Aplastic anemia is a rare but serious disease that affects the hematopoietic stem cells and it is characterized by pancytopenia and a hypocellular bone marrow. It may be a hereditary or an acquired pathology. Acquired aplastic anemia has an incidence of 2 per million per year in Europe and two to three times higher in Asia. In Latin America there is little epidemiological data. The most important treatments for this disease include bone marrow transplantation and immunosuppressive treatment with Antithymocyte globulin (ATG) and cyclosporine. There is restricted access to these treatments in some areas of Latin America. At the ASH Annual Meeting in 2016, representatives of the Hematology Societies of Latin America with the support of ASH International Program met to discuss collaborative efforts. They all agreed that lack of reliable information is one of the main barriers to design significant trial for the region; therefore starting a registry of hematologic diseases for the region has become a main goal. In April 2017, at the ASH Highlights in Latin America, Aplastic Anemia (AA) was selected as the first disease to start that collaborative action. National Hematology Societies of Argentina, Bolivia, Brazil, Colombia, Costa Rica, Chile, Peru, Uruguay and Venezuela, are committed to develop the Latin American Registry for Aplastic Anemia (LARAA).

**Objectives**

- Develop a multinational Latin American research group interested in the study of Aplastic Anemia in the region, its clinical characteristics and therapeutic approaches.
- Develop a Latin American registry of acquired Aplastic Anemia, to learn about the current status of the disease in the region.
- To work together in order to improve the correct diagnosis and treatment of aplastic anemia by encouraging local actions.

**Background**

**LARAA Timeline**

**LARAA Participating Centers**

**LARAA Preliminary Results**

**Diagnostic & treatment resources in LA**

- **Bone marrow biopsy**
  - Availability according to survey: 9/9 countries
  - Availability in preliminary data: 201/204 (98%)

- **HPN Clones**
  - Availability according to survey: 2/9 countries
  - Availability in preliminary data: 125/204 (61%)

- **Cytogenetics**
  - Availability according to survey: 3/9 countries
  - Availability in preliminary data: 92/204 (45%)

- **Telomeric effect of diepoxybutane**
  - Availability according to survey: 3/9 countries
  - Availability in preliminary data: 68/204 (33%)

- **Treatment Availability**
  - ATG/Cy: 8/9
  - Horse ATG: 2/9
  - Stem cell transplantation: 8/9
  - Unrelated stem cell transplantation: 3/9
  - Eltrombopag for 2nd line treatment: 3/9

**Special acknowledgement**

**Michelle Lara**
International Programs Manager, Executive Office American Society of Hematology

**Figures**

- PATIENT DISTRIBUTION BY COUNTRY (No. 204)
  - Perú: 75
  - Brasil: 17
  - Colombia: 37
  - Argentina: 43
  - Chile: 44
  - Venezuela: 16
  - Uruguay: 70

- FIRST TREATMENT (No=204)
  - ATG Rabbit-Cyclosporine: 13
  - ATG Horse-Cyclosporine: 5
  - Cyclosporine w/ASCT: 27
  - Allergenic Stem Cell Transplantation: 8
  - Other: 35

**Tables**

- **Demographic characteristics**
  - Age, mean (range): 36.9 (0.5-81.8)
  - Gender, F/M: 108/96

- **Diagnosis hemogram**
  - WBC mm3/mL, mean (range): 2.5 (0.8-5)
  - Hb g/dL, mean (range): 7.4 (2.3-15.2)
  - Platelets mm3/mL, mean (range): 20.5 (0-204)

- **Transfusion before first treatment**
  - <10: 90 (44%)
  - >10: 96 (46%)

- **Toxin exposure**
  - None: 137 (67%)
  - No data: 40 (19.6%)
  - At least one: 27 (13%)

**Notes**

- ATG Horse-Cyclosporine
- Cyclosporine w/ASCT
- Allergenic Stem Cell Transplantation
- Other
- ATG (Rabbit or Horse)- Cyclosporine- Ertrombopag