**Adult Hematology Abstract Categories**

**Chronic Lymphocytic Leukemia**

**PP 12_Case report**

## CLINICO-BIOLOGICAL PROFILE AND MANAGEMENT OF CHRONIC LYMPHOCYTIC LEUKEMIA

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**Objective:** Nearly 60%–70% of patients with Chronic Lymphocytic Leukemia (CLL) are oligosymptomatic at diagnosis. The objective of the study was highlighting the clinical evolution and hematological patterns, as well as the assessment of short- and long-term results of treatment of patients with CLL. **Methodology:** We realized a prospective and cohort study. The clinical-hematological features of CLL, the short- and long-term results of therapeutic management were studied in 62 patients, who were treated and followed up in the Institute of Oncology of Moldova between 2019–2024. The study was related to the outpatient and hospitalized care. The diagnosis was proved according to the IWCLL criteria based on the complete blood count with the detection of lymphocytosis ≥ 5 × 10^9/l, bone marrow aspiration with lymphocytic infiltration ≥ 30% and immunophenotyping. The study was carried out on a basis of the data collected from the outpatient records and from the observation sheets of the patients according to the questionnaire drafted for the achievement of the settled objective. All patients were staged according to Binet and RAI Classifications. **Results:** There were 25 (40.3%) males and 37 (59.7%) females in the study group. The age of the analyzed group was between 53 and 87-years (average age – 55.2-years). Forty-two (67.7%) patients with CLL belonged to the age category of 60–79 years. The ECOG-WHO score at diagnosis was 2-3. Most of the patients (34% or 54.8%) were referred to hematologist in stage A. Twenty-three (37.1%) patients were diagnosed in stage B and 5 (8.1%) – in stage C. Nine (39.1%) cases of autoimmune hemolytic anemia and 8 (34.8%) cases of metaplastic anemia were revealed in stage B. Leukocytosis varied between 88.7–325.0 × 10 /l (average value – 161.2 × 10 /l). Lymphocyte count ranged between 81%–97% (average value 89%). Bone marrow aspiration in stages A and B revealed lymphocyte expansion of 33%–91%. The respiratory bacterial infections turned out to be frequently diagnosed (29 patients, or 46.8%): acute pneumonia in 10 (16.1%), acute bronchitis in 7 (11.3%), relapse of chronic bronchitis in 11 (17.7%), and tuberculosis in 1 (1.7%) patient. The patients with progressive stage A, stage B and C disease received combined immuno-chemotherapy. Under the antineoplastic treatment, the ECOG-WHO score improved to 0–1. Overall survival over 3 and 5 ears was 100%. **Conclusion:** Our prospective study of CLL proved a predominance of female gender, patients of 60–79 years old and stage A at diagnosis. The prognosis emerged to be relatively favorable, with the overall survival rates sustained at 100% within 3 and 5 years.

https://doi.org/10.1016/j.htct.2025.103890

**PP 13_ Case report**

## UNEXPECTED SPONTANEOUS REGRESSION IN CLL AFTER LETROZOLE TREATMENT: COINCIDENCE OR CONNECTION?

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**Introduction:** According to iwCLL guidelines, remissions are divided into two groups: Complete Remission (CR) and Partial Remission (PR). CR in Chronic Lymphocytic Leukemia (CLL) is defined by having peripheral blood lymphocytes less than 4 × 10^9/L, no significant lymphadenopathy (lymph nodes < 1.5 cm), no splenomegaly or hepatomegaly, absence of disease-related constitutional symptoms, and blood counts showing neutrophils ≥ 1.5 × 10^9/L and platelets ≥ 100 × 10^9/L, while PR requires at least two parameters from group A (lymphoid tumor load and constitutional symptoms) and one parameter from group B (hematopoietic system) to improve if previously abnormal. Hence, we present a case with Spontaneous Regression (SR) of CLL right after letrozole treatment. **Case presentation:** A 74-year-old female was admitted to the hematology clinic in 2018 due to lymphocytosis. The complete blood count of the patient showed a leukocyte count of 9.9 10^9/L with 6 10^9/L lymphocytes, a hemoglobin concentration of 15 g/dL, and 194 10^9/L platelets. The flow cytometry revealed 23% of lymphocytes displayed CD5+, CD20+, CD22+, CD19+, CD23+, Anti-Kappa+, CD38-, HLA DR+ immunophenotypes. In the physical examination, there was no splenomegaly or lymphadenomegaly. The patient was classified as Rai stage 0 CLL and managed with observation. In 2023, the patient had a mass on the left breast. Since they had a family history of breast cancer, the patient was referred to general surgery. The breast biopsy showed invasive lobular carcinoma. The breast cancer profile was T2cN0M0 (IB), estrogen and progesterone receptors were above 95%, cErbB2 (–), and low ki-67 index (13%). The patient was administered to the oncology for treatment. The patient received letrozole 2.5 mg/day and radiotherapy, respectively. One month after letrozole initiation, the peripheral blood lymphocyte count was observed within normal limits (Table 1). Throughout the one-year follow-up period before this case was reported, the levels remained within normal limits. The last flow cytometry still presented CLL, except atypic B-cells' count decreased to 10%. The patient's malignancies are considered under remission and the follow-up continues. **Discussion:** SR of CLL is rare and not fully understood. Estrogen is known to influence B-cell function and