

after conventional therapies and investigate the presence of *BRAF* V600E mutation in these patients with RT-PCR method.

Material-Method: *BRAF* V600E mutation was analyzed in peripheral blood in 22 patients (10 newly-diagnosed, 12 in remission) from Istanbul University Istanbul Faculty of Medicine, Division of Hematology Outpatient Service and 10 control patients with other B-cell chronic lymphoproliferative diseases.

Patients

NEWLY DIAGNOSED PATIENTS										
AGE	SEX	SYMPTOMS	LABORATORY FINDINGS	LDH	LDH	LDH	LDH	TREATMENT	SIDE EFFECTS	LAST STATUS
39	M	TRAP	+	+	+	+	+	Cladribine	Neutropenia, fever	Remission
75	M	TRAP Anemia +	+	+	+	+	+	Cladribine	UTI	Remission
72	F	TRAP Anemia +	+	+	+	+	+	Cladribine	Neutropenia, fever, arthralgia	Remission
45	M	TRAP Anemia +	+	+	+	+	+	Cladribine	Neutropenia, leukopenia, fever	Remission
52	F	TRAP Anemia +	+	+	+	+	+	Cladribine	Neutropenia, leukopenia, fever	Remission
32	M	TRAP Anemia +	+	+	+	+	+	Cladribine	Neutropenia, fever	Remission
25	F	TRAP Anemia +	+	+	+	+	+	Cladribine	Neutropenia, fever	Remission
38	M	TRAP Anemia +	+	+	+	+	+	Cladribine	Fever	Remission
44	M	TRAP Anemia +	+	+	+	+	+	Cladribine	Neutropenia, fever	Remission
48	F	TRAP Anemia +	+	+	+	+	+	Cladribine	Neutropenia, fever	Remission
45	F	TRAP Anemia +	+	+	+	+	+	Cladribine	Neutropenia, fever	Remission
PATIENTS IN REMISSION										
84	M	TRAP	+	+	+	+	+	Cladribine		Remission
67	M	TRAP	+	+	+	+	+	Cladribine	Subconjunctival, PRN, DC/Cladribine	Remission, T-cell CLL
64	M	TRAP	+	+	+	+	+	Cladribine		Remission
55	M	TRAP	+	+	+	+	+	Cladribine		Remission
46	M	TRAP	+	+	+	+	+	Cladribine		Remission
49	M	TRAP	+	+	+	+	+	Cladribine		Remission
30	M	TRAP	+	+	+	+	+	Cladribine + splenectomy		Remission
47	M	TRAP	+	+	+	+	+	Z-2 Cladribine		Remission
42	M	TRAP	+	+	+	+	+	Cladribine, 4 cycles rituximab		Partial remission
38	M	TRAP Anemia +	+	+	+	+	+	Z-2 Cladribine		Remission
55	M	TRAP	+	+	+	+	+	Cladribine		Remission
35	M	TRAP Anemia +, Lysis, neutropenia, hyperleukemia	+	+	+	+	+	RT + Z-2 Cladribine		Remission, leukemoid reaction
45	M	TRAP	+	+	+	+	+	Z-2 Cladribine		Remission

Information of the patients

Findings: *BRAF* V600E mutation was not detected in any of the patients in the control group. Median age of HCL patients was 45 (38-73). %82 were male, %18 were female. Patient information are given in Table 1 and 2. Analysis of the newly diagnosed patients revealed the mutation in 8 of 10 patients. One of the patients whom the mutation was found negative, didn't achieve remission with cladribine, died due to prolonged febrile neutropenia and fungal infection. The other patient with leukocytosis presented signs compatible with HCL, received cladribine treatment uneventfully. Then the patient was lost to follow-up. All patients received cladribine as first-line treatment. Seven patients received broad-spectrum antibiotics in the neutropenic period. Two patients died because of infections. Mutation was found in four of the 12 patients in the remission group. All patients received cladribine as first line except the oldest patient (splenectomy, interferon- α and two cycles of cladribine consequently). One patient received 4 cycles of rituximab. One patient developed T-cell CLL during follow-up. 4 of 12 patients had received second cycle cladribine after relapse. One of the patients whom the mutation was positive, had recurrence during follow-up, another patient was in partial remission, eventually relapsed. Mutation was detected positive in two patients in complete remission. These patients were thought not to achieve molecular remission.

Conclusion: Detection of *BRAF* V600E mutation could be helpful for diagnosis of HCL. When the mutation is found negative, other B-cell chronic lymphoproliferative diseases should be considered. Usefulness of investigation of the mutation in treated patients remains an area to be elicited.

Keywords: Leukemia, *BRAF*

PS-141

Abstract:0178

EVALUATION OF ADULT PATIENTS WITH LYMPHADENOPATHY IN TERMS OF EPIDEMIOLOGY, CLINICAL, LABORATORY AND ETIOLOGY

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Aim: In this study, we aimed to investigate parameters that predict benign or malign etiology in patients who underwent lymph node biopsy.

Materials-Methods: Total of 150 patients (female: 73; male:77) were included to the study who admitted to the hospital and underwent lymph node biopsy between january 2011 and april 2012. Epidemiological characteristics, clinical and laboratory findings and pathology results were evaluated using the computer program.

Results: Anemia, leukopenia, thrombocytopenia and elevation of the LDH level was significantly correlated with malignancy. Rate of benign results was higher in cervical, submandibular, axilla and inguinal lymphadenopathy region. And rate of malign results was higher in intra-abdominal and supraclavicular lymph nodes. Also rate of malignancy was higher in patients who has splenomegaly and whose lymph node index <2. Sedimentation and CRP levels and hepatomegaly were not associated with the malignancy.

Conclusions: Cytopenias (anemia, leukopenia, thrombocytopenia), high lactate dehydrogenase levels, the presence of splenomegaly, lymph node index <2, the presence of intra-abdominal and supraclavicular lymphadenopathy may predict malignant etiology in patients with lymphadenopathy.

Keywords: Lymphadenopathy, etiology

PS-142

Abstract:0180

INFLUENCE OF PROGNOSTIC FACTORS ON OVERALL SURVIVAL IN MYELOYDYSPLASTIC SYNDROMES

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Background: Accurate prediction of a patient's prognosis is useful to define the risk posed by the disease. Age, gender, peripheral blood cytopenias, proportion of bone marrow (BM) blasts, performance status, comorbidities, transfusion dependence, specific karyotype abnormalities and molecular biomarkers can refine the prediction of prognosis in MDS. **Aim:** to assess the influence of the some prognostic factors like age, gender, cytopenias, BM blast percentage, transfusion dependence, ferritin, hemoglobin (Hb), lactate dehydrogenase (LDH), albumin and specific karyotype abnormalities in myelodysplastic syndromes on overall survival (OS).

Patients and Methods: we retrospectively analyzed the cohort of 108 patients diagnosed between 1.1.2011 and 31.12.2013 at the University Clinic of Hematology, Ss Cyril and Methodius University, Skopje, Macedonia. They were evaluated for clinical and hematologic features at diagnosis and at leukemic transformation. **Results:** in the study group 62 were man and 46 women. Male to female ratio was 1.35 to 1. The differences in OS between men and women were significant (p =.03015). The mean age at diagnosis was 66,6 years. According to the age OS was 16,4 months. FAB subtypes influenced OS significantly (p =.03015). OS inversely correlated with BM blast percentage (p=.02327). Cytopenias had no impact on OS (p=.33755). Hb as a whole and groups with different levels of Hb had no influence on OS (p =.12142) and (p=.07535), respectively. The group with ferritin <500 μ g/L had better OS (p=.04720). Transfusion dependence, LDH and

albumin had no impact on OS. Leukemic transformation was noticed in 10 (9,3%) patients. Mortality was 36,1%.

Conclusion: gender, FAB subtypes, BM blast percentage and the serum levels of ferritin had an influence on OS, while age, hemoglobin level, transfusion dependence, LDH and albumin had no impact on OS.

Keywords: Myelodysplastic syndromes, prognostic factors

PS-143

Abstract:0192

WHAT SHOULD BE THE RIGHT TIME FOR THE CHELATION THERAPY IN MYELODYSPLASTIC SYNDROME?

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Aim: The aim of this study to determine the association of ferritin level and survival in myelodysplastic syndrome patients.

Methods: Forty patients with MDS, comprising 14 females (35%) and 26 males (65%), who were followed up in our hematology clinic between 2009 and 2014 were included in the study. At the time of diagnosis, hemogram parameters, ferritin levels were noted. Survival estimates of the patients were calculated starting from the diagnosis date until death due to disease or any other cause.

Results: The mortality rate of the patient group was 55%, and median survival was 18 months. Median ferritin level was 277,74 ng/ml (min:13,9ng/ml max:2000ng/ml). There were 28 patients (70%) with ferritin level less than 500 ng/ml. Mortality was found to be higher in patients with ferritin levels>500 ng/ml (p=0.025).

Discussion: What remains unknown is whether lowering serum ferritin levels with chelation therapy will improve morbidity and mortality in MDS. Our study demonstrated that mortality increases with ferritin level >500ng/ml as opposed to previous studies. In light of these findings, we suggest that chelation treatment should be started when the ferritin level exceeds 500ng/ml.

Keywords: Myelodysplastic syndrome, ferritin

PS-144

Abstract:0206

DOES AGE PLAY A ROLE IN PERIPHERAL NEUROPATHY IN MULTIPLE MYELOMA PATIENTS?

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Aim: Peripheral neuropathy (PN) is a common side effect of cancer therapy that can have a profound impact on quality of life and survivorship. The aim of this study is to evaluate the association between age and peripheral neuropathy and identify the risk factors for peripheral neuropathy in multiple myeloma patients.

Methods: We conducted a retrospective review of 92 multiple myeloma patients (53 males, 39 females) who

presented to hematology clinic between 2009 and 2014. Their gender, performance status, chemotherapeutic regimens, diabetes status, treatment cessation rate and electromyography results were noted. The association between age, gender, chemotherapeutic agents, presence of diabetes, treatment cessation rate and neuropathy was analyzed with chi square statistical analysis.

Results: The mean age of patients was 64±11.6. Patients were divided according to their age in two groups to those older than 65 years (group I, n=46) and those younger than 64 years (group II, n=46). Peripheral neuropathy rate which is confirmed with electromyography was found 27.2%. The rate of neuropathy was 26.1% in group 1 and 28.3% in group 2. No significant association was found between age and peripheral neuropathy (p=1.00). The treatment cessation rate was 14.1% (n=13) among the patients. No association was found between treatment cessation rate and neuropathy.

Conclusion: This is one of the first, large sample size studies evaluating the association between age and peripheral neuropathy which is confirmed with electromyography in multiple myeloma patients. The association between age and neuropathy was found statistically insignificant.

Keywords: Multiple Myeloma, Neuropathy

PS-145

Abstract:0208

URINARY INCONTINENCE: AN INDEPENDENT RISK FACTOR FOR QUALITY OF LIFE IN CANCER PATIENTS

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Aim: The International Continence Society defines urinary incontinence as 'involuntary loss of urine that is a social or hygienic problem'. Urinary incontinence impacts the lives of older individuals and it is considered one of the most important and recurrent geriatric syndromes. The aim of this study is to determine the prevalence of urinary incontinence in cancer patients and to evaluate its association with age and quality of life.

Method: 133 patients with cancer were assessed at hematology/oncology outpatient clinic. The validated form of the Turkish version of the International Consultation on Incontinence Questionnaire-Short Form was used to evaluate urinary incontinence and quality of life (QOL). Descriptive statistics were used. The association between urinary incontinence and age, gender and quality of life were evaluated with chi square.

Results: A total of 133 patients including 84 male and 49 female were evaluated. The mean age of patients is 62.5±12.3. While 45.9% of patients are older than 65, 54.1% of them are less than 64. The rate of urinary incontinence was found 40.6% (n=54). The association between urinary incontinence and age, quality of life has been shown statistically significant with chi square (P<0.001, P<0.001 respectively). The mean of ICI-Q and QOL score is 7.6±3.1 and 3.2±1.7 respectively. The most common type of urinary incontinence is urge incontinence