das 25 linhagens foram consideradas resistentes. As análises de docagem molecular indicam que apenas o C2E1 apresenta maior sobreposição na região de ancoramento do anel A da colchicina, o que pode ser a causa para baixa atividade do C2EB. Sendo assim, apenas o composto C2E1 foi utilizado nos ensaios posteriores. O C2E1 apresentou efeito citotóxico dependente de concentração e tempo (IC50 variou de 1,8 a 31,5 μM em 72 h). Em células de leucemia aguda, o composto C2E1 diminuiu a clonogenicidade, induziu apoptose, resultou no acúmulo de células em subG1 e parada do ciclo celular na fase G2/M após 48 h de exposição ao fármaco (todos $p < 0,05$). As análises morfológicas indicaram aberrações mitóticas nas células tratadas. O C2E1 aumentou a fosforilação e reduziu a expressão de STMN1 e elevou a expressão de PARP1 clivada e γH2AX. **Discussão:** Nossos resultados evidenciaram que o composto inédito derivado da classe dos ciclopenta[b]indois reduziu a viabilidade de células de leucemia aguda. No cenário molecular, C2E1 reduziu marcadores de proliferação (STMN1) e induziu marcadores de apoptose (PARP1 clivada) e dano no DNA (γH2AX). Portanto, o composto indólico C2E1 mostrou-se capaz reproduzir seu mecanismo de ação inicialmente caracterizado, sendo este o colapso mitótico gerado pela perturbação da dinâmica de microtúbulos. **Conclusão:** Nosso estudo apresentou evidências pré-clínicas de uma nova classe de inibidores de microtúbulos como potencial opção terapêutica em neoplasias hematológicas. **Apoio:** FAPESP, CNPq e CAPES.

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FIVE-YEAR REAL-WORLD DATA ON AML RETROSPECTIVE STUDY FROM PUBLIC HEALTH CENTER IN BRAZIL

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Introduction: Acute myeloid leukemia (AML) is a heterogeneous aggressive leukemia with poor prognosis. The standard remission induction regimen for medically eligible patients with AML consists of a backbone of cytarabine & an anthracycline ("7+3" therapy). Brazil is a large country with striking differences in in climate, ethnic heterogeneity and socioeconomic factors. **Objectives:** To assess effectiveness (Eligible to the Next Treatment-ENT CR and suficient performance status to the next treatment, PFS and OS) and security (Early Mortality) of cytarabine and anthracycline in a public health center in Salvador, Brazil. Subgroups analyzed were about FTL3 and NPM1 mutations, leukocytes (>10,000 or <10,000), platelets (>20,000 or <20,000), and transplanted or non-transplanted. **Methods:** It was a retrospective analysis of all the cases of non-promyelocytic AML diagnosed between 2018 and 2022 in the University Hospital Professor Edgar Santos of Federal University of Bahia, after being approved by the Ethics Committee of the hospital. Kaplan-Meier methods were used to determine the median of the time to OS and PFS. **Results:** A total of 45 patients were analyzed. Median age at diagnosis was 43 years (range, 16-69 years) with 62% females. There were 21% and 11% patients with FLT3-ITD and NPM1 mutations, respectively. Only 14 patients had karyotype test (85% with normal karyotype). Regarding effectiveness, 52% of patients were eligible for the next therapy after complete remission (consolidation or stem cell transplantation). Refractory patients were 20%. Early (4 weeks) mortality was 28%. The median of PFS and OS were 3.6 and 8.2 months respectively. Patients with FLT3 mutation, platelet < 20.000 and leukocytes < 10.000 had poor outcomes. In AML patients after stem cell transplantation, PFS and OS were, respectively 20 and 43 months. Average waiting time for start induction therapy was 12 days. **Discussion:** Bone marrow transplantation is indicated as standard in consolidation for patients with intermediate or unfavorable cytogenetic risk. The performance of the BMT carried out by the Hospital das Clínicas de Salvador can be considered a differential service in the public context, since not all services perform this treatment. Effectiveness and safety results of this study, which evaluated induction with a 7+3 scheme in patients with AML in a public service in Salvador/Bahia, showed that 52% were eligible for the next treatment (complete remission and with performance), mediated survival progression-free time of 3.6 months, median overall survival of 8.2 months, and early mortality of 28% (61% due to septicemia). These results are consistent with other real-life studies in Brazil. **Conclusion:** The outcomes were consistent with the literature, adjusted for the population in question. Even with access to diagnostic tests (not common in Brazilian's health public centers), patients did not have access to targeted therapies, with the 7+3 regimen being the only treatment for fit patients. To achieve complete remission followed consolidation/transplantation is still the BEST scenarios in AML eligible patients, but the improvement of access to diagnostic and treatment is still an unmet need.

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OS DESAFIOS DO TRATAMENTO DA LEUCEMIA AGUDA EM TESTEMUNHA DE JEOVA

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Objetivo: Pacientes que negam hemotransfusões enfretam grandes desafios na busca por centros que aceitam tratá-los e se deparam com situações de riscos ainda maiores de sangramento e anemia grave, diante da recusa do sangue e hemoderivados. Relatamos um caso atendido no HRC, após ser recusado em três serviços próximos de sua cidade de origem. **Materiais e métodos:** J.E.Z, 57 anos, previamente hígido, procedente de Araxá-MG, pertencente a religião Testemunha de Jeová, deu entrada em nosso serviço com astenia, palidez e taquicardia, apresentando anemia (Hb 8,0), plaquetopenia (12.000) e leucócitos em contagem normal, com 74% de