recorrência trombótica e manter estabilidade clínica, sem progressão para estágios avançados da PV.

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PROGNOSTIC SCORES AND MOLECULAR RESPONSE IN CHRONIC MYELOID LEUKAEMIA: COMPARATIVE ANALYSIS AND PREDICTIVE MODELLING IN A REAL-WORLD COHORT

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Introduction: Prognostic stratification in chronic myeloid leukaemia (CML) is essential to guide early therapeutic decisions and monitor response to tyrosine kinase inhibitors (TKIs). Traditional scores such as EUTOS and ELTS, alongside molecular parameters like *BCR::ABL1* levels, may offer complementary insights into disease aggressiveness and treatment outcomes. **Objectives:** To compare clinical, laboratory, and molecular features according to EUTOS, ELTS, and baseline *BCR::ABL1* levels, and to evaluate their predictive power for early molecular response (EMR) at three months. **Material and methods:** A retrospective analysis was conducted in a CML cohort (n = 176). Patients were stratified by EUTOS (cut-off: 87), ELTS (cut-off: 2.21), and BCR::ABL1 baseline load (cut-off: 100%). Variables were analysed using Mann–Whitney U tests and Spearman's correlations. Predictive modelling for EMR (*BCR::ABL1* <10% at month 3) was performed using logistic regression and ROC curve analysis. **Results:** Patients with EUTOS >87 had significantly lower haemoglobin (8.15 g/dL vs 10.4; $p < 0.001$), higher basophils (8.0% vs 3.0%; $p < 0.001$), splenomegaly (14.0 cm vs 5.0 cm; $p < 0.001$), and higher *BCR::ABL1* at baseline and month 3. Time to TKI switch was shorter (20.7 vs 40.1 months; $p = 0.029$). ELTS >2.21 was associated with higher circulating blasts (19.45% vs 4.5%; $p < 0.001$), eosinophilia, and spleen size. Patients with *BCR::ABL1* >100% showed poorer EMR (34.5% vs 5.1%; $p = 0.014$), though no other significant clinical or haematological differences were observed. Spearman analysis revealed moderate positive correlations between EUTOS and basophils ($\rho = 0.65$) and spleen size ($\rho = 0.60$), and negative correlation with age ($\rho = -0.21$) and haemoglobin ($\rho = -0.31$). ELTS was positively correlated with circulating blasts and spleen size, and negatively with age and haemoglobin. BCR0 was positively associated with CD34+ expression and LDH levels. In univariate logistic regression, BCR0 had the strongest predictive power for EMR failure (OR = 1.022; AUC = 0.763), followed by EUTOS (OR = 1.017; AUC = 0.703). ELTS had no predictive value (AUC = 0.471). In multivariate analysis, only BCR0 remained a significant independent predictor of EMR (OR = 1.019; $p = 0.038$), while EUTOS and ELTS lost significance. **Discussion:** This study reinforces the clinical relevance of *BCR::ABL1* baseline quantification as an early predictor of molecular response more robust than traditional prognostic scores in both univariate and multivariate contexts. While EUTOS retained some predictive value in univariate analysis, its overlap with molecular markers may limit independent utility. ELTS did not demonstrate significant discriminative capacity for early response. **Conclusion:** Baseline *BCR::ABL1* transcript level is a robust and independent predictor of early molecular response in CML in this cohort. EUTOS may offer additional stratification in select contexts, but ELTS appears limited in its utility for predicting short-term outcomes. Incorporating molecular load at diagnosis could enhance individualised therapeutic strategies in CML management.

Reference:

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RELATO DE CASO: INFILTRAÇÃO BLÁSTICA MIELOIDE ISOLADA DO SISTEMA NERVOSO CENTRAL EM LMC COM RMC 5.0 – UMA RARA APRESENTAÇÃO

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Introdução: A infiltração blástica isolada do sistema nervoso central (SNC) em pacientes com leucemia mieloide crônica (LMC) em fase crônica e resposta molecular profunda é uma ocorrência extremamente rara e de difícil suspeição clínica. O SNC constitui um santuário farmacológico, com barreira hematoencefálica que limita a penetração de diversas drogas, sendo necessária, na maioria das vezes, abordagem multimodal para controle da doença. Este trabalho descreve um caso raro de infiltração blástica isolada do SNC em paciente jovem com LMC em resposta molecular profunda (RMC 5.0) abordando sua apresentação clínica, manejo terapêutico, evolução e indicação de transplante alogênico de medula óssea. Trata-se de análise retrospectiva de caso clínico acompanhado por serviço de hematologia de hospital privado brasileiro, com dados obtidos por revisão de prontuário eletrônico e literatura atualizada em bases como PubMed e UpToDate. **Descrição do caso:** Paciente do sexo feminino, 21 anos, com diagnóstico de LMC em fase crônica desde 2020, aos 16 anos, tratada com imatinibe 400 mg/dia, mantendo resposta molecular profunda (BCR-ABL indetectável) até outubro de 2024. Em dezembro de 2024, apresentou quadro