sizes are needed to confirm these findings and explore other potential prognostic factors. Detailed characterization of APL patients and identification of prognostic factors are essential for optimizing treatment and improving survival rates. Leukocyte and platelet count proved to be a significant parameter in this study, highlighting the importance of continuous monitoring and risk stratification in the APL management.

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IMPACT OF HIGH-RISK CYTOGENETICS ON THE SURVIVAL OF NON-APL ACUTE MYELOID LEUKEMIA PATIENTS

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Acute myeloid leukemia (AML) is a hematologic malignancy characterized by the rapid proliferation of abnormal myeloid cells in the bone marrow and peripheral blood. Cytogenetics plays a crucial role in the risk stratification and prognosis of AML patients, according to the latest guidelines from the World Health Organization (WHO) and the European LeukemiaNet (ELN). This study aims to analyze the impact of high-risk cytogenetics on the survival of non-promyelocytic AML (non-APL) patients. In all, 93 non-APL AML patients were diagnosed between July 2021 and June 2024 at the Hospital Geral de Fortaleza (HGF), which is the largest oncohematology outpatient clinic in the state of Ceará. Survival data from non-APL AML patients were analyzed, stratified according to the presence or absence of high-risk cytogenetics, according to the guidelines. The analysis was performed using the Kaplan-Meier method, comparing two groups: patients with high-risk cytogenetics and patients without high-risk cytogenetics. Among the 93 patients, 47 were women and 46 were men, with a median age of 52.9 years (17-96 years). It was not possible to stratify all patients due to the lack of cytogenetic results. Among the available results, it was possible to stratify 15 patients with high-risk cytogenetic and 38 without high-risk cytogenetic. Herewith, a significant difference in the probability of survival was observed between the two groups over time, where the group with high-risk cytogenetics demonstrated a sharp drop in the probability of survival in the first 10 months, with a very low residual survival after this period, while the group that was not high-risk had a higher and more stable survival rate over time, with a probability of survival greater than 75% at 40 months. The results indicate that the presence of high-risk cytogenetics is associated with a significant worsening in overall survival of non-APL AML patients. Patients with high-risk cytogenetics show a rapid and marked decrease in the probability of survival in the first 10 months after diagnosis, underscoring the need for more aggressive and personalized therapeutic strategies for this subgroup. This occurs similarly in the literature that points to adverse cytogenetic abnormalities, such as in acute myeloid leukemia and chronic lymphocytic leukemias. These findings reinforce the importance of cytogenetic stratification in the clinical AML management. Patients with high-risk cytogenetics have a worse survival, which warrants more intensive therapeutic interventions and close monitoring. Cytogenetics-based risk stratification should be standard practice in treatment assessment and planning.

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PANORAMA DA LEUCEMIA NA REGIÃO NORTE DO BRASIL: AVALIAÇÃO DE SÉRIES TEMPORAIS ENTRE 2013 E 2023

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Objetivo: Analisar os casos de leucemia na região Norte do Brasil. **Métodos:** Estudo descritivo com abordagem quantitativa, que utilizou dados do DATASUS do período de 2013 a 2023 da região Norte. Os casos selecionados foram aqueles sob o diagnóstico C91,C92,C93,C94 e C95, de acordo com a Classificação Internacional de Doenças. As variáveis coletadas foram o ano do diagnóstico, sexo e faixa etária. Posteriormente, realizou-se a análise por meio do Software Microsoft Excel® 2021. **Resultados:** Durante o período analisado, foram registrados 4.980 casos de leucemia, sendo 2.844 (57%) com leucemia linfoide (C91) e 1.996 (40%) com leucemia mieloide (C92). A média anual de casos da C91 foi de 259, que variaram nos períodos de 2013-2018 e 2019-2023, respectivamente, 178 para 356 casos/ano. O sexo masculino foi predominante, com 1.647 casos (58%), e a faixa etária de 0-19 anos, com 2.096 casos (74%). Enquanto, os casos da C92 se mantiveram estáveis com média de 181 casos/ano, com variações de 174 para 190 casos/ano entre os períodos de 2013-2018 e 2019-2023. Nesses casos, o sexo masculino tambem foi predominante, com 1.116 casos (56%), enquanto, a faixa etária foi de 40-59 anos com 621 casos (31%). Os outros 140 casos (3%) que representam as demais leucemias (C93, C94 e C95), mantiveram a predominância masculina, com 86 casos (61%), e a faixa etária de 0-19 anos, com 43 casos. **Discussão:** O número de casos destaca a C91 como principal causa de leucemia na região, seguida pela C92. Esses sendo os tipos mais comuns da doença, infelizmente, o banco de dados utilizado não contém informações sobre os subtipos, crônica ou aguda, o que limita uma análise mais elaborada. Em relação à distribuição desses casos no período analisado é possível observar um aumento expressivo a partir de 2019 nas leucemias linfoides, enquanto, as leucemias mieloides apresentaram um crescimento menos significativo. Esses dados fomentam algumas