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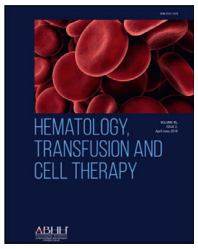

POSTER PRESENTATIONS

ADULT HEMATOLOGY ABSTRACT CATEGORIES

CHRONIC LEUKEMIA

PP 01

MOLECULAR ASPECTS IN CHRONIC LYMPHOCYTIC LEUKEMIA PATIENTS WITH AUTOIMMUNE CYTOPENIAS: SINGLE CENTER EXPERIENCE

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Objective: Autoimmune cytopenia's, particularly autoimmune hemolytic anemia (AIHA) and immune thrombocytopenia (ITP), complicate up to 25% of chronic lymphocytic leukemia (CLL) patients. Their occurrence correlates with a more aggressive disease. AIHA and ITP are more frequently found in patients with unfavorable biological risk factors for CLL. B lymphocytes at CLL are responsible of pathogenic mechanisms, involving aberrant antigen presentation and cytokine production. The aim of this study was evaluation of autoimmune cytopenia's in chronic lymphocytic leukemia patients from Republic of North Macedonia in correlation with genetic structure of pathologic B lymphocyte. **Methodology:** This is a retrospective study of patients with CLL, diagnosed and followed in the period between January 2011 and January 2021. Individual data from 100 treatment naïve CLL patients were analyzed, and mutational status and configuration of IGHV-IGHD-IGHJ rearrangements and genetics were analyzed using reverse transcriptase– polymerase chain reaction (RT-PCR) and sequencing methodology at the center for bimolecular pharmaceutical analyses, faculty of pharmacy, Skopje, Republic of North Macedonia. **Results:** Our evaluation have shown that 10% of CLL patients had AIHA and 4% had ITP. Most of the patients with autoimmune cytopenias had unmuteted IGHV genes. The most frequently expressed IGHV subgroup was IGHV1-69 (71%), followed by IGHV3-13 and IGHV4-4 (14%). The genetic results presented unfavorable cytogenetics with 11q deletions and NOTHCH mutation. **Conclusion:** The results of our study are consistent with published studies with specific molecular signature.

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CHRONIC MYELOPROLIFERATIVE DISEASES

PP02

FOLLOW-UP OF CHRONIC MYELOID LEUKEMIA PATIENTS WHOSE TYROSINE KINASE TREATMENT WAS STOPPED: CASE SERIES

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İntroduction: Chronic Myeloid Leukemia (CML) is a myeloproliferative disease characterized by the formation of the BCR ABL1 fusion protein with translocation t(9;22) (Philadelphia chromosome-Ph). With recent studies, it has been understood that the treatment of adult chronic phase CML patients who have achieved a deep molecular response with the use of TKI and can maintain this response for a long time can be safely terminated; It has been observed that it is possible for patients to remain in long-term molecular remission without the use of TKI. Based on these studies, we will try to present the follow-up processes of chronic phase CML patients, who were followed up in our clinic and whose TKI treatment was stopped. **Case reports:** First case; A 69-year-old female patient was diagnosed with Ph positive chronic phase CML in 2008. The imatinib treatment of the patient, who had been using imatinib for about 13 years and was bcr-abl negative for the