

# **CURRICULUM VITAE**

# **TITRES ET TRAVAUX**

# **SCIENTIFIQUES**

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**EXAMEN DE FIN DE SPÉCIALITÉ 2024**

**Jaiéd Rabeb**

**SPÉCIALITÉ : Hématologie clinique | ANNÉE 2024**

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# **CURRICULUM VITAE**

## I. Données personnelles

- **Nom et Prénom** Jaied Rabeb
- **Date de naissance** 8/10/1994 à Monastir
- **Nationalité** Tunisienne
- **État civil** Mariée
- **Adresse** 6 Rue Ettaieb Kerina  
Cité Ibn Khaldoun 20620  
Tunis
- **Téléphone** +216 52681267
- **E-Mail** [jaiedrabebe@gmail.com](mailto:jaiedrabebe@gmail.com)

## II. Formation

### **1. Cursus académique :**

- **2000 – 2006** **Études primaires à l'école Essouani Monastir**
- **2007 – 2009** **Collège Hédi Khefacha, Monastir**
- **2008 – 2012** **Études secondaires  
Lycée Hédi Khefacha  
Monastir**
- **2013** **Baccalauréat**  
Section sciences expérimentales,  
Mention Très bien
- **2013– 2023** **Études universitaires en médecine à la  
Faculté de Médecine de Monastir**
- **2018** **Réussite au concours national de  
Résidanat en Médecine**  
**Spécialité choisie : Hématologie clinique**

## **2. Expérience professionnelle :**

### **a) Stages d'internat en médecine (2019) :**

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li><b>▪ Janvier 2019 – Mars 2019</b></li><li><b>▪ Avril 2019 – Juin 2019</b></li><li><b>▪ Juillet 2019 – Septembre 2019</b></li><li><b>▪ Octobre 2019- Décembre 2019</b></li></ul> | <p><b>Stage de Pédiatrie</b><br/><b>Service de pédiatrie</b><br/>Hôpital Fattouma Bourguiba<br/>Monastir<br/><b>Pr S. Chouchane</b></p> <p><b>Stage de gynécologie</b><br/><b>Service de gynéco-</b><br/><b>obstétrique</b><br/>Centre de Maternité et de<br/>Néonatalogie de Monastir<br/><b>Pr R. Falah</b></p> <p><b>Stage de réanimation</b><br/><b>médicale</b><br/><b>Service de</b><br/><b>Réanimation</b><br/><b>polyvalente</b><br/>Hôpital Fattouma<br/>Bourguiba, Monastir<br/><b>Pr F. Abroug</b></p> <p><b>Stage d'anesthésie</b><br/><b>réanimation</b><br/><b>Service d'anesthésie</b><br/><b>réanimation</b> Fattouma<br/>Bourguiba, Monastir<br/><b>Pr M. Gahbiche</b></p> |
|---|---|

## **b) Stages de résidanat (2020-2023) :**

- Janvier 2020- Juin 2020**

**Stage d'hématologie clinique**

Service d'Hématologie clinique  
Hôpital Farhat Hached, Sousse

**Pr A.Khelif**

- Juillet 2020- Décembre 2020**

**Stage d'hématologie clinique**

Service d'Hématologie clinique  
Hôpital Aziza Othmana, Tunis

**Pr B.Meddeb**

- Janvier 2021- Juin 2021**

**Stage d'hématologie clinique**

Service d'Hématologie clinique  
Centre national de greffe de moelle osseuse, Tunis

**Pr T. Ben Othmen**

- Juillet 2021-Décembre 2021**

**Stage d'hématologie biologique**

Laboratoire d'hématologie biologique

**Pr E. Gouider**

- Janvier 2022-Juin 2022**

**Stage d'hématologie clinique**

Service d'Hématologie clinique  
Hôpital Aziza Othmana, Tunis

**Pr B.Meddeb**

- Juillet 2022-Décembre 2022**

**Stage d'hématologie clinique**

Service d'Hématologie clinique  
Hôpital Aziza Othmana, Tunis

**Pr R. Benlakhal**

- **Janvier 2023-Juin 2023** **Stage d'hématologie clinique**  
Service d'Hématologie clinique  
Centre national de greffe de moelle osseuse, Tunis  
**Pr T. Ben Othmen**
- **Juillet 2023- Décembre 2023** **Stage d'hématologie clinique**  
Service d'Hématologie infantile  
Hôpital Aziza Othmana de Tunis  
**Pr L. Aissaoui**

### III. Compétences

- **Langues**
  - **Arabe** : langue maternelle, maîtrise parfaite
  - **Français**: bonne maîtrise
  - **Anglais** : bonne maîtrise
- **Informatique**
  - Microsoft Office
  - SPSS

# **TITRES, DIPLÔMES, FORMATION MÉDICALE CONTINUE ET TRAVAUX SCIENTIFIQUES**

## **IV. Titres et diplômes**

### **1. Baccalauréat :**

- **Date** Juin 2013
- **Section** Section sciences expérimentales
- **Mention** Très bien

### **2. Diplôme de Master Class :**

- **2022** Diplôme de Master Class en « **Urgences en hématologie** »  
**Faculté de médecine de Monastir**  
Année universitaire : 2021-2022

### **3. Certificat d'Études Complémentaires :**

- **2023** Certificat d'études complémentaires en « **Imagerie morpho-fonctionnelle des lymphomes** »  
**Titre** : Tomographie par Émission de Positrons dans le bilan d'extension initial des lymphomes de Hodgkin  
**Faculté de médecine de Monastir**  
Année universitaire : 2021-2022

## **4. Doctorat d'Etat en Médecine :**

- Date**

- Titre**

Réadmissions non planifiées post-allogreffe de cellules souches hématopoïétiques pour leucémie aigue : Facteurs associés et impact pronostique

- Directeur de thèse**

Pr. Ag Dorra Belloumi

- Faculté**

Faculté de médecine de Monastir

- Mention**

## **V. Formation médicale continue**

### **1) Participation aux cours du collège d'hématologie clinique:**

➤ Cours du Collège d'hématologie clinique. 8 février 2020

Thème : Pathologie acquise de l'hémostase, états d'hypercoagulabilité : thrombose-thrombophilie

➤ Cours du Collège d'hématologie clinique. 22 février 2020

Thème : Les leucémies aigues

➤ Cours du Collège d'hématologie clinique. 07 mars 2020

Thème : Les syndromes lymphoprolifératifs

➤ Cours du Collège d'hématologie clinique. 26 mars 2022

Thème : Hématopoïèse, hématopathologie : bases fondamentales et applications cliniques

➤ Cours du Collège d'hématologie clinique. 24 septembre 2022

Thème : Les anémies hémolytiques acquises

➤ Cours du Collège d'hématologie clinique. 20 mai 2023

Thème : Les Syndromes myélodysplasiques

➤ Cours du Collège d'hématologie clinique. 3 février 2024

Thème : Les gammopathies monoclonales

### **2) Enseignement post-**

#### **universitaire :**

➤ EPU interdisciplinaire « thrombopénie et thrombose », 25/11/2023 à la faculté de médecine de Tunis.

### **3) Présentations :**

- **Présentation d'un cours intitulé « Lymphome médiastinal B primitif »**  
le 8 Mai 2021, dans le cadre de l'enseignement post universitaire organisé par le service de greffe et d'hématologie au Centre National de Greffe de Moelle osseuse.

### **4) Participations aux Congrès et aux journées scientifique**

- 1.** 3<sup>rd</sup> How to diagnose and treat lymphoma. European School of Haematology congress. Novembre 2022
- 2.** 18<sup>ème</sup> congrès maghrébin d'hématologie. Novembre 2022
- 3.** 3<sup>ème</sup> journée scientifique de l'ATUMAL. Février 2022
- 4.** 16<sup>ème</sup> journée nationale d'hématologie., Société tunisienne d'hématologie. Mai 2023
- 5.** 25<sup>ème</sup> journée scientifique du CNGMO. Décembre 2023

## VI. Travaux scientifiques

### 1) Abstracts publiés :

#### **1. Long term follow up of low dose prophylaxis in Tunisian patients with haemophilia A**

**Rabeb Jaied**, Malek Terras, Molka Bambia, Houda Bouattour, Kaouther Zahra, Mariem Achour, Balkis Meddeb, Emna Gouider  
HAEMOPHILIA (Vol. 28, pp. 71-72)

#### **2. Clot waveform analysis in patients with Hemophilia A**

Malek Terras, **Rabeb Jaied**, Wijden Borgi, Fatma Ben Iakkal, Sarra Fekih Salem, Emna Gouider  
HAEMOPHILIA (Vol. 28, pp. 48-48)

#### **3. Oral versus intravenous anti-cmv preemptive therapy in allogeneic stem cell transplant patients with cmv reactivation: experience from national center of bone marrow transplantation,Tunis, tunisia**

Rimmel Yosra Kanoun, Nour Ben Abdeljelil, **Rabeb jaied**, Roua Hsasna, Siwar Frigui, Sabrine Mekni, Lamia Torjemane, Ines Turki, Dorra Belloumi, Rihab Ouerghi, Insaf Ben Yaiche, Saloua Ladeb, Wafa Achour, Tarek BenOthman  
EHA 2023 Hybrid Congress, 8-15 juin 2023, Heamosphére, 2023 ;7 (S3):p 4605

### 2) Communications affichées :

#### **a- Communications affichées internationales :**

## **1. Long term follow up of low dose prophylaxis in tunisian children with haemophilia**

**Rabeb Jaiéd**, Kaouther Zahra, Wiem Douira, Malek Terras, Ghada Bouzid, Sarra Fkih salem, Houda Bouattour, Balkis Meddeb, Fatma Belakhal, Wejdene Borgi, Emna Gouider

15ème congrès annuel de la European Association for Haemophilia and Allied Disorders, 2-4 Février 2022

## **2. Long term follow up of low dose prophylaxis in Tunisian patients with haemophilia A**

**Rabeb Jaiéd**, Malek Terras, Molka Bambia, Houda Bouattour, Kaouther Zahra, Mariem Achour, Balkis Meddeb, Emna Gouider

HAEMOPHILIA (Vol. 28, pp. 71-72)

## **3. Diffuse large B cell lymphoma of the tonsils**

**Rabeb Jaiéd**, Dorra Jabr, Raoudha Mansouri, Malek Sayedi, Raihane Ben Lakhal and Karima Kacem

Congrès ESH Lymphoma 2022, « 3rd how to diagnose and treat lymphoma », 04 - 06 novembre 2022

## **4. Liver involvement in BLBCL**

**Rabeb Jaiéd**, Karima Kacem, Dorra Jabr, Malek Sayedi, Raoudha Mansouri and Raihane Ben Lakha

Congrès ESH Lymphoma 2022, « 3rd how to diagnose and treat lymphoma », 04 - 06 novembre 2022

## **5. Management of primary mediastinal large B-cell lymphoma: A single-center experience**

**Rabeb Jaiéd**, Raoudha Mansouri, Dorra Jabr, Malek Sayedi, Raihane Ben Lakhal and Karima Kacem

Congrès ESH Lymphoma 2022, « 3rd how to diagnose and treat lymphoma », 04 - 06 novembre 2022

## **6. T-cell/histiocyte-rich large B-cell lymphoma**

**Rabeb Jaiéd**, Roua Hsasna, Dorra Jabr, Malek Sayedi, Raoudha Mansouri, Raihane Ben Lakhal and Karima Kacem

Congrès ESH Lymphoma 2022, « 3rd how to diagnose and treat lymphoma », 04 - 06 novembre 2022

## **7. Prognostic factors in refractory and relapsed diffuse large B cell lymphoma**

**Rabeb Jaiéd**, Raoudha Mansouri, Dorra Jabr, Malek Sayedi, Raihane Ben Lakhal and Karima Kacem

Congrès ESH Lymphoma 2022, « 3rd how to diagnose and treat lymphoma », 04 - 06 novembre 2022

## **8. RCHOP toxicity during DLBCL treatment**

**Rabeb Jaiéd**, Raoudha Mansouri, Dorra Jabr, Malek Sayedi, Raihane Ben Lakhal and Karima Kacem

Congrès ESH Lymphoma 2022, « 3rd how to diagnose and treat lymphoma », 04 - 06 novembre 2022

## **9. Toxicité neurologique au cours du traitement des patients atteints d'un Lymphome B à grandes cellules.**

**Rabeb Jaiéd**, Dorra Jabr, Raoudha Mansouri, Malek Sayedi, Raihane Ben Lakhal, Karima Kacem

18ème congrès maghrébin d'hématologie, 17-19 Novembre 2022

## **b- Communications affichées nationales :**

### **1. Diagnostic et résultats thérapeutiques du purpura thrombotique thrombocytopénique : expérience monocentrique**

Hsasna R, Jabr D, **Jaiéd R**, Achour M, Kharrat R, Berred R, Sayadi M, Kacem K, Mansouri R, Ben Neji H, Ben Lakhal R

XVIème journées nationales d'hématologie, 25 au 27 Mai 2023,  
Hôtel le Royal Hotels & Resorts, Hammamet

# **PIÈCES JUSTIFICATIVES**

# **CURRICULUM VITAE**



جمهوريّة التُّونس  
وزارَةُ التَّربيَةِ

شیوه‌دانی

بندرستان

بعد اتماله على الأفون التعليمي عدد 80 لسنة 2002 التحق بـ 23 مدرسة تربية وتعليم المدارس الابتدائية في مصر، وعمل أسر عدد 29 لسنة 2008 التحق بـ 22 مدرسة تربية وتعليم الابتدائية في مصر، وعمل قراراً من وزارة التعليم الكافي لاستكمال التعليم، وعمل عضواً في مجلس إدارة كلية التربية والعلوم الإنسانية.

الموارد(ة) في 1994/10/08 بالمستوى  
والرسّم(ة) في شعبية العلوم التحريرية  
وذلك بعد نجاحه(هـ) في امتحان البكالوريا دوره جرسان 2013 يلاحظة حسن جدا  
ولاية المست尉 0655572 عدد تحت عددا

تونس في 2013/06/22

وزير التربية وياذن منه  
بس مشكر الاصلاح  
علي الغزيري



تیه: پسلم هذه الشهادة مرتبة واحدة

٠٣٠٧٧٨٤

نحو : نسل هذه التهدئة مرتبة واحدة



### ATTESTATION DE VALIDATION DE RESIDANAT

Le Vice Doyen Directeur des stages de la Faculté de Médecine de Monastir soussigné, certifie que :

Nom : **JAIED**  
 Prénom (s) : **RABEB**  
 Date et Lieu de Naissance : **08/10/1994 MONASTIR**  
 CIN n° **06958844**  
 Spécialité **Hématologie clinique**

a effectué les stages du résidanat (TCEM) suivants :

Période	Service	Etablissement	Validation
Du 01/01/2020 Au 30/06/2020	HEMATO CLINIQUE	HOP F H SOUSSE	Validé
Du 01/07/2020 Au 31/12/2020	HEMATO CLINIQUE	HOP A OTHMANA	Validé
Du 01/01/2021 Au 30/06/2021	HEMATO CLINIQUE	CENTRE NL DE GREFFE MOELLE OS	Validé
Du 01/07/2021 Au 31/12/2021	HEMATO BIO	HOP A OTHMANA	Validé
Du 01/01/2022 Au 30/06/2022	HEMATO CLINIQUE	HOP A OTHMANA	Validé
Du 01/07/2022 Au 31/12/2022	HEMATO CLINIQUE	HOP A OTHMANA	Validé
Du 01/01/2023 Au 30/06/2023	HEMATO CLINIQUE	CNGMO	Validé
Du 01/07/2023 Au 31/12/2023	HEMATO CLINIQUE ENFANT	HOP A OTHMANA	Validé
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cette Attestation ne peut être délivrée qu'une seule fois.

Monastir le : 14/03/2024

Le Vice Doyen Directeur des Stages

Prof. Ahmed ZR



Rue Ibn Sina 5019 Monastir –Tunisie  
 Tél. 216 73 462 200 Fax : 216 73 460 737  
 Email : scolarite.medecine.monastir@gmail.com

# **Diplômes universitaires** **et certificat d'études** **complémentaires**



UNIVERSITÉ DE TUNIS EL MANAR

REPUBLIQUE TUNISIENNE  
MINISTERE DE L'ENSEIGNEMENT SUPERIEUR  
ET DE LA RECHERCHE SCIENTIFIQUE



REPUBLIQUE TUNISIENNE  
MINISTERE DE L'ENSEIGNEMENT SUPERIEUR  
ET DE LA RECHERCHE SCIENTIFIQUE

FACULTÉ DE MÉDECINE DE TUNIS

# MASTERCLASS

## Urgences en hématologie

Je soussigne le Doyen de La Faculté de Médecine de Tunis, atteste que :

**Jaiéd Rabeb**

A accompli l'enseignement dans le cadre de ce Cours Supérieur  
qui s'est déroulé les 11-18-25 Mai et 01-08-15 Juin 2022 à la Faculté de Médecine de Tunis  
au titre de l'année Universitaire 2021/2022.

Tunis, le 28/06/2022

Cachet Sec



Il n'est délivré qu'un seul exemplaire du présent certificat.



## Certificat d'Etudes Complémentaires\*

Le Doyen de la Faculté de Médecine de Monastir, Certifie que :

Mme / M. : Rabeb JAIED

Né(e) le : 08/10/1994

Titulaire de la CIN/du Passeport N° : 06985544

a suivi avec succès et obtenu, au titre de l'année universitaire 2021-2022 le Certificat d'Etudes

Complémentaires en :

### *Imagerie morpho-fonctionnelle des lymphomes*

Sous le N° : 20

\*Avec Mémoire

NB : Il n'est délivré qu'un seul exemplaire du présent certificat

Monastir, le 27/10/2023

Le Doyen  
Karfeddine AMRI



*République Tunisienne*  
*Ministère de l'Enseignement Supérieur et de la Recherche Scientifique*  
*Université de Monastir*  
*Faculté de Médecine de Monastir*

*Année Universitaire 2021/2022*

\*\*\*

*N° ...*



# **MEMOIRE**

## **Pour le Certificat d'Etudes Complémentaires Imagerie morpho-fonctionnelle des lymphomes**

Présenté et soutenu publiquement le : 26/10/2023

Par :

**Jaiéd Rabeb**

Né(e) le 08/10/1994

**Tomographie par Émission de Positrons dans le bilan  
d'extension initial des lymphomes de Hodgkin**

**Mots clés :** Lymphome de Hodgkin, Tomographie par Émission de Positrons, Tomodensitométrie, Stadification tumorale

### **Jury**

**Président : Pr. Kaouther CHATTI**

**Membres : Pr. Ag Raja SFAR**

**Pr. Ag Sarra BOUKHRIS**

### **Directeur du Mémoire**

**Dr Dorra JABR**

# CONCLUSIONS

L'utilisation du TEP au 18-FDG a bouleversé la prise en charge du LH grâce à l'activité fonctionnelle supplémentaire qu'il apporte lors du bilan d'extension initial de la maladie et même lors de l'évaluation de la réponse aux traitements. Cependant il n'a été intégré dans nos hôpitaux que ces dernières 3 années.

Notre travail rapporte les premiers résultats du TEP, incluant 77 patients atteints de LH ayant eu une TEP lors du bilan d'extension initial de la maladie.

L'âge médian était de 32ans avec un sexe ratio à 1,48. La circonstance de découverte la plus fréquente était l'apparition d'une ADP périphérique dans 71,4% des cas.

La TEP a permis un changement de la classification d'Ann Arbor chez 27 patients (35,1%) : un sur-classement chez 22 patients (28,6%) et un sous-classement chez 5 patients (6,5%). Le sur-classement a concerné essentiellement l'atteinte : ostéomédullaire dans 11 cas, osseuse dans 8 cas, pulmonaire dans 5 cas et hépatique dans 3 cas.

L'atteinte ostéo médullaire au TEP a été retrouvée chez 19 patients 24,7%. Une BOM concomitante a été faite chez 16 patients. Les résultats étaient concordants dans 11 cas, non concordants dans 2 cas, et non contributifs dans 3 cas.

Pour conclure, notre travail rejoint les données de la littérature et soutiens l'utilisation du TEP lors du bilan d'extension initial de la maladie afin d'avoir une stadification plus précise et une prise en charge plus adapté. A la lumière de ces résultats et en se référant à la littérature, un protocole national utilisant la TEP comme un outils de stadification et d'évaluation doit être instauré pour assurer une prise en charge plus adaptée à nos patients.

# Faculté de Médecine de Monastir

Année universitaire 2021/2022

## Mémoire pour le CEC

### Imagerie morpho-fonctionnelle des lymphomes

N° ...

**Titre :** Tomographie par Émission de Positrons dans le bilan d'extension initial des lymphomes de Hodgkin

**Introduction :** Le bilan d'extension est une étape cruciale dans la démarche diagnostique des Lymphomes de Hodgkin (LH). Au cours de ces dernières décennies, la tomographie par émission de positron (TEP) a pris une place prépondérante dans la prise en charge des lymphomes particulièrement le LH, ayant une sensibilité supérieure au scanner. En Tunisie la TEP a été récemment intégré dans la prise en charge des patients atteints de LH. Notre étude avait pour objectif d'évaluer l'intérêt du TEP dans le bilan d'extension initial des LH.

**Patients et méthodes :** Il s'agissait d'une étude rétrospective, monocentrique et descriptive menée à l'hôpital Aziza Othmana entre janvier 2021 et juin 2022, incluant les patients âgés entre 18 et 60 ans atteint de LH et ayant eu une TEP dans la cadre du bilan d'extension initial.

**Résultats :** Notre travail a inclus 77 patients. Au bilan d'extension initial, 57% des patients avaient un stade étendu par la TDM c-TAP et 66% par la TEP. La TEP a permis un changement du stade de la maladie chez 27 patients (35,1%), un sur-classement chez 22 patients (28,6%) et un sous-classement chez 5 patients (6,5%). Le sur-classement a concerné essentiellement l'atteinte : ostéomédullaire dans 11 cas, osseuse dans 8 cas, pulmonaire dans 5 cas et hépatique dans 3 cas. L'atteinte ostéo médullaire au TEP a été retrouvée chez 19 patients (24,7%). Une BOM concomitante a été faite chez 16 patients. Les résultats étaient concordants dans 11 cas, non concordants dans 2 cas, et non contributifs dans 3 cas.

**Conclusion :** La TEP permet une meilleure détection des différents sites atteints et une stadification lors du bilan d'extension initial de la maladie. A la lumière de ces résultats, un protocole national utilisant la TEP comme un outils de stadification et d'évaluation doit être instauré.

**Mots-clés :** Lymphome de Hodgkin, Tomographie par Émission de Positrons, Tomodensitométrie, Stadification tumorale

# Cours Du Collège

# D'hématologie clinique

**COLLEGE D'HEMATOLOGIE CLINIQUE, BIOLOGIQUE ET  
D'IMMUNOLOGIE**

**Collège d'hématologie clinique**

**2018-2021**

**ATTESTATION DE PRESENCE**

Monsieur/Madame .....Jaied Rabeb résident (e) en Hématologie clinique, semestre .....I... a assisté à l'enseignement post universitaire intitulé :

« ...Pathologie Acquise de L'hémostase, Etats d'hypercoagulabilité : thrombose-thrombophilie»

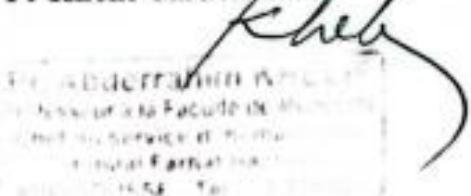
Organisé par le Collège d'Hématologie clinique et Biologique et d'Immunologie le .....8/2/2020...à Tunis.

**Président du collège**

D'hématologie clinique

Biologique et immunologie

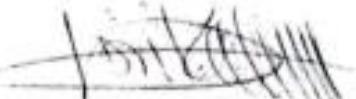
**Pr Khélif Abderrahim**



**Membre du collège de la FM**

de Tunis.

**Pr Ag Kacem Karima**



**COLLEGE D'HEMATOLOGIE CLINIQUE, BIOLOGIQUE ET  
D'IMMUNOLOGIE**

**Collège d'hématologie clinique**

**2018-2021**

**ATTESTATION DE PRESENCE**

Monsieur/Madame ...Jaid Rabeb ...résident (e) en hématologie clinique, semestre .....I.....a assisté à l'enseignement post universitaire intitulé :

**« ...Les Leucémies Aigues.....»**

Organisé par le Collège d'Hématologie clinique et Biologique et d'Immunologie le 22/2/2020 à Tunis.

Et a validé l'évaluation avec mention ...Assez Bien.....

**Président du collège  
d'hématologie clinique  
biologique et immunologie**

**Pr Khélif Abderrahim**

Pr Abderrahim KHE...  
Professeur à la Faculté de Médecine  
Chef du service d'hématologie  
Hôpital Farhat Hached  
4018 Sousse - Tel. 73 7555

**Membre du collège de la FM  
de Tunis**

**Pr Ag Kacem Karima**

Pr. Ag. KACEM KARIMA  
Membre du collège de la FM  
de Tunis  
Dr. AZIZA OMRANI

**COLLEGE D'HEMATOLOGIE CLINIQUE, BIOLOGIQUE ET  
D'IMMUNOLOGIE.**

Collège d'hématologie clinique

**2018-2021**

**ATTESTATION DE PRESENCE**

Monsieur/Madame ...**Jaid Rabeb** ...résident (e) en nématologie clinique, semestre  
...I..a assisté à l'enseignement post universitaire intitulé :

« ...Les Syndromes Lymphoprolifératifs.....»

Organisé par le Collège d'Hématologie clinique et Biologique et d'Immunologie le  
7/3/2020 à Tunis.

Et a validé l'évaluation avec mention **Très Bien**.....

**Président du collège**  
**d'hématologie clinique**  
**biologique et immunologie**

**Pr Khélif Abderrahim**

  
Pr. Abderrahim KHEF  
Professeur à la Faculté de Médecine  
Chef du service d'hématologie  
Hôpital Farhat Hached  
4000 SOUSSE - Tel : 71 216 561

**Membre du collège de la FM**

**de Tunis**

**Pr Ag Kacem Karima**

  
Ag. KACEM KARIMA  
Collège d'Hématologie clinique  
Hôpital Aziza Othmana

LE COLLÈGE D'HÉMATOLOGIE CLINIQUE, BIOLOGIQUE ET  
D'IMMUNOLOGIE

*EPU de collège d'hématologie clinique*  
**2021-2024**

### Attestation de participation

Madame : **JAIED Rabeb**, résident (e) en Hématologie clinique  
**semestre** , a assisté à l'EPU du collège d'Hématologie  
clinique sur le thème :

**«Hématopoïèse, Hématopathologie : bases fondamentales et  
applications cliniques»**

Organisé par le Collège d'Hématologie Clinique, Biologique et  
d'Immunologie le **26 Mars 2022 à Tunis.**

Et a validé l'évaluation avec la mention :

**Coordonnateur du collège**

**D'hématologie clinique**

**Pr Adnène LAATIRI**

**Membre du collège**

**de la FM Tunis**

**Pr.Ag Yosr BEN ABDENNEBI**

Hôpital Universitaire  
Fattouma BOURGUIBA de Monastir  
Service Hématologie  
Dr. LAATIRI Mohamed Adnène  
Chef du Service

LE COLLÈGE D'HÉMATOLOGIE CLINIQUE, BIOLOGIQUE ET  
D'IMMUNOLOGIE

*EPU de collège d'hématologie clinique*  
*2022-2024*

**Attestation de présence**

Madame **Rabeb JAIED**, résidente en Hématologie clinique, a assisté à l'EPU du collège d'Hématologie clinique sur le thème :

**LES ANEMIES HEMOLYTIQUES ACQUISES**

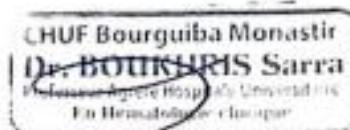
Organisé par le Collège d'Hématologie Clinique, Biologique et d'Immunologie le 24 Septembre 2022 à Monastir.

**Coordinateur du collège**

Pr M.Adnène LAATIRI

**Coordinateur de l'EPU**

Pr Ag Sarra BOUKHRIS



LE COLLÈGE D'HÉMATOLOGIE CLINIQUE, BIOLOGIQUE ET  
D'IMMUNOLOGIE

*EPU de collège d'hématologie clinique*  
2022-2024

**Attestation de présence**

Madame **Rabeb JAIED**, résidente en Hématologie clinique, a assisté à l'EPU du collège d'Hématologie clinique sur le thème :

**LES SYNDROMES MYELODYSPLASIQUES**

Organisé par le Collège d'Hématologie Clinique, Biologique et d'Immunologie le **20 Mai 2023 à Sousse**.

**Coordinateur du collège**

Pr M.Adnène LAATIRI



**Coordinateur de l'EPU**

Pr Ag Kmira ZAHRA



LE COLLÈGE D'HÉMATOLOGIE CLINIQUE, BIOLOGIQUE ET  
D'IMMUNOLOGIE

*EPU de collège d'hématologie clinique*  
**2022-2024**

**Attestation de présence**

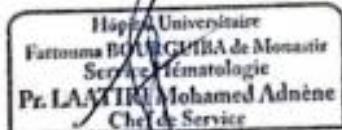
M'/M<sup>me</sup> Jawed Rabebi..., résident(e) en Hématologie clinique,  
a assisté à l'EPU du collège d'Hématologie clinique sur le  
thème :

**GAMMAPATHIES MONOCLONALES**

Organisé par le Collège d'Hématologie Clinique, Biologique et  
d'Immunologie le **3 Février 2024 à Sfax.**

**Coordinateur du collège**

Pr M.Adnène LAATIRI



**Coordinateur de l'EPU**

Pr Ag Faten KALLEL



# **Enseignement Post-** **Universitaire**



Faculté de Médecine de Tunis  
Université de Tunis El Manar  
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جامعة تونس المنار  
UNIVERSITY OF TUNIS EL MANAR

## ATTESTATION

Dans le cadre de la formation des étudiants du 3<sup>ème</sup> cycle des études médicales,

**Rabeb Jaied**

a participé à l'enseignement post-universitaire interdisciplinaire qui s'est déroulé à la Faculté de Médecine de Tunis :

25/11/2023

Thrombopénie et thrombose

Le Doyen  
Pr Mohamed Jouini



# Présentations

**CENTRE NATIONAL DE GREFFE DE MOELLE OSSEUSE**  
**Service de Greffe/Hématologie**

**ATTESTATION**

Je soussigné, Pr BEN OTHMAN Tarek, Chef de service de Greffe et d'Hématologie,  
certifie que Dr JAIED Rabeb a assuré une séance d'enseignement post-universitaire sous la coordination du Pr LADEB

Saloua intitulée :

**Lymphome médiastinal B primitif.**

Le Samedi 08 Mai 2021 au Centre National de Greffe de Moelle Osseuse.

**Pr BEN OTHMAN Tarek**  
Centre National de Greffe  
De l'Armée de Défense  
Service de Greffe  
Pr. Tarek BEN OTHMAN

# **Participations aux congrès Et aux journées scientifiques**

November 6th, 2022

## CERTIFICATE OF ATTENDANCE

This is to certify that

**Rabeb Jaied**

attended the 3rd How to Diagnose and Treat LYMPHOMA

which took place from November 4-6, 2022

in Paris, France

under the scientific direction of

Christian Buske, Michael Crump, Catherine Thieblemont

EUROPEAN SCHOOL OF HAEMATOLOGY (ESH)  
IUH, Centre Hayem  
Hôpital Saint-Louis  
1, Av. Claude Vellefaux  
75010 PARIS, FRANCE



**Le XVIII<sup>ème</sup> Congrès Maghrébin d'Hématologie**  
Les 15<sup>èmes</sup> journées Nationales d'Hématologie  
Du 17 Au 19 Novembre 2022 - Radisson Blu Hammamet

**Rabeb JAIED**  
Tunisie



**Congressiste**

## ATTTESTATION DE PRÉSENCE

LA PRÉSIDENTE DU COMITÉ SCIENTIFIQUE DE L'ASSOCIATION TUNISIENNE DES MALADES  
ATTEINTS DE LYMPHOME (ATUMAL) ATTESTE QUE, MR/MME/MILLE  
S. Rabié... Rabeb..... A PARTICIPÉ À LA 3<sup>ME</sup> JOURNÉE SCIENTIFIQUE DE  
L'ASSOCIATION TENUE LE 04/2/2022 À L'HÔTEL DE PARIS - LES BERGES DU LAC.

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LA PRÉSIDENTE



A handwritten signature in blue ink, appearing to read "ATUMAL" followed by a name, is enclosed in a stylized oval border.

CENTRE NATIONAL DE GRAFTE DE MOELLE OSSEUSE  
25<sup>me</sup> JOURNÉE SCIENTIFIQUE  
15 Décembre 2023, Tunis

## ATTESTATION DE PRESENCE

Le comité d'organisation de la 25<sup>me</sup> Journée Scientifique du CNGMO atteste que :

*Dr JAIED Rabeb*

a assisté à la 25<sup>me</sup> Journée Scientifique du CNGMO.

*Pour le comité d'organisation*

*Prag N. BEN ABDELJELIL*

Centre National de Grafte de Moelle Osseuse  
Dr Neur Ben Abdellil  
Chef du Service de Grafte



LA SOCIÉTÉ TUNISIENNE D'HEMATOLOGIE

**Les XVIèmes  
Journées Nationales d'Hématologie**

Du 25 au 27 Mai 2023 Hôtel Le Royal Hotels & Resorts - Hammamet

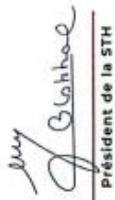
**ATTESTATION DE PRÉSENTATION**

Le comité d'organisation des 16èmes Journées Nationales d'Hématologie organisées du 25 au 27 Mai 2023, atteste que :

**Dr. Rabeb Jaïed**

a présenté le workshop intitulé :

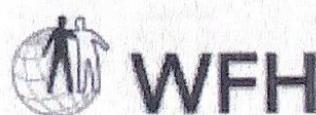
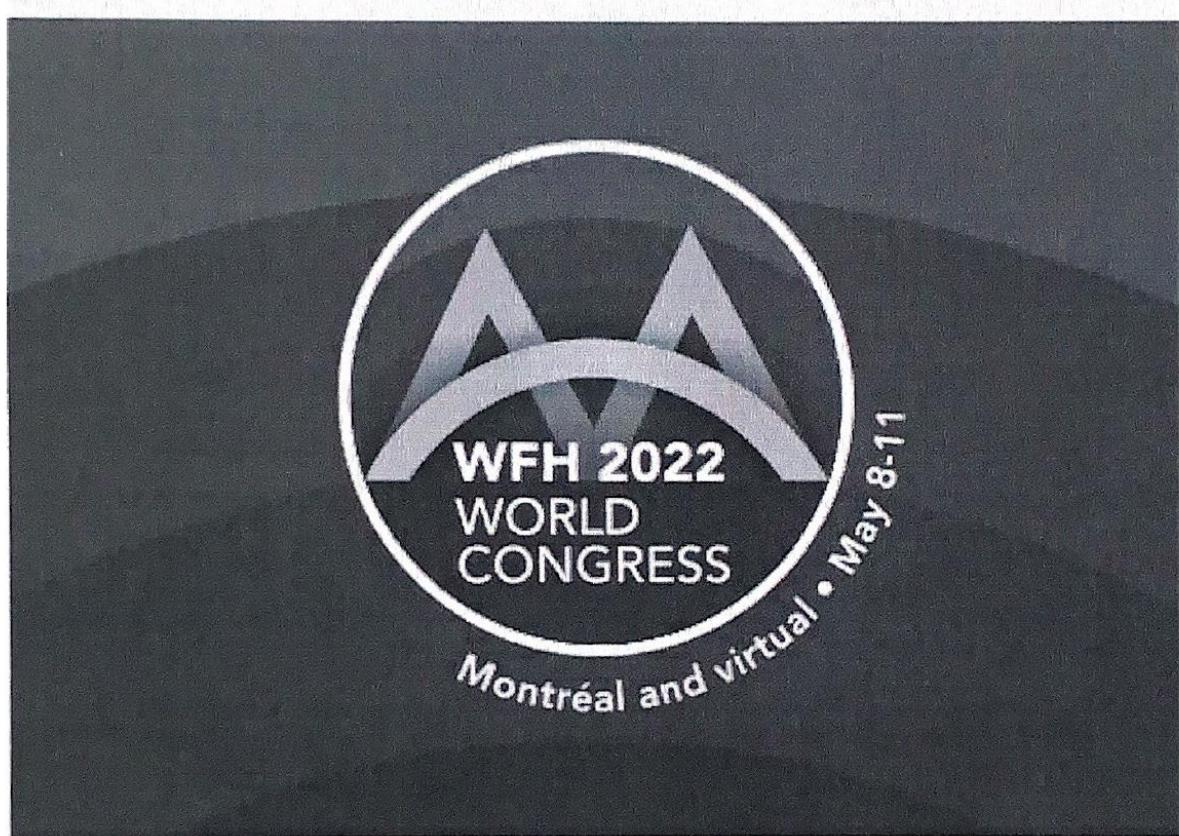
**Cytologie typique et atypique du myélome multiple**

  
Dr. Rabeb Jaïed

Président de la STH

[www.sth.tn](http://www.sth.tn)

# Travaux Scientifiques



WORLD FEDERATION OF HEMOPHILIA  
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE  
FEDERACIÓN MUNDIAL DE HEMOFILIA

**Results:** Nine patients with a mean age of 26.5 years (12–44 years) were included. All patients were adherent to a factor prophylaxis regimen prior to switching to weekly or biweekly emicizumab. Only one patient had a history of an inhibitor to factor VIII. Patients reported multiple spontaneous joint bleeds within the year prior to switching to emicizumab. Following emicizumab initiation, no further spontaneous joint bleeding was reported. The reported mean QuickDASH score improved from 34.7 (2.3 to 56.8) while on factor-based prophylaxis to 13.8 (0 to 36); *p*-value = .04 while on emicizumab. Similarly, the reported mean LEFS scores improved after transitioning to emicizumab (63.5% (11%–95%) versus 81.8% (56.3%–98.8%); *p*-value = .15). HEAD-US assessment was performed on four subjects. Fifty percent had improved overall score in their respective target joints, whereas the remaining two patients had stable joint changes with no indication of arthropathy progression.

**Conclusions:** In our study, PwHA changing to emicizumab prophylaxis reported improved QoL scores. POC-MSKUS evaluation demonstrated either stability or improvement of pre-established joint damage of target joints. Larger studies are warranted to evaluate the role of emicizumab in preventing or reversing joint damage.

**Keywords:** Emicizumab, haemophilia A, prophylaxis

PP-64 (1160353) | Impact of Emicizumab on annualized bleeding rates in persons with haemophilia A in Western Kenya

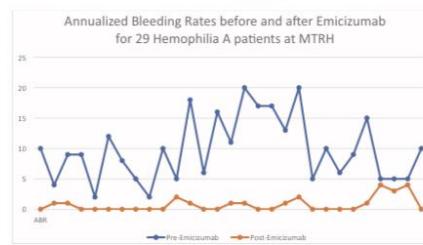
Carole Kilach<sup>1</sup>, Anne Greist<sup>2</sup>, Festus Njuguna Muiga<sup>3</sup>, Cyrus Njuguna<sup>4</sup>, Nancy Midwo<sup>4</sup>, Elvis Moses Oburah<sup>4</sup>, Everlyne Aliwa<sup>4</sup>, Racheal Korir<sup>4</sup>, Consolata Bor<sup>4</sup>

<sup>1</sup>Moi Teaching and Referral Hospital (MTRH)/ Academic Model Providing Access to Healthcare (AMPATH), Kenya; <sup>2</sup>Indiana Hemophilia and Thrombosis Center IHTC, Indianapolis, Indiana; <sup>3</sup>Moi Teaching and Referral Hospital (MTRH), Kenya; <sup>4</sup>Academic Model Providing Access to Healthcare (AMPATH), Kenya

**Introduction:** Prophylactic treatment for Persons with Hemophilia (PWH) still remains largely inaccessible in Kenya. Donation of Emicizumab for PWH A through the World Federation of Hemophilia (WFH) Humanitarian Aid Programme in March 2021, started the first sustainable prophylaxis programme in Kenya.

**Methods:** 58 PWH A were enrolled into the Emicizumab programme in Kenya, with them 29 at Moi Teaching and Referral hospital (MTRH) in western Kenya. Emicizumab was given at a loading dose of 3 mg/kg subcutaneously for 4 weeks, then maintenance dose of 6 mg/kg subcutaneously every 4 weeks. Patients received all their treatment at the hospital between March and October 2021.

**Results:** 25 patients had severe haemophilia A and four with moderate levels. Sixteen patients had inhibitors, three with history of life-threatening bleeds and 10 with annualized bleeding rate (ABR) of >8. The age range for the 29 patients was 3–34 years (mean 14.2 years). Before initiation of Emicizumab the average ABR was 9.79. After 8



months of Emicizumab prophylaxis treatment the ABR reduced to .75, 92.3% reduction. Three patients underwent minor dental procedures without requiring clotting factor concentrates. Two patients had long bone fracture (tibia and radius) and were managed conservatively with clotting factor concentrates and closed reduction with a cast. There were also documented improvements in patients' joint health, mobility and quality of life with fewer sick days from school or work or hospital visits due to frequent bleeds. One patient had a mild drug reaction, injection site rash and itchiness. Two patients delayed maintenance schedule for 2 months.

**Conclusions:** Emicizumab treatment led to a significant reduction of ABR, with close to 100% adherence to the regimen and no adverse drug reaction. The main challenge was transportation to the clinic for treatment. Attesting to the impact of support by WFH in providing access to treatment for persons with haemophilia.

**Keywords:** annual bleeding rates, Emicizumab, prophylaxis

PP-73 (1160541) | Long term follow up of low dose prophylaxis in Tunisian patients with haemophilia A

Rabeb Jaied, Malek Terras, Molka Bambia, Houda Bouattour, Kaouther Zahra, Mariem Achour, Balkis Meddeb, Enna Gouider Hematology laboratory, Aziza Othmana Hospital, Tunisia

**Introduction:** Prophylaxis among patients with haemophilia has proven to be effective in reducing the number of bleedings and joint damages. It should be initiated as early as possible, before the onset of joint disease and ideally before age 3 according to the WFH guidelines. The aim of this study is to report the outcomes of low dose prophylaxis and to assess the results of early prophylaxis.

**Methods:** The study was retrospectively carried out at the haemophilia center at the Aziza Othmana Hospital. It included patients with haemophilia on low dose prophylaxis who did not develop inhibitors. Subjects who interrupted the prophylaxis were excluded from this study. Patients were divided into three groups: primary, secondary, and tertiary prophylaxis. Outcome measurements were haemophilia joint health score (HJHS) and Functional independence score of haemophilia (FISH). Data was analysed with SPSS statistics 22, medians were compared using Mann Whitney U-test.

**Results:** 63.8% ( $n = 141$ ) of patients with haemophilia are on low-dose prophylaxis in our centre. 111 patients were included in this study. The median age was 16 years old (2–54). 86.5% ( $n = 96$ ) had haemophilia A. 78.4% ( $n = 87$ ) had a severe type. The median age at the start of prophylaxis was 6 years old (1–46). The median period of prophylaxis was 8 years (1–16). The group of primary, secondary, and tertiary prophylaxis represented respectively 31.8%, 48.2%, and 19.8%. When comparing similar age groups, patients on primary prophylaxis had a significantly better HJHS score compared to the secondary group ( $p = .03$ ) and no difference was found between secondary and tertiary prophylaxis group ( $p = .314$ ). No difference in FISH score was found between the different groups.

**Conclusions:** Early initiation of low dose prophylaxis could prevent the development of haemophilia arthropathy.

**Keywords:** haemophilia, low dose prophylaxis, long term follow up

#### PSYCHOSOCIAL ISSUES

##### FP-05.03 (1158537) | Navigating time and space: Experiences of ageing with haemophilia

Sara Schwartz<sup>1</sup>, Tam Perry<sup>2</sup>, Dana Francis<sup>3</sup>, Charlie Kaplan<sup>4</sup>, Samir Al-Khoury<sup>2</sup>, Misha Ansari<sup>2</sup>, Abeer Gobah<sup>2</sup>, Sukrut Nadigotti<sup>2</sup>, Aisha Patel<sup>2</sup>

<sup>1</sup>University of Southern California, San Rafael, California; <sup>2</sup>Wayne State University, Detroit, Michigan; <sup>3</sup>University of California San Francisco Hemophilia Treatment Center, San Francisco, California; <sup>4</sup>University of Southern California, Los Angeles, California

**Introduction:** For the first time in human history, a cohort of ageing persons with haemophilia (APWH) are entering older adulthood, defined as 50+. This cohort lived through treatment advances from fresh plasma to cryoprecipitate and then freeze-dried powder infused at home. Product contamination in the 1980s led to new purification methods, synthetic products, prophylaxis and now gene therapy. Within this context, APWH face unexpected time horizons and unknown health trajectories as they navigate conditions associated with ageing alongside haemophilia and, for some, HIV.

**Methods:** This research examines APWH experiences through the lens of Socioemotional Selectivity Theory and the Selection, Optimization and Compensation Model. A non-probability sample of 27 APWH and eight professional service providers based in California participated in semi-structured interviews over Zoom. Interviews investigated strategies for optimizing functioning, shifting perspectives of time and gerontological domains of self-care, social networks, meaning of home and contributions. The presenting authors collaborated with five pre-medicine and public health oriented undergraduate students on data transcription and coding. Data analysis was guided by coding, thematic discussion and member-checking.

**Results:** All participants intentionally select activities to optimize their functioning and have done so their entire lives. Eighty-eight percent acknowledge that unexpected longevity has affected them in profound

ways. Some identify ongoing challenges related to medical coverage and providers unfamiliar with the unique needs of APWH. Some are performing unanticipated caregiving roles and have concerns about who will care for them as they age. Gender emerges as an important theme, specifically gender-specific challenges for diagnosis and treatment. Data also reveals complex trauma histories intermixing physical and emotional pain, cruelty, grief, social exclusion and isolation.

**Conclusions:** The data illuminates the diverse and complex realities of the first generation of people with haemophilia living to older adulthood. Recommendations are made to support both current and future cohorts of APWH to provide supports for navigating complex healthcare needs. System-level recommendations are also made to enhance coordinated systems of care, provide access to health coverage, and develop educational content for all genders living with bleeding disorders and the providers who serve them across the lifespan.

**Keywords:** ageing with haemophilia, complex needs, unexpected longevity

##### FP-05.01 (1159843) | Psychological aspects of participation in gene therapy clinical trials

Tami Barazani Brutman<sup>1</sup>, Sarina Levi Mendelovich<sup>1</sup>, Assaf Barg<sup>1</sup>, Dalia Bashari<sup>2</sup>, Gili Kenet<sup>2</sup>

<sup>1</sup>The National Hemophilia Center, Sheba Medical Center, Israel, Israel; <sup>2</sup>The Israeli National Hemophilia and Thrombosis Institute, Sheba Medical Center, Tel Hashomer, Israel

**Introduction:** The field of haemophilia management has been challenged by new medications and gene therapy trials, offering options for patients' cure. Our aims were: (1) To investigate the fear and concerns of patients or patient's parents regarding gene therapy use. (2) To understand patients' or patient's parents' expectations from gene therapy treatment.

**Methods:** Our haemophilia treatment centre provides multidisciplinary care to 700 patients with haemophilia. Any patient or parent diagnosed with severe haemophilia A or B, who consented to the study, was offered the option to answer a specific questionnaire addressing patients' feelings and attitudes towards gene therapy.

**Results:** A total of 40 patients/caregivers (mostly with severe Haemophilia A, four with FVIII inhibitors) whose median age was 35 years (age range of patients: .5–73 years) answered the questions. Interestingly four patients who were already delivered gene therapy within a company sponsored trials provided responses as well. The majority of patients/caregivers felt that additional data regarding gene therapy will be of value for them and preferred to wait prior to enrolling into a currently running gene therapy trial. Half the patients stated that the existence of curative options will change their perspective regarding future family planning.

**Conclusions:** In the era of novel options for cure most haemophilia patients are still reluctant to trust gene therapy trials, though their perspective regarding offsprings' disease is changing.

**Keywords:** concern, fear, gene therapy knowledge

**Results:** Median OSA ranged from 43.5 to 70 IU/dl (ANOVA,  $p = .0005$ ) and for the CSA ranged from 36 to 77 IU/dl (ANOVA,  $p < 0.0001$ ). Variations in OSA assays were seen amongst the patient samples: Actin F5 produced the highest OSA, FVIII:C, APTT-SP produced the lowest OSA, FVIII:C levels. Variation in CSA assays were also seen with highest CSA, FVIII:C levels produced by Technochrom FVIII:C and the lowest CSA levels by Siemens Chromogenic Assay.

**Conclusions:** We have demonstrated in patient plasma that OSA and CSA rpFVIII:C were similar and that not all CSA were significantly lower than OSA as has been previously reported. The variations in the rpFVIII:C levels in these two patients suggests that more data are required to understand which method and reagent are most suitable for monitoring rpFVIII:C in patient plasma.

**Keywords:** Acquired Haemophilia, factor assays, porcine factor VIII

**Disclosures:** Steve Kitchen: Takeda (Honoria)

**PP-21 (1158480) | How to assess parallelism in factor assays: CV of results with different dilutions or Slope Ratio?**

Susan Guy, Margaret Shepherd, Annette Bowyer, Steve Kitchen  
Sheffield Haemophilia and Thrombosis Centre, United Kingdom

**Introduction:** Some guidelines recommend assessing parallelism in factor assays by calculating the CV of three dilutions; if this is <15% then the average of the three dilution results can be reported. Others have suggested using slope ratio (calibrator slope/test sample slope) to calculate parallelism, which should fall within the range of .9–1.1.

**Methods:** We evaluated both approaches for one stage factor assays (OSA) performed on Sysmex CS5100i instrumentation using five calibration curves – established using SSC lot five with FII, FV, FVII, FX, FIX, FXI, and FXII (Precision BioLogic); FVIII (Siemens) deficient plasma and the Siemens reagents Innovin and Actin F5. Ten aliquots of the following plasmas were tested on two days: Frozen normal reference plasma (CCNRP), reference control normal plasma (RCN), abnormal reference plasma (ARP1), abnormal reference plasma 2 (ARP2) (all Precision BioLogic). Samples with positive Lupus Anticoagulant, DOAC therapy or DTI treatment; were analysed to assess the non-parallelism that is often associated with these.

**Results:** CVs >15% were only observed using ARP 1 in FII, FVII and FXII. Slope ratios (SR) outside of .9–1.1 were seen in several plasmas with FII (but normal SR in ARP 2) XII (but normal SR in CCNRP). Results shown in table have failed the acceptance criteria; only FII (ARP 1), FVII (ARP 1), FXII (ARP 1) failed on both CV and SR. A higher incidence of non-parallelism was detected using SR than CV for DOAC

and DTI samples; Lupus anticoagulant had limited effect on the intrinsic assays due to the use of Actin F5 which is known to be Lupus insensitive.

**Conclusions:** Overall, SR seems more sensitive than CV. In our opinion, the target of 15% CV was a better discriminator of acceptable or unacceptable variation when factor levels were reduced.

**Keywords:** acceptability, factor assays, parallelism

**PP-71 (1160478) | Clot waveform analysis in patients with Hemophilia A**

Malek Terras, Rabeb Jaiied, Wijden Borgi, Fatma Ben Iakhal, Sarra Fekih Salem, Emma Gouider  
Hematology laboratory, Aziza Othmane Hospital, Tunis, Tunisia

**Introduction:** The measurement of FVIII activity is mandatory for the diagnosis of haemophilia A and the level will define the severity. The aPTT-based clot waveform analysis (CWA) is a simple global hemostasis test available on new analyzers. The aim of this study was to assess the CWA in haemophilia A.

**Methods:** The study was retrospective, carried out from 1st January 2021 to 15th November 2021. Forty patients with haemophilia A were included. The aPTT-based CWA data were retrieved from the ACL TOP 500 automated coagulation analyser (Instrumentation Laboratory, Munich, Germany). A built-in algorithm tool on the analyzer generates the fibrin formation curve and its two derivatives: the first derivative curve corresponding to the velocity of clot formation and the second derivative curve corresponding to the acceleration of clot formation. Three CWA parameters were noted: maximum velocity (max1), maximum acceleration (max2) and maximum deceleration (min2). FVIII activity was determined using a one-stage assay (Instrumentation Laboratory). Statistical analysis was performed with SPSS statistics 25.

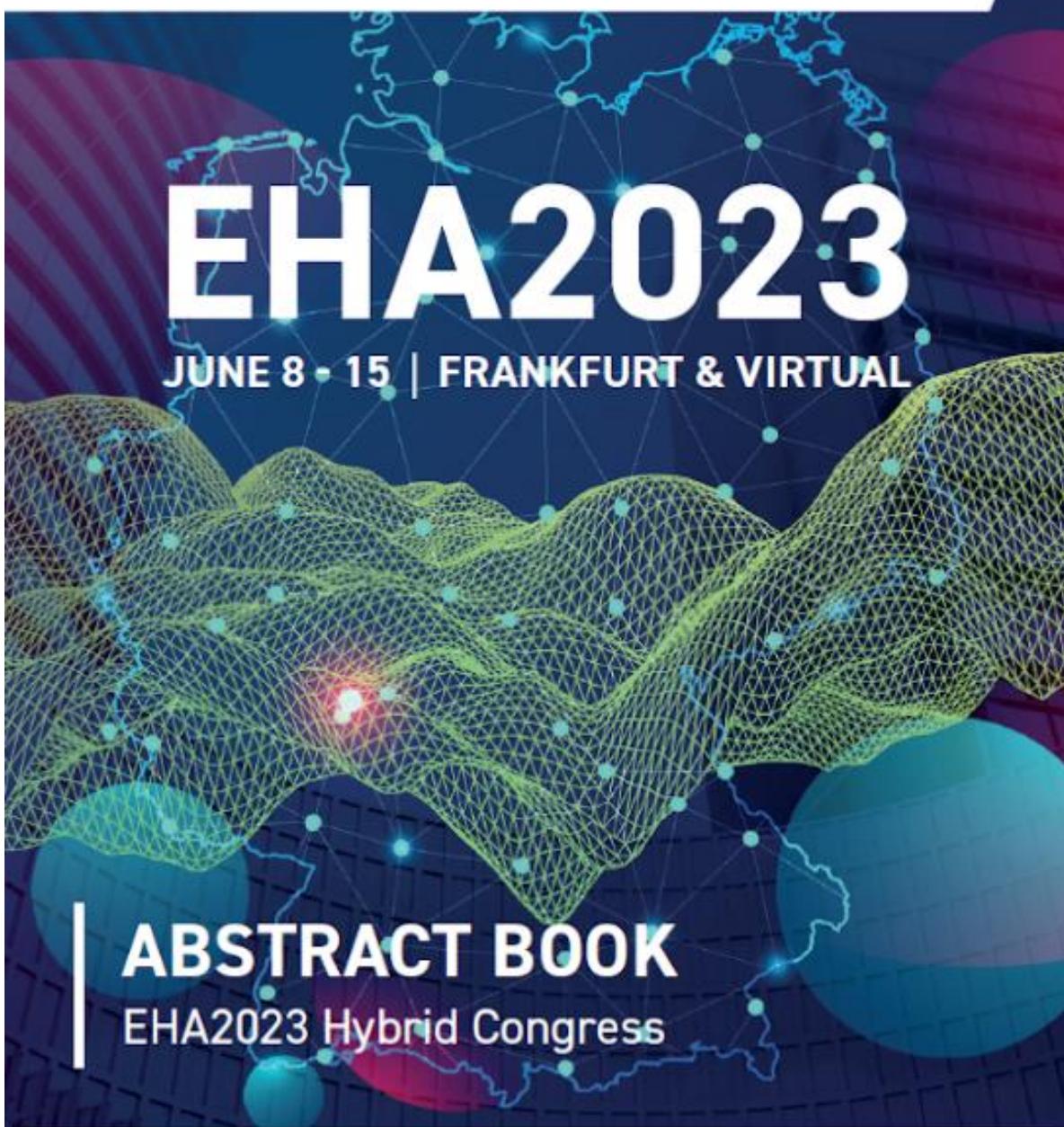
**Results:** 47.5% of the patients had severe haemophilia A. There was a very strong correlation between the levels of FVIII activity and the CWA parameters max1 and max2 ( $r^2 = .88$ ,  $p < .01$ ). Severe haemophilia A patients exhibited significantly delayed peak times of the first and second derivative and significantly lower values of max1, max2, and min2 compared to mild and moderate haemophilia.

**Conclusions:** These results need to be checked on larger cohorts. CWA may then be a useful and cheaper tool for evaluating the residual FVIII in patients on low dose prophylaxis.

**Keywords:** clot waveform analysis, FVIII activity, Hemophilia A

IU/dL	II	V	VII	X	VIII	IX	XI	XII
ARP1Median CV,SR	9,19,2,1,26		10,15,3,84	10,10,5,89	12,8,3,86	14,8,3,87	12,12,7,82	11,23,5,1,35
ARP2Median CV,SR								38,11,1,1,16
CCNRPMedian CV,SR	103,8,5,89							132,9,2,0,87
RCNMedian CV,SR	116,8,6,88							

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## PB2424 ORAL VERSUS INTRAVENOUS ANTI-CMV PREEMPTIVE THERAPY IN ALLOGENEIC STEM CELL TRANSPLANT PATIENTS WITH CMV REACTIVATION: EXPERIENCE FROM NATIONAL CENTER OF BONE MARROW TRANSPLANTATION, TUNISIA.

**Topic:** 22. Stem cell transplantation - Clinical

Rimel Yousra Kanoun<sup>1</sup>, Nour Ben Adejil<sup>1</sup>, Jaled Rabeb<sup>1</sup>, Roua Hsasna<sup>1</sup>, Frigui Siwar<sup>1</sup>, Sabrine Mekni<sup>1</sup>, Lamia Torjemane<sup>1</sup>, Ines Turki<sup>1</sup>, Dora Belloumi<sup>1</sup>, Ouerghi Rihab<sup>1</sup>, Insaif Ben Yaïche<sup>1</sup>, Achour Wafa<sup>1</sup>, Ladeb Saloua<sup>1</sup>, Tarek Ben Othman<sup>1</sup>

<sup>1</sup>Hematology, National Bone Marrow Transplant Center, Tunis, Tunisia

### Background:

Cytomegalovirus (CMV) infection is an important cause of morbidity and mortality in allogeneic stem cell transplant recipients (ASCT). Since the introduction of prophylactic and preemptive therapies, the incidence of CMV disease has been significantly reduced.

### Aims:

We compared the efficacy and safety of oral and intravenous anti-CMV preemptive therapy in ASCT recipients.

### Methods:

Retrospective study including patients who received their first ASCT between January 2018 and June 2022 at the National Bone Marrow Transplant Center in Tunisia. Viral load was assessed weekly from day+15 to day+100. Monitoring of CMV infection was performed by real time PCR in EDTA plasma (Cobas AmpliPrep/ COBAS TaqMan), with 56 IU/mL as limit of detection and 137 UI/mL as limit of quantification. Reactivation was considered positive if qPCR is higher than 150 copies/mL. Response was defined by undetectable qPCR. Preemptive therapy is started if qPCR  $\geq 150$  cps/mL in patients on steroid or qPCR  $\geq 150$  cps/mL with increasing load in two consecutive tests and stopped in patients with undetectable qPCR in two consecutive tests. Anti-viral prophylaxis consisted of high dose Aciclovir given from day+1 until preemptive therapy.

### Results:

Fifty-five patients were included developing 72 CMV reactivations. Patients' median age was 29 years (range, 6-50). Underlying diseases were aplastic anemia (n=10), acute leukemia (n=38), myelodysplastic syndrome (n=3), chronic myeloid leukemia (n=2), lymphoma (n=1) and myelofibrosis (n=1). All patients are at high risk of CMV reactivation. Stem cell sources were bone marrow and peripheral blood stem cell in 32 (58%) and 23 (42%) patients, respectively. CMV reactivations are observed at a median of 43 days (range, 16-270) post ASCT with 58 (80%) of episodes occurring before day+100. The median viral load at diagnosis was 248 copies/mL (range, 150-4800). Thirty-six (65%) of patients had acute GVHD grade II-IV and were on steroid prior to CMV infection. The first-line preemptive treatment was oral in 51 (71%) of episodes (valganciclovir, n=40; leflunomide, n=11) and intravenous in 21 (29%) of episodes (foscarnet, n=16; ganciclovir, n=5). All patients responded to anti-CMV therapy, 69% and 76% responded to first line therapy at a median time of 27 and 21 days with oral and intravenous therapies, respectively. Sixteen (31%) and 4 (19%) episodes needed second line therapy, in oral and intravenous group, respectively. Hematological toxicity was significantly higher in the oral group (61% vs 29%, p=0.013). Neutropenia and thrombocytopenia grad 2 were observed in 17(33%) vs 3 (14%) and 20 (39%) vs 2 (9%) in oral and intravenous groups, respectively. With the median follow up in the entire cohort of 18 months (range, 2-55), the 2-years overall survival (OS) and event-free survival (EFS) was 85% and 75%, respectively. Cumulative incidences of relapse and non-relapse mortality were 29% and 6%, respectively with no significant

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Geneva, 24 February 2022

**RE: Presentation certificate**

To whom it may concern,

On behalf of the organising committee of the **15<sup>th</sup> Annual Congress of the European Association for Haemophilia and Allied Disorders, Virtual Congress** held from 2 to 4 February 2022, we hereby certify that Rabeb Jaied has successfully submitted and presented a scientific abstract at the e-congress as per the details below:

- ID: **PO087**
- Title: LONG TERM FOLLOW UP OF LOW DOSE PROPHYLAXIS IN TUNISIAN CHILDREN WITH HAEMOPHILIA
- Type of presentation: e-Poster
- Authors: Rabeb Jaied, Kaouther Zahra, Wiem Douira, Malek Terras, Ghada Bouzid, Sarra Fkih salem, Houda Bouattour, Balkis Meddeb, Fatma Belakhal, Wejdene Borgi, Emna Gouider

This certificate is issued to serve the purpose it might be required.

Yours sincerely,

On behalf of the EAHAD Scientific Committee,

Gaelle

**Gaëlle Vacca**  
Project Specialist

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## EAHAD 2022 - Abstract Submission

*Haemophilia*

*Haemophilia - Clinical*

EAHAD22-ABS-1225

### LONG TERM FOLLOW UP OF LOW DOSE PROPHYLAXIS IN TUNISIAN CHILDREN WITH HAEMOPHILIA

Rabeb Jaied<sup>1</sup>, Kaouther Zahra<sup>1</sup>, Wiem Douira<sup>2</sup>, Malek Terras<sup>1</sup>, Ghada Bouzid<sup>1</sup>, Sarra Fkih salem<sup>1</sup>, Houda Bouattour<sup>1</sup>, Balkis Meddeb<sup>1</sup>, Fatma Belakhal<sup>1</sup>, Wejdene Borgi<sup>1</sup>, Emna Gouider<sup>1</sup>

<sup>1</sup>Aziza othmena hospital, <sup>2</sup>Hopital Béchir Hamza, Tunis, Tunisia

**Introduction:** Low-dose prophylaxis should be used to reduce the frequency and sequelae of bleeding. The World Federation of Haemophilia (WFH) recommends the early initiation of prophylaxis prior to the onset of joint disease and ideally before age 3. The aim of this study was to report the outcome of low-dose prophylaxis and to assess the results of early prophylaxis.

**Methods:** The study was retrospectively carried out at the haemophilia center at the Aziza Othmana Hospital. It included patients with hemophilia aged less than twenty, on low dose prophylaxis and who didn't develop inhibitors. Subjects who interrupted the prophylaxis over one month were excluded from this study. Patients were divided into 2 groups: primary prophylaxis and secondary prophylaxis. Outcome measurements were hemophilia joint health score (HJHS), Functional independence score of hemophilia (FISH), and ultrasound results.

**Results:** 141 patients are on low-dose prophylaxis in our center. 76 patients were included in this study. The median age was 12 years old [2-20]. The median time from diagnosis to prophylaxis was 2.16 years [0-11.25]. The median age at the start of prophylaxis was 4 years-old [1-13]. The median period of prophylaxis was 8 years [1-16]. The group of primary prophylaxis represented 47.9% [n=35]. Joint-ultrasound was performed on 41.2% of all patients (n=28). Patients on primary prophylaxis had a better HJHS score compared to the secondary prophylaxis group ( $p<0.001$ ). US HEAD score was also significantly lower in the primary prophylaxis group. Patients who had HJHS score<10 had significantly better ultrasound results ( $p<0.007$ ).

**Discussion/Conclusion:** Low-dose prophylaxis is an alternative for introducing prophylaxis in low to middle-income countries and it is recommended in line with WFH guidelines to be started as early as possible.

**Disclosure of Interest:** None Declared



# CERTIFICATE OF PRESENTATION

This is to certify that

**Rabeb Jaied**

has presented a poster entitled:

Long term follow up of low dose prophylaxis in Tunisian patients with hemophilia A

A handwritten signature in black ink.

Cesar Garrido  
WFH PRESIDENT

A handwritten signature in black ink.

Glenn Pierce  
WFH VICE-PRESIDENT, MEDICAL



**Results:** Nine patients with a mean age of 26.5 years (12–44 years) were included. All patients were adherent to a factor prophylaxis regimen prior to switching to weekly or biweekly emicizumab. Only one patient had a history of an inhibitor to factor VIII. Patients reported multiple spontaneous joint bleeds within the year prior to switching to emicizumab. Following emicizumab initiation, no further spontaneous joint bleeding was reported. The reported mean QuickDASH score improved from 34.7 (2.3 to 56.8) while on factor-based prophylaxis, to 13.8 (0 to 36); p-value .04 while on emicizumab. Similarly, the reported mean LEFS scores improved after transitioning to emicizumab (63.5% (11%–95%) versus 81.8% (56.3%–98.8%); p-value .15). HEAD-US assessment was performed on four subjects. Fifty percent had improved overall score in their respective target joints, whereas the remaining two patients had stable joint changes with no indication of arthropathy progression.

**Conclusions:** In our study, PwHA changing to emicizumab prophylaxis reported improved QoL scores. POC-MSKUS evaluation demonstrated either stability or improvement of pre-established joint damage of target joints. Larger studies are warranted to evaluate the role of emicizumab in preventing or reversing joint damage.

**Keywords:** Emicizumab, haemophilia A, prophylaxis

#### PP-64 (1160353) | Impact of Emicizumab on annualized bleeding rates in persons with haemophilia A in Western Kenya

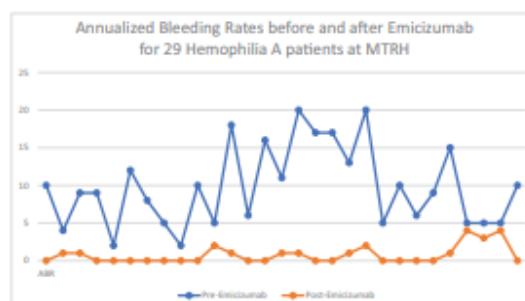
Carole Kilach<sup>1</sup>, Anne Greist<sup>2</sup>, Festus Njuguna Muigai<sup>3</sup>, Cyrus Njuguna<sup>4</sup>, Nancy Midiwo<sup>4</sup>, Elvis Moses Oburah<sup>4</sup>, Everlyne Aliwa<sup>4</sup>, Racheal Korir<sup>4</sup>, Consolata Bor<sup>4</sup>

<sup>1</sup>Moi Teaching and Referral Hospital (MTRH)/ Academic Model Providing Access to Healthcare (AMPATH), Kenya; <sup>2</sup>Indiana Hemophilia and Thrombosis Center IHTC, Indianapolis, Indiana; <sup>3</sup>Moi Teaching and Referral Hospital (MTRH), Kenya; <sup>4</sup>Academic Model Providing Access to Healthcare (AMPATH), Kenya

**Introduction:** Prophylactic treatment for Persons with Hemophilia (PWH) still remains largely inaccessible in Kenya. Donation of Emicizumab for PWH A through the World Federation of Hemophilia (WFH) Humanitarian Aid Programme in March 2021, started the first sustainable prophylaxis programme in Kenya.

**Methods:** 58 PWH A were enrolled into the Emicizumab programme in Kenya, with of them 29 at Moi Teaching and Referral hospital (MTRH) in western Kenya. Emicizumab was given at a loading dose of 3 mg/kg subcutaneously for 4 weeks, then maintenance dose of 6 mg/kg subcutaneously every 4 weeks. Patients received all their treatment at the hospital between March and October 2021.

**Results:** 25 patients had severe haemophilia A and four with moderate levels. Sixteen patients had inhibitors, three with history of life-threatening bleeds and 10 with annualized bleeding rate (ABR) of >8. The age range for the 29 patients was 3–34 years (mean 14.2 years). Before initiation of Emicizumab the average ABR was 9.79. After 8



months of Emicizumab prophylaxis treatment the ABR reduced to .75, 92.3% reduction. Three patients underwent minor dental procedures without requiring clotting factor concentrates. Two patients had long bone fracture (tibia and radius) and were managed conservatively with clotting factor concentrates and closed reduction with a cast. There were also documented improvements in patients' joint health, mobility and quality of life with fewer sick days from school or work or hospital visits due to frequent bleeds. One patient had a mild drug reaction, injection site rash and itchiness. Two patients delayed maintenance schedule for 2 months.

**Conclusions:** Emicizumab treatment led to a significant reduction of ABR, with close to 100% adherence to the regimen and no adverse drug reaction. The main challenge was transportation to the clinic for treatment. Attesting to the impact of support by WFH in providing access to treatment for persons with haemophilia.

**Keywords:** annual bleeding rates, Emicizumab, prophylaxis

#### PP-73 (1160541) | Long term follow up of low dose prophylaxis in Tunisian patients with haemophilia A

Rabeb Jaidi, Malek Terras, Molka Bambia, Houda Bouattour, Kaouther Zahra, Mariem Achour, Balkis Meddeb, Emma Gouider  
Hematology laboratory, Aziza Othmana Hospital, Tunisia

**Introduction:** Prophylaxis among patients with haemophilia has proven to be effective in reducing the number of bleedings and joint damages. It should be initiated as early as possible, before the onset of joint disease and ideally before age 3 according to the WFH guidelines. The aim of this study is to report the outcomes of low dose prophylaxis and to assess the results of early prophylaxis.

**Methods:** The study was retrospectively carried out at the haemophilia center at the Aziza Othmana Hospital. It included patients with haemophilia on low dose prophylaxis who did not develop inhibitors. Subjects who interrupted the prophylaxis were excluded from this study. Patients were divided into three groups: primary, secondary, and tertiary prophylaxis. Outcome measurements were haemophilia joint health score (HJHS) and Functional independence score of haemophilia (FISH). Data was analysed with SPSS statistics 22, medians were compared using Mann Whitney U-test.

**Results:** 63.8% ( $n = 141$ ) of patients with haemophilia are on low-dose prophylaxis in our centre. 111 patients were included in this study. The median age was 16 years old (2–54). 86.5% ( $n = 96$ ) had haemophilia A. 78.4% ( $n = 87$ ) had a severe type. The median age at the start of prophylaxis was 6 years old (1–46). The median period of prophylaxis was 8 years (1–16). The group of primary, secondary, and tertiary prophylaxis represented respectively 31.8%, 48.2%, and 19.8%. When comparing similar age groups, patients on primary prophylaxis had a significantly better HJHS score compared to the secondary group ( $p = .03$ ) and no difference was found between secondary and tertiary prophylaxis group ( $p = .314$ ). No difference in FISH score was found between the different groups.

**Conclusions:** Early initiation of low dose prophylaxis could prevent the development of haemophilia arthropathy.

**Keywords:** haemophilia, low dose prophylaxis, long term follow up

#### PSYCHOSOCIAL ISSUES

FP-05.03 (1158537) | Navigating time and space: Experiences of ageing with haemophilia

Sara Schwartz<sup>1</sup>, Tam Perry<sup>2</sup>, Dana Francis<sup>3</sup>, Charlie Kaplan<sup>4</sup>, Samir Al-Khour<sup>2</sup>, Misha Ansari<sup>2</sup>, Abeer Gobah<sup>2</sup>, Sukruti Nadigott<sup>2</sup>, Alisha Patel<sup>2</sup>

<sup>1</sup>University of Southern California, San Rafael, California; <sup>2</sup>Wayne State University, Detroit, Michigan; <sup>3</sup>University of California San Francisco Hemophilia Treatment Center, San Francisco, California; <sup>4</sup>University of Southern California, Los Angeles, California

**Introduction:** For the first time in human history, a cohort of ageing persons with haemophilia (APWH) are entering older adulthood, defined as 50+. This cohort lived through treatment advances from fresh plasma to cryoprecipitate and then freeze-dried powder infused at home. Product contamination in the 1980s led to new purification methods, synthetic products, prophylaxis and now gene therapy. Within this context, APWH face unexpected time horizons and unknown health trajectories as they navigate conditions associated with ageing alongside haemophilia and, for some, HIV.

**Methods:** This research examines APWH experiences through the lens of Socioemotional Selectivity Theory and the Selection, Optimization and Compensation Model. A non-probability sample of 27 APWH and eight professional service providers based in California participated in semi-structured interviews over Zoom. Interviews investigated strategies for optimizing functioning, shifting perspectives of time and gerontological domains of self-care, social networks, meaning of home and contributions. The presenting authors collaborated with five pre-medicine and public health oriented undergraduate students on data transcription and coding. Data analysis was guided by coding, thematic discussion and member-checking.

**Results:** All participants intentionally select activities to optimize their functioning and have done so their entire lives. Eighty-eight percent acknowledge that unexpected longevity has affected them in profound

ways. Some identify ongoing challenges related to medical coverage and providers unfamiliar with the unique needs of APWH. Some are performing unanticipated caregiving roles and have concerns about who will care for them as they age. Gender emerges as an important theme, specifically gender-specific challenges for diagnosis and treatment. Data also reveals complex trauma histories intermixing physical and emotional pain, cruelty, grief, social exclusion and isolation.

**Conclusions:** The data illuminates the diverse and complex realities of the first generation of people with haemophilia living to older adulthood. Recommendations are made to support both current and future cohorts of APWH to provide supports for navigating complex healthcare needs. System-level recommendations are also made to enhance coordinated systems of care, provide access to health coverage, and develop educational content for all genders living with bleeding disorders and the providers who serve them across the lifespan.

**Keywords:** ageing with haemophilia, complex needs, unexpected longevity

FP-05.01 (1159843) | Psychological aspects of participation in gene therapy clinical trials

Tami Barazani Brutman<sup>1</sup>, Sarina Levi Mendelovich<sup>1</sup>, Assaf Barg<sup>1</sup>, Dalia Bashari<sup>2</sup>, Gili Keren<sup>2</sup>

<sup>1</sup>The National Hemophilia Center, Sheba Medical Center, Israel, Israel; <sup>2</sup>The Israeli National Hemophilia and Thrombosis Institute, Sheba Medical Center, Tel Hashomer, Israel

**Introduction:** The field of haemophilia management has been challenged by new medications and gene therapy trials, offering options for patients' cure. Our aims were: (1) To investigate the fear and concerns of patients or patient's parents regarding gene therapy use. (2) To understand patients' or patient's parents' expectations from gene therapy treatment.

**Methods:** Our haemophilia treatment centre provides multidisciplinary care to 700 patients with haemophilia. Any patient or parent diagnosed with severe haemophilia A or B, who consented to the study, was offered the option to answer a specific questionnaire addressing patients' feelings and attitudes towards gene therapy.

**Results:** A total of 40 patients/caregivers (mostly with severe Haemophilia A, four with FVIII inhibitors) whose median age was 35 years (age range of patients: 5–73 years) answered the questions. Interestingly four patients who were already delivered gene therapy within a company sponsored trials provided responses as well. The majority of patients/caregivers felt that additional data regarding gene therapy will be of value for them and preferred to wait prior to enrolling into a currently running gene therapy trial. Half the patients stated that the existence of curative options will change their perspective regarding future family planning.

**Conclusions:** In the era of novel options for cure most haemophilia patients are still reluctant to trust gene therapy trials, though their perspective regarding offsprings' disease is changing.

**Keywords:** concern, fear, gene therapy knowledge



## 3<sup>rd</sup> HOW TO DIAGNOSE AND TREAT LYMPHOMA

#ESHLYMPHOMA2022

PARIS, FRANCE  
NOVEMBER 4-6, 2022

Chairs: **Christian Buske, Michael Crump, Catherine Thieblemont**

## DIFFUSE LARGE B CELL LYMPHOMA OF THE TONSILS

Rabeb Jaied, Dorra Jabr, Raoudha Mansouri, Malek Sayedi, Raihane Ben Lakhal and Karima Kacem

*Department of clinical haematology, Aziza Othmana Hospital, Tunis, Tunisia*

**Introduction:** Around one-third of diffuse large B cell lymphoma (DLBCL) can arise from extranodal sites. The tonsils represent one of the most common extra-nodal sites in DLBCL. The aim of our study is to report the clinical characteristics and the outcomes of patients with DLBCL of the tonsil.

**Patients and methods:** The study was retrospectively carried out at the Hematology Department at Aziza Othmana hospital from 2013 to 2020. It included patients treated for DLBCL of the tonsil.

**Results:** Among 385 patients diagnosed with DLBCL, 21 (5.45%) were included in this study.

The clinical and therapeutic characteristics are represented in the table below:

characteristics	number (n=21)	percentage %
Median Age	50 years	[8-72]
Sex Ratio (M/F)	10/11	0.9
B Symptoms	5	23.8
performance status ≥2	2	9.5%
Bulky	6	28.6
Signs of compression	4	19
Thrombosis	1	4.8
Contiguous lesion	10	47.6
bone marrow involvement	0	-
Elevated serum LDH	11	52.4%
Ann Arbor Stage III/IV	4	28.6
International Prognostic Index ≥2	7	33.3
Treatment Regimen		
RCHOP	18	85.7
RCVP	1	4.7
LMB 2013	1	4.7

At the end of treatment, 12 patients (57%) were in response according to the Lugano criteria (11 patients were in complete response and 1 patient in partial response), one patient had stable disease and 1 patient was in progression.

The 2-year overall survival was 95%. The 2-year event-free survival was 85%.

**Conclusion:** DLBCL of the tonsil seems to have a better outcome than other extranodal sites.

## POSTER 10

## MANAGEMENT OF PRIMARY MEDIASTINAL LARGE B-CELL LYMPHOMA: A SINGLE-CENTER EXPERIENCE

Rabeb Jaied, Raoudha Mansouri, Dorra Jabr, Malek Sayedi, Raihane Ben Lakhal and Karima Kacem

*Department of clinical haematology, Aziza Othmana Hospital, Tunis, Tunisia*

**Introduction:** Primary mediastinal large B-cell lymphoma (PMBCL) is a distinct entity according to the WHO 2016 classification. The objective of this work is to describe the clinical and anatomopathological characteristics of this particular lymphoma and to analyze the therapeutic results according to the different protocols used.

**Patients and methods:** This is a retrospective single-center study conducted at the clinical hematology department of Aziza Othmana Hospital, including patients with PMBCL and treated between 2013 and 2020. Treatment was based on a stratification according to age and the international prognostic index (IPI). Thus in patients younger than 60 years, and if  $IPI \leq 1$ , patients received RCHOP 21 (6 or 8 courses), whereas if  $IPI \geq 2$  the treatment consisted of RCHOP14 courses followed by autologous stem cell transplant (ASCT). Assessment was done by whole-body CT scan, according to Cheson criteria.

**Results:** Fifty-one patients were included, whose characteristics have been summarized below.

*Table n°1 : patients' characteristics*

Characteristics	Number (n=51)	Percentage %
Median age	30 years	[16-56]
Sex Ratio (M/F)	16/35	0.45
B symptoms	19	37
PS $\geq 2$	9	17.6
Bulky	44	86.3
Superior vena cava syndrome	42	82
Contiguous site	46	71.7
Involvement of serous membranes	34	69.4
Advanced stage	18	35
Elevated serum LDH	38	74.5
IPI $\geq 2$	23	45
RCHOP	41	80.4
R-DAEPOCH	9	17.6
RDHAOX	1	2

At evaluation, 41 patients (80.4%) had at least a partial response, 8 patients (15.7%) were in therapeutic failure. Among the refractory patients, only one patient was chemo-sensitive to salvage treatment. ASCT was performed in 27 patients (52.9%). Seven relapses occurred after ASCT. Overall

**POSTER 12**

**POSTER 11**

survival (OS) was estimated at 82% with a median of 30 months. The event-free survival (EFS) was 72% with a median of 36 months.

**Conclusion:** The treatment of PMBCL remains controversial. The place ASCT in first-line treatment seems to significantly improve OS and EFS but remains debated in the era of immunotherapy.

## T-CELL/HISTIOCYTE-RICH LARGE B-CELL LYMPHOMA

**Rabeb Jaied**, Roua Hsasna, Dorra Jabr, Malek Sayedi, Raoudha Mansouri, Raihane Ben Lakhal and Karima Kacem

*Department of clinical haematology, Aziza Othmana Hospital, Tunis, Tunisia*

**Introduction:** T-cell/histiocyte-rich B-cell lymphoma (T/HRBCL) represents 1-3% of all diffuse large B cell lymphomas (DLBCL). It is a morphological variant recognized by the WHO since 2001. It is defined by the presence of large B cells with less than 10% of polyclonal T cells within a prominent inflammatory infiltrate, with or without histiocytes. We present in this work the clinical characteristics as well as the different therapeutic results of this subtype of lymphoma.

**Patients and methods:**

This is a retrospective descriptive study conducted at Aziza Othmana Hospital including patients diagnosed with and treated for T/HRBCL between 2013 and 2020.

**Results:** We collected 10 patients. The median age was 51 years [27-83], with a male predominance (SR=1.5).

The distribution of the International Prognostic Index (IPI) parameters for these patients was as follows: 3 patients were older than 60 years; 5 had a performance status ≥2; 9 patients had Ann Arbor stage III/IV lymphoma; 3 patients had more than one extra-nodal site; liver involvement was present in 5 cases, bone marrow involvement in 9 cases. B symptoms were present in 8 patients.

All patients received RCHOP-based chemotherapy. Seven patients were responsive at the intermediate evaluation. One patient was refractory to first line chemotherapy and 1 patient relapsed.

The survival rate at the median follow-up of 12 months was 60%.

**Conclusion:** T/HRBCL is relatively rare, and it poses a differential diagnosis with Hodgkin's lymphoma in its lymphocyte-rich variant. Diagnosis is currently easy with immunostaining. Treatment is the same as for other types of DLBCL, with similar therapeutic results according to published series.

**POSTER 13**

## PROGNOSTIC FACTORS IN REFRACTORY AND RELAPSED DIFFUSE LARGE B CELL LYMPHOMA

Rabeb Jaiied, Raoudha Mansouri, Dorra Jabr, Malek Sayedi, Raihane Ben Lakhel and Karima Kacem

Department of clinical haematology, Aziza Othmana Hospital, Tunis, Tunisia

**Introduction:** Although 60% of patients are cured of diffuse large B cell lymphoma (DLBCL) after first line treatment, one third remain refractory and/or relapsed (R/R). The aim of this study is to analyze the different prognostic factors of R/R forms.

**Patients and methods:** This is a single-center retrospective study including patients treated for R/R DLBCL. Refractory forms are defined by a decrease in tumor burden <50% and/or appearance of new lesions. Progressive/relapsed patients are defined by the appearance of new lesions after achieving complete remission. Of the 270 patients included with DLBCL, 60 patients were refractory and 52 relapsed.

**Results:** The various characteristics of the patients are presented in the underlying table:

	Refractory patients N= 60	Relapsed patients N= 52
Median age	54 years [19-86]	60 years [20-86]
Sex ratio	1.4	1.08
Non-germinal center subtype	7/11	9/14
Performance status ≥2	24 (40%)	15(30%)
Elevated serum LDH	54(90%)	38(73.1%)
Bulky	29(48.3%)	16(30.2%)
Ann Arbor stage III/VI	37(61.7%)	40(77%)
International Prognostic Index (IPI) ≥2	41(68.3%)	40(76.9%)
Median diagnosis to treatment in days	28	25
Rituximab received	48 (80%)	43(81.1%)
Rituximab received with delay	24(48%)	20(37.7%)
At least partial response at intermediate evaluation	21 (34.7%)	44(83%)
Salvage treatment	42 (70%)	23 (44%)
Response to salvage treatment	13 (21%)	9 (17,3%)
Autologous stem cell transplant	13 (21%)	4 (7,7%)
Overall survival	74 % at 10 months	86% at 4 months
Event-free survival	55% at 8 months	60% at 12 months

POSTER 14

Lack of early response and an IPI  $\geq 2$  are risk factors for refractory forms with  $p=0.004$  and  $p<0.0001$ , respectively. Advanced stage and an IPI  $\geq 2$  are risk factors for relapse with  $p=0.002$  and  $p<0.0001$ , respectively.

**Conclusion:** R/R forms of DLBCL represent a real therapeutic challenge. The goal is to scale up chemo-sensitive R/R patients to salvage therapy. No study has shown an advantage of one regimen over another. This is the era of targeted therapies and immunotherapy that may help improve the prognosis of R/R DLBCL.



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médian de cette population était à 61 ans [16-86] avec sexe ratio à 1.27.70% des patients ont reçu un traitement préemptif d'une durée minimale de deux semaines avant de débuter le Rituximab. Quatre patients ont reçu le Rituximab sans avoir le traitement préemptif. Sept patients ont reçu un traitement curatif. Le traitement n'a pas été accordé pour quinze patients par refus des gastrologues.75% des patients en contact avec le VHB ont reçu le Rituximab. 52 % des patients traités par Rituximab l'ont reçu avec un décalage par rapport à la chimiothérapie. L'attente des résultats de la sérologie et l'accord des gastrologues pour initier le traitement préemptif étaient la cause principale de ce retard. Deux réactivations virales symptomatiques ont été observées.

#### **Conclusion :**

La prévalence de l'Ag Hbs au cours des LBGC est supérieure à celle de la population générale. Des réactivations tardives du VHB ont été observées et ont indiqué une prolongation de la durée du traitement préemptif dans les nouvelles recommandations internationales.

#### **P14: Toxicité neurologique au cours du traitement des patients atteints d'un Lymphome B à grandes cellules.**

Jaied R, , Jabr D, Mansouri R, Sayedi M, Ben Lakhal R, Kacem K  
Service d'hématologie clinique, hôpital Aziza Othmana

#### **Introduction :**

La neurotoxicité au cours du traitement des patients atteints de LBDGC représente un facteur limitant la prise en charge avec un retentissement important sur la qualité de vie.

#### **Objectif :**

L'objectif de cette étude est d'évaluer la neurotoxicité chez des patients traités pour un LBDGC .

#### **Matériel et méthodes / patient :**

Etude rétrospective monocentrique incluant les patients traités pour un LBDGC entre 2013 et 2020.

On a procédé à la collecte des données des dossiers des patients. Une toxicité neurologique est retenue sur la présence de paresthésies avec ou sans un déficit moteur après au moins une cure de chimiothérapie. La disponibilité d'une étude par EMG n'est pas un facteur d'exclusion. La toxicité est gradée selon l'OMS.

#### **Résultats et discussions :**

Parmi 385 patients inclus, 22 patients (5.7%) ont présenté une toxicité neurologique. L'âge médian était à 58 ans [22,78]. Le sexe ratio était à 1. Trois patients avaient un diabète associé.

Le type de manifestation neurologique étaient : des paresthésies au niveau des extrémité chez 14 patients, un déficit sensitivo-moteur chez 6 patients , une douleur chez un patient.

Le grade OMS médian était à 1 [1,3]. La dose médiane de vincristine cumulée au moment de survenue de la toxicité était de 4.2mg/m<sup>2</sup> [1,4 .12 ].

L'EMG a été pratiqué chez 15 patients confirmant l'atteinte neurologique. L'atteinte était axonale chez 6 patients, radiculaire chez 2 patients, sensitivo motrice chez 4 patients , sensitive chez 1 patient,un syndrome du canal carpien bilatéral a été noté chez 1 des patient.

L'attitude thérapeutique était un arrêt définitif chez 7 patients, une réduction des doses chez 6 patients, un remplacement par Velbé chez 3 patients . Un traitement de la neuropathie était par triB chez 7 patients, et par Prégabaline chez 2 patients. L'évolution était favorable avec amélioration des symptômes dans 11 cas , stabilité de l'atteinte dans 3 cas et non précisé pour les autres .

#### **Conclusion :**

La toxicité neurologique est une complication redoutable et gênante au cours du traitement du LBDGC et qui reste toutefois sous estimée et négligée. Une prise en charge précoce et standardisée est nécessaire pour améliorer la qualité de vie des patients.

### **P15: Profil clinique et thérapeutique des neutropénies fébriles post chimiothérapies des lymphomes B diffus à grandes cellules**

Mansouri R, , Jabr D, Sayadi M, Ben Lakhal R, Kacem K  
Hôpital Aziza Othmana tunis

#### **Introduction :**

Les avancées thérapeutiques dans le traitement des lymphomes B diffus à grandes cellules (LBGC) ont permis d'améliorer le pronostic de cette pathologie.Cependant elles entraînent une toxicité hématologique redoutable comme la neutropénie fébrile(NF) de courte durée.

#### **Objectif :**

Notre travail consiste à identifier les facteurs de risque clinique et biologique d'une NF.

#### **Matériel et méthodes / patient :**

Il s'agit d'une étude rétrospective descriptive, monocentrique, menée au service d'hématologie clinique de l'Hôpital Aziza othmana de Tunis entre juin 2020 et juin 2021.Notre étude a inclus quarante neuf patients suivis pour un LBDGC.

#### **Résultats et discussions :**

Dix huit épisodes de neutropénie fébrile (NF) ont été reportés chez 11 patients soit 22% des cas. La fièvre était le seul signe clinique constant.Une toux était reportée au cours de cinq épisodes de NF. Une douleur abdominale associée à une diarrhée dans 13,4% des cas, une mucite buccale dans 33,4% des cas. Le taux médian de plaquettes était de 155000/mm<sup>3</sup> (21000-191000/mm<sup>3</sup>),le taux médian de globules blancs était de 684/mm<sup>3</sup> (210-1570 /mm<sup>3</sup>) avec un chiffre médian de PNN de 232/mm<sup>3</sup> (20-630/mm<sup>3</sup>). La C Réactive protéine était supérieure à 100 mg /l dans 50% des cas.Toutes les NF étaient microbiologiquement non documentées. Une antibiothérapie à large spectre a été administrée en urgence par voie intraveineuse. Il s'agissait d' une monothérapie dans 66% des cas.La pipéracilline -tazobactam a été prescrite dans 44% des cas. La durée médiane de la NF dans notre série était comprise entre 2 et7 jours avec une moyenne de 3.6 jours. En analyse univariée ainsi qu'en analyse multivariée, on a démontré une association statistiquement significative entre l'occurrence de NF et l'âge du patient supérieur à 60 ans, la surface corporelle inférieure à 1.65 m<sup>2</sup>, la localisation osseuse ou péritonéale,un taux de plaquettes inférieur à 50000 /mm<sup>3</sup> et l'absence de prophylaxie primaire en GCSF.

#### **Conclusion :**

Une prescription systématique de G-CSF au cours du traitement des LBGC permettra



LA SOCIETE TUNISIENNE D'HEMATOLOGIE

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## ABSTRACT BOOK

[www.sth.tn](http://www.sth.tn)

## P17: Diagnostic et résultats thérapeutiques du purpura thrombotique thrombocytopénique : expérience monocentrique

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Service d'hématologie clinique de l'hôpital Aziza Othmana de Tunis- Tunisie

### Introduction :

Le purpura thrombotique thrombocytopénique (PTT) fait partie des microangiopathies thrombotiques (MAT). C'est une pathologie rare mais potentiellement fatale en absence d'initiation urgente du traitement qui est basé sur les échanges plasmatiques (EP).

### Objectif :

L'objectif de notre travail est d'étudier les caractéristiques cliniques et les résultats thérapeutiques d'une série de cas de PTT.

### Matériel et méthodes / patient :

Il s'agit d'une étude monocentrique descriptive et rétrospective incluant les patients chez qui un PTT a été diagnostiqué et traité au service d'hématologie clinique à l'hôpital Aziza Othmana, durant la période de Janvier 2010 et Décembre 2020.

La rémission complète (RC) est définie par un taux de plaquettes  $> 150000/\text{mm}^3$  pendant au moins 48 heures avec baisse des signes d'hémolyse.

### Résultats et discussions :

Nous avons colligé 28 cas de PTT. L'âge médian était de 39.5 ans [23-74] avec une prédominance féminine (64%). Au

diagnostic, 82% des patients avaient un syndrome anémique fonctionnel, 39% avaient un syndrome hémorragique, 7% avaient une thrombose et 57% des patients avaient des signes neurologiques. le pourcentage médian des schizocytes était de 8% [2-20].

Vingt-six patients étaient évaluables pour la réponse thérapeutique. Le délai médian de début du traitement était de 1 jour [0-4] et le nombre médian d'EP/personne était de 9 séances [1-41]. Au cours des EP, 46% des patients ont présenté au moins une fois un effet indésirable (4 cas d'hypocalcémie, 2 cas de réaction allergique, 2 malaises, 2 convulsions). Le taux de RC après un traitement de 1ère ligne était de 57% avec un délai médian d'obtention de la réponse de 25 jours [4-246]. Sept patients avaient reçu une 2ème ligne de traitement : 6 ont reçu du Rituximab et un patient a reçu de l'oncovin avec un taux de RC de 85%. Une rechute a été observée chez 2 patients. On a noté 9 décès. La survie globale à 2 ans était à 67%.

### Conclusion :

Le PTT est une urgence thérapeutique. Les EP doivent être débutées rapidement avec des volumes efficaces et répétées quotidiennement jusqu'à obtention d'une réponse.









