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Context: Since deep molecular response (DMR) confers a better progression-free survival in chronic myeloid leukemia (CML), it is now a primary goal and also is an absolutely requirement for therapy discontinuation. **Objective:** Here, we investigate the incidence of DMR and its association with clinical and molecular variables. **Design:** Retrospective cohort of patients ≥18 years with chronic-phase CML treated with imatinib for at least 12 months. The primary objective was to explore the accumulate incidence of DMR and analyze the following variables: age, gender, Sokal risk, variant of the BCR/ABL1 transcript, imatinib exposure time, body mass index (BMI) and albumin and its association with the achievement of DMR. **Results:** Ninety-six patients with a mean follow-up of 8 years were analyzed. The cumulative rate of DMR at the last follow-up was 65.62%, and the median time to document DMR was 63.13 months. The clinical and molecular variables were compared among three groups of response: no major molecular response (NO MMR), major molecular response (MMR), and DMR; the median age was 44.36, 35, and 42.87 years (p= 0.25); the median BMI was 27.71, 26.69 and 27.53 kg/m^2 (p= 0.91); the median concentration of albumin was 4.18, 3.95, and 3.93 g/dL (p= 0.22); and the median time of exposure to imatinib was 63.82, 101.2, and 114.7 months (p= 0.0001). respectively. Patients with a high Sokal risk were associated with a lower incidence of MMR and DMR compared with a low risk (27.27% vs. 54.54% and 20.63 vs. 50.7%, respectively, p=0.007). The proportion of patients with a known transcript (incidence of e14a2 variant) was higher than e13a2 (31.25% vs 23.95%) but without statistically significant differences between the groups (p=0.99). **Conclusions:** Incidence of DMR to imatinib exposure in our population is similar and even higher than reported in the literature regarding the several available data. The above findings, despite not following strict molecular monitoring, suggests that molecular monitoring by qRT-PCR can be performed in a longer interval. In this study, the prolonged exposure time to imatinib and the low Sokal risk, were significantly associated with a deeper molecular response. **Keywords:** deep molecular response, clinical variables, molecular variables, CML

CML-411

Treatment-Free Remission in Patients with Chronic Myeloid Leukemia (CML): A Real-World Cohort of Patients in Colombia

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Context: Long-term TKI treatment is related to notable adverse events, quality-of-life impact, and significant costs to health systems. TFR has been shown to be safe in multiple clinical trials, so it has become a new goal for CML management, although information about TFR in Colombia is scarce. **Objective:** Our aim is to show the outcomes of TFR in Colombia. **Design:** The Colombian Association of Hematology and Oncology (ACHO)'s hematological disease registry (RENEHOC) is a multicenter study that has collected information in 14 centers with Institutional Ethics Committee approval. This report represents a sub-analysis of the patients in the registry in whom discontinuation was performed. **Setting:** RENEHOC is a nationwide, multicenter registry on hematologic malignancies that captures information from academic and general community centers. Since 2019, it has been collecting information on CML. **Patients or other participants:** A total of 357 CML adult patients treated in the last 20 years have been registered until now on RENEHOC. Twenty patients were considered candidates for TFR; in 14 of them, TKI have been discontinued. **Interventions:** Treatment was according to investigator preferences. Ten patients received Imatinib as first-line and ten received second-generation TKI. Four required a second line (Nilotinib); three due to intolerance. Nine patients discontinued in a standardized TFR program, three with the intention to seek a pregnancy, one for toxicity (pleural effusion), and one for personal reasons. **Main outcome measures:** The main outcome measured is survival without TKI re-initiation. **Results:** The mean age was 56 yrs. (25–92), 11 were women, and 19 were in the chronic phase. On average, they received 9.3 years of TKI (3.2–14) and were in RMM for 6.9 years before TFR. At a median follow-up of 15.2 months (range 1–44.5), 12 patients remain TKI-free; the patients that re-initiated TKI regained 4.5 MMR. Five patients developed withdrawal syndrome. **Conclusions:** The TFR is a real goal for a selected group of patients with CML. This report represents real-world data in Colombia, showing its feasibility and safety under well-controlled settings. **Funding:** ACHO has received grants for RENEHOC project from Takeda, Abbvie, Amgen, Dr. Reddy's. **Keywords:** chronic myeloid leukemia, TFR, Colombia, TKI

Hodgkin Lymphoma

HL-024

Case Report: Re-Challenging with Pembrolizumab for a Case of Hodgkin Lymphoma with no Transplant with Multiple Relapses

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