angioimunoblástico. O grupo TCTP-C teve 54 pacientes e o status da doença antes do procedimento foi 50 (92,5%) casos com RC e 4 RP (7,5%); o TCTP-S foi realizado em 18 casos e 2 pacientes foram transplantados em ambos os momentos. Em relação ao tipo de TCTP, na consolidação, foram realizados 48 autólogos e 6 alogênicos, enquanto no salvamento foram 13 autólogos e 5 alogênicos. Após uma mediana de seguimento de 23 meses (4-77) para o grupo TCTP-C e 25 meses (6-43) para TCTP-S, a SG do grupo com TCTP-C foi de 81% (IC 95% 69-93%) e 71% (IC 95% 24-88%) para o TCTP-S, P = 0.16; A SLP foi de 61% (IC 95% 45-77%) e 7% (IC 95% 0-19%), respectivamente, p < 0,0001. Analisando o grupo TCTP-S, a resposta após o TCTP foi 4 (22%) RC, 1 (5,5%) RP, 3 (16,5%) doença estável, 5 (28%) progressão e 5 (28%) morreram. A mediana de seguimento foi 10 meses (1-23), e a SG-S foi 54% e 56% SLP-S em dois anos. Conclusões: De acordo com os dados da literatura, o TCTP pode indicar um controle em longo prazo para o LCTP alcançando uma estabilização após 5 anos e nossos dados apresentam curvas de 3 anos para o grupo consolidação, sugerindo que este procedimento é uma boa opção para melhorar os resultados finais. (Número do Clinical trials: NCT03207789).

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OUTCOMES OF DIFFUSE LARGE B CELL LYMPHOMA PATIENTS TREATED IN A BRAZILIAN PUBLIC CANCER CENTER – A REAL WORLD EXPERIENCE OF 809 PATIENTS IN A 11 YEAR PERIOD

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Introduction: Diffuse Large B Cell Lymphoma (DLBCL) is a heterogenous disease. Factors based on clinical and simple laboratory parameters are known and widely used such as the Revised International Prognostic Index (R-IPI) and National Comprehensive Cancer Network -IPI (NCCN-IPI). Thus, we aimed to report real world experience of outcomes of DLBCL lymphoma patients treated in a Brazilian public cancer institution and evaluate the prognostic role of R-IPI and NCCN-IPI. **Methods:** This is an unicenter registry study including DLBCL patients in a public tertiary cancer center in the São Paulo city, Brazil. All consecutive patients diagnosed between January 2009 and December 2020. Aged ≥ 18 years, treated with R-CHOP or R-CHOP like regimens were included. Patients with AIDS related lymphoma, or primary mediastinal lymphoma were excluded. Patients were stratified by R-IPI and NCCN-IPI and statistical analyses were performed. Progression free survival (PFS) and overall survival (OS) were estimated by Kaplan-Meier curve. All variables studied showed less than 10% of missing data and valid percents were reported. **Results:** We analyzed 809 patients who met the eligibility criteria. 416 (51.5%) were males. Median age was 59.9 (44.9 – 68.2) years, 271 (31.3%) presented ECOG ≥2, 561(74.9%) advanced disease, 695 (87.4%) elevated LDH and 638 (82.2%) extra-nodal infiltration. All cases were possible to be classified by prognostic score 465(57.5%) were classified as high risk or high-intermediate NCCN-IPI (≥ 4 pts) and 411 (50.8%) poor prognosis by R-IPI (≥ 3 pts). It was possible evaluated response status after first line treatment in 678 patients,456 (67.2%) achieved Complete Response. Four years OS and PFS for the entire patient cohort were 65.3% 95CI (61.5-68.9) and 60.4% 95CI (56.5-64.), respectively. Median follow-up 4.6 95CI (4.2-5.0) years. Patients classified as very good (0), good (1-2) and poor (≥ 3) prognosis by R-IPI presented 4-years OS 94%, 75.2% and 52.8%, p < 0.0001. About 4-years PFS: 94%, 68.8%, 48.2%, p < 0.001, respectively. According to NCCN-IPI and risk group: low (0-1), low-intermediate (2-3), high-intermediate (4-5) and high risk 4 years OS: 95.5%, 75.4%, 60.3%, 35.9%, p < 0.0001) and 4-years PFS: 93.7%, 69.7%, 54.7% and 33.3%, p < 0.001, respectively. **Conclusion:** In this large cohort of DLBCL patients diagnosed and treated in a public University center in Brazil, we have observed a higher frequency of patients with unfavorable prognosis 57.5% NCCN IPI (≥4 pts) and 50.8% R IPI (≥3 pts) when compared to data published in the literature 39% and 45%, respectively. OS and PFS are comparable to data of literature according to NCCN IPI and R IPI scores. Both scores discriminate groups of patients with DLBCL in a middleincome country and may be used to study further strategies to improve outcomes of patients with poor prognosis.

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PANORAMA DE ATENDIMENTO DE PACIENTES DIAGNOSTICADOS COM LINFOMA DO MANTO: LEVANTAMENTOS DE DADOS DOS REGISTROS HOSPITALARES DE CÂNCER (RHC)

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Objetivo: Apresentar panorama de atendimento de pacientes portadores de linfoma do manto no Brasil entre 2014 e 2018. **Material e métodos:** Estudo descritivo baseado em dados secundários dos Registros Hospitalares de Câncer (RHC) do Instituto Nacional de Câncer (INCA) de pacientes diagnosticados com linfoma do manto (tipo histológico 9673/3) entre 2014 e 2018. Foi realizado download dos dados no Integrador RHC e foram realizadas análise de médias e frequências no Microsoft Excel e SPSS Statistics. **Resultados:** No período, 1.020 pacientes foram diagnosticados com linfoma do manto em estabelecimentos de saúde do RHC. Destes pacientes, a maioria são homens (72%), entre 60 e 69 anos de idade (32%), com média de 63 anos e com diagnóstico anterior (56%). Os principais exames realizados nos pacientes para confirmação do diagnóstico foram de anatomia patológica (35%) e marcadores tumorais (21%) e o tratamento oncológico mais realizado foi quimioterapia (69%). Um grande percentual (73%) dos casos confirmados não possui registros sobre estadiamento da doença. Entre os casos com informação preenchida, 84% foram diagnosticados tardiamente (estágios 3 e 4). Segundo registros, o tempo médio entre a primeira consulta com

médico especialista e o recebimento de diagnóstico foi de 28 dias, em contrapartida, o tempo médio entre diagnóstico e início do tratamento foi de 124 dias e é superior para pacientes diagnosticados em estágios 3 (157 dias) e 4 (118 dias). **Discussão:** O linfoma do manto é um subtipo raro do linfoma não Hodgkin e, assim como outros tipos de câncer, o tempo até o recebimento do diagnóstico é fator decisivo no tratamento. A falta de acesso à saúde é o principal fator para a demora no diagnóstico e acesso ao tratamento, tendo em vista que há uma dificuldade em acessar a atenção secundária, na qual acontece o atendimento ambulatorial especializado e há uma grande demora para acessar a unidade terciária, onde são feitas as terapias e procedimentos de alta complexidade. **Conclusão:** O Panorama de atendimento de pacientes diagnosticados com linfoma do manto evidenciou que a maioria dos pacientes já possuíam diagnóstico anterior da doença e que a maior proporção do diagnóstico ocorre em estadiamentos avançados. Além da maioria dos pacientes ser diagnosticados tardiamente, existe um grande intervalo de tempo até o início do tratamento que é mais intensificado em estádios 3 e 4 da doença. Torna-se necessário a implementação de ações de saúde que promovam a detecção precoce do câncer e o rápido início do tratamento, tendo em vista que são as principais estratégias para melhorar o prognóstico do câncer e a qualidade de vida do paciente.

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PATIENTS WITH RELAPSED/REFRACTORY MARGINAL ZONE LYMPHOMA IN THE MAGNIFY PHASE 3B INTERIM ANALYSIS OF INDUCTION R2 FOLLOWED BY MAINTENANCE

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Objectives: Relapse is expected when treating patients with follicular lymphoma (FL) and marginal zone lymphoma (MZL), with a shortened response associated with each relapse. Lenalidomide combined with rituximab (R^2) has shown enhanced activity, with a recently reported median progression free-survival (PFS) of 39.4 months in patients with relapsed/refractory (R/R) indolent non-Hodgkin lymphoma, including those with FL and MZL (Augment; J Clin Oncol. 2019;37:1188). **Materials and methods:** MAGNIFY is a multicenter, phase 3b trial (NCT01996865) in patients with R/R follicular lymphoma (FL) grades 1–3b, transformed FL (tFL), MZL, and mantle cell lymphoma (MCL). Lenalidomide 20 mg on d 1–21 of a 28-d cycle + rituximab 375 mg/m^2/wk cycle 1 and then every 8 wk starting with cycle 3 (R^2) is given for 12 cycles followed by 1:1 randomization in patients with stable disease, partial response, or complete response/complete response unconfirmed (CR/CRu) to R^2 vs rituximab maintenance for 18 mo. The primary end point is progression-free survival (PFS) by 1999 International Working Group criteria. Secondary end points include safety, CR rate, duration of response (DOR), duration of CR, time-to-response, time-to-next antilymphoma therapy, and overall survival. Data presented here focus on induction R^2 in efficacy-evaluable patients with MZL compared with the overall population of FL grades 1–3a+MZL (not including FL grade 3b, tFL, or MCL) receiving ≥ 1 treatment with baseline/post-baseline assessments. **Results:** As of August 28, 2020, 394 patients with FL grades 1–3a and MZL enrolled; 76 (19%) had MZL. The median age of patients with MZL was 68 years (range, 46–90), 68 (89%) had stage III/IV disease, and 72 (95%) had prior rituximab-containing therapy. Overall response rate in the MZL and overall population was 66% and 75% with 39% and 44% having a CR/CRu. Median DOR was 38.6 months (95% CI, 29.4–not reached [NR]) and NR (95% CI, 38.6–NR). The median PFS was 40.9 months (95% CI, 27.8–NR) and 41.2 months (95% CI, 38.7–NR). In the MZL population, 43 patients (57%) have completed 12 cycles of R^2, and 42 (55%) have been randomized and entered maintenance. Twenty-eight patients (37%) prematurely discontinued both lenalidomide and rituximab, primarily due to adverse events (AEs; n = 11; 14%) and progressive disease (n = 6; 8%). The most common (≥ 20%) all-grade AEs were neutropenia (49%), fatigue (43%), diarrhea (37%), thrombocytopenia (24%), constipation (24%), and anemia (22%). Most common (≥ 10%) grade 3/4 AEs were neutropenia (41%; 1 patient [1%] had febrile neutropenia), thrombocytopenia (13%), and leukopenia (13%). **Discussion:** R^2 is active with a tolerable safety profile in patients with R/R MZL. The efficacy and safety profile of R^2 in patient with MZL were similar to results observed in the overall MAGNIFY population. **Conclusions:** These results suggest that R^2 should be considered as a therapeutic option for patients with R/R MZL.

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PRIMARY MEDIASTINAL B-CELL LYMPHOMA IN BRAZIL: INTENSIFIED REGIMEN DOESN'T SEEM TO IMPROVE OUTCOMES WHEN COMPARED TO R-CHOP IN A RESOURCE-CONSTRAINED SCENARIO – A RETROSPECTIVE CHART-REVIEW STUDY