sobretudo da segunda para a terceira década, e na última década de análise verifica-se uma desaceleração do ritmo de crescimento, porém, sem inversão da curva. A análise desse fenômeno pode ser feita a partir do aumento no número de notificações de LNH, devido à evolução do sistema de saúde, principalmente em seus métodos diagnósticos. Além disso, aumento populacional e a urbanização podem ter contribuído para o aumento do número de casos. No que se refere à desaceleração do crescimento, ocorrida na última década de análise, levanta-se a hipótese de que a criação de ferramentas de informação e o acesso ao tratamento precoce, possibilitaram o aumento da sobrevida e a diminuição da mortalidade. **Conclusão:** Devem ser realizados estudos para identificar a etiologia e os fatores de risco relacionados ao desenvolvimento do LNH, buscando compreender a interferência dos hábitos de vida na manifestação dessa doença, assim como desenvolver métodos de rastreamento precoce e profilaxia. Assim, será possível compreender, de forma mais assertiva, os motivos do crescimento do número de mortes por LNH nos últimos anos.

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INTERIM ANALYSIS OF MAGNIFY PHASE IIIB: INDUCTION R2 FOLLOWED BY MAINTENANCE IN RELAPSED/REFRACTORY (R/R) INDOLENT NON-HODGKIN LYMPHOMA (INHL)

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Goals: Patients (pts) with relapsed iNHL have limited standard treatment options. The immunomodulatory agent lenalidomide shows enhanced activity with rituximab (ie, R^2), which recently reported 39.4-mo median PFS in R/R iNHL pts (*J Clin Oncol.* 2019;37:1188). MAGNIFY is a multicenter, phase IIIb trial in pts with R/R FL gr1-3a, MZL, or MCL (NCT01996865) exploring optimal lenalidomide duration. **Materials and methods**: Lenalidomide 20 mg/d, d1-21/28 + rituximab 375 mg/m^2/wk c1 and then q8wk c3+ (R^2) are given for 12c followed by 1:1 randomization in pts with SD, PR, or CR to R^2 vs rituximab maintenance for 18 mo. Data presented here focus on induction R^2 in efficacy-evaluable FL gr1-3a and MZL pts (FL gr3, tFL, and MCL not included) receiving ≥1 treatment with baseline/post-baseline assessments to analyze the primary end point of ORR by 1999 IWG criteria. Analyses were done in pts refractory to rituximab (R-ref), refractory to both rituximab and alkylating agent (double-ref), and those with relapse or progression ≤2 y of initial diagnosis after 1L systemic treatment (early relapse [ER]). **Results**: As of June 16, 2019, 393 pts (81% FL gr1-3a; 19% MZL) were enrolled; median follow up 23.7 mo (range, 0.6-57.8) for censored pts (n = 335). Median age was 66 y (range, 35-91), 83% had stage III/IV disease, with a median of 2 prior therapies (95% prior rituximab-containing). ORR was 69% with 40% CR/CRu. Median DOR was 39.0 mo, and median PFS was 40.1 mo. In R-ref (n = 137), double-ref (n = 80) and ER patients (n = 132), ORR was 60%, 50%, and 66%; with CR/CRu in 36%, 26%, and 31%; respectively. 199 pts (51%) completed 12c of induction R^2, and 188 (48%) have been randomized and entered maintenance. 139 pts (35%) prematurely discontinued both lenalidomide and rituximab, primarily due to AEs (n = 52, 13%) or PD (n = 45, 11%). Most common all-grade AEs were 48% fatigue, 43% neutropenia, 36% diarrhea, and 31% nausea. Grade 3/4 AE neutropenia was 36% (9 pts [2%] had febrile neutropenia); all other grade 3/4 AEs occurred in <7% of pts. **Discussion:** R^2 is active with a tolerable safety profile in pts with R/R FL and MZL, including R-ref, double-ref, and ER pts. **Conclusions**: These results suggest that R^2 should be considered as a therapeutic option for pts with R/R iNHL.

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LEUKEMIC FOLLICULAR LYMPHOMA MIMICKING HAIRY CELL LEUKEMIA IN FLOW CYTOMETRY

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Follicular lymphoma (FL) is an indolent lymphoma and may have various clinical courses. FL often involves spleen and bone marrow (BM) but, in contrast to other indolent NHL at diagnosis, very few patients present with an overt detectable leukaemic phase (FLLP). Herein, we present a case report of FL-LP. A 59-year-old female presented with weight loss, increased cervical mass and adynamia initiated few months ago. She brought recent tests with worsening of anemia, lymphocytosis, thrombocytopenia, with normal neutrophil and monocytes counts. A peripheral blood immunophenotyping by flow cytometry showed positive and significant antigenic expression of CD10, CD11c, CD20, CD22, CD23, CD25, CD43, CD79b, CD103, CD123, CD200, FMC7, IgM, IgD and cyKappa, being compatible with Hairy Cell Leukemia. Due the discrepancy between clinical data and flow cytometry findings,