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ABSTRACT BOOK

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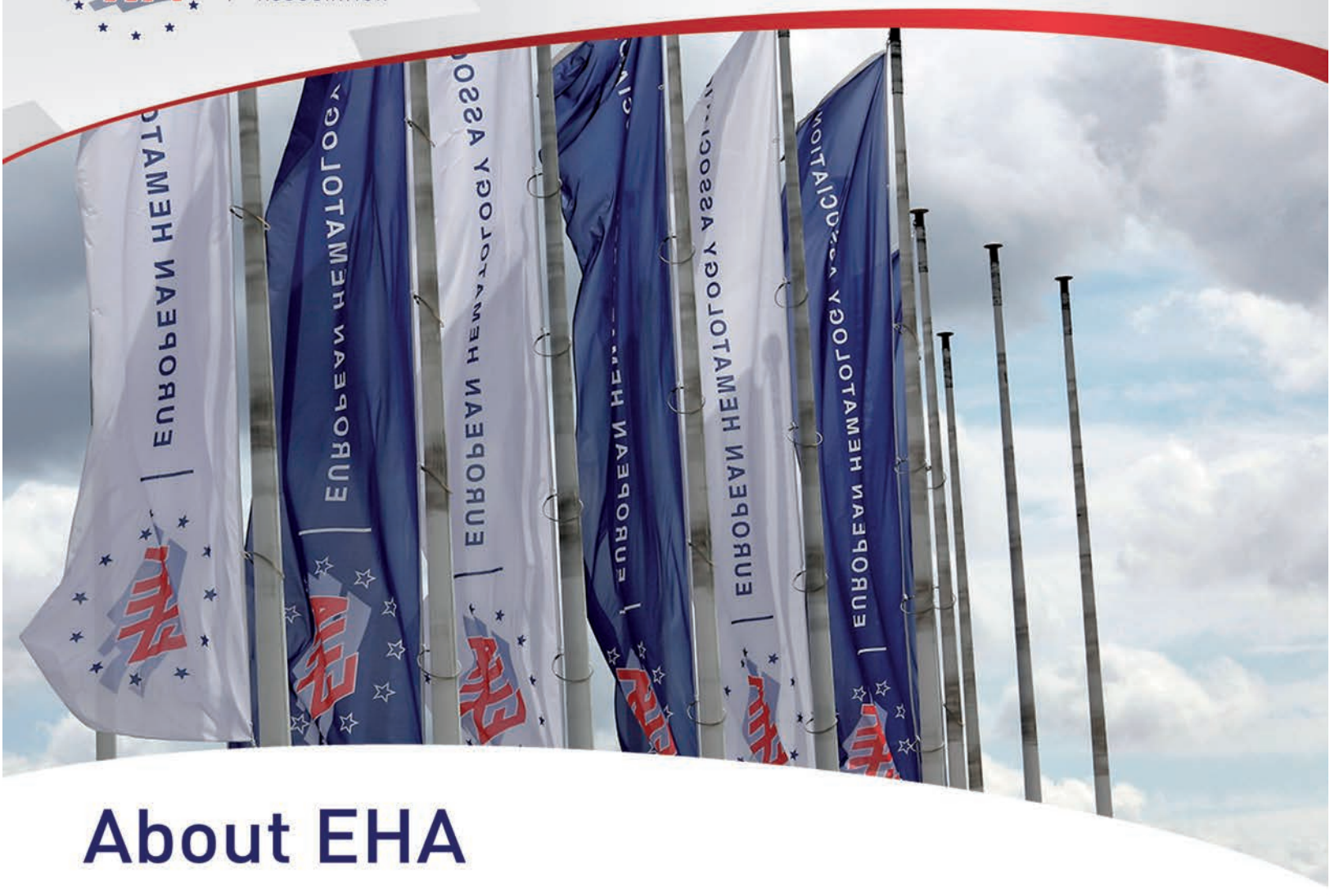

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The European Hematology Association (EHA) is a non-profit scientific association that represents European medical professionals with an active interest in hematology.

The Annual Congress, organized in a major European City, offers the opportunity to learn about new data from basic, translational and clinical research and gives access to knowledge that directly impacts the clinical practice. Not only the size of the congress increased over the years but also the first steps towards creating an education and career development program were taken.

Educational needs are the focus of our continuing medical education program. Not only through live events, but also through the EHA Learning Center, a recently launched online platform. EHA supports high quality science: we encourage research by creating a network and sharing knowledge.

EHA offers education and training and supports the careers of hematologists in Europe and travelling to Europe through its fellowships and grants program. Different fellowships are available for basic, translational and clinical researchers both in their early or advanced career.

As the largest organization of hematologists in Europe, EHA has taken it upon itself to serve and further their political interests. We advocate for you on the EU level for more research funding, improved research environment and better access to hematology care.

More information about EHA activities can be found at ehaweb.org.

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Word of Welcome

On behalf of the EHA Board and the Scientific Program Committee of the 21st Congress of EHA we are pleased to introduce this year's Abstract Program.

The Scientific Program Committee has compiled an exciting up-to-date program of Simultaneous Oral and Poster Sessions from over 2400 abstracts submitted. Selected posters will be presented during the traditional Poster Walks allowing more time for discussion of results and conclusions. To better promote basic research in hematology, we introduced a new special presentation type: the poster pitch! During selected oral sessions, 5-8 presenters will have the opportunity to pitch their abstract/poster to the attendees of the session.

There are also E-posters available on the E-poster screens, for which a specific time is allocated during the Poster Browsing Time at the end of each Walk. All presented posters and E-posters can be viewed on the E-poster screens from Friday morning to Saturday evening. Posters will also be available on the EHA Learning Center, for which you have complimentary access after the congress: learningcenter.ehaweb.org.

The six Best Abstracts will be presented during the Presidential Symposium on Friday afternoon. One of them has been selected from the record number of "late breaking abstracts" with "hot" data. Only the most exciting results have been selected and will be presented in the Late Breaking Oral Session on Sunday morning. There are also late breaking posters that are included in a poster walk of the relevant topic.

On behalf of the EHA Board, the committees and all the people involved in this years' EHA congress, we thank you for coming to Copenhagen and wish you an exciting meeting.

Andreas Engert
Chair Scientific Program Committee 21st Congress

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P747

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA SCREENING PRACTICE FROM UK CENTRES: A REPORT FROM THE UK PNH NETWORK

M Griffin[1,*], C Couzens[2], W Ingram[2], R Karim[2], M Koh[3], M Layton[4], K Lowndes[5], M McMullin[6], P Medd[7], L Mitchell[8], L Morgan[2], S Narayanan[9], I Neilly[10], M Nikolousis[11], J Ros[12], N Sharma[6], A Hill[1]
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Background: Paroxysmal Nocturnal Hemoglobinuria (PNH) is an acquired clonal stem cell disorder with an associated complement mediated morbidity and mortality. International flow cytometry guidelines recommend PNH screening in 'at risk' patients. These include patients with bone marrow failure syndromes; Intravascular hemolysis; unexplained hemolysis with iron deficiency, oesophageal spasm, thrombocytopenia or granulocytopenia; unusual thrombosis with unexplained cytopenia or hemolysis; or other acquired direct coomb's test negative hemolytic anaemias.
Aims: The aim of this retrospective audit is to determine application of the International flow cytometry guidelines in UK practice.
Methods: The UK PNH network members (hematologists with an interest in PNH) provided anonymised data for analysis. PNH screens analysed from January 2014 to December 2014 were included.
Results: 1579 PNH screens were assessed (53% male; mean age 53 yrs), of which 9.4% were positive. Screening indications included aplastic anaemia (AA) (5.3%) of which 40% were positive, cytopenias (36.7%) of which 11% were positive, thrombosis (28%) of which 2% were positive, haemolysis (5.7%) of which 12% were positive, MDS (0.4%) of which 6% were positive, and other reasons (6.9%) with 6% positive. 257 (16%) screens had no clinical details provided. PNH clone size varied with the majority less than 1% (53%). 22% had a clone size of 1-10%, and 12% had a clone of 10-50%. 18 (12%) had a clone of more than 50%, of these 5 were screened for haemolysis, 7 cytopenias, 4 no clinical details, 1 thrombosis and 1 AA. 377 patients with repeat testing were assessed, 91% of whom had a known PNH clone. The majority had clinical PNH (218), of whom 25% had evolved from preceding AA and 3% from MDS.
Summary/Conclusions: This is the largest audit of PNH screening requests from UK centres. It's reassuring that recommendations are adhered to with very few patients screened inappropriately. 40% of AA patients had a PNH clone in keeping with current evidence. The subgroup analysis highlights the importance of PNH clone monitoring in patients with underlying bone marrow disorders, as they may subsequently develop clinical PNH and require treatment. Ongoing education is essential for the screening and monitoring for this rare but potentially fatal disease.
Disclosure: Alexion UK provided funding to support the UK PNH network meetings.