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ABSTRACT BOOK

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prophylaxis with mycophenolate and cyclosporine was administered. All 3 patients had full hematologic recovery after alloSCT. By 32 days post-transplant, all patients achieved full donor T-cell engraftment. No graft failures was experienced. At a median follow-up of 16 months (range, 14-25), all patients continue to exhibit full donor chimerism. No patient experienced VOD of the liver or grade 3-4 GvHD. Two patient experienced grade 2 cutaneous aGvHD and responded to steroids. There were no other immune-related adverse events, or grade 3 fevers and no cGvHD. With a median follow-up of 16 months (range, 14-25) all patients remain in continuous CR. Based on our experienced, this combination seems to be feasible, not associated with higher mortality, severe GvHD, VOD or disease progression. However, additional prospective data with larger number of patients are needed to assess the exact role and toxicity of nivolumab as a bridge to alloSCT.

PU24

DIAGNOSTIC UTILITY OF SUDOSCAN FOR DETECTING BORTEZOMIB-INDUCED PAINFUL NEUROPATHY

V. Innao[1], A. Allegra[1], V. Rizzo[2], A. Alibrandi[3], A. Mazzeo[2], R. Leanza[1], C. Terranova[2], L. Gentile[2], P. Girlanda[2], A.G. Allegra[1], A. Alonci[1], C. Musolino[1]

[1]Division of Hematology, Department of Human Pathology in Adulthood and Childhood "Gaetano Barresi", University of Messina; [2]Department of Clinical and Experimental Medicine, University of Messina; [3]Department of Economics Unit of Statistical and Mathematical Sciences, University of Messina, Italy

Objective: Bortezomib is a first-line drug in therapy of multiple myeloma. The onset of peripheral neuropathy is a dose limiting collateral effect of the drug. This neuropathy is a distal symmetric small fiber neuropathy. Nerve conduction study can be used for the diagnosis of bortezomib neuropathy, but this technique can only demonstrate alterations of the large fiber nerves. Sudoscan is a novel technique utilized to offer an evaluation of sudomotor function. The main objective of this study was to compare the sensitivity and diagnostic specificity of Sudoscan with respect the electromyographic examination after bortezomib treatment.

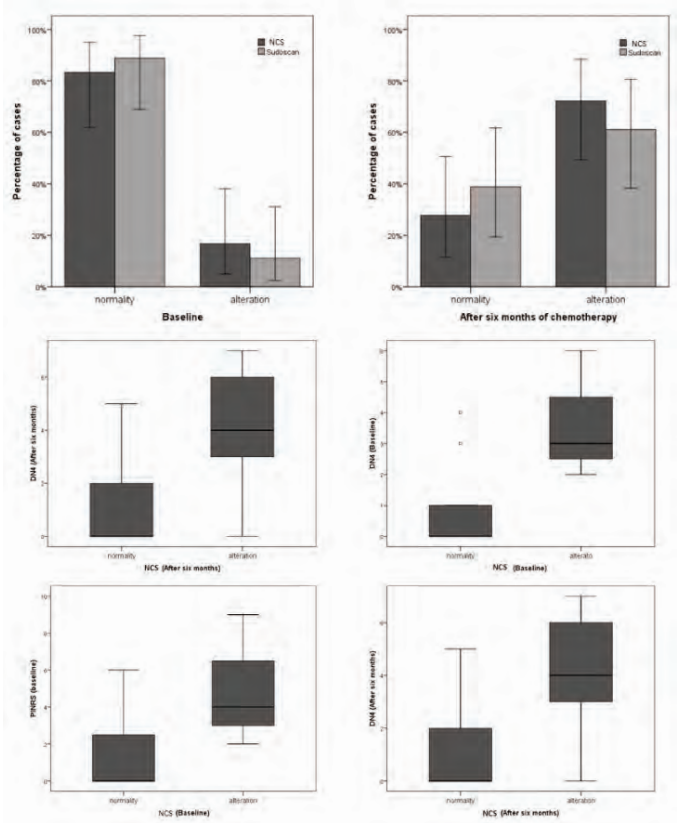

Figure 1.

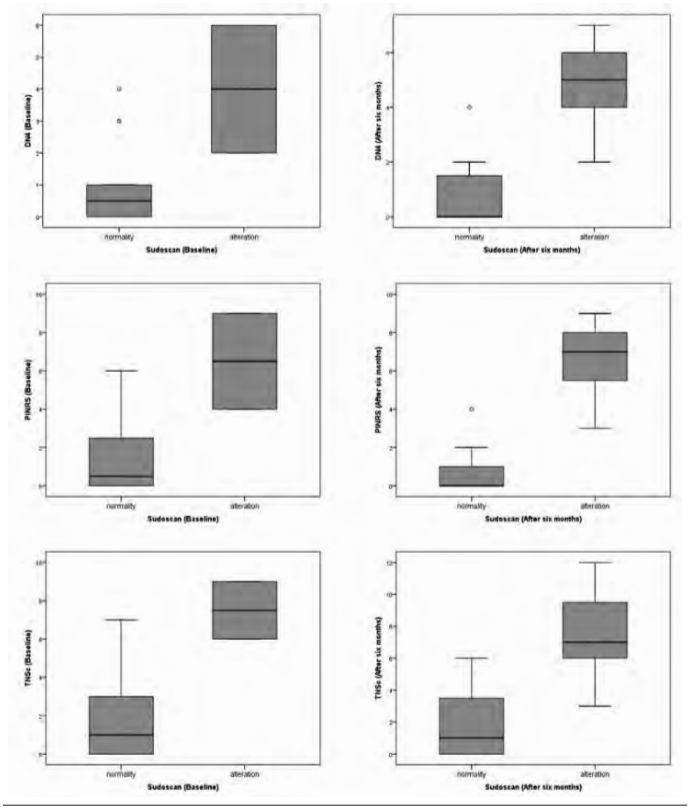

Figure 2.

PU25

ABSTRACT WITHDRAWN

PU26

BLINATUMOMAB AS A BRIDGE TO ALLOGENEIC TRASPLANT IN YOUNGER PATIENT WITH B-CELL PRECURSOR ACUTE LYMPHOBLASTIC LEUKEMIA (ALL). A "REAL LIFE" EXPERIENCE OF RETE EMATOLOGICA PUGLIESE (REP)

V. Federico[1], M. Dargenio[1], R. Matera[1], G. Rossi[2], M. Abbeante[2], M. D'Elia[3], S. Luponio[1], N. Cascavilla[2], G. Specchia[3], N. Di Renzo[1]

[1]UOC Ematologia e Trapianto di Cellule Staminali - PO "Vito Fazzi"; [2]UOC Ematologia IRCCS "Casa Sollievo della Sofferenza"; [3]UOC Ematologia con Trapianto - Azienda Ospedaliera -Universitaria "Policlinico", Italy

Blinatumomab bispecific T-cell engager antibody construct that redirects CD31 T cells to lyse CD191 B cells demonstrated a significantly longer overall survival *vs* standard of care chemotherapy in adults with relapsed/refractory acute lymphoblastic leukemia (R/R ALL).The TOWER study demonstrated that alloHSCT *vs* no alloHSCT after blinatumomab was associated with a 55% reduction in the risk of death (hazard ratio .45 [95% CI .24, .84]; p=.012). Here we report real life experience of "Rete Ematologica Pugliese". Between February 2017 and February 2019 five adults patients with R/R ALL Ph-orMRD-positive post inductionchemotherapy receive blinatumomabas a bridge to alloHSCT (3 patients received blinatumomab were relapsed and two because were MRD-positive post induction chemotherapy). Blinatumomab was delivered as a continuous IV infusion at fixed stepwise doses in 6-week cycles: 4 weeks on (9 µg per day for days 1-7 of cycle 1 and then 28 µg per day thereafter) and 2 weeks off for each cycle. Dexamethasone premedication (20 mg IV) was required prior to each infusion and dose step to prevent cytokine-release syndrome. At any time after the first cycle, patients eligible could proceed to alloHSCT. Two patients received 2 cycles of blinatumomab, while 3 patients one cycle. Two patients obtainedMRD-negative post blinatumomab (40%) while 3 patientsmaintained positive-MRD after blinatumomab. After allo-transplant one additional patient obtained MRD-negativity (overall MRD negativity: 60%). No veno-occlusive dis-