hemocromatose secundária à politransfusão e o status inflamatório da doença; síndrome hematogafocítica associada foi afastada pela biópsia de MO. A positividade para Anti-DNA nativo e Coombs indica autoimunidade associada a anemia hemolítica autoimune, que conferiu aumento de morbidade ao caso. A pancitopenia contraindicou o uso de hidroxiuréia; a indisponibilidade de inibidores da JAK2 demandou tentativa de transferência para hospital onco-hematológico. A paciente não apresentava teto cirúrgico para esplenectomia, uma opção para tentativa de contenção da doença. O surgimento de blastos apresentados em sangue periférico é um marcador de leucemização e mau prognóstico. A paciente foi a óbito por sepse antes de ser transferida para hospital especializado, dada a grave imunossupressão. Esse caso ilustra que o diagnóstico precoce e o tratamento suportivo desses pacientes deve ser conhecido por médicos não especialistas.

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VALUE OF EARLY LUSPATERCEPT USE IN LOWER-RISK MYELODYSPLASTIC SYNDROMES

D Valcárcel [a], A Coughlan [b], SL Klijn [c], B White [d], C Franco-Villalobos [e], A Sichevaya [f], D Miteva [g], A Hnoosh [h], EM Cavalcante [i], A Yucel [c]

[a] *Department of Hematology, Vall d'Hebron Institute of Oncology (VHIO), University Hospital Vall d'Hebron, Barcelona, Spain*
[b] *Evidera, Bethesda, United States*
[c] *Bristol Myers Squibb (BMS), Princeton, United States*
[d] *Evidera, San Francisco, United States*
[e] *Evidera, Montreal, Quebec, Canada*
[f] *Evidera, London, United Kingdom*
[g] *Celgene International Sàrl, a Bristol-Myers Squibb (BMS) Company, Boudry, Switzerland*
[h] *Bristol Myers Squibb (BMS), Uxbridge, United Kingdom*
[i] *Bristol Myers Squibb (BMS), São Paulo, Brazil*

Objective: Patients (pts) with lower-risk myelodysplastic syndromes (LR-MDS) who are red blood cell (RBC) transfusion dependent (RBC-TD) have lower overall survival and quality of life and higher healthcare resource utilization (HCRU) than pts who are transfusion independent (TI)/have a low transfusion burden (TB). An established treatment (tx) for TD LR-MDS is erythropoietin-stimulating agents (ESAs). Luspatercept is approved by the European Medicines Agency and US Food and Drug Administration for tx of anemia in pts with LR-MDS refractory to/ineligible for ESAs (MEDALIST trial) and for ESA-naïve pts requiring RBC transfusion (COMMANDS trial). This study estimates disease and HCRU burden associated with first-line (1L) vs second-line (2L) luspatercept tx in LR-MDS. **Materials and methods:** A discrete-event simulation-based model was developed to compare outcomes between tx pathways starting from 1L tx initiation over a lifetime for pts who are RBC-TD at baseline: pathway A) luspatercept in 1L and standard of care in 2L and pathway B) ESA in 1L and luspatercept in 2L. In each pathway, the probabilities of experiencing a TB reduction response to tx were based on data from the COMMANDS (1L) and MEDALIST (2L) trials. A scenario analysis was conducted to assess the outcomes of achieving response to luspatercept in 1L and no response in 2L (pathway A) vs response to luspatercept in 2L and no response in 1L (pathway B). TB reduction response included pts who achieve RBC-TI for ≥12 weeks (wk) since tx initiation and pts who achieve ≥50% TB reduction but not RBC-TI within the first 24 wk of tx. Loss of response was modeled over time. After lack/loss of response to 1L tx, pts initiate the 2L. After lack/loss of response to 2L tx, pts initiate best supportive care and revert to baseline TB for the remainder of their lifetime. Compared with higher TB, lower TB and RBC-TI in the model are associated with improved survival, quality of life, and disease and HCRU burden per trial (COMMANDS, MEDALIST) and literature model input data. **Results:** This model predicts that pts in pathway A vs B live 5.3 (11%) months (mo) longer, experience 6.8 (43%) more mo of life as RBC-TI, 4.9 (13%) more quality-adjusted mo of life, and on average receive 1.5 (11%) fewer RBC units annually. Annual number of hospitalizations and emergency department (ED) visits are each predicted to be 0.3 (5%) fewer for pts in pathway A. In the scenario analysis comparing responders to luspatercept in 1L vs 2L, substantial improvement in mo of life (18.1 [45%] mo), mo of life as RBC-TI (23.2 [528%] mo), and quality-adjusted mo of life (16.3 [53%] mo) are predicted. A reduction in annual number of hospitalizations, ED visits, and RBC units are predicted for responders to luspatercept in 1L vs 2L, (1.2 [19%] and 1.0 [18%] fewer visits, respectively, and 6.9 [39%] fewer RBC units). **Discussion:** This model suggests that receiving luspatercept early in the tx pathway leads to survival and quality-adjusted survival benefits and improved HCRU. Reduced hospitalizations, ED visits, and RBC transfusions thus reduce disease burden. C **onclusion:** Receiving and responding to luspatercept in 1L vs 2L leads to substantial improvement in health outcomes and disease burden. Increased use of luspatercept tx in 1L will allow more pts with LR-MDS to receive these benefits. **Support:** Bristol Myers Squibb. Abstract previously presented at EHA Annual Congress (Valcárcel D, et al. *Hema Sphere* 2024;8[suppl 1]:P789).

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CRITÉRIOS PROGNÓSTICOS DE EVOLUÇÃO DE SÍNDROME MIELODISPLÁSICA PARA LEUCEMIA MIELOIDE AGUDA: REVISÃO SISTEMÁTICA

LS Salgarello [a], GM Guedes [a], MF Rezende [a], MF Oliveira [b]

[a] *Universidade Federal de Lavras (UFLA), Lavras, MG, Brasil*
[b] *Faculdade Dinâmica do Vale do Piranga (FADIP), Ponte Nova, MG, Brasil*

Objetivos: A Síndrome Mielodisplásica (SMD) consiste em um grupo de doenças hematopoiéticas clonais em que há produção de células sanguíneas imaturas e anormais. Tal patologia cursa com citopenia e apresenta risco de progressão para