



ORAL PRESENTATIONS

ADULT HEMATOLOGY ABSTRACT CATEGORIES

CHRONIC LEUKEMIAS

OP 01

THE IMPACT OF TYROSINE KINASE INHIBITORS ON FATHERHOOD IN PATIENTS WITH CHRONIC MYELOID LEUKEMIA, A SINGLE INSTITUTION EXPERIENCE

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Objective: Following the launch of the TKI's (tyrosine kinase inhibitors) for the treatment of CML, establishing its significant control over the disease, other dimensions have emerged in regard to the safety of treatment, particularly the effect on Male fertility and fatherhood. This study was conducted to review the real-life data on the effect of TKI on the fertility of male patients in the National Center of cancer care and research (NCCCR) in Qatar. **Case report:** Inclusion Criteria: Male patient diagnosed with CML, in Chronic or accelerated phase; 18 years of age or older and actively receiving tyrosine kinase inhibitors including (Imatinib, dasatinib, nilotinib) with the following: -Patients with no known issues with regards to fertility, (fertility is intact) Patients who developed fertility issues after the diagnosis of CML and starting TKI's. has been evaluated by an andrologist, and his evaluation concluded its TKI related. **Methodology:** A single-center study conducted a mixed-design study by phone interviews with CML male patients in the Chronic or accelerated phase, being followed up in NCCCR (national center for cancer care and research), evaluating the effect of Imatinib, Dasatinib, nilotinib, on their fertility whether they are taking it as first, a second, or third line of treatment. **Results:** 150 patients were interviewed to be included in the study, 22 patients had concerns related to

medications safety and possible transmission of the disease, 33 patients had their families completed by the time of diagnosis. 26 patients have met the inclusion criteria, offspring's total number was 43, 97.6% were full-term, had a normal delivery, and normal average weight at delivery. No stillbirths, fetal demise, or congenital anomaly were reported. All offspring had normal development and growth. **Conclusion:** Around 98% of male CML patients taking imatinib, Dasatinib, Nilotinib had their offspring born normally with no delivery complications noted, all had no congenital anomaly had normal growth and development, and no CML-related cancers were diagnosed. Further studies with a larger sample size are required to shed light on the TKI outcome on fatherhood in CML patients.

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LYMPHOMA

OP 02

PROGNOSIS FACTORS IN AGGRESSIVE NON-HODGKIN LYMPHOMAS WITH PRIMARY INVOLVEMENT OF THE SPLEEN

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Objective: The increased morbidity and DALY rates in the working-age population, commonly late diagnosis and unfavorable socio-economic impact of non-Hodgkin lymphomas (NHL) can be considered as key issues of hemato-oncology. Clinico-hematological patterns of primary NHL of the spleen indicate the need of searching the prognosis factors in order to optimize treatment tactics. The objective of the study was distinguishing of clinical and hematological prognosis factors in aggressive NHL of the spleen. **Methodology:** This analytical, cohort study enrolled 45 patients with primary high-grade (HG) NHL of the spleen, who were treated at the

Institute of Oncology from Moldova. The diagnosis was proved by cytological, histopathological and immunohistochemical examinations. The types of NHL were assessed according to the Revised 2017 WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues. The patients age ranged between 15-82 years (median - 51.9 years). Stage IV NHL was revealed in 38 (84.6%) cases. **Results:** In stage IV NHL with primary involvement of the spleen, the 5-year overall survival (OS) of patients under the age of 50 was 38.5%, above 50 years - 19.8%. The bone marrow (BM) involvement reduced the 5-year OS (24.1%). The average life-span was 23.5 months in cases without leukemic conversion (LC) and 7.4 months in those with LC. When treated with splenectomy and chemotherapy, the 5-year OS attained 47.2%. The 5-year OS accounted 14.0% in stage IV patients treated only with combined therapy. **Conclusion:** The post-splenectomy correction of cytopenias persuaded an increase of the OS (54.5%) in cases with refractory cytopenic syndrome. The stage IV, BM dissemination, leukemic conversion, patients age \geq 50 years, the unfeasibility of performing splenectomy and the resistance of cytopenias to splenectomy may be suggested as the unfavorable prognostic factors in aggressive NHL with primary involvement of the spleen, which should be taken into account in order to optimize treatment options.

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OP 03

CLINICAL CHARACTERISTICS, AND SURVIVAL RATE OF ELDERLY PATIENTS WITH NON-HODGKIN'S LYMPHOMAS WITH PRIMARY INVOLVEMENT OF PERIPHERAL LYMPH NODES

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Objective: Non-Hodgkin's lymphomas (NHL) are malignant tumors that develop from lymphoid tissue. They are one of the most common malignancies and they represent one of the most complicated problems of oncohematology. The age group that is mostly affected by NHL in the Republic of Moldova is the patients over 60 years, and the disorder in most cases starts in lymph nodes. This study aims to determine the particularities of elderly patients with NHL with primary involvement of peripheral lymph nodes(l/n). **Methodology:** A retrospective study of a group of 78 NHL patients with primary lymph node involvement was performed. The average age of study participants ranged from 60 to 84 years. **Results:** NHL more often developed primarily in the peripheral l/n (84.7%), less frequently in the mediastinal l/n (6.4%) and abdominal l/n (8.9%). Aggressive NHL predominated (59.0%), but indolent NHL also developed quite frequently (41.0%), which were more frequent in cases of primary affection to the cervical l/n (47.4%), inguinal l/n(41.7%), and abdominal l/n(42.9%). The 5-year survival of NHL patients with primary lymph node involvement aged over 60 years was low and amounted to 31.2%; **Conclusion:** NHL occurred more often in the peripheral lymph nodes (84.7%),

less frequently in the mediastinum (6.4%), and abdominal lymph nodes (8.9%). The frequency of aggressive NHL was 59.0%. Indolent NHL was diagnosed in 41% of cases. The 5-year survival rate in the study group constitutes 31,2%, lower compared with younger patients treated in the same center.

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OP 04

UPSHOTS IN ANGIOIMMUNOBLASTIC T-CELL LYMPHOMA: ANALYSIS OF T-CELL BRAZIL PROJECT

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