcemia, renal dysfunction, hypergammaglobulinemia and anemia. However, involvement of the central nervous system, especially the leptomeningeal/cranial region, is a rare and prognostically important form of relapse of the disease. Nervous syste

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Adult Hematology Abstract Categories, Stem Cell Transplant

OP 12

Can autologous stem cell transplantation be a treatment option in a patient diagnosed with secondary progressive multiple sclerosis?:Case report

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Case report: İntroduction: Multiple sclerosis (MS) manifests itself with plaque formation as a result of defensive T and B cells in the immune system perceiving the myelin sheath around nerve cells as a foreign substance to the body and trying to destroy it, for an unknown reason.In short, it is an autoimmune inflammatory demyelinating disease of the central nervous system. In multiple sclerosis, various interventions such as medication, physical therapy, and stem cell therapy are used to improve patients' quality of life. The goal of autologous hematopoietic stem cell transplantation (AHSCT) is to eliminate and replace the patient's pathogenic immune system to achieve long-term remission of MS. Here, we will present our experience with autologous stem cell transplantation performed in our center for an MS case that had previously received both medical and physical therapy and failed to respond.

Key words: multiple sclerosis, autologous stem cell transplantation

Case report: The 41-year-old male patient was diagnosed with MS in 2012 and has been wheelchair-bound for about 3 years. Glatiramer acetate was started at the time of diagnosis. As the patient's complaints increased, fampridine and ocrelizumab treatments were given, respectively. The patient, who did not respond to treatment, was evaluated as having secondary progressive MS and an autologous stem cell transplant was planned. Mobilization was performed with cyclophosphamide + G-CSF in July 2023. In September 2023, AHSCT was performed with cyclophosphamide (40 mg/kg, 2400 mg in total, 5 days), Mesna (40 mg/kg/day, 2400 mg in total, 5 days) and ATG (360 mg in total) protocol. The patient, who had platelet engraftment on day +9 and neutrophil engraftment on day +11 after AHSCT, was discharged with outpatient clinic control. **Discussion and conclusion:** Despite many advances in MS treatment, there is still no definitive treatment answer. Autologous hematopoietic stem cell transplantation may be promising, as observed in several studies. The aim of AHSCT is to eliminate and replace the patient's pathogenic immune system to ensure long-term remission of