

the administration of the drug, 33% of the patients did not go to the hospital because they were afraid of the pandemic, 33% of them could not get treatment even though they went to the hospital, and 33% of them other reasons were reported. While 48% of the patients want an experienced health personnel to go to their home to perform their treatment, 52% do not want it, stating that they do not need it. None of the patients whose treatment was interrupted did not complain of bleeding during this period. **Conclusion:** It was seen that the patients experienced disruptions related to access to medication and treatment during the pandemic process. However, there were no major problems in this process, thanks to the help of their physicians and other institutions. It is important to emphasize the importance of treatment in hemophilia patients and to have easy communication with the center followed in order to overcome the pandemic process without complications.

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LEUKEMIA

OP 18

EVALUATION OF MRD-STATUS IN POST-INDUCTION PERIOD IN PEDIATRIC PATIENTS WITH ACUTE LYMPHOBLASTIC LEUKEMIA.

Meri Shervashidze¹, Alexandra Palladina¹, Timur Valiev¹

¹ N.N. Blokhin National Research Cancer Center, Moscow, Russia

Objective: The need to study the significance of minimal residual disease (MRD) at the induction therapy in patients with acute lymphoblastic leukemia (ALL) is beyond doubt. This has been confirmed by many years of work by many research groups. The role of MRD in the late stages of treatment and the impact of these values on patients survival requires research and discussion. **Aim:** To evaluate the influence of MRD-status in post-induction period on survival in patients with acute lymphoblastic leukemia. **Methodology:** From 2010 to 2022, 135 patients with primary B-ALL enrolled in ALL-IC BFM 2009 protocol. Median age was 5.4 year (range 1-17). Male was 62 (49,5%) and female 73 (54,1%). The diagnosis was based on WHO 2016 criteria. Stratification on prognostic risk groups was carried out according to protocol criteria. Prednisone response evaluated at day 8 of treatment. The 15th, 33th, and 78th (as post-induction) day response was assessed by bone marrow cytology and level of MRD by flow cytometry. **Results:** 5y-overall survival (OS) for patients with MRD-negative status on day 15 was 94,4±5,4% and 87,0±3,4% for MRD-positive (p=0,5). On day 33 patients with MRD-negative status achieved 5y-OS in 86,7±5,8% and 89,6±3,5% for MRD-positive (p=0,6). 5y-OS for patients with MRD-negative status on day 78 was 90.8±4.0%, MRD-positive - 90,4±6.5%. DFS for MRD-negative status was 88.5±4.5%, for MRD-positive - 66.3±11.8% (p=0,1). EFS for MRD-negative patients was 87.2±4,6% and for MRD-positive 66.3±11.8% (p=0,09). **Conclusion:**

We have found a tendency between MRD status on day 78 and the frequency of relapses in patients. At the moment, there are no reliable data on the effect of post-induction MRD status on survival. The assessment of MRD in the post-induction period has prognostic prospects and requires further study.

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INHERITED BONE MARROW FAILURE DISEASES

OP 19

GHOSAL HEMATODIAPHYSEAL DYSPLASIA (GHDD) DIAGNOSIS AND TREATMENT: CASE REPORT

Gular MAMMADOVA¹, Samira HASANOVA¹, Konul BAGHIROVA¹, Avesta ALLAHVERDIYEVA¹, Narmin EYVAZOVA¹, Adam NAJAFLI¹, Kamala MAMMADOVA¹, Afag NASIBOVA¹, Valeh HUSEYNOV^{1,2}

¹ Azerbaijan National Hematology and Transfusiology Center

² Azerbaijan National Hematology and Transfusiology Center

Objective: Ghosal hematodiaphyseal dysplasia syndrome (GHDD) is a rare autosomal recessive disorder characterized by increased bone density and regenerative corticosteroid-sensitive anemia. We describe GHDD in an 11-year old Azerbaijani boy with refractory anemia, mild thrombocytopenia and radiological metadiaphyseal dysplasia. The diagnosis was made based on clinical and laboratory examinations and genetic analysis. We have observed a significant improvement of anemia after administration of steroids. **Case report:** An 11-year-old boy with long-standing anemia, complained of fatigue, delayed physical development, and limited range of motion in the joint. Physical examination did not reveal LAP and hepatosplenomegaly. Among the dysmorphic craniofacial changes mentioned in the literature, has a tower-shaped skull, micrognathia, drooping ears, a long and wide philtrum, and a thin upper lip. Skeletal X-ray imaging showed fibrotic changes and varying degrees of osteopenia in the metaphysis of the long tubular bones. **Methodology:** The blood count: Hb 7.0 g/dl, HCT 24.5%, reticulocytes 5.6%, MCV 78fL, MCHC 28.6 g/dl, WBC count 6860/mm³, platelets 165000/mm³, ESR 75 mm/h, anisocytosis in erythrocytes and platelets were observed in a peripheral blood smear. Hemoglobin electrophoresis, iron studies, vitamin B12 and folic acid were normal. Coombs test was negative. Bone marrow examination showed hypoplasia in erythroid and megakaryocytic series and dysgranulocytopenia. **Results:** After detection of exon 12 ((p. Gly473Trp), rs149988492, CM215867) in the genetic panel analysis of anemia, steroid treatment at a dose of 1 mg/kg/day was started and anemia improved at 1-month follow-up (Hb level 6.8 g/dL to 11.9 g/dL), but mild thrombocytopenia was noted to persist. The clinically insignificant CRP elevation normalized during the treatment. **Conclusion:** GHDD should be