median follow-up was 29 (4–38) months, with the median PFS of 9.8 mo (7.4–12.2). The median OS was not reached, 89.6% of patients were alive. The overall response rate (ORR) was 75% including complete remission (CR) in 44% pts. The progressive disease (PD) was the best response in 10% of pts. The allo-HSCT after Nivo was performed in 14 (29%) pts.

Conclusion: Nivolumab is highly efficient in the treatment of r/r cHL with early complete response, B-symptoms and extranodal disease at the treatment initiation being the most significant prognostic factor of PFS duration in our population of patients. The therapy may be discontinued in selected patients with complete remission. Combination of nivo with bendamustine is effective and safe approach for patients with r/r cHL after nivo monotherapy failure.

https://doi.org/10.1016/j.htct.2020.09.022

SP 22

Literature review: the year in apheresis – what is new?

Joseph Schwartz

Since 1986, the American Society for Apheresis (ASFA) has published practice guidelines on the use of therapeutic apheresis in the Journal of Clinical Apheresis. Since 2007, the guidelines are published in regular intervals to reflect current evidence-based apheresis practice with the most recent edition published in 2019. The ASFA guidelines are written in a user-friendly fact sheet format and represent a concise yet comprehensive review of the English language literature on the use of apheresis to treat disease. The role of the guidelines is to provide the most current information available to apheresis practitioners. The PEXIVAS study is an international, randomized controlled trial comparing therapeutic plasma exchange (TPE) versus no TPE and steroid dosing regimen on the primary composite outcome of end stage renal disease or death in patients with ANCA-associated vasculitis. The study was published in early 2020 in the NEJM. This is the largest study on the role of therapeutic apheresis in ANCA-associated vasculitis published to date. The study showed the TPE does not reduce the risk of ESRD or death in patients with ANCA-associated vasculitis. Based on these findings, an interim updated fact sheet was recently published. In this interim fact sheet, the category recommendation for rapidly progressive glomerulonephritis in the setting of microscopic polyangiitis, granulomatosis with polyangiitis, or renal-limited vasculitis with Cr $\geq$5.7 mg/dL (includes "on dialysis") was changed from category I to category II. Similarly, the grade of evidence was changed from IA to IB to acknowledge previously described important limitations of the PEXIVAS study including the lack of biopsy to define disease severity and the long follow-up period, which may make it difficult to detect initial improvement in the subset of patients at first presentation. This recent seminal publication and its implication for therapeutic apheresis will be discussed. Other topics with new information that will be addressed in this presentation include Hereditary TTP. A recent review on the prevalence, pathogenesis, clinical features of this disorder, as well as therapeutic options was published. Although Hereditary TTP is not currently categorized in the Therapeutic Apheresis guidelines, indications for TPE as well as the use of plasma infusion, and eventually rhADAMTS13 enzyme in this disorder will be discussed. Similarly, Hemophagocytic Lymphohistiocytosis/Macrophage Activating Syndrome (HLH/MAS) will be reviewed including a recent retrospective case series showing use of TPE in combination with immunosuppressive therapy in this disorder.

https://doi.org/10.1016/j.htct.2020.09.023

SP 23

The ASFA therapeutic apheresis guidelines – 8th edition – overview with focus on hematology/oncology indications

Nancy M. Dunbar

The ASFA Journal of Clinical Apheresis (JCA) Special Issue Writing Committee is charged with reviewing, updating, and categorizing indications for the evidence-based use of therapeutic apheresis every 3 years to produce "Guidelines on the Use of Therapeutic Apheresis in Clinical Practice: Evidence-Based Approach" which is published in the Journal of Clinical Apheresis. Guideline preparation incorporates systematic review published peer reviewed literature and applies evidence-based approaches in the grading and categorization of apheresis indications. These guidelines serve as a key resource to guide the utilization of therapeutic apheresis in the treatment of human disease. In this session, we will review the evolution of the guidelines and highlight significant changes in the 2019 Journal of Clinical Apheresis 8th Special Issue published in June 2019. Recommendations for the use of therapeutic apheresis for Hematology/Oncology Indications will be briefly reviewed.

https://doi.org/10.1016/j.htct.2020.09.024

SP 24

Essential molecular characterization of AML patients

Mehmet Yilmaz

Several recurrent somatic mutations have been identified as important features in defining the molecular landscape of AML. Targeting mutations such as FLT3 remained an area with active investigations and variable success while targeting other common mutations such as NPM1, DNMT3A, and TET2 remains challenging.

Cytogenetic characterization of AML: These abnormalities include: AML with t(8;21)(q22;q22); RUNX1-RUNX1T1, AML with inv (16)(p13.1q22) or t (1 6; 1 6) (p 1 3. 1; q 2 2); CBFB-MYH11, AML with t(15;17)(q22;q12); PML-RARA, AML with t(9;11)(p22;q23);MLLT3-MLL, AML with t(6;9)(p23;q34); DEK-NUP214, AML with inv (3)(q21q26.2) or t(3;3)(q21;q26.2); RPN1-EVI1, AML (megakaryoblastic) with t(1;22)(p13;q13); RBM15-MKL14, A recent revision of WHO classification in 2016 has recognized new provisional category of AML with BCR-ABL1. Patients with BCR-ABL1 AML are less likely to have splenomegaly or peripheral basophilia and usu-