Poster Presentations

PP-01
A CHRONIC MYELOID LEUKEMIA CASE WITH A VARIANT TRANSLOCATION T(11;22) (Q23;Q11.2): MASKED PHILADELPHIA OR SIMPLE VARIANT TRANSLOCATION?

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Aims: Chronic myeloid leukemia (CML) is a clonal myeloproliferative disorder characterized by the presence of the Philadelphia chromosome (Ph), usually due to a reciprocal translocation, t(9;22)(q34;q11.2). The remaining cases (2–10%) have variant translocation, and more rarely (~1%) a cryptic rearrangement is present which can be detected by fluorescence in situ hybridization (FISH) analysis in a CML patient with a Ph-negative karyotype (Masked Ph).
Presentation of case: We hereby present a masked/variant BCL-ABL-positive CML patient showing a t(11;22)(q23;q11.2) which was not reported earlier from Turkey. This variant translocation was detected using a combined approach of conventional cytogenetics and reverse transcription polymerase chain reaction (RT-PCR). Initially he was treated with hydroxyurea and allopurinol. In February 2013 the patient was diagnosed as having chronic phase CML based on bone marrow histological findings and molecular studies. First line tyrosine kinase inhibitor, imatinib mesylate (400 mg/day), was then started. Under imatinib therapy a complete hematologic and cytogenetic response was attained. In December 2013, an increment in BCR-ABL/ABL transcript levels (from 0.0471% to 1.4034%) according to the International Scale (IS), indicating imatinib failure, was detected (Figure 1). Administration of nilotinib (400 mg twice daily) resulted in durable molecular response after 3 months. The patient is still on nilotinib treatment throughout the observation period with no sign of recurrence and adverse events.

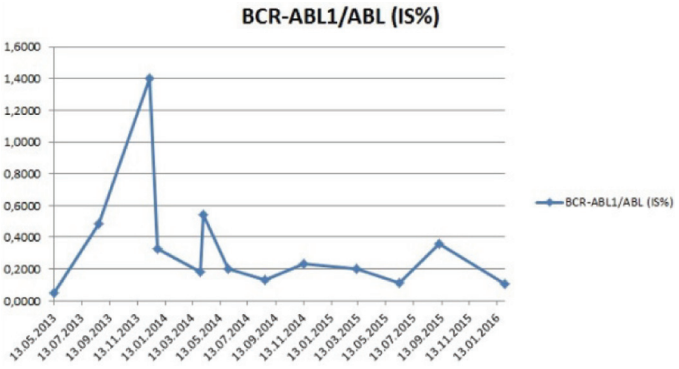

Fig. 1 (abstract PP-001).

Discussion: We detected the BCR/ABL fusion by using RT-PCR method, so we could not detect the derivative chromosome on which the BCR/ABL fusion gene was located. It may be a simple variant translocation or a masked Ph translocation in which the fusion gene was located to der(22).
Conclusion: This case points out the requirement of combining conventional cytogenetics and RT-PCR analysis (especially with IS) for the diagnosis of CML patients with variant translocation or masked Ph.

PP-02
CLASSIFICATION OF NON-HODGKIN LYMPHOMA IN SOUTHEAST TURKEY: A REVIEW OF 550 CASES

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The distrubution of non-Hodgkin lymphoma (NHL) subtypes differs around the world. In this study we aimed to evaluate the gender, age, subtypes, biopsy sites, nodal and extranodal residential area, and stage of disease in the patients with NHL admitted to our hospital between January 2005 and December 2014. Among 550 patients, 335 patients (60.9%) were male, 215 patients (39.1%) were female. The average age of over all the patients was 56 years (15–95). The average age of women was 57 (15–88), the average age of men was 54 years (15–95). The histological subtypes of NHL patients were as follows: 447 patients (81.3%) B-cell lymphoma, 84 patients (15.2%) T/NK cell lymphoma, 19 patients (3.5%) unclassified subtype. NHL patients divided into subtypes according to 2001 and 2008 WHO (World Health Organization) Classification and histopathologic subtypes were as follow: Diffüz Large B Cell Lymphoma (DLBCL) 295 patients (53.63%), small lymphocytic lymphoma (SLL) 37 patients (6.7%), Extranodal marginal zone lymphoma (MALT type) 37 patients (6.75%), peripheral T-cell Lymphoma 27 patients (4.9%), mantle cell lymphoma 26 patients (4.72%), Nodal Marginal Zone B-Cell Lymphoma 7 patients (1.3%), follicular lymphoma in 12 patients (2.1%), Burkitt's lymphoma 7 patients (1.3%), Splenic marginal zone B-cell lymphoma 4 patients (0.7). The most common subtype of NHL was DLBCL 295 patients (53.63%). Follicular lymphomas are less common in our center. Extranodal invlolvement rate was 38.5% of patients. According to the distribution of the sites of extranodal NHLs, the vast majority of patients 43% had GI tract involvement. The most commonly affected GI sites were stomach(27,8%).In this study 22.9% of the patients were in Stage 1, 26.7% in Stage 2, 19.5% in Stage 3, 30.9% in Stage 4 according to Ann-Arbor classification.In conclusion, the charecteristics of NHLs in our region show some differences from other sites of the world.

PP-03
ASSESSMENT OF THE UNDERLYING CAUSES OF IMMUNE THROMBOCYTOPENIA: TEN YEARS EXPERIENCE

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Background: Immune thrombocytopenia (ITP) is an autoimmune blood disorder causing platelet destruction is mediated by anti-platelet antibodies. In this study we aimed to evaluate the clinical and laboratory variables of ITP patients in South east of Turkey.
Patients and methods: In this retrospective study 167 ITP patients between January 2005 and March 2015 were evaluated and medical records of demographical and hematological data of the patients were analyzed. Age, sex, Hb (hemoglobin), WBCs count, platelet count, AST, ALT, LDH were analyzed. All patients screened for immunological paremeters including ANA (antinuclear antibodies), anti dsDNA (anti-double-stranded-DNA), ACA (anti-cardiolipin) IgM and IgG, LA (lupus anticoagulants). All patients were screened for H pylori, HBsAg (Hepatitis B surface antigen), anti-HCV (hepatitis C virus antibody), and anti-HIV ½ (HIV antibody) and brucellosis. Data were analyzed using SPSS software, version 19.
Results: Among the patients, 50 (29.9%) patients were male, 117 (70.1%) were female. The age range of patients was 18–86 (mean 38.16). In 56 patients (33.5%) splenectomy was performed. 36 patients (21.6%) were positive for ANA, 5 (3%) patients were positive for dsDNA, 14 (8.4%) for ACA IgG, 14 (8.4%) patients for ACA IgM. Lupus Anticoagulant (LA) was tested in 165 patients and 30(18%) patients were positive for LA.
Microbiologic evaluation was as follows: 16 patients (9.6%) were positive for HbsAg, 109 (65.3%) positive for Anti-HBs., 5 positive for anti-HCV (3%), 56 (33.5%) patients were positive for Helicobacter pylory antigen, 5 (2.9%) for Brucellosis and one patient was positive for Anti-HIV.
Conclusion: Immune thrombocytopenia patients have to be evaluated according to their demographic characteristics, laboratory results. Secondary causes of ITP were HIV, HCV, Helicobacter pylori, brucellosis, tuberculosis, and autoimmune diseases in our region. Managenement of ITP patients can change in different regions.

PP-04

ODD OCCLUSION: CUTANEOUS THROMBOSIS IN PAROXYSMAL NOCTURNAL HEMOGLOBINURIA—A CASE REPORT

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Paroxysmal Nocturnal Hemoglobinuria (PNH) is a rare disease that is characterized by a defect in the glycosylphosphatidylinositol (GPI) anchor due to an acquired abnormality in the PIG-A gene. Cutaneous Thrombosis is a rare complication of PNH. Their coexistence is rarely described and only occurred at 1–5% with only four reported cases internationally. We report a case of a 51 year old Filipino male who was diagnosed with PNH presented with 1 week history of diffuse purpuric ecchymoses that became painful and coalesce (Figure 1). Skin biopsy showed Cutaneous Thrombosis with histopathologic findings of hemorrhage in the dermis with capillary thrombosis consists of fibrin, RBC, RBC fragments and platelets compatible with Thrombotic Purpura (Figure 2). The propensity to cutaneous thrombosis in PNH is not fully understood but has been postulated as a result complement activation on platelet surface forming micro particles rich in phosphatidylserine that are highly thrombogenic leading to formation of platelet plugs. Even if the patient was already diagnosed with PNH, it is quite challenging to diagnose cutaneous thrombosis but histopathologic findings compatible of Thrombotic Purpura is a definite confirmation of its coexistence with PNH. This is a rare complication of PNH hence require tedious investigation of the skin lesions. Skin biopsy is a useful tool to differentiate skin lesions of PNH from other skin diseases. Thrombosis in a patient with PNH poses high likelihood of mortality, significant disability and rapid deterioration that frequently occurs hence urgent intervention is necessary.

PP-05

POMALIDOMIDE RISK MINIMIZATION PROGRAM (RMINP) IN TURKEY: A NEW MEMBER TO THE CONTROLLED DISTRIBUTION PROCESS

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Introduction: Pomalidomide (Imnovid®) is a third-generation immunomodulatory drug and an analogue of thalidomide, a known human teratogen. To prevent fetal exposure, pomalidomide is only available under the conditions of comprehensive Risk Minimization Programme (RMinP) including a Pregnancy Prevention Program (PPP). In Turkey, pomalidomide was placed on the market in Feb 2016. Until pomalidomide was approved/marketed, it was available under Supply for Single Patient Use (SSPU) process. Components of the PPP covering also the SSPU period, involves controlled distribution from the point of prescription to final dispense of pomalidomide to the patient.
Aim: To monitor effectiveness of pomalidomide RMinP during both pre- and post-marketing periods in Turkey.
Methods: The SSPU Forms and the Prescription Authorization Forms (PAFs) for pomalidomide between 2013–2016 were collected and relevant data was analysed.
Results: During the study period, 349 physicians were educated on pomalidomide PPP and registered to the RMinP, with 128 during both the SSPU and the post-marketing periods whereas 221 during post-marketing period only. A total of 515 SSPU Forms (153 patients) and 302 PAFs (174 patients) were received and assessed. Of the total patients, 184 were males and 143 were females. There were 3 women of childbearing potential (CBP), constituting 0.91% of the patient population.
All forms were confirmed that the following actions had been performed: documentation of patient's CBP, negative result and date of pregnancy test for women of CBP patients, and confirmation that the physician had counseled the patients.
Discussion/conclusions: Celgene Turkey has been implementing well developed RMinPs for lenalidomide and pomalidomide, regardless of the approval/marketing status of the product. The local SSPU experience has supported to build on the post-marketing PPP for pomalidomide in Turkey. Regular monitoring of RMinP effectiveness is critical to ensure that the PPP is achieving its objectives and to identify enhancement opportunities as needed.

PP-06

BAX GENE AS A NOVEL EXPRESSED TUMOR ASSOCIATED ANTIGEN IN ACUTE LYMPHOBLASTIC LEUKEMIA

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Background: The response of Acute Lymphoblastic Leukemia (ALL) patients to cytotoxic drugs is markedly variable with unpredicted therapeutic outcome. Therefore, identification of new biomarkers is very crucial to envisage patient response to therapy. Among these possible biomarkers are BCL-2 family genes that are important determinants of chemotherapy-induced apoptosis. Bax gene is a pro-apoptotic gene, while Aven & Survivin are anti-apoptotic genes that their significance in diagnosis and prognosis of ALL remains a matter of controversy. Therefore, the aim of this study was to assess Bax, Aven and Survivin gene expression and its prognostic significance as regard overall survival (OS) and disease free survival (DFS) in ALL patients.
Methods: amongst 57 patients diagnosed with de novo ALL, 32 patients were examined for Bax, Aven and Survivin expression, whereas, 25 patients were examined for Aven and Survivin expression. Patients were followed up for 15 months to evaluate survival.
Results: Bax, Aven and Survivin gene expression were positive in 25%, 59.6% and 66.7% of ALL patients respectively. Cumulative overall survival for Bax +ve ALL patients was 25% which was significantly (p= 0.001) lower than that of Bax –ve (100%) ALL patients. The overall survival in patients with Survivin +ve, Aven +ve and –ve Bax was 100% that was statistically (p=0.019) higher than all other combination (66.7%). Moreover, disease free survival of the same group (14 patients) versus all other combination (18 patients) was statistically significant (P=0.011).
Conclusions: whilst Bax expression in ALL patients was associated with bad prognosis, its absence showed improved survival, particularly in patients with Aven and Survivin concomitant expression. We showed that a single biomarker cannot reliably be used to predict response to therapy and it is likely that combination of biomarkers will be necessary to convey better prognostic criteria to ALL patients.

PP-07

SOLUBLE P-SELECTIN AS A DIAGNOSTIC AND PROGNOSTIC BIOMARKER IN RECURRENT UNPROVOKED VENOUS THROMBOEMBOLISM

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Introduction: Recurrent Venous thromboembolism (VTE) is a common medical problem with unsatisfactory laboratory parameters for diagnosis and follow up, new modalities of investigation like cell adhesion molecule soluble P-Selectin (sP-selectin) can help to differentiate patients into high and low risk group.
Aim of the study: To assess the efficacy of sP-selectin as a biomarker for diagnosis and prognosis of recurrent unprovoked VTE patients.
Patients and methods: This is prospective cohort study was carried out from March 2013 to March 2015 in (Internal medicine, chest and anesthesia & surgical ICU departments, Tanta university hospital, Egypt) on 78 patients of both sexes and age >18 years; All patients admitted the hospital suffering from DVT or pulmonary embolism (PE).
DVT was confirmed by imaging techniques: venography or compression ultrasonography, PE by ventilation/perfusion lung scan. They were initially treated with low molecular weight heparin (LMWH) then with warfarin as an oral anticoagulant (OAC) for 3–6 months. They were observed for two years every three-month in the first year and every six months in the second year or till the time of recurrence of VTE. We evaluated the serum levels of sP-selectin at the time of the first thrombotic event and at 3-12 weeks after withdrawal of anticoagulant therapy.
Results: Risk of recurrence was increased among patients with sP-selectin levels above 75th percentile at first event of VTE (0.96-fold) (95% CI 0.943-