of 14 cases. DNA was available in 11 patients and was studied for possible mutations in the disease specific genes. Further results will be presented at the meeting. *Summary/Conclusions.* This is the first study looking at Inherited Bone Marrow Failure Syndromes in Lebanon. A registry has been created and is being updated constantly with new cases. A larger regional registry should be created with collaborative efforts and data should be compared among countries and then to registries in Europe and the USA in order to improve diagnosis and outcome of these patients and compare genetic determinants of these complex disorders.

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ALLOGENEIC TRANSPLANTATION IN ADVANCED STAGES OF CML IN THE THIRD MILLENIUM. IS THERE A DIFFERENCE ?

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Although since 2001 thyrosine kinase inhibitors have substantially changed the therapeutic approach in CML (chronic myelogenous leukaemia), its advanced stages still remain an important problem, in which transplantation is considered. *Methods.* We evaluated retrospectively 36 patients transplanted between the years 1992-2005 in the advanced stages of CML (i.e. further than 1st chronic phase). 20 of them proceeded the treatment in the nineties (non-imatinib era)(group 1), while 16 patients were transplanted in the last 5 years (group 2). In these patients imatinib was used either before transplantation (12 pts, 4 of them progressed despite this treatment), or after the transplantation (6 pts). Differences in disease stage when entering the transplantation, transplant related mortality, overall survival, relaps rate and its response to further treatment were evaluated. *Results.* While in the group 1 there were only 25% of patients entering the transplantation in the re-achieved chronic phase, the number increased to 44% in the group 2. The median of overall survival was 1.5 months in the group 1 compared to 16 months in the group 2. There are 3 surviving patients (15%) in the group 1 and 11 (69%) in the group 2. There was an enormous 100 days mortality in the group 1 (3 pts, i.e. 65%) compared to absent 100 days mortality in the group 2. Remission was achieved in 6 patients in the group 1, (3 of them relapsed later) and in 14 patients in the group 2, (6 of them relapsed later). DLI (donor lymphocyte infusion) or next transplant was used as a relaps treatment in 2 patients in the group 1 and in 5 patients in the group 2. In 6 patients of the group 2 imatinib was used after transplant. *Conclusions.* More feasible and probably less toxic achievement of further chronic phase by chemotherapeutic combinations with imatinib, better supportive care, earlier detection of minimal residual disease or relaps by molecular techniques, the use of imatinib for post-transplant relapses and more frequent use of DLI might be the main contributors for better survival in patients transplanted in the advanced stages of CML.

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INFECTION TRANSMISSION DURING GRAFT IN STEM CELL TRANSPLANTATION SYSTEM OF PREVENTION

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Backgrounds. The possibility of infection transmission by transplantation of cryopreserved blood stem cell concentrates is well known. For this reason EBMT (European Blood and Marrow Transplantation Group) and ISHAGE (International Society for Haemotherapy and Graft Engineering) standards include a panel of serological tests to be performed in donors and patients with the aim to lower the likelihood of infection transmission. *Aim*: In the submitted paper attention is focused on danger of infection transmission by infusion of cryopreserved peripheral blood progenitor cells or bone marrow to the patient and/or cross contamination of stored grafts. *Methods.* After our preliminary investigations published 3 years ago the study was performed on a group of 35 related donors for allogeneic transplantation and 152 pts (mal.lymphomas, multiple myel., leukemias, solid tumors, amyloidosis). They were tested before the peripheral blood stem cell or bone marrow harvest according to the standards of EBMT and ISHAGE-Europe: retroviruses (HIV,HTVL), hepatitis (A,B,C), herpes viruses (CMV, EBV, VZV, HSV), lues, toxoplasmosis. *Results.* No laboratory signs of active infection were found in 22 donors (62,85%) and in 91 patients (59.9%). The active infection from herpes viruses was the most common - in patients 50, in donors 21. Hepatitis B was found in only two cases. *Conclusion*: We can conclude that the rate of clinically unsuspected (but dangerous) infections in donors and patients remains relatively high in spite of the fact that the system of donor search and the whole transplantation procedure have improved in the last years. We confirmed that the developed system of safety assurance is extremely important and that the whole palette of preventive tests according to EBMT and ISHAGE remains fully justified.

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EVOLUTION OF PATIENTS WITH ESSENTIAL THROMBOCYTEMIA (ET) TREATED WITH HYDROXIUREA (HU) AND α - INTERFERON (IFN)

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Backgrounds. Essential thrombocytemia (ET) is a clonal myeloproliferative disease characterized by increased number of platelets, megakariocytic hiperplasia and tendency to thrombosis and/or hemorrhage. The major aim of therapy is preventing thrombotic and hemorrhagic complications using cytoreductive agents that do not increase the risk of progression to acute leukemia or myelofibrosis. *Aim of the study*. to compare the results of the therapy with HU versus IFN in ET pacients. *Patients and Methods.* 72 pacients with ET followed between June 1999 - July 2005; median age 59,5 years (range 33 - 87 years); M/F: 32/40. Diagnostic criteria were those of the PVSG. 44 pacients (median age 62 years) received HU, and 28 pacients (median age 51 years) received IFN. HU dosis varied according to platelet counts between 500 and 1500 mg/d. IFN dosis was 9 MU/week. The purpose of therapy was to maitain platelet counts below 600.000/cmm and to prevent thrombotic si hemorrhagic complications. Patient with high risk for thrombosis received aspirine (75 mg/zi). *Results.* Pacients treated with IFN presented a 90% response rate and those receiving HU had a 75% response rate. The reduction of platelet counts below 600.000/cmm was faster in the IFN group versus HU group (average 4 weeks vs 10 weeks respectively). The level of platelets during the treatment was maintained constantly arround 400.000/cmm with IFN whereas in the HU group it was arround 600.000/cmm. Thrombotic complications occurred more often in the IFN group - 8 cases (28,5%) with predominance of arterial thrombosis - 6 cases. In the HU group the incidence of thrombosis was 18,18% (8 cases - 3 arterial thrombosis). The treatment with HU was better tolerated ‘6 cases with reversible leucopenia. The therapy with IFN was worse tolerated - 4 patients abandoned the treatment because of general simptoms. *Conclusions.* IFN was more effective in assuring a rapid and constant decrease of platelet number, but in the HU-treated group there was a lower incidence of thrombotic complications.

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CHRONIC MYELOPROLIFERATIVE DISORDERS: USE OF WHOLE BLOOD PLATELET LUMI-AGGREGOMETRY (WBPA) TO OPTIMISE ANTI-PLATELET THERAPY IN PATIENTS WITH PLATELET HYPERACTIVITY

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Twenty seven patients with chronic myeloproliferative disorders and in vitro evidence of platelet hyperactivity on WBPA studies (Br J Haematol 199;105:618) were commenced on anti-platelet therapy comprising aspirin, clopidogrel and/or odourless garlic and the studies were repeated to assess the efficacy of the therapeutic agents. Only eight patients showed clear evidence of anti-platelet effect (inhibition of aggregation with arachidonic acid; aggregation and disaggregation with ristocetin), whilst receiving the standard low dose (100 mg/d) aspirin therapy. Thirteen patients required a higher dosage of aspirin and/or an additional anti-platelet agent to achieve therapeutic efficacy. Lumi-aggregometry also proved useful to optimise therapy in the six patients who received clopidogrel (reduction in response to ADP) or odourless garlic (change of overall platelet function from hyper-activity to normal or hypo-activity), because of aspirin intolerance. *Conclusion*. Our experience suggests that WBPA studies will not only enable selection of patients who will benefit from anti-platelet therapy but also assess the efficacy of such therapy.