majority after day 15 (66.7%). Most of the patients received intensive chemotherapy 7+3 induction regimen (55.8%). Hematopoietic stem cell transplantation (HSCT) was a treatment option for 21.2% of patients, and 77.4% met criteria for HSCT. Allogeneic HSCT (alloTPH) was performed in 19% and autologous HSCT (autoTPH) in 2.2%. The survival at 1-OS and 5-OS was 56.1% (95%CI 48.0–63.4) and 26.7% (95%CI 18.1–36.1), respectively. The RFS was 56.6% (95%CI 48.4–64.0) at 1-year and 22.2% (95%CI 14.0–31.6) at 5-years. For patients younger than 65 years (<65), 77.2% (95%CI 67.2–84.5) at 1-OS and 41.4% (95%CI 28.1–54.2) at 5-OS; for patients ≥65 years (65+), 26.1% (95%CI 15.9–37.4) at 1-OS and 0% at 5-OS. Additionally, the RFS in patients <65 was 78.9% (95%CI 68.8–86.0) at 1-year and 36.5% (95%CI 23.0–50.0) at 5-years, while for patients 65+, RFS was 24.7% (95%CI 14.6–36.0) and 0%, respectively. By HSCT type, autoTPH was 45% and 0% at 1-OS and 5-OS, while alloTPH was 100% and 75.7% (95%CI 30.5–93.7), respectively. Finally, the RFS for autoTPH at 1-year was 100% and 0% at 5-years, while for alloTPH was 95.4% (95%CI 71.9–99.3) and 52.4% (95%CI 16.8–79.1). **Conclusion:** Our results also show AML in an older population and that age is associated with shorter survival. We identified a low proportion of AlloHSCT, despite the survival benefit compared to non-transplant patients. **Keywords:** AML, acute myeloid leukemia, overall survival, relapse-free survival, hematopoietic stem cell transplantation

AML-430

Utility of End-of-Induction Bone Marrow Biopsy in APL Patients Treated with ATRA/ATO Regimen

Sydney Dunn-Valadez[1], Srilakshmi Bathini[1], Kathleen Purdy[2], Kimo Bachiashvili[3], Ravi Bhatia[3], Omer Jamy[3], Sravanti Rangaraju[3], Amitkumar Mehta[3], Kelly Godby[3], Gaurav Goyal[3], Sarah Worth[4], Josh Oliver[4], Fady Mikhail[5], John Choi[6], Diana Morlote[6], Vishnu Reddy[6], Pankit Vachhani[3]*

[1] Department of Medicine, University of Alabama at Birmingham, Birmingham, AL, USA, [2] Department of Medical Nursing, University of Alabama at Birmingham, Birmingham, AL, USA, [3] Division of Hematology/Oncology, Department of Medicine, University of Alabama at Birmingham, Birmingham, AL, USA, [4] Department of Pharmacy, University of Alabama at Birmingham, Birmingham, AL, USA, [5] Department of Genetics, University of Alabama at Birmingham, Birmingham, AL, USA, [6] Division of Anatomic Pathology and Neuropathology, University of Alabama at Birmingham, Birmingham, AL, USA

Background: Significant variations exist related to end-of-induction (EOI) practices in APL management. These include fixed dose/duration ATRA/ATO *vs* continuation of ATRA/ATO until hematologic complete remission (CR) and performance *vs* omission of EOI bone marrow biopsy (BMBx) to confirm CR. These variations arise from the original protocols (notably, APL0406), as well as ELN-2019 and NCCN-2020 guidelines. **Objectives:** To assess utility of EOI BMBx morphologic findings in APL patients treated with a 28-day ATRA/ATO induction regimen. **Methods:** Patients ≥ 18 years treated for APL with ATRA/ATO ± cytoreductive agent at a tertiary center from 12/2012 to 03/2020 were identified. Patients who received >30 doses of ATO or those who died in the first 4 weeks of treatment were excluded. Demographics, hematologic parameters, treatment details, and BMBx results were collected. Time-to-event endpoints were calculated from day 1 of ATO. **Results:** Sixty-one patients (42 low/intermediate-risk, 19 high-risk) were included in the study. Median age at diagnosis was 51 years (21–81 years); 47 (77%) were Caucasian. No low/intermediate-risk APL patients received gemtuzumab ozogamicin (GO); 2 received anthracycline. Five high-risk APL patients received GO; 10 received anthracycline. Median time-to-dose 28 ± 2 of ATO was 28 days (27–40). Day 28 hematologic parameters showed that 38 (62.3%) patients had ANC <1,000/μL, 14 (23%) had platelets <100,000/μL, and 7 (11.5%) had both. ANC (780/μL *vs* 1550/μL; p=0.03) and platelets (180/μL *vs* 247/μL; p=0.56) were higher for patients who received GO/anthracycline *vs* neither. On the day of ATO dose 28 ± 2, 39 (63.9%) patients had ANC <1,000/μL, 12 (19.7%) had platelets <100,000/μL, and 7 (11.5%) had both. Fifty-one patients underwent EOI-BMBx. Median time to EOI-BMBx was 43 days (32–59 days). Forty-nine (96%) showed no morphologic evidence of APL; the remaining two (4%) were equivocal. Median time to follow-up or death was 991 days (63–2,300 days). During this period, no patients relapsed. Two patients died secondary to complications of APL following EOI. Estimated 2-year overall survival rate was 95%. **Conclusions:** A 28-dose fixed ATO-containing ATRA/ATO regimen delivers excellent outcomes. Our data suggest that EOI-BMBx can be safely omitted, irrespective of hematologic parameters. **Keywords:** AML, bone marrow biopsy, arsenic, ATRA, APL, induction

AML-437

Survival of Patients with Secondary Acute Myeloid Leukemia in a University Hospital in Colombia

Maria F. Ortiz[1], Angela M. Peña[2,3], Luis A. Salazar[1,3], Sara I. Jimenez[2], Manuel Rosales[2,3], Maria Luna-Gonzalez[1,3], Daniela Vasquez[1], Miguel Ochoa[1], Xueyi Chen[2], Miguel Sanz Alonso[4], Pau Montesinos[4], Claudia Sossa[1,2]*

[1] Faculty of Health Sciences, Universidad Autonoma de Bucaramanga, Floridablanca, Colombia, [2] Hematopoietic and Stem Cell Transplantation Unit, Clinica FOSCAL, Floridablanca, Colombia, [3] PROTEHOS: Programa para el tratamiento de las enfermedades hemato-oncológicas de Santander, Floridablanca, Colombia, [4] Hospital Universitario La Fe, Valencia, Spain

Context: Acute myeloid leukemia (AML) is the most common acute leukemia in adults. **Objective:** To determine the OS of patients diagnosed with AML according to the type of AML, *de novo* (n-AML) or secondary (s-AML), in the Clinica Foscal, a university hospital in Colombia during 2013–2020. **Results:** A total of 157 patients were registered; 50.3% were male; the median age at the time of diagnosis was 58.8 years (range: 18–95); for n-AML median age was 57.4 years (range: 18–95), and 62.3 years (range: 26–84) for s-AML. Regarding the etiology of AML, 75.2% presented