Outros estudos também observaram maior prevalência de sobrepeso entre pessoas com SMD. O IMC é um marcador amplamente utilizado devido ao baixo custo e simplicidade. Porém, é uma medida inespecífica, pois não diferencia massa muscular e massa gorda e não informa sobre a distribuição de gordura corporal. Nesse sentido, nosso estudo avaliou o perfil nutricional por diferentes parâmetros, o que contribuiu para a confirmação de excesso de adiposidade entre o grupo com SMD. Nosso estudo encontrou ainda, uma relação inversa dessa adipocina com outros marcadores de adiposidade e com o percentual de blastos. Estudos anteriores encontraram correlação negativa entre adiponectina e o percentual de blastos na MO em pacientes com leucemia aguda. **Conclusão:** Conclui-se que pacientes com SMD apresentaram maior prevalência de inadequação nutricional e hipoadiponectinemia em relação aos controles, com valores significativamente reduzidos de adiponectina nos pacientes com excesso de gordura corporal e excesso de blastos na MO. Portanto, sugere-se que deve haver uma avaliação sistemática e multidisciplicar desse grupo de pacientes, a fim de identificar e controlar fatores de risco não hematológicos.

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EGCG INDUCES AN INFLAMMATORY PROFILE REDUCING M2 MACROPHAGES IN A MOUSE MODEL OF MDS.

FID Via, MC Alvarez, KP Ferro, I Santos, NG Amôr, STO Saad

Hematology and Transfusion Medicine Center (Hemocentro), Universidade Estadual de Campinas (UNICAMP), Campinas, Brazil

Epigallocatechin-3-gallate (EGCG), a polyphenol extracted from green tea, has shown a range of beneficial effects, including the inhibition of M2 macrophage polarization. Macrophages are indispensable tissue components and play a significant role in the pathophysiology of hematopoietic malignancies. In myelodysplastic syndrome (MDS), macrophages exhibit more M2-related characteristics (alternatively activated), which generally have pro-tumor effects. Thus, the aim of this study was to assess the immunomodulatory potential of EGCG on macrophages in MDS. Female NHD13 transgenic mice and their wild-type littermates, at 10 weeks old, were administered EGCG at a dosage of 50 mg/kg per day, five times a week, intraperitoneally for four weeks. Prior to receiving treatment, NHD13$^+$ mice displayed a decrease in leukocyte and platelet counts as well as hemoglobin levels, consistent with characteristics of the disease and documented findings. EGCG promoted the polarization of macrophages within the bone marrow (BM) milieu. This effect was in part through heightened expression of pro-inflammatory cytokines/M1 macrophage markers, specifically interleukin 6 (IL6) ($p = 0.05$) and tumor necrosis factor-alpha (TNF-α) ($p = 0.05$). Concurrently, there was a noteworthy attenuation in the levels of interleukin 4 (IL4) ($p = 0.03$), an established anti-inflammatory marker associated with the M2 macrophage phenotype. Additionally, the percentage of M2 macrophages ($CD45^+CD11b^+F4/80^+CD206^+$) underwent a substantial reduction ($p = 0.002$). In summary, EGCG effectively steers macrophage polarization towards the M1 phenotype within the bone marrow microenvironment. These findings highlight EGCG's potential therapeutic role as an immunomodulator in MDS, providing new perspectives for its use in the treatment of hematopoietic malignancies by influencing the immune response in the context of the disease.

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EFFICACY AND SAFETY OF LUSPATERCEPT IN MYELODYSPLASTIC SYNDROME/NEOPLASM WITH VERY LOW/LOW/INTERMEDIATE RISK REQUIRED TRANSFUSION: A SYSTEMATIC REVIEW AND SINGLEARM META-ANALYSIS

VC Monici [a], AS Alves [a], JVM Cunha [a], DS Ribeiro [a], AAS Lima [a], ARR Souto [a], FS Oliveira [a], HLRVMD Reis [a], VC Destefani [b]

[a] *Universidade de Brasília (UnB), Brasília, Brazil*
[b] *Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo (HCFMUSP), São Paulo, Brazil*

Objective: Myelodysplastic syndrome (MDS) and myeloid neoplasms are hematological disorders characterized by abnormal blood cell production. Patients with very low, low, or intermediate-risk MDS/neoplasms often require regular red blood cell (RBC) transfusions to manage anemia. Luspatercept has been evaluated in several retrospective studies and randomized controlled trials as a promising treatment. However, the results of these studies have shown some discrepancies. Therefore, we conducted a systematic review and a single-arm meta-analysis to consolidate the current evidence on the efficacy and safety of luspatercept in the treatment of patients with very low, low, or intermediate-risk MDS/neoplasms who require regular RBC transfusions. **Methods:** Following PRISMA guidelines, we performed a systematic literature review and a meta-analysis. Our search strategy encompassed PubMed, Embase, and Cochrane Library databases, utilizing the key terms 'luspatercept', 'myelodysplastic syndrome'. Efficacy outcomes included achieving transfusion independence for at least 8 weeks or longer (TI≥8) and hematological improvement-erythroid (HI-E) response as defined by the IWG 2006 criteria. Safety outcomes comprised adverse events. Data were summarized using pooled mean for continuous outcomes and pooled proportion for dichotomous outcomes, with 95% confidence intervals. I^2 was used to assess heterogeneity. Statistical analyses were performed using R software, version 4.3.2. **Results:** Out of 940 initially identified studies, 11 were included in the final analysis, comprising a total of 1,069 patients. All patients required regular red blood cell transfusions. The follow-up periods were not specified. The mean age and gender distribution of patients were not mentioned in the given text. The pooled proportion for (TI≥8) was 40.5% (95% CI: 25.49-55.5%; $I^2 = 98\%$). The pooled proportion for (HI-E) response was 47.27% (95% CI: 35.21-59.33%; $I^2 = 90\%$), In the subgroup analysis, the prevalence of TI≥8 in