present in 1 each whereas 1 patient had ASXL1, TET2 EZH2, RUNX1 and STAG2 mutations. The median R-IPSS and IPSS scores were 5 (IQR: 4.2–6) and 1.5 (IQR: 0.75–2) respectively. Thirty-one (73.8%) patients received azacytidine and 11 (26.2%) decitabine. ORR at cycle 1, cycle 2 and EOT was 12 (28.6%), 21 (51.2%), 18 (42.9%) with CR rates of 2 (4.8%), 11 (26.2%) and 11 (26.2%) respectively. Febrile neutropenia was observed in 23 (54.8%) and cycles were interrupted due to cytopenia's in 23 (54.8%) patients. Seven (17.1%) patients received allogenic HSCT and 2 (4.9%) received haploidentical HSCT. Five (12.2%) patients received venetoclax maintenance. Eight (21.1%) patients had disease relapse. The OS of MDS cohort was 59.5% with median 907 survival days (95% CI 386–1424) and The DFS was 44.4% with median survival 528 days (95% CI 336–719). **Conclusion:** Venetoclax in combination with HMA represents an effective therapeutic strategy for AML and MDS in the real-world setting, even in resource limited settings.

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OP 04_Case report

THE ROAD NOT-TAKEN: EXPLORING NON-TRANSPLANT OPTIONS IN DE NOVO PHILADELPHIA - POSITIVE ACUTE MYELOID LEUKEMIA

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Background: Philadelphia chromosome-positive acute myeloid leukemia (Ph+AML) is a rare and aggressive subtype of AML, characterized by the BCR::ABL1 fusion gene. It has historically been considered a high-risk leukemia, with allogeneic Hematopoietic Cell Transplant (HCT) recommended in the first remission. However, the emergence of targeted therapies, particularly potent Tyrosine Kinase Inhibitors (TKIs), has led to reconsideration of this approach. Drawing from advances in Philadelphia-positive acute lymphoblastic leukemia (Ph+ALL), where HCT omission has been explored successfully, this study examines whether a similar strategy can be applied in select Ph+AML cases. **Objective:** To evaluate the feasibility of a non-HCT approach in Ph+AML by analyzing a case where transplant was omitted, and the patient achieved sustained remission. **Methods:** We present a case of a 30-year-old male diagnosed with de novo Ph+AML, identified through cytogenetics and molecular testing. The patient received induction chemotherapy with cytarabine and anthracycline (3+7) along with a TKI. Due to complications, his initial TKI was switched to ponatinib, and consolidation therapy consisted of azacytidine, venetoclax, and ponatinib. Disease monitoring was performed using quantitative Polymerase Chain Reaction (qPCR) for BCR::ABL1 and Next-Generation Sequencing (NGS). **Results:** The patient achieved a complete Molecular Response (MR 4.5) after the first cycle of consolidation therapy. Over 12-cycles of treatment, he maintained MRD negativity without emerging mutations. At 30-months post-diagnosis, he remains in sustained remission without undergoing HCT. Key factors that may have contributed to his favorable outcome include the absence of additional cytogenetic abnormalities, early achievement of deep molecular remission, and the use of a third generation TKI with activity against T315I mutations. **Conclusion:** This case suggests that a transplant-free approach may be a viable option for select patients with Ph+AML. While HCT remains the standard of care, the use of targeted therapies such as ponatinib in combination with venetoclax and azacytidine may provide an alternative pathway to long-term remission. Further studies are needed to validate patient selection criteria and assess long-term efficacy and safety of this approach.

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Adult Hematology Abstract Categories

Cellular therapy

OP 05_Case report

CORRELATION OF CD10+ B-LYMPHOCYTES AND PLASMA CELLS WITH OUTCOME IN BREAST CANCER

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Objective: Bone Marrow (BM) is poorly understood from the point of view of the prognostic role of hematopoietic cells and subpopulations of lymphocytes in patients with Breast Cancer (BC). In recent years, more attention has been paid to the study of the innate immune system, which includes B-lymphocytes. They produce IgM antibodies, which play an important role in the induction of apoptosis. **Methodology:** Study was carried out in 107 BC patients' stage I–II. Adjuvant chemotherapy – 65.4% of patients, radiation therapy – 49.8%, hormone therapy – 84% of patients. Her2/neu"-" 80%, Her2/neu"+"-18%, TNBC-12%. The duration of the follow-up period after surgery was 8-years. Multiparameter flow cytometry was used, FACSCANTO II. Studies of BM lymphocyte subpopulations were carried out in the gate of CD45++ cells: CD19, CD20, CD5, CD38, CD10, CD45, HLA-DR, CD27. Radical resection -38.3% of patients, mastectomy – 59.7%. **Results:** B1-cells was higher in B-Her2"+", stage IIA, with 2 affected lymph nodes. B1-cells correlated with plasma cells. The total percentage of B-cells in BM was significantly associated with the prognosis of BC. B1 cells were associated with progression-free and disease-free survival. Disease progression was observed at low levels of B1 cells. In cases more than 10% B-lymphocytes in the BM of BC patients' Overall Survival (OS)