inhibitors (TKI). TKI discontinuation in chronic phase CML is being implemented in the clinical routine. To investigate the outcome of the patients with chronic myeloid leukemia (CML) discontinued tyrosine kinase inhibitors (TKI) therapy **Case report:** TKI was prospectively discontinued in patients who were diagnosed with CML in the chronic phase treated with TKI for ≥5 years, and sustained molecular response 4.5 (MR4.5) for ≥2 years. Molecular relapse was defined as a single loss of major molecular response (MMR) (BCR-ABL1^{IS} >0.1%). **Methodology:** Standard qRT-PCR techniques were performed to evaluate minimal residual disease (MRD) **Results:** Twenty-one patients with chronic-phase CML were enrolled. The median duration of TKI treatment before discontinuation was 117 months (49-177) months. The median follow-up time after TKI discontinuation was 20 months (range: 1-117 months). The estimated TFR rate was 62% and 47.6% at 12 and 24 months after discontinuation respectively. Five patients experienced loss of MMR within 7 months after TKI discontinuation. All relapsed patients promptly resumed TKI therapy and regained at least major molecular response. **Conclusion:** Our data on the Tunisian population may provide a basis for the safety and feasibility of TKI discontinuation particularly in CML patients who are in sustained deep molecular response with longer TKI treatment duration.

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Adult Hematology Abstract Categories

Coagulation Diseases
PP 08

AZERBAIJAN EXPERIENCE OF HAEMOPHILIA CARE

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Objective: As the management of haemophilia is complex, it is essential that those with the disorder should have ready access to a range of services provided by a multidisciplinary team of specialists. There is a State Program aimed at solving this problem in Azerbaijan. The purpose of the study to learn complex epidemiological characteristics which are necessary for justification of strategy on treatment and prevention of haemophilia. **Methodology:** For planning of prophylactic treatment in Baku city, there was obtained the database of all patients (by sex, age, diagnosis, severity)registered in the city (625 persons). The main group consisting of 52 patients with severe and 40 patients with moderate haemophilia-A was formed.Different variant treatment of 162 patients was organized in HTC:chemical synovectomy with rifampicin (44); phonophoresis with refined naftalan oil (44); phonophoresis with hydrocortisone (28);electrophoresis with KJ (35). **Results:** 77.9% of patients observed in treatment and prophylaxis facilities in Baku were men, 59% were diagnosed with haemophilia A, 18.8% with severe and 31.5% with moderate haemophilia.Prophylactic treatment reduces the average annual number of bleeding episodes by 2.2 times in severe haemophilia and 2.1 times in moderate haemophilia. The model of prophylactic treatment of hemophilia can be applied in the infusion model 2 or 3 times a week as far as possible. **Conclusion:** The role of physiotherapeutic methods of hemarthrosis treatment was assessed and positive results were obtained. Due to the prevalence of polymorbidity in patients with hemophilia the complexity of their observation and treatment and the participation of specialists from several specialties is necessary. As the duration of haemophilia is proportional to the frequency of its complications, starting the prophylactic treatment at the stage when patients are first diagnosed is recommended.

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PP 09

CHARACTERIZATION AND MANAGEMENT OF PATIENTS WITH HEREDITARY FACTOR X DEFICIENCY: A RETROSPECTIVE SINGLE CENTER EXPERIENCE

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Objective: Factor X deficiency (FXd) is a rare coagulation disorder that can be either hereditary or acquired. **Case report:** We characterized patients with FXd and evaluated their bleeding patterns and treatment strategies. **Methodology:** This retrospective review includes patients with FXd managed at Ege University Medical Faculty Hospital Ege Adult Hemophilia and Thrombosis Center. We analyzed demographic characteristics, laboratory results, bleeding scores, and treatments of five patients with FXd (Table). Patient 1 was admitted for further evaluation of menometrorrhagia and prolonged postpartum bleeding. She required treatment following birth, tooth extraction, and fractional curettage during follow-up. Coagulation tests were run as a part of in vitro fertilization in patient 2 and were abnormal. Family history was significant for a history of thrombosis in her mother. Blood tests were positive for Prothrombin 20210 G/A heterozygous mutation and lupus anticoagulants. The patient has never had any bleeding episodes in the follow-up. Patient 3 has a history of menometrorrhagia, gingival bleeding, and prolonged bleeding after an abortion. The sister of the patient has FXd. In follow-up, she was treated for subcutaneous hematoma, gingival, and post-cesarean bleeding. Patient 4 presented for evaluation of menometrorrhagia. She was treated for polypectomy, two cesarean sections, tooth extraction, intermittent recurrent ecchymosis, and epistaxis. Patient 5 was diagnosed at age one and was referred to us for further management of his condition. His initial presentation was consistent with subdural hematoma. In the follow-up, he was treated for