treatment will be continued until ADAMTS13 activity level of ≥50% at 2 consecutive visits after platelet count normalization or for up to 12 weeks, whichever occurs first; follow-up period is 12 weeks. TPE may be started after 24 hours if indicated. **Results:** The primary endpoint is the proportion of participants achieving remission without requiring TPE during the overall study period (Table). Revised outcomes definitions from the International Working Group for iTTP will be utilized (Cuker et al. *Blood.* 2021;137[14]:1855-1861). An adequate number of participants will be enrolled to ensure ≥55 participants with ADAMTS13 activity levels <10% at baseline are available for primary endpoint analysis; around 61 participants are expected to be enrolled. **Conclusion:** The current standard of care in patients with iTTP includes a combination of TPE, IST, and CPLZ. This novel study will define the efficacy and safety of CPLZ and IST without first-line TPE in adults with iTTP. This regimen would avert the risks for substantial complications associated with TPE and represents a paradigm shift in the frontline management of iTTP. This content was first presented at ASH 2022 (abstract #1174).

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Adult Hematology Abstract Categories

Other Diseases
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THE CLINICAL EFFICACY OF EPOETIN ALFA AND DARBEPOETIN ALFA IN PATIENTS WITH LOW-RISK OR INTERMEDIATE-1-RISK MYELODYSPLASTIC SYNDROME: RETROSPECTIVE MULTI-CENTER REAL-LIFE STUDY

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Objective: This study aimed to evaluate the clinical efficacy of epoetin alfa and darbepoetin alfa in patients with myelodysplastic syndromes (MDS) in the real-life setting. **Methodology:** A total of 204 patients with low-risk or intermediate-1-risk MDS who received epoetin alfa or darbepoetin alfa were included. Hemoglobin levels and transfusion need were recorded before and during 12-month treatment. **Results:** Hemoglobinlevelsweresignificantlyhigherateachfollowupvisitwhencomparedtobaseline levelsinbothepoetinalfaanddarbepoetinalfagroups.Transfusionneedsignificantly decreasedfrombaselineateachstudyvisitintheepoetinalfagroupandonlyatthe12thmonth visitinthedarbepoetinalfagroup.Hemoglobin levels or transfusionneedwassimilarbetween treatmentgroups. **Conclusion:** This reallife retrospective study revealed similar efficacy of epoetin alfa and darbepoetin alfa among low risk or intermediate-1 risk MDS patients with no difference in treatment response between treatment groups, whereas a likelihood of earlier treatment response in the epoetin alfa group(figure 1).

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RETROSPECTIVE EVALUATION OF BONE MARROW FINDINGS IN AUTOIMMUNE HEMOLYTIC ANEMIAS

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Objective: Autoimmune hemolytic anemias (AIHA) are rare disorders where autoantibodies destroy self-red blood cells. AIHA includes warm AIHA (wAIHA), cold AIHA (cAIHA or cold agglutinin disease), mixed AIHA (mAIHA), paroxysmal cold hemoglobinuria (PCH), and atypical AIHA (aAIHA) based on direct antiglobulin test (DAT) results. We studied bone marrow features and their link to disease outcomes in AIHA cases with bone marrow trephine biopsies during the disease course. **Methodology:** AIHA patients, who had bone marrow aspiration and trephine biopsy between 2005-2023, were assessed retrospectively. Data included demographics, baseline/follow-up laboratory results (HB, hematocrit, reticulocyte count/percentage, corrected reticulocyte, lactate dehydrogenase, bilirubin, haptoglobin levels, DAT results), bone marrow features (cellularity, erythroid hyperplasia, dyserythropoiesis, marrow reticulin fibrosis, lymphoid infiltrates), treatment details, response, and outcomes. **Results:** A total of 43 AIHA patients were studied (32 females), with the median age at diagnosis of 55 years. Patients with grade≥1 MF received more treatment lines (p=0.012). Reticulocytosis was less frequent in ≥MF1 group (p=0.03). Grade 0-1 MF and grade≥2 MF had no difference in treatment response (p=0.089, p=0.055); grade≥2 MF had less frequent reticulocytosis than grade 0-1 MF (p=0.024). Dyserythropoiesis had no impact on treatment or relapse (p=1, p=0.453).MF grade didn't affect relapse (p=0.503).