quimioterapia, mas existem escalas estudadas para alguns grupos específicos que possuem variáveis comuns como as comorbidades, a funcionalidade, a idade, o LDH, a função renal e o estadiamento da doença. Ao analisar as conclusões de cada estudo observou-se que os vários modelos estatísticos analisados têm grande potencial em discriminar principalmente, a população de baixo risco para realização de tratamento com quimioterapia e que o potencial do uso desses modelos, na tomada de decisão, precisa ser mais bem analisado por estudos mais amplos, prospectivos e capazes de validar essas estratégias. Além disso, foi possível perceber que a variável idade, isoladamente, não foi um preditor suficientemente confiável para uma tomada de decisão, em relação ao tratamento. As variáveis comorbidade e funcionalidade foram apontadas como principais indicadores, em relação aos riscos de realização da quimioterapia. **Conclusão:** Os modelos preditores de toxicidade ao tratamento em pacientes com leucemias agudas e linfomas necessitam de estudos mais robustos e prospectivos que incluam validação desses modelos para sua melhor aplicabilidade.

https://doi.org/10.1016/j.htct.2024.09.741

SÍNDROMES MIELODISPLÁSICAS

LUSPATERCEPT UTILIZATION PATTERNS IN LOWER-RISK MYELODYSPLASTIC SYNDROMES: FINDINGS FROM A MULTINATIONAL MEDICAL RECORD REVIEW STUDY

M Díez-Campelo [a], A Yucel [b], RK Goyal [c], MB Glassberg [d], EM Cavalcante [e], E Esterberg [c], J Rombi [f], KL Davis [c], D Miteva [e], U Germing [g,h]

[a] *Hematology Department, Institute of Biomedical Research of Salamanca (IBSAL), University Hospital of Salamanca, Salamanca, Spain*
[b] *Bristol Myers Squibb (BMS), Princeton, United States*
[c] *RTI Health Solutions, Research Triangle Park, United States*
[d] *Bristol Myers Squibb (BMS), Madison, United States*
[e] *Bristol Myers Squibb (BMS), São Paulo, SP, Brazil*
[f] *RTI Health Solutions, Lyon, France*
[g] *Celgene International Sàrl, a Bristol-Myers Squibb (BMS) Company, Boudry, Switzerland*
[h] *University Hospital of Dusseldorf (UKD), Dusseldorf, Germany*

Objectives: Limited evidence exists from routine clinical practice on patient (pt) characteristics and treatment (tx) patterns in pts treated with luspatercept for lower-risk myelodysplastic syndromes (LR-MDS). This study aimed to describe the baseline demographic and clinical characteristics and patterns of therapy in pts with LR-MDS receiving tx with luspatercept in Canada, Germany, and Spain. **Materials and methods:** This was a noninterventional, retrospective medical records review study. Pts aged ≥18 years, diagnosed with LR-MDS, and treated with luspatercept after its approval in the respective countries were identified for study inclusion by participating hematologists/hem-oncologists (data abstraction period: October–November 2023). Abstracted data on baseline pt characteristics (eg, demographics, comorbidities, genetic risk factors) and luspatercept tx patterns (eg, line of therapy, dosage, time to tx discontinuation) were analyzed descriptively. Findings reported here are based on interim data collected through November 2023 for Canada, Germany, and Spain. **Results:** Data were abstracted by 47 participating physicians for a total of 114 eligible pts (56 Germany, 52 Spain, and 6 Canada). Median age was 71 years (range, 40–92), 59.6% of pts were male, and 92.1% were White. Revised International Prognostic Scoring System (IPSS-R) risk status was Very low or Low for nearly two-thirds (64.9% [among 111 pts with recorded data]) at LR-MDS diagnosis and for approximately half (53.8% [among 65 pts with recorded data]) at luspatercept initiation. Luspatercept use was most common in the second line (2L, 57.9%), followed by first line (1L, 33.3%), and third or later line (3L+, 8.8%). Among previously treated pts (n = 76), almost all received erythropoietin-stimulating agents (94.7%) before initiating luspatercept. Median follow-up duration was 21.5 months from LR-MDS diagnosis. Median time from LR-MDS diagnosis to luspatercept initiation was 10.7 months (median time to initiation in 1L was 0.9 months). Median dose at luspatercept initiation was 1 mg/kg per administration among those with known dosing data (n = 103), with a majority (91.3%) receiving a 3-weekly cycle. Approximately 17.5% (n = 20) received a dose increase. The median dose as of the last follow-up, reported for 17 pts with a dose increase, was 1.3 mg/kg per administration, cycled every 3 weeks. Median follow-up duration from luspatercept initiation was 8.9 months, and median duration of therapy over this period was 8.7 months. Overall, 14.9% (n = 17) discontinued therapy, and of those with known dosing information (n = 15), 40% had a dose escalation before discontinuation. **Discussion:** This analysis of pts with LR-MDS receiving luspatercept in Canada, Germany, and Spain shows that one-third of pts received luspatercept in 1L, patients were followed for approximately 2 years (21.5 months) from LR-MDS diagnosis, and only 40% of pts who discontinued therapy had a dose escalation before discontinuation, suggesting that a better understanding of dose escalation may be needed. **Conclusion:** This study provides early insights into the prevailing patterns of luspatercept utilization in routine clinical practice in Canada, Germany, and Spain and is expected to inform ongoing and future evaluations of this tx option for pts with LR-MDS. **Support:** The study was supported by Bristol Myers Squibb. This abstract was previously presented at the EHA Annual Congress (Díez Campelo M, et al. *HemaSphere* 2024;8[suppl 1]: P1909).

https://doi.org/10.1016/j.htct.2024.09.742

RELATO DE CASO: EVOLUÇÃO DE SMD PARA LMA EM GESTANTE JOVEM

ME Pelicer, HM Teano, BB Arnold, BB Cal, CM Duarte, RO Coelho, FA Tavares,