Conclusion: We report a rare case of ET with concomitant B-LPD. The patient is stable on Ruxolitinib and is on wait and watch approach for B-LPD.

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Acute phase reactants in chronic inflammation leading to secondary myelofibrosis in polycythemia vera and essential thrombocytosis

E. Aladag[1], I. Haznedaroglu[1], N. Sayinalp[1], H. Demiroglu[1], H. Goker[1,*], S. Aksu[1], O. Ozcebe[1], A. Ayhan[2], Y. Buyukasik[1]

[1] *Hacettepe University Department of Hematology, Ankara, Turkey*
[2] *Hacettepe University Department of Pathology, Ankara, Turkey*

Objective: Polycythemia vera and essential thrombocytosis are chronic and progressive myeloproliferative neoplasms characterized by a clonal increase in hematopoietic stem cells in the bone marrow. Myelofibrosis in the bone marrow has been shown to be secondary to an inflammatory process.

Methodology: To investigate the association between the secondary myelofibrosis and acute phase reactants in patients with polycythemia vera and essential thrombocytosis. Fourty-six PV and 28 ET patients without myelofibrosis above Grade 1 were included in the present study. Bone marrow evaluations were performed retrospectively. C-reactive protein, ferritin, and albumin levels were measured.

Results: C-reactive protein (0.55 ng/L vs. 4.2 ng/L, $p < 0.001$) and ferritin (18.5 ng/mL vs. 118 ng/mL, $p = 0.001$) levels in patients with secondary myelofibrosis were found to be increased compared to baseline levels. Mean albumin levels in patients with secondary myelofibrosis, and CRP, ferritin, and albumin levels in patients without secondary myelofibrosis were similar at the diagnosis and at last visit. There were also similar the baseline levels of CRP, ferritin, and albumin between the patients with and without secondary myelofibrosis.

Conclusion: The increase in CRP and ferritin, which are indicators of chronic inflammation, may be used to show the inflammation and relevant secondary fibrosis in the bone marrow. Due to the similar CRP, ferritin, and albumin levels at the diagnosis, the prediction for the development of the secondary myelofibrosis is not possible in the present study.

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PP 14

Polycythemia vera: updates in diagnosis and treatment outcomes

L. Musteata[1,*], S. Pinzari[2], V. Musteata[1], N. Sghibneva-Bobeico[2], A. Dorogan[2]

[1] *State University of Medicine and Pharmacy, Chișinău, Republic of Moldova*
[2] *Institute of Oncology, Iași, Romania*

Objective: The objective of the study was to analyze the contemporary clinical and laboratory features of polycythemia vera (PV), as well as to evaluate the short- and long-term results of different treatment options.

Methodology: The clinico-hematological evolution features, complications, short- and long-term results of cytoreductive treatment were evaluated in a group of 114 PV patients, aged at 28–78 years old, who were followed up at the Institute of Oncology of Moldova between 1987–2019. The diagnosis was proved by the bone marrow biopsy and quantitative detection of JAK2 V617F mutation in pending cases. Physical and histopathologic examinations were associated with the repeated complete blood counts and abdominal ultrasound scan. The treatment included phlebotomies and cytoreductive chemotherapy with busulfan (56 patients) and hydroxycarbamide (58 patients) in standard doses. The life-table method was used for Kaplan–Meier Survival Analysis in order to evaluate the long-term results of treatment.

Results: The disease was commonly diagnosed in males – 66 (57.9%) patients. The females prevailed in the age groups of 40–49 years (31.3% versus 24.6% in males) and 60–69 years (25% versus 19.8% in males). The disease span from the onset of the initial clinical manifestations until the diagnosis lasted 4–9 months (median – 5.8 months) in the majority of patients (86.8%), that led to the development of thromboembolic complications in 28.1% of cases. The diagnosis was proved in stage IIA disease in 105 (92.1%) patients, IIB in 9 (7.9%) patients. The skin hiperemia was registered in 112 (98.3%) cases, scleral congestion – in 109 (95.6%), splenomegaly – in 77 (67.5%), erythromelalgia – in 71 (62.2%), aquagenic skin itching – in 68 (59.6%), hepatomegaly – in 61 (53.5%), vascular thrombosis – in 32 (28.1%). The complete blood count revealed the increase of hemoglobin (18.0–23.5 g/dL) and red cells (5.5–6.7 × 1,000,000 [MICRO]/L). The platelets range was 180–1690 × 1000 [MICRO]/L, leukocytes range – 5.1–21.3 × 1000 [MICRO]/L. Leukocytosis occurred in 69 (60.5%) patients, thrombcytosis – in 61 (53.5%). The bone marrow biopsy detected a hyperplasia due to the proliferation of erythroid, granulocyte and megakaryocyte cell lines. The study of short-term results asserted the complete remissions in all cases under chemotherapy combined with phlebotomies. The overall one-, 5-, 10- and 15 year was 100%, 98.6%, 85.9% and 67.1%, respectively. 73 (64.04%) patients remain in stage II disease after the treatment during 5–26 years of follow-up. The survival median was not reached.

Conclusion: The reluctant evolution, progressive growth of hemoglobin and red cell count, gradual increase of blood hyperviscosity and the lack of hemato-oncological vigilance of primary care physicians may lead to the development of