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Objective: In Brazil, the National Institute of Cancer estimates for the years 2023-2025 about 12,040 new cases of NHL, about 1,444 of peripheral T-cell lymphomas (PTCLs). T-cell Brazil project is an ambispective study inserting new diagnosis from January 2015 to December 2022. Our goal was to explore a prospective cohort (PC), April 2017-December 2022, analyzing primary refractory and relapse (R/R) PTCLs pts to explore bad factors for overall survival (OS). **Methodology:** PC enrolled 461 pts who received 1ª treatment line. Descriptive analyses, Kaplan-Meier method, Log-Rank test to compare groups and Cox Regression to identify risk factor for OS using IBM-SPSS software v.24. **Results:** It was identified 171 (37%) pts, 71% refractory and 29% relapsed. Median mo. from treatment to R/R was 6 mo. (1-49). Overall, 42% received 2nd line treatment and these 11% had to bone marrow transplantation. After a median 17 months (0-51) of follow up, 64% pts had died, and 74% due to lymphoma, 17% infections, 9% toxicities. Refractory pts (HR=2.51, $P<0.0001$), IPI=2-4 (HR=3.19, $P<0.0001$) and >1 extranodal site (HR=1.76, $P=0.01$) were associated with a higher risk of death in a Cox Regression. **Conclusion:** This study confirms outcomes for patients treated according to standards treatment. No difference was found in OS with respect to histology. Results confirm that peripheral T-cell lymphomas patients had dismal outcome after relapse or progression, besides of higher IPI and more than one extranodal site at diagnosis. However, HCT as salvage can possibly prolong life as some studies already indicated.

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OP 03

IBRUTİNİB-OBİNUTUZUMAB COMBİNATİON THERAPY İN THE TREATMENT OF RELAPSED NODAL MARGİNAL ZONE LYMPHOMA: A CASE STUDY

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Background: Marginal Zone Lymphoma (MZL) is a type of non-Hodgkin lymphoma (NHL) originating from B-lymphocytes. It is characterized as a slow-growing or indolent lymphoma and is considered a rare disease. The report focuses on a case of MZL diagnosed in childhood, which relapsed after initial treatment and subsequently went into remission following ibrutinib-obinutuzumab treatment. **Case Report:** In 2010, a 9-year-old girl with no previously known systemic illnesses was diagnosed with stage 4B nodal marginal zone lymphoma outside a pediatric center. Initially, she achieved remission following treatment with rituximab-bendamustine but experienced a relapse in 2012. Subsequent to lymph node excision and Methotrexate, Ifosfamide, Etoposide, and Dexamethasone (MIED) therapy, all conducted outside the pediatric center, she received an autologous stem cell transplant in 2013. Five years after the transplantation, she applied to our center when she was 18 years old, exhibiting widespread lymphadenopathy and suffering a relapse of stage 4B nodal MZL. Treatment with ibrutinib-obinutuzumab was commenced, leading to a full response after six cycles, without any adverse effects. Maintenance therapy with ibrutinib was initiated to avert further recurrence. **Conclusion:** The treatment of relapsed nodal MZL continues to be challenging. In patients who have previously received repeated cytotoxic chemotherapy, the combination of ibrutinib-obinutuzumab may be an effective and safe option to avoid cumulative toxicity of chemotherapy. Further studies with more cases in R/R nodal MZL will contribute to the management of the disease.

Keywords:
Marginal Zone Lymphoma (MZL)
Non-Hodgkin lymphoma (NHL),Ibrutinib-Obinutuzumab
Relapsed Nodal MZL
Lymphadenopathy

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Adult Hematology Abstract Categories

Myeloma

OP 04

ISATUXIMAB PLUS CARFILZOMIB AND DEXAMETHASONE VERSUS CARFILZOMIB AND DEXAMETHASONE IN PATIENTS WITH RELAPSED MULTIPLE MYELOMA (IKEMA): FINAL OVERALL SURVIVAL ANALYSIS

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Objective: Isatuximab (Isa, anti-CD38 monoclonal antibody) is approved in combination with carfilzomib (K) and dexamethasone (d), for relapsed multiple myeloma (MM) patients (pts) after ≥1 prior therapy. Final progression free survival (PFS) analysis after 2 years showed mPFS of 35.65 mo (Isa-Kd) vs 19.15 mo (Kd). Here, we report the final overall survival (OS) from IKEMA planned 3 years after the primary PFS analysis. **Methodology:** Pts with 1–3 prior lines of therapy were randomized 3:2 to receive Isa-Kd (n=179) or Kd (n=123). Treatment (tx) was given until progressive disease, unacceptable toxicity, or pt wish. Safety was assessed in all treated pts. **Results:** As of 7 Feb 2023, 23.5% (Isa-Kd) and 5.7% (Kd) pts were on tx. Median follow-up: 56.61 mo. OS benefit was more in Isa-Kd pts (mOS was NR; [95% CI: 52.172–NR] vs 50.6 mo [95% CI: 38.932–NR]; HR: 0.855; nominal one-sided p=0.1836). Isa-Kd had longer TTNT vs Kd (median 43.99 vs 25.0 mo; nominal one-sided p=0.0002), as was PFS2 (median 47.18 vs 32.36 mo; nominal one-sided p=0.0035). The safety profiles were comparable to interim and final PFS analyses. Grade ≥3 TEAEs: 84.2% (Isa-Kd) vs 73.0% (Kd). **Conclusion:** This final OS analysis shows a meaningful trend for OS benefit with Isa-Kd vs Kd despite subsequent tx with anti-CD38 agents, introduction of tx with novel mechanism of action among further therapies, and the COVID-19 pandemic. Improvements in TTNT and PSF2 were observed and sustained PFS benefit still observed at PFS2. The Isa-Kd safety profile was consistent with previous analyses, supporting it as a standard-of-care therapy for relapsed MM pts.

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OP 05

REAL-WORLD (RW) TREATMENT PATTERNS AND OUTCOMES IN PATIENTS (PTS) WITH RELAPSED/REFRACTORY MULTIPLE MYELOMA (RRMM) WITH AT LEAST ONE PRIOR THERAPY IN TURKEY

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Objective: Data on RW treatment patterns and outcomes in RRMM Pts who received at least one prior line of therapy (LoT) are lacking outside the US and Europe. This study evaluated RW clinical characteristics, treatment patterns, and outcomes among Turkish Pts who received at least one prior MM-specific therapy. **Methodology:** This retrospective chart review included RRMM Pts who had received at least one prior LoT and initiated a second-line (2L) or third-line (3L) MM-specific treatment regimen between 01-Jan-2015 and 31-Dec-2020. Patients' demographics and clinical characteristics, treatment patterns, and overall survival (OS) were evaluated. **Results:** Of the 107 RRMM Pts initiating 2L treatment, 91.6% experienced symptomatic disease [prominent symptoms: anemia (71.0%); bone lesions (53.3%)]. Table 1 presents other clinical and demographic characteristics. Bortezomib (BOR)-based regimens were most used in first-line (1L) regardless of stem-cell transplant (SCT) status (SCT induction: 68.7%; non-SCT: 79.5%), and lenalidomide (LEN-based regimens were used as 1L maintenance (40.3%). LEN-free regimens were used in 58.1% (2L) and 35.6% (3L) of Pts, with DVd (29.5%) and DRd (19.5%) being the most utilized regimens in 2L and 3L, respectively (Fig. 1). In total, 53.1% were LEN-retreated and 30.8% were LEN-refractory. The median (interquartile range) duration of treatment on 2L [7.0 (6.0, 10.5) months] and 3L [7.1 (6.0, 14.0) months] was short (Table 2). After 2L and 3L initiation, 57.9% and 25.6% of Pts had disease progression; median OS was 10.4 and 12.8 months, respectively (Table 3). **Conclusion:** BOR-based regimens were commonly utilized in 1L. LEN-based regimens were used as maintenance therapy in 1L and as retreatment in RRMM Pts. Newer therapies (Daratumumab- or Carfilzomib-based regimens) were utilized in 2L and 3L. The short duration of therapy, high disease progression rate, high LEN retreatment, and refractoriness rates indicate the need for new LEN-free regimens for treating RRMM Pts in Turkey.

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OP 06

URETERAL AMYLOİDOSİS: A CASE REPORT OF SUCCESSFUL MANAGEMENT WİTH SURGERY, RADİATİON, AND CHEMOTHERAPY

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Background: Ureteral amyloidosis is a unique and infrequent form of amyloidosis characterized by the deposition of amyloid proteins within the ureters. These tubes, responsible for transporting urine from the kidneys to the bladder, can become obstructed due to this protein accumulation, potentially leading to renal complications. We are presenting a case ureteral amyloidosis. **Case Report:** A 48-year-old male with no known prior medical conditions presented with a three-month history of right-sided pain, frequent and painful urination, reduced urine output, and hematuria. Blood tests showed a hemoglobin level of 12.8 g/dL and MCV of 73. Urinalysis revealed pyuria and hematuria. An upright abdominal X-ray indicated hydronephrosis, and an abdominal CT scan