

haematologica

19th Congress of the European Hematology Association Milan, Italy, June 12 - 15, 2014 ABSTRACT BOOK

I MILANESI

VITTORIO EMANUELE II.

2014|s1

ISSN 0390-6078 Journal of the European Hematology Association Published by the Ferrata-Storti Foundation, Pavia, Italy Volume 99, supplement no. 1, June 2014 www.haematologica.org



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ISSN 0390-6078

The abstract book of the 19th Congress of the European Hematology Association is published as a supplement of Haematologica/the Hematology Journal in one volume per year.

All business correspondence and purchase and reprint requests should be addressed either to Haematologica Journal Office, via Giuseppe Belli 4, 27100 Pavia, Italy; phone: +39 0382 27129; fax: +39 0382 394705; e-mail: office@haematologica.org or to the European Hematology Association, Koninginnegracht 12b, 2514 AA The Hague, The Netherlands; phone: +31 (0)70 345 55 63; fax: + 31 (0)70 392 36 63; e-mail: info@ehaweb.org.

The Abstract book is available both at http://www.haematologica.org and http://www.ehaweb.org

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Article Citations

Cite articles in this volume as follows:

TITLE. AUTHORS. JOURNAL YEAR; VOLUME(SUPPLEMENT NO):PAGE. Abstract n. XXX Example: RITUXIMAB CONSOLIDATION AND MAINTENANCE THERAPY PROLONG RESPONSE DURA-TION IN B-CELL CHRONIC LYMPHOCYTIC LEUKEMIA G. Del Poeta, M.I. Del Principe, A. Siniscalchi, L. Maurillo, F. Buccisano, A. Venditti, F. Luciano, P. Niscola, A. Zucchetto, V. Gattei, A.P. Perrotti, P. De Fabritiis, S. Amadori Haematologica 2008; 93(s1):34. abstract n. 0085

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Quality of life, palliative care, ethics and health economics

PB2060

A CROSS SECTIONAL STUDY OF FACTORS EFFECTING BETA THALASSEMIA AMONG MULTI ETHNIC GROUPS IN PAKISTAN H Yasmeen^{1,*} S Hasnain^{1,2}

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Background: Among hemoglobinopathies, thalassemia is constantly upturning the burden on economy of multicultural and multi-ethnic country like Pakistan. This autosomal recessive genetic disorder is caused by either reduced production or complete absence of beta-globin chains following production of immature erythroblasts due to dyserythropoiesis. Severe anemia, general fatigue, repeated or frequent blood transfusion following post transfusion hepatitis intensifies the severity of disease.

Aims: Present multicenter study undertaken in five cities of Pakistan aims to investigate the prevalence of beta thalassemia in different caste/ethnic groups using suitable approach.

Methods: Data for present study was collected from a period of 2011 to 2013. After consent, 450 patients of beta thalassemia excluding patients of any other blood disease were interviewed for different epidemiological parameters including their gender, age, transfusion history, family and personal history. Sero-negative blood samples were further preceded for RBC indices, quantification of hemoglobin including variant hemoglobin testing and other blood chemistry tests.

Results: Out of 450 patient samples 340 were seronegative. Beta thalassemia major (>95%) was most common followed by thalassemia intermedia (<5%) and very few structural variants (<1%) *e.g.* HbS and HbH. It was observed that in our population, females (55.29%) are more affected with beta thalassemia than males (48.82%). When compared to the normal age span, it was observed that only 2.64% of the patients crossed the second decade of their life. Early onset disease (before 6 months) was more common (24%) than the late onset *e.g.* above 24 months (10%). The high ratio of consanguinity (>80%) showed that it was in common practice among affected families. Further work on beta globin genotyping of these subjects is under progress.

Summary and Conclusions: Short life span and high number of HCV/ HbBAg status depicts that in a country like Pakistan, insufficient facilities, poor management and compromised socioeconomic status are deteriorating the disease status. More multicenter study covering cities from different regions of country are needed in developing preventive measurements at regional and national level.

PB2061

SAVING MONEY AND COMFORT BY GAINING CYTOSINE ARABINOSIDE MICROGRAMS

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Background: Cytarabine (4-Amino-1-(β -D-arabinofuranosyl)-2(1H)pyrimidinone, Ara-C) a deoxycytidine analogue, is one of the most active drugs in the treatment of acute leukemias and is widely applied at a variety of other hematological malignancies. Although chemical and physical in-use stability of commercial Ara-C has been recommended for 48 hours at room temperature after dilution, from a microbiological point of view (data from drug informative sheet of Aracytin, available in Italy), the product should be used immediately. The cancer drugs preparation and dispensing in designated centralized chemotherapy (CHT) preparation pharmacy units (CPU) has been extensively studied to improve its quality and minimize personnel exposure to these drugs. We know relative little about the possibility to optimize and economize the use of CHT agents in CPU.

Aims: Here we explore the chemical and microbiological stability of a commercial Ara-C sample (Aracytin) in its pharmaceutical form after its reconstitution and storage at 4° C, in order to save drug.

Methods: Commercial Ara-C has been investigated under the common conditions of the clinical use to be degradable in water as in physiological solution. Ara-C samples reconstituted according to the commercial reported instructions and stored at 4°C, in controlled and validated aseptic conditions,

were analyzed by high-field nuclear magnetic resonance spectroscopy (NMR). The results obtained were compared with those derived from identical samples bubbled with air at 4 °C, and 25 °C, at different time and concentrations, respectively. Microbiological assay, applying the cylinder-plate method, was performed. After an initial entry through the vial closure with a sterile syringe with needle, aliquots of reconstituted and unused solution were withdrawn after multiple aseptic entries trough the cap at 1 to 5 days and were assayed against solutions of reference standard.

Results: All the samples remained chemical unchanged for one month. Low temperature and scarce contact with air decrease the degradation process. We demonstrate the absence of any microbiological contamination, respecting the described aseptic condition, for at least 5 days.

Summary and Conclusions: We demonstrate chemical and microbiological stability of Ara-C solutions for at least 30 and 5 days respectively, allowing the use of the same vial for a prolonged time. It seems to be cheap and particularly useful for CPU and hospital, in order to economize without losing in efficacy and safety. We can also auspicate the use of the same vial, after a specific training about aseptic and sterile procedures to collect multiple doses, for outpatients who receive subcutaneously daily administration of low doses of Ara-C for more than a week. It could avoid to discard a great amount of drug and allow the outpatient to self administrate drug without daily return to the Hospital only for a simple and short-term injection. The opportunity to save Ara-C micrograms could positively impact both on health economic and patients quality of life.

PB2062

ASSESSMENT OF GERIATRIC SYNDROMES AND FUNCTIONAL STATUS IN ELDERLY HEMATOLOGIC CANCER PATIENTS IN TURKEY

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Background: Management of elderly patients with cancer is complex and requires a multidisciplinary approach. Utilizing Geriatric Screening tools for the identification of vulnerable older patients with hematologic cancer is needed.Geriatrics is an emerging and newly developed specialty in Turkey. This study is one of the first studies analyzing geriatric hematology cancer population by using geriatric assessment tools in Turkey.

Aims: The goal of this study was to characterize an elderly population with hematologic malignancies presented to hematology outpatient clinic and determine the prevalence of comorbidities, polypharmacy, functional dependencies and geriatric syndromes.

Methods: 48 patients with hematologic malignancies, age 51 years and older were assessed at hematology outpatient clinic over 3 months period. Numerous standard geriatric screening tests (ADL, IADL, MNA, Mini Cog and MMSE, TUG (timed up and go test), GDS (geriatrics depression scale) were administered to assess mood, functional status, nutritional and cognitive status. Demographic and medical data were obtained from patients' medical records. Results: The mean age of the patients was 67.1 years (standard deviation, 10.6 years). There were 19 female (39.6%) and 29 male (60.4%). About 20.8% and 29.2% had limitations on one or more ADL and IADL domains respectively. Geriatric syndromes detected by geriatrician included cognitive impairment (minimal cognitive impairment (4.2%) and dementia (20.8%), depression (35.4%), risk of malnutrition (25%), and polypharmacy (54.2%).Out of 48 patients 83.3% had comorbidity score equals to 5 and more. TUG test as an indicator for fall risk found positive at 9 patients (18.8%). There were no statistically significant correlation between comorbidity and ADL, IADL scores. 18 patients were unaware of severity of their diagnosis but no correlation was found between awareness and mood.

Summary and Conclusions: In this descriptive study, many older hematologic cancer patients were found to have geriatric syndromes The study demonstrates that comprehensive geriatrics assessment provides insights into understanding the needs of elderly patients with hematologic cancer. Geriatrics is an emerging and newly developed specialty in Turkey. This study is one of the first studies analyzing geriatric hematology cancer population by using geriatric scales in Turkey. It revealed that numerous geriatric syndromes may be underdiagnosed in a regular visit. Larger and longer term well controlled clinical studies evaluating geriatric hematology cancer populations are needed in the future.

PB2063

THE BURDEN OF HEALTHCARE COST AMONG RELAPSED DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL) PATIENTS: (A SEER MEDICARE DATASET EXAMINATION)

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