PP 11

THE DIVERSITY OF PRESENTATION AND MANAGEMENT OF SUBCUTANEOUS PANNICULITIS –LIKE T-CELL LYMPHOMA WITH ASSOCIATED HEMOPHAGOCYTIC SYNDROME - CASE SERIES ANALYSIS

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Objective: Subcutaneous panniculitis-like T-cell lymphoma (SPTCL) is a rare hematological malignancy affecting subcutaneous adipose tissue, typically with no involvement of the lymph nodes. SPTCL is associated with the increased risk of the hemophagocytic syndrome (HPS), significantly affecting prognosis and overall survival. This study aimed to present different clinical characteristics, management strategies, and outcomes in three patients diagnosed with SPTCL. **Methodology:** A retrospective study of the three patients diagnosed with SPTCL admitted to Hematology Departments in Krakow was conducted. Collected data included patients' clinical characteristics and symptoms, laboratory testing, imaging tests, implemented treatment strategies and response assessment. **Results:** The analyzed patients (aged 15-35), presented lesions involving mainly skin in 2 patients, and mesenterium in one subject; HPS was confirmed in each case. The first line treatment consisted of HLH protocols followed by next line chemotherapies in two patients, and then with high dose therapy in one case. Cyclosporine A (CyA) was implemented in two patients, and in one case this was an initial choice. CR was achieved in 2 patients, including the subject treated with CyA from the beginning. **Conclusion:** This series shows a diversity of presentations and implemented management in three patients. Since SPTCL is an extremely rare condition with no standardized established therapy, choosing the optimal treatment approach is a relevant problem. The increasing data shows the effectiveness and safety of immunosuppressive treatment with CyA versus intensive chemotherapy and supports the application of CyA also in patients with developed HPS.

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PP12

RELAPSED MANTLE CELL LYMPHOMA WITH ISOLATED CENTRAL NERVOUS SYSTEM INVOLVEMENT THAT TREATED WITH IBRUTINIB; A CASE REPORT AND LITERATURE REVIEW

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Objective: Mantle cell lymphoma (MCL) is an agressive B-cell lymphoma, constitutes 3-10% of all non-Hodgkin's lymphomas. MCL usually presents with generalized lymph node involvement. The prognosis is poor and incurable. Extranodal involvement is not uncommon, but central nervous system involvement is very rare. Herein, we present a case with isolated central nervous system relaps who achieved a complete response with ibrutinib treatment. **Case report:** 53yearold female patient diagnosed with MCL underwent autologous stemcelltransplantation after R-CHOPchemotherapy. While being followed up in complete remission, she presented with a complaint of headache. Parenchymal lesions in brain was observed in MRI.Cerebrospinal fluid flow cytometric and cytological examination revealed MCL-centralnervoussystem involvement. There was no finding in terms of systemic relaps.The patient was achieved complete response with ibrutinib and high dose methotrexate **Results:** Central nervous system involvement at the time of diagnosis in mantle cell lymphoma is very rare however it can be more common in relaps and generally is associated with advanced stage disease or is a part of systemic relaps. Our case is quite interesting as it presents with isolated central nervous system infiltration. In this case, our treatment choice was ibrutinib because of its satisfactory response rates and proven effectiveness on central nervous system. **Conclusion:** The patient is currently being followed up with a complete response. It should be underlined that even in patients followed up with complete remission, symptoms such as headache, which can sometimes be subjective, should be approached sensitively, and it should not be forgotten that they may indicate an unexpected involvement of the disease.

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PP13

IS THERE ANY NEW PROGNOSTIC SCORE FOR PERIPHERAL T-CELL LYMPHOMA?

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Objective: To compare with IPI the usefulness of new prognostic scores in patients with peripheral T-cell lymphoma (PTCL) from a single institution. **Methodology:** Sixty patients (30 male/30 female) with PTCL [anaplastic large-cell lymphoma (ALCL) 18, PTCL not otherwise specified 32 and other 10)]. International Prognostic Index (IPI), Modified Glasgow Prognostic Score (mGPS), Geriatric Nutritional Risk Index (GNRI), The combined index of hemoglobin, albumin, lymphocyte, and platelet (HALP), Platelet to Lymphocyte Ratio (PLR) , Neutrophil to Lymphocyte Ratio (NLR), albumin/globulin ratio(A/G), Prognostic nutritional index(PNI) were calculated as in the original references. **Results:** mGPS,GNRI,HALP, PLR,NLR,A/G and PNI have not significance to predict overall survival in patients with peripheral T-cell lymphoma(Table-1). **Conclusions:** IPI is still superior from all prognostic scores (mGPS,GNRI,HALP,PLR,NLR,A/G and PNI) to predict overall survival.

Variables in the Equation
Table-1

	B	SE	Wald	df	Sig.	Exp(B)	95,0% CI for Exp(B)	
							Lower	Upper
IPI	0,598	0,167	12,75	1	0	1,818	1,31	2,525
mGPS	0,001	0,244	0	1	0,996	1,001	0,621	1,614
GNRI	0,014	0,017	0,738	1	0,39	1,014	0,982	1,048
HALP	0,036	0,275	0,017	1	0,897	0,965	0,563	1,655
PLR	0	0,001	0,166	1	0,684	1	0,998	1,003
NLR	0,035	0,046	0,599	1	0,439	1,036	0,947	1,133
A/G	0,399	0,463	0,74	1	0,389	0,671	0,271	1,663
PNI	0,008	0,014	0,357	1	0,55	0,992	0,965	1,019

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MYELOMA

PP 14

RISK ASSESSMENT FOR NEWLY DIAGNOSED, FIT AND YOUNG PATIENTS WITH MULTIPLE MYELOMA, IN THE ERA OF NOVEL TREATMENT MODALITIES: ARE THERE ANY ADDITIONAL FACTORS TO BE UNDER CONSIDERATION?

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Objective: Multiple myeloma (MM) is considered a disease of elderlies however, 35-40% of newly diagnosed MM (NDMM) patients (pts) are ≤60 years (ys) old. Although young NDMM pts succeed better outcomes with the currently used treatment protocols, a considerable number of them (25-35%) succumb to MM, within 5 ys after diagnosis. We evaluated the overall survival (OS) and the related risk factors, in NDMM pts aged ≤55 years and we designed a scoring system with predictive value on their long-term outcome. **Methodology:** Among 116 NDMM pts treated from 2010-20 in our center, 58 were ≤55 ys and 41% had advanced disease, 24% elevated LDH, 15% extramedullary disease (EMD) and 14% high-risk cytogenetic features. Following treatment with 3 (n=48) or 2 (n=10) agents of Velcade, Cyclophosphamide, Lenalidomide and DXM, 90% underwent autologous hematopoietic stem cell transplantation (AHSCT). Female gender, advance disease, EMD presence, elevated LDH and less than very good response pre-AHSCT, adversely affected the OS. **Results:** After a median follow up of 4 ys, the median OS was not reached however, approximately 25% of young NDMM patients died within 4 ys after diagnosis. Based on the aforementioned risk factors we created a risk scoring system which compared to the international staging system (ISS), sufficiently discriminated young NDMM patients who are at risk for poor outcome. The 4-year OS was superior for pts with 0-2 factors compared to those with 3-5 factors (86% vs. 44% respectively, p<0.001). **Conclusion:** Despite the current plethora of the available treatment agents, the heterogeneity in the outcomes among the NDMM pts, highlights the unmet need to establish appropriate criteria for personalized and more efficient treatment approaches, especially for the younger NDMM pts. In this study, we propose an easily applicable scoring system, which can discriminate younger NDMM pts who might need more intensive treatment aiming at prolonged survival rates.

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PLATELET DISEASES

PP 15

LONG-TERM OUTCOMES OF PATIENTS TREATED WITH CAPLACIZUMAB FOR IMMUNE-MEDIATED THROMBOTIC THROMBOCYTOPENIC PURPURA (ITTP): THE POST-HERCULES STUDY

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