Median duration of response was 5.6 months and median progression free survival was 4.8 months. Hematological toxicity was the major toxicity which were reported at 59% of patients. Other major toxicities were as follows: combined cardiovascular toxicity (heart failure, pulmonary hypertension, systemic hypertension) 25%, renal toxicity 7%.

Carfilzomib based treatment is efficient in advanced multiple myeloma. Even in a heavily pretreated real-life patient group carfilzomib led to a significant response rate. Most important side effects are hematologic and cardiovascular. Patients should be closely monitored for a potential cardiac adverse effect.

**Keywords:** Relapsed, Refractory, Multiple, Myeloma, Carfilzomib, Turkey

## Myeloprofilerative Disorders

**PS-89** **Abstract Referance: 112**

### A CASE REPORT: CHRONIC EOSINOPHILIC LEUKEMIA ASSOCIATED WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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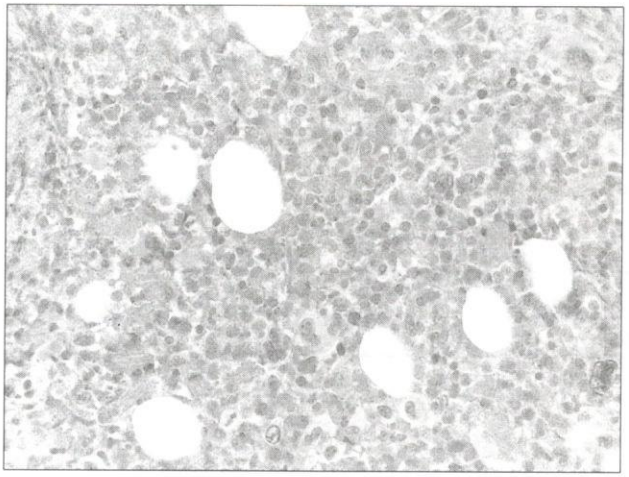
A 40-year-old female patient was admitted to the hospital due to fatigue, arthralgia and weight loss for six months. She was using azathioprine for SLE since two years. She had hepatosplenomegaly and hyperemic, squamous skin lesions on the face. Laboratory evaluation revealed leukocyte and eosinophil counts of 32 and 6.7 x 10 (3)/μL, 70% eosinophils and 2% blasts in bone marrow. Cytogenetic evaluation was normal. She has not BCR/ABL ve FIP1L1/PDGFRA fusion genes. She first received hydroxyurea and then methylprednisolone and imatinib. Now, splenomegaly and skin lesions were regressed. Eosinophil count is 0.1 x 10 (3)/μL. We report this case that chronic eosinophilic leukemia associated with systemic lupus erythematosus.

**Keywords:** chronic eosinophilic leukemia



## Chronic Lymphocytic Leukemia

**PS-90** **Abstract Referance: 113**

### EFFECT OF DIFFERENT TREATMENT PATTERNS TO COST EFFECTIVENESS IN CHRONIC LYMPHOCYTIC LEUKEMIA PATIENTS

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First and 2nd line treatments were recorded retrospectively in 8 centers (n= 115) from hospital medical records of patients diagnosed with chronic lymphocytic leukemia (CLL) and data collected was analyzed for main cost parameters of duration of hospitalization, total number of specialist visits and G-CSF use. Treatments were classified as fludarabine (FCR-fludarabine, cyclophosphamide, rituximab), bendamustine (benda) and chlorambucil (clb) based. Benda and clb chemotherapy consisted of anti CD20 treatment or not. Median treatment durations were 6 cycles for FCR, 6 cycles for benda and 7.4 months for clb arm. Hospitalization days and G-CSF administration rate was significantly higher in FCR arm compared to benda and clb arms altough mean age in FCR arm was lower. There was a slight significance in terms of specialist visits between FCR and benda arms. No statistical significance was noted between benda and clb regarding age and other cost related parameters (table).