Discussion: However, the protocol was changed to azacitidine and venetoclax, for 7 days every 28 days, due to the increase in peripheral blood blasts, she received 2 cycles and is in complete remission. The basophilic AML classification is not standardized and the WHO classification does not specify the number of basophils. Valent et al classified basophilic leukemia in the presence of 40% of basophils, being acute if it has more than 20% of blasts. The reported case, despite not having a number of basophils above 40%, presented a typical picture of histamine release. Distinguishing the basophilic blast is difficult even with toluidine blue staining. **Conclusion:** basophils store histamine in their granules and its degranulation can lead to serious conditions with increased vascular permeability, increased complement and release of other inflammatory cytokines. There is little information about the prognosis and survival of this subtype of AML, the patient in question has a current survival of 9 months. It is important to think about this entity when the morphology and immunophenotyping are suggestive for the treatment of histamine release to be adequate, a serious and potentially fatal situation.

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CLINICAL CHARACTERISTICS, COMPLICATIONS AND OUTCOME OF PATIENTS RECEIVING VENETOCLAX-BASED REGIMENS IN BRAZIL: A REAL-WORLD STUDY

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Introduction: The combination of venetoclax with hypomethylating agents (VEM-HM) is considered standard of care for unfit or elderly patients with acute myeloid leukemia (AML). However, in the real world, venetoclax-based regimens have been used also to treat fit patients with AML, relapsed/refractory AML, and myelodysplastic syndromes (MDS). **Objective:** To describe the early results of a multicentric study that evaluated patients with AML or MDS treated with venetoclax-based regimens in Brazil. **Methods:** In this retrospective study, we evaluated clinical characteristics, complications and outcome of the first cycle of venetoclax-based regimens in the treatment of patients with AML and MDS. **Results:** A total of 64 patients were analyzed, 58% were male and the median age was 64 years (range 19-82). Most patients had AML (88%) with high risk disease (64%), and the main indication for venetoclax use was unfit patient (51%). VEN-HM was the most common regimen used (74%), while intensive chemotherapy regimens plus venetoclax was given in 10 patients. The most common symptoms were nausea (45%) and diarrhea (39%). Mucositis occurred in all patients receiving intensive chemotherapy vs. 20% in patients receiving VEN-HM ($p < 0.001$). Antifungal prophylaxis was used in 67.5% of patients, and micafungin was the most frequent agent (70%). Antibacterial and antiviral prophylaxis was used in 53% each. Febrile neutropenia occurred in 82% of patients, with 47% classified as fever of unknown origin, 15% bacteremia, 22% clinically documented and 15% microbiologically documented infection. Proven or probable invasive fungal disease (IFD) was diagnosed in 1 of 10 (10%) patients receiving intensive chemotherapy and 3 of 43 (7.0%) receiving VEN-HM: aspergillosis in 1, fusariosis in 2 and invasive candidiasis in 1. At the end of the first cycle, 52% of patients had complete response (CR) or complete response with incomplete hematologic recovery (CRi) and 34% were considered refractory. CR + CRi was 57.5% in patients receiving VEN-HM and 30% in patients receiving intensive regimens. Death occurred in 6% of patients. **Discussion:** This is the first real-world study in Brazil evaluating the use o venetoclax-based regimens in patients with AML or MDS. These preliminary results show that a) antibacterial, antifungal and antiviral prophylaxis are a common practice; b) most clinicians chose an echinocandin, probabily to avoid venetoclax dose reduction; c) The 52% CR + CRi rate after the first cycle is similar to the rates observed in the randomized trial.

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DESENVOLVIMENTO DE TESTE DIAGNÓSTICO PARA LEUCEMIA LINFOBLÁSTICA AGUDA POR SEQUENCIAMENTO DE NOVA GERAÇÃO

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Objetivos: Desenvolver e validar um teste genético para análise de mutações somáticas relacionadas a leucemia linfoblástica aguda (LLA) e assim dispor de uma abordagem molecular de investigação genética por meio de