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do serviço e coletado Swab com resultado positivo do RT-PCR. **Resultados:** Paciente permaneceu com sintomas leves, sem hipoxemia (SatO₂ > 95%) e sem desconforto respiratório. Foi submetida a transfusões, fez controle de celularidade com hidroxíureia, mantendo neutrófilos acima de 1500/mm³ e leucócitos próximos de 9.700/mm³ com 57% blastos. Após 9 dias na unidade COVID, retornou à enfermaria para início da QT. **Discussão:** A LMA caracteriza-se pela proliferação de células precursoras da linhagem mieloide, ocasionando produção insuficiente das demais células hematopoiéticas. O quadro envolve fadiga, dispnéia aos esforços, palidez e sangramentos; febre e infecções são frequentes, assim como dores ósseas. O diagnóstico é feito por meio de análise microscópica e identificação de blastos, sendo imunofenotipagem e citogenética úteis tanto para diagnóstico, quanto para terapêutica e prognóstico. O tratamento específico feito com QT resulta em remissão completa em até 80% dos casos. Já a COVID-19 é causada pelo novo vírus SARS-CoV-2 e sua fisiopatologia envolve a lesão dos pneumócitos do tipo II e das células endoteliais capilares. A resposta imune do hospedeiro ao vírus é controversa, explicando a inexistência de um tratamento eficaz. Possui sintomas como febre, tosse, fadiga, falta de ar, mialgia e diarreia. Quadros graves com pneumonia e síndrome do desconforto respiratório agudo requerem atendimento hospitalar e podem evoluir para insuficiência respiratória e disfunção de múltiplos órgãos. Algumas comorbidades, como o câncer, aumentam a gravidade da doença, devido ao efeito imunossupressor do tratamento. Nesse contexto, a indução da QT para LMA provoca pancitopenia e os baixos níveis de neutrófilos podem causar complicações de infecções como as da COVID-19. **Conclusão:** Trata-se de um caso de LMA em paciente jovem que apresentou sintomas leves durante a infecção por COVID-19. Atualmente, apresenta-se recuperada da infecção viral e encontra-se em tratamento da LMA, sem intercorrências. No atual cenário frente à pandemia, é de suma importância testar para COVID-19 os pacientes com leucemia antes da indução da quimioterapia, a qual recomenda-se atrasar nas situações sem urgência, com objetivo de evitar complicações e risco de mortalidade.

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886

COVID-19 IN A PATIENT WITH CHRONIC LYMPHOCYTIC LEUKEMIA IN USE OF IBRUTINIB: NOT THAT RISKY?

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In the global context of the Sars-Cov2 pandemia, there is a great need to understand the course of the Covid-19 disease in immunocompromised patients. We report the case of a 68 years-old patient who was diagnosed with chronic lymphocytic leukemia 4 years ago and was now on a third-line therapy with ibrutinib. The patient was admitted to the emergency department of a public health care service in Brazil reporting a 5-days history of fever, malaise, diarrhea and cough. Phys-

ical exam revealed tachypnea, desaturation and pulmonary crackles. Covid-19 was confirmed with a nasal swab. Ibrutinib was discontinued due to neutropenia and was re-started one week later as the patient improved with resolution of fever and desaturation. There was no need for mechanical ventilation or admission to an intensive care unit. As evidence grows worldwide, we find it important to rapidly access the gravity of respiratory symptoms in the immunocompromised patient to determine whether admission to healthcare unit is necessary. Withdrawing immunotherapy might be a reasonable alternative for the first few days during the critical period of the Covid-19 disease.

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887

COVID-19 IN CHRONIC MYELOID LEUKEMIA PATIENTS – BRAZILIAN EXPERIENCE

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Introduction: Coronavirus disease (COVID-19) is an infectious disease caused by the newly discovered coronavirus Sars-Cov2. In Brazil, the first COVID-19 case was diagnosed in February 2020, and since then, the number of cases and deaths has increased exponentially, reaching 2.610.102 confirmed cases and 91.263 deaths on July 31st. Most people have a mild to moderate respiratory illness, but the clinical evolution may be severe in older adults and patients with comorbidities, such as cancer. There are few reports of COVID-19 in patients with chronic myeloid leukemia (CML). This ongoing study aims to collect data about COVID-19 in CML patients from Brazil and their outcomes. **Methods:** This is an observational, multicentric, ongoing register study. Hematologists from private and public CML reference centers from different regions of Brazil were invited to report their cases of COVID-19 in CML patients. Altogether, those centers are responsible for the care of approximately 4336 CML patients. **Results:** Between March and July 2020, 24 institutions contributed to this analysis, and reported 28 COVID-19 cases in CML patients. Eighteen centers were from the South and Southeast regions, 5 from Northeast, and one from the Central region. There were 19 cases (67.9%) from the Southeast region, 8 (28.6%) from the Northeast, one from South (3.6%). The median age was 54 years (24-79), with 13 (44%) older than 60. Male patients were predominant (67.9%). There was one patient in the accelerated phase. There were two cases of COVID-19 simultaneous to CML diagnosis, 10 using imatinib, 7 dasatinib, 6 nilotinib, one ponatinib, one asciminib, and one patient in treatment-free remission after imatinib discontinuation. The median time of CML diagnosis was 7.0 years (0-26). Current CML response was: no hematologic response (n=8), hematologic response (n = 4), major molecular response (n = 9), MR4.0 or MR5.0 (n = 7). Eleven patients interrupted treatment temporarily during COVID-19. COVID-19 was confirmed by RT-PCR of oral and nasal swab collection (20) or serologic test (07). One case is suspect, awaiting confirmation. The majority of the patients presented at least one comorbidity (60%): hypertension (7), diabetes (3), chronic renal failure (1), dyslipidemia (2), arterial disease (2), cirrhosis (1), chronic obstructive pulmonary disease/emphysema (2), pulmonary hypertension (1), HTLV1 (1), obesity (n=1). COVID-19 severity: mild/moderate (19), severe/critic (9). Five out of 9 (55%) of the severe/critic cases were older than 60, 4/9 presented comorbidities and 5/9 (55%) had no major molecular response (MMR)(one was in accelerated phase, one newly diagnosed, and 3 with only hematologic response). Among the mild/moderate cases, 12/19 had optimal response (63%) and 7/19 (36%) had no hematologic response. Twenty-one patients recovered, 4 are still hospitalized, and 3 died from COVID: one

newly diagnosed case with high leukocytes counts and with a simultaneous bacterial infection, one elderly patient with comorbidities treated with imatinib and one patient treated with nilotinib, with hematologic response. A fourth patient in the accelerated phase died 2 months after discharge, from disease progression and pulmonary infection. **Conclusion:** Although the sample size is still small to make conclusions regarding COVID-19 behavior in CML patients, the most severe cases occurred in patients not in MMR. The continued register of the cases will increase our knowledge about this disease and how to manage these patients.

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888

COVID-19: EXPERIÊNCIA DE ATENDIMENTO DOS PACIENTES ONCO-HEMATOLÓGICOS DO HOSPITAL SANTA CASA DE MISERICÓRDIA DE VITÓRIA



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Objetivo: Relatar aspectos clínicos do atendimento de pacientes onco-hematológicos do Hospital Santa Casa De Misericórdia de Vitória com diagnóstico de COVID-19. **Materiais e métodos:** Foi realizada entrevista clínica, análise retrospectiva de dados de prontuário e resumo de alta hospitalar dos pacientes com diagnóstico de doença onco-hematológica que desenvolveram COVID-19. **Resultados:** Do total de 68 pacientes com diagnóstico de doença onco-hematológica em tratamento quimioterápico na instituição 12% (8) foram diagnosticados com COVID-19, sendo 2 com mieloma múltiplo, 3 linfomas e 3 leucemias agudas em fase de indução. Todos os pacientes residiam na região metropolitana do Estado. Apenas 1 paciente relatou contato domiciliar com caso suspeito de COVID-19. Os sintomas mais prevalentes foram febre, tosse e dispnéia. O diagnóstico foi realizado por RT-PCR swab nasal/oral em 50% dos casos e 50% por sorologia (teste rápido). A maioria dos pacientes, 75% (6), estavam internados quando apresentaram sintomas de COVID-19 sendo 28% (2) para tratamento de neutropenia febril, 72% (4) para investigação diagnóstica de doença oncológica e/ou recidiva e 25% (2) internaram pelo quadro de COVID-19. 75% (6) necessitaram de oxigenioterapia, 63% (5) evoluíram com necessidade internação em UTI e ventilação mecânica, 38% (3) usaram corticoide. 88% (7) utilizaram antibioticoterapia mas, 71% (5) estava em uso por outros motivos. A exceção dos pacientes plaquetopênicos graves todos utilizaram heparina em dose profilática. Observamos que 38% (3) estavam com neutropenia ao diagnóstico de COVID-19. A mortalidade foi de 38% (3). Quanto as co-morbidades associadas a doença onco-hematológica 25% (2) tinham HAS e DM, 25% (2) HAS, 50% (4) apresentavam apenas a doença oncológica em atividade. **Discussão:** A frequência de pacientes com câncer e COVID-19 varia de 0,9% a 1%, no entanto há preocupação em relação ao