

vez que o ciclo de alta intensidade chega a ser quase 10 vezes mais caro que o de baixa intensidade, gerando um custo médio total de quase o dobro do valor entre eles. Além disso, quanto menor o risco do paciente para TCTH, menor o seu custo. **Conclusões:** Em função do alto impacto econômico do manejo da LMA, focar em tratamentos que reduzem a ocorrência de hospitalização, que são capazes de manter o paciente controlado e em baixo risco e aumentem a qualidade de vida são fatores fundamentais a serem considerados no processo de tomada de decisão. **Financiamento:** Este estudo foi patrocinado pela Astellas Farma Brasil.

<https://doi.org/10.1016/j.htct.2020.10.262>

261

IMPROVING MORTALITY IN AML IN LOW-TO-MEDIUM-INCOME COUNTRIES (LMIC): THE IMPACT OF SELECTIVE DIGESTIVE TRACT DECONTAMINATION WITH GENTAMYCIN, VORICONAZOLE PROPHYLAXIS AND SINGLE-BED ROOMS



B.K.L. Duarte, A.G.O. Braga, L.F. Bachur, L.G.O. Cardoso, R. Fagnani, K.B.B. Pagnano, P. Trabasso, M.C. Ozelo, E.V. Paula

Universidade Estadual de Campinas (UNICAMP),
Campinas, SP, Brazil

Introduction: AML survival in low- and medium-income countries (LMIC) is still dismal, with median overall survival of less than a year, mainly related to high treatment-related mortality (TRM) rates associated with infectious complications. In recent years, this scenario has been aggravated by the increasing rates of carbapenem-resistant *Enterobacteriaceae* (CRE) bloodstream infections (BSI), with mortality rates of up to 50% per episode. **Objectives:** To describe the positive impact of a bundle of simple and readily available measures on both infectious complications and AML TRM. **Methods:** Eligible AML patients were treated with standard chemotherapy induction (7+3) and high-dose cytarabine consolidation in non-HEPA filtered double-occupancy rooms. Antimicrobial prophylaxis included fluconazole and levofloxacin. Beginning March 2016, patients were given voriconazole as prophylaxis during neutropenia, after induction and in all consolidation cycles. In addition, after an outbreak of CRE colonization/BSI in late 2016, we also adopted, beginning March 2017, two additional interventions: (1) selective digestive tract decontamination (SDD) with PO gentamycin (60 mg qid) in those with a positive routine surveillance rectal swab for CRE (performed weekly), and (2) AML treatment in single-bed rooms. We retrospectively analyzed the outcomes of 133 consecutive newly diagnosed *de novo* AML patients undergoing intensive treatment between January 2011 and March 2020. Patients were analyzed according to whether they received or not the combination of voriconazole, gentamycin (if colonization by CRE was documented in rectal swabs) and treatment in single-bed rooms (VGSB - voriconazole/gentamycin/single-bed rooms). **Results:** During the study period, seventy-eight (58.6%) patients received standard supportive care, while 39 (29.4%) were treated under VGSB measures; 16 (12%) received

only voriconazole prophylaxis and were grouped with the supportive care patients for the survival analysis. Voriconazole prophylaxis was associated with lower 1-year rates of IFI (16.6%, 95% CI: 11-22% vs. 49.5%, 95% CI: 41.5-57.5, $p = 0.04$). Likewise, SDD with gentamycin in CRE colonized patients effectively reduced the 1-year rate of CRE BSI episodes (22.2%, 95% CI: 8.3-36.1% vs. 73.9%, 95% CI: 63.1-84.7%). Consistent with these findings and with a multivariate survival analysis which established CRE BSI as an independent prognostic variable for 1-year overall survival (HR = 10.152 (95% CI: 1.165-4.212), $p = 0.015$), VGSB patients had improved 60-day (61.7%, 95% CI: 56.7-66.7 vs. 87.2%, 95% CI: 81.8-92.6, $p = 0.006$) and 1-year overall survival (35.8%, 95% CI: 30.8-40.8, vs. 56.3, 95% CI: 47.6-65) compared with patients in the standard of care group. **Discussion:** Here we have showed a consistent reduction in mortality, incidence of CRE BSI and IFI after implementation of a set of supportive measures readily available in most settings. Additional studies are warranted to evaluate the relative impact of each component of this bundle, particularly AML treatment in single-bed rooms and SDD with gentamycin, on these results. **Conclusions:** The addition of Voriconazole prophylaxis, SDD with gentamycin and single-bed rooms to standard AML treatment results in a clinically meaningful increase in AML survival. This finding should impact practice in LIMC and settings with an elevated incidence of CRE BSI.

<https://doi.org/10.1016/j.htct.2020.10.263>

262

INCIDÊNCIA E PERFIL EPIDEMIOLÓGICO DE LEUCEMIA LINFOBLÁSTICA AGUDA E LEUCEMIA MIELOIDE AGUDA NA GRANDE CUIABÁ, MATO GROSSO, BRASIL, 2000-2016



G.S.L. Neto^a, C.V. Gomes^a, D.V. Nunes^a, L.B. Aguiar^a, L.H.F. Montenegro^b, N.D. Galvão^c, F.N. Melanda^c

^a Faculdade de Medicina, Universidade Federal de Mato Grosso (UFMT), Cuiabá, MT, Brasil

^b Faculdade de Nutrição, Universidade Federal de Mato Grosso (UFMT), Cuiabá, MT, Brasil

^c Instituto de Saúde Coletiva, Universidade Federal de Mato Grosso (UFMT), Cuiabá, MT, Brasil

Introdução: Os tipos mais comuns de leucemias agudas incluem a Leucemia Linfoblástica Aguda (LLA), afetando principalmente a primeira infância e rara em adultos, e a Leucemia Mieloide aguda (LMA), a qual afeta todas as faixas etárias, mas torna-se mais comum com o aumento da idade. **Objetivo:** Este estudo teve como objetivo descrever os casos incidentes de LLA e LMA em Cuiabá e Várzea Grande, Mato Grosso, no período de 2000 a 2016. **Métodos:** Trata-se de um estudo descritivo, ecológico, de fonte secundária, pertencente a um projeto maior, denominado "Vigilância de Câncer e fatores Associados: Atualização dos Registros de Base Populacional e Hospitalar", realizado em parceria com a Secretaria de Saúde do Estado de Mato Grosso. Os dados foram obtidos por meio do sistema de Registros de Câncer de Base Populacional e analisados por meio do software SPSS Statistics[®]. Os resultados serão apresentados por meio de frequências absolutas e rela-