Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

monomorphically: 75.4% (n=49) versus 43.5% (n=20) in the non-luminal subtype, p=0.003. The percentage of monomorphically expressing MUC1 tumors is higher in luminal cancer: 83.3% (n=35) versus 65% (n=26) in the non-luminal subtype. Expression of Pgp70, namely monomorphic, is more often observed in luminal breast cancer. **Conclusion:** . Luminal breast cancer is characterized by unfavorable prognostic immunophenotypic features. In the luminal subtype, expression of CD71 is more often observed, predominantly monomorphic. In the non-luminal subtype, expression of Pgp 170 is observed less frequently. No statistically significant differences between the molecular subtypes in terms of the level of expression of HLA-I and class II molecules were found.

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CHRONIC LEUKEMIAS

PP16

INFECTIOUS COMPLICATIONS IN CHRONIC LYMPHOCYTIC LEUKEMIA – CHALLENGING ISSUES OF HEMATO-ONCOLOGY

Vasile Musteata [1], Larisa Musteata [1], Dana Coman [1]

[1] *State University of Medicine and Pharmacy "N. Testemitanu", Institute of Oncology*

Objective: The aim of the study was to identify the diagnosis features and origin of the infectious complications in chronic lymphocytic leukemia (CLL). **Methodology:** Our observational study enrolled 82 patients (pts) with different CLL phases, who were managed at the Institute of Oncology of Moldova from 2000 to 2022. The pts age ranged between 45-86 years (median age 66.2 years). There were 47 (57.3%) males and 35 (42.7%) females. The diagnosis was proved by histopathological, immunohistochemical, cytological and immunophenotyping examinations. We used IWCLL criteria on a basis of lymphoid cells rate in the blood count and bone marrow aspirate. **Results:** According to Binet classification, stage A was revealed in 54 (65.9%) pts, stage B – in 28 (34.1%). Infectious complications developed in 36 (43.9%) cases. Respiratory bacterial infections were diagnosed in 29 (80.6%) pts, commonly comprised the relapses of chronic bronchitis - in 11 (30.6%) and acute pneumonia - in 10 (27.8%). Herpetic infection was diagnosed in 2 (5.6%) cases. Other infectious complications included nephro-urinary tract in 3 (8.2%) pts and acute otitis in 2 (5.6%). Fatal outcomes occurred in 16 (19.5%) pts, including 6 (37.5%) with infections, 5 (31.3%) with CLL progression. **Conclusion:** The infectious complications proved to be the common manifestations and causes of death in CLL, especially in stage B.

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PEDIATRIC HEMATOLOGY ABSTRACT CATEGORIES

COAGULATION AND FIBRINOLYSIS DISORDERS

OP 17

THE EFFECT OF THE COVID-19 PANDEMIC PROCESS ON TREATMENT COMPLIANCE IN HEMOPHILIA PATIENTS

Şifa Şahin [1], Serap Karaman [1], Yasin Yılmaz [1], Mustafa Bilici [1], Saadet Aslan [1], Hikmet Gülşah Tanyıldız [1], Deniz Tuğcu [1], Zeynep Karakaş [1], Ayşegül Ünüvar [1,2]

[1] *Istanbul University Faculty of Medicine Department of Pediatric Hematology Oncology*
[2] *Istanbul University Faculty of Medicine*

Objective: It is known that there were transportation problems to the hospital and treatment experienced in many disease groups during the pandemic process. The negative impact of the pandemic is particularly evident in chronic diseases and in situations that require continuous treatment. In this study, data on access to treatment and disease status in patients with bleeding diathesis were collected by questionnaire method, and the effects of the pandemic on these patients were determined. **Methodology:** Fifty patients who were followed up in Istanbul Medical Faculty Pediatric Hematology-Oncology Department between 2010-2022 with the diagnosis of bleeding diathesis and accepted to participate in the survey were included in the study. Questions were answered by telephone. Responses were analyzed using SPSS. **Results:** The mean age of the patients in our study was 13 years, the age range was between 2-26 years. The median age was 13. Of these patients, 44 (88%) were male and 6 (12%) were female. 88% of the patients were diagnosed with Hemophilia A, 12% with Hemophilia B. While 56% of the patients were receiving prophylaxis for the treatment of hemophilia, 44% were receiving treatment in case of bleeding. Sixtyfour percent of the patients went to a health institution or doctor once every 1-3 months, 18% every 6 months, 6% once a year for control and follow-up purposes. The last drug or dose change was made 0-6 months ago in 16% of the patients, 7-12 months ago in 4%, and 22% 1-2 years ago. However, in 6%, more than 2 years had passed since the last change, and 42% did not change. Serious psychiatric problems were observed in our two patients. Fear of death and anxiety disorder has been seen in a 10-year-old patient. During this period, severe hyperactivity developed in 1 patient. While 10% of the patients interrupted their treatment in the last 3-4 months, 90% did not. The reason for the disruption of the patients who interrupt their treatment is Covid infection in 20% and the drug cannot be obtained in 40%. While 94% of the patients had no problem in the supply of the drug due to the Covit-19 pandemic, 6% had a problem in the supply of the drug. While 33% of the patients who had problems in the supply of the drug received support from their doctor, 33% from the patient association to solve the problem, 33% did not receive any support from anyone. Among the reasons for having problems in

the administration of the drug, 33% of the patients did not go to the hospital because they were afraid of the pandemic, 33% of them could not get treatment even though they went to the hospital, and 33% of them other reasons were reported. While 48% of the patients want an experienced health personnel to go to their home to perform their treatment, 52% do not want it, stating that they do not need it. None of the patients whose treatment was interrupted did not complain of bleeding during this period. **Conclusion:** It was seen that the patients experienced disruptions related to access to medication and treatment during the pandemic process. However, there were no major problems in this process, thanks to the help of their physicians and other institutions. It is important to emphasize the importance of treatment in hemophilia patients and to have easy communication with the center followed in order to overcome the pandemic process without complications.

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LEUKEMIA

OP 18

EVALUATION OF MRD-STATUS IN POST-INDUCTION PERIOD IN PEDIATRIC PATIENTS WITH ACUTE LYMPHOBLASTIC LEUKEMIA.

Meri Shervashidze [1], Alexandra Palladina [1], Timur Valiev [1]

[1] *N.N.Blokhin National Research Cancer Center, Moscow, Russia*

Objective: The need to study the significance of minimal residual disease (MRD) at the induction therapy in patients with acute lymphoblastic leukemia (ALL) is beyond doubt. This has been confirmed by many years of work by many research groups. The role of MRD in the late stages of treatment and the impact of these values on patients survival requires research and discussion. **Aim:** To evaluate the influence of MRD-status in post-induction period on survival in patients with acute lymphoblastic leukemia. **Methodology:** From 2010 to 2022, 135 patients with primary B-ALL enrolled in ALL-IC BFM 2009 protocol. Median age was 5.4 year (range 1-17). Male was 62 (49,5%) and female 73 (54,1%). The diagnosis was based on WHO 2016 criteria. Stratification on prognostic risk groups was carried out according to protocol criteria. Prednisone response evaluated at day 8 of treatment. The 15th, 33th, and 78th (as post-induction) day response was assessed by bone marrow cytology and level of MRD by flow cytometry. **Results:** 5y-overall survival (OS) for patients with MRD-negative status on day 15 was 94,4±5,4% and 87,0±3,4% for MRD-positive (p=0,5). On day 33 patients with MRD-negative status achieved 5y-OS in 86,7±5,8% and 89,6±3,5% for MRD-positive (p=0,6).5y-OS for patients with MRD-negative status on day 78 was 90.8±4.0%, MRD-positive - 90,4+6.5%. DFS for MRD-negative status was 88.5±4.5%, for MRD-positive - 66.3±11.8% (p=0,1). EFS for MRD-negative patients was 87.2± 4,6% and for MRD-positive 66.3±11.8% (p=0,09). **Conclusion:** We have found a tendency between MRD status on day 78 and the frequency of relapses in patients. At the moment, there are no reliable data on the effect of post-induction MRD status on survival. The assessment of MRD in the post-induction period has prognostic prospects and requires further study.

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INHERITED BONE MARROW FAILURE DISEASES

OP 19

GHOSAL HEMATODIAPHYSEAL DYSPLASIA (GHDD) DIAGNOSIS AND TREATMENT: CASE REPORT

Gular MAMMADOVA [1], Samira HASANOVA [1], Konul BAGHIROVA [1], Avesta ALLAHVERDIYEVA [1], Narmin EYVAZOVA [1], Adam NAJAFLI [1], Kamala MAMMADOVA [1], Afag NASIBOVA [1], Valeh HUSEYNOV [1,2]

[1] *Azerbaijan National Hematology and Transfusiology Center*
[2] *Azerbaijan National Hematology and Transfusiology Center*

Objective: Ghosal hematodiaphyseal dysplasia syndrome (GHDD) is a rare authosomal ressesive disorder characterized by increased bone density and regenerative corticosteroid-sensitive anemia.We describe GHDD in an 11-year old Azerbaijani boy with refractory anemia,mild thrombocytopenia and radiological metadiaphyseal dysplasia.The diagnosis was made based on clinical and laboratory examinations and genetic analysis.We have observed a significant improvement of anemia after administration of steroids. **Case report:** An 11-year-old boy with long-standing anemia, complained of fatigue,delayed physical development,and limited range of motion in the joint.Physical examination did not reveal LAP and hepatosplenomegaly.Among the dysmorphic craniofacial changes mentioned in the literature, has a tower-shaped skull,micrognotia,drooping ears,a long and wide philtrum, and a thin upper lip.Skeletal X-ray imaging showed fibrotic changes and varying degrees of osteopenia in the metaphysis of the long tubular bones. **Methodology:** The blood count: Hb 7.0 g/dl,HCT 24.5%,reticulocytes 5.6%,MCV 78fL,MCHC 28.6 g/dl,WBC count 6860/mm3,platelets 165000/mm3,ESR 75 mm/h,anisocytosis in erythrocytes and platelets were observed in a peripheral blood smear.Hemoglobin electrophoresis,iron studies,vitamin B12 and folic acid were normal. Coombs test was negative.Bone marrow examination showed hypoplasia in erythroid and megakaryocytic series and dysgranulocytopoiesis. **Results:** After detection of exon 12 ((p. Gly473Trp),rs149988492,CM215867) in the genetic panel analysis of anemia,steroid treatment at a dose of 1 mg/kg/day was started and anemia improved at 1-month follow-up (Hb level 6.8 g/dL to 11.9 g/dL),but mild thrombocytopenia was noted to persist.The clinically insignificant CRP elevation normalized during the treatment. **Conclusion:** GHDD should be