fedratinib was 400 mg daily. The most common reason for choosing MOM/PAC was cytopenias (n=19). The median duration on MOM/PAC was 5.1 months and 16 patients remained on treatment at the last follow-up. The median hemoglobin 3 months after starting MOM/PAC was 9.6 g/dL, compared to 8.9 g/dL at baseline (p=0.263). The median platelet count 3 months after starting MOM/PAC was 137 x 10^9/L compared to 130 x 10^9/L at baseline (p=0.664). At least 1 red blood cell transfusion was required by 15 of 28 patients (53.6%) in the 3 months before starting PAC/MOM, compared with 7 of 21 patients (33.3%) in the 3 months after. All but one patient started MOM/PAC at the recommended dose and frequency. The most common adverse effect was diarrhea (n=8), with one patient developing grade 3 diarrhea. Five patients required dose reductions, one for GI toxicity. Common reasons for stopping MOM/PAC were adverse events (n=3; AKI, diarrhea, rash) and allogeneic transplantation (n=3). **Conclusion:** We observed trends toward decreased transfusion burden and improved hemoglobin in patients on MOM/PAC. MOM/PAC were well tolerated in patients with cytopenic MF with only 10% treatment discontinuation due to toxicity. **Keywords:** MPN, myelofibrosis, ruxolitinib, momelotinib, pacritinib

MPN-231

Rare Anti-M Alloantibody Positivity in a Pregnant Woman and the Effectiveness of Plasmapheresis in Treatment: A Case Report

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Introduction: Anti-M–related alloantibodies are typically IgG antibodies that can lead to hemolysis. These antibodies can cause hemolytic disease of the newborn or hydrops fetalis by crossing the placenta. In this context, we will discuss a case in which a pregnant patient with recurrent intrauterine ex fetus and positive anti-M alloantibody was treated effectively with plasmapheresis. **Case Report:** During the examination performed on a 24-year-old pregnant woman, it was discovered that she had a positive indirect Coombs test and positive anti-M alloantibody test. The anti-M antibody titer was greater than 1:4096. In November 2019, during the 10th week of her sixth pregnancy, the patient underwent plasmapheresis due to the presence of ascites and subcutaneous edema in the fetus, which may have been indicative of hydrops fetalis. After the plasmapheresis, the patient was monitored with antibody titer and fetal ultrasound. She continued to undergo plasmapheresis 3 times a week from the 13th week of pregnancy until the birth of the baby. During the follow-up, the antibody titer decreased to 1:8. In May 2020, a healthy baby girl was born via cesarean section due to transverse presentation at the 35th week of pregnancy. The patient became pregnant again in September 2021 and was found to be positive for Anti-M alloantibody. She underwent plasmapheresis twice a week from the seventh week of pregnancy until the birth of the baby. The patient delivered a healthy male baby via cesarean section due to fetal distress in the 37th week of pregnancy. **Discussion and Conclusion:** Treatment options for hemolysis or hydrops fetalis caused by alloimmunization during pregnancy include intrauterine red blood cell transfusion, immunoglobulin injection, and plasmapheresis. Plasmapheresis was successful in achieving live births in the sixth and seventh pregnancies of a patient who had experienced intrauterine ex fetus in her previous 5 pregnancies. **Keywords:** MPN, IgG, indirect Coombs, alloantibody, anti-M, plasmapheresis

MPN-233

The Intersection of Thalassemia Minor and Chronic Myeloproliferative Disorders: Clinical and Laboratory Implications

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Objective: This study aims to explore the rare co-occurrence of thalassemia minor and chronic myeloproliferative disorders (CMPD), focusing on how thalassemia minor can obscure the diagnostic markers of CMPD, including hemoglobin levels, and the subsequent effects on clinical and laboratory outcomes. **Design & Setting:** The investigation involved 32 patients diagnosed with thalassemia minor alongside CMPD at Cukurova University Faculty of Medicine's Department of Hematology between January 2003 and January 2024. The diagnostic criteria utilized were the "2020 ELN Criteria" for CML and the "WHO Classification of Myeloid Neoplasms and Acute Leukemia, 2016 Revision Criteria" for BCR-ABL–negative CMPDs. **Results:** Our findings highlight a spectrum of CMPD manifestations among the patients, with a significant portion displaying symptoms and signs such as hepatomegaly and splenomegaly. A pivotal aspect of this study was the identification of the JAK2 V617F mutation in the majority of patients, underscoring the prevalence of CMPD despite the potential masking effect of thalassemia minor on certain hematologic markers. **Conclusion:** The research illuminates the intricate relationship between thalassemia minor and CMPD, emphasizing the need for careful diagnostic consideration to ensure accurate identification and management of these patients. This study contributes valuable insights into the complexities of diagnosing and treating individuals with concurrent thalassemia minor and CMPD, urging a nuanced approach to hematologic evaluation. **Keywords:** MPN, chronic myeloproliferative disorders, diagnostic challenges, hemoglobin levels, JAK2 V617F mutation, thalassemia minor