with a SUVmax ranging between 7,04 and 24,7 were detected. Basal tests showed iron deficiency anemia of hemoglobin 9,8 g/dl and erythrocyte sedimentation rate of 29 mm/hour. LDH was 645 IU/l. Pretherapy echocardiograpy showed pericardial effusion **Results:** Background consisted of numerous mature lymphocytes, rare eosinophils, histiocytes and plasma cells . PET-CT showed anterior mediastinal mass of 8,7 X 6,2 cm standing just behind pericardium with a SUVmax of 28,3 . Along with mediastinal mass right prevascular, preparacardiac and anterior diaphragmatic lympadenopaties of maximum length of 2,5 cm and with a SUVmax ranging between 7,04 and 24,7 were detected. Basal tests showed iron deficiency anemia of hemoglobin 9,8 g/dl . **Conclusion:** Targeted therapies especially PD-1 blockage and anti-CD30 therapies are increasingly filling the gap for the management of GZL s as well as cHL and PMBCL. Brentuximab vedotin is a promising agent for the management of GZLs both in the first line and in the relapsed/ refractory setting.

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PP 09

ISOLATED CENTRAL NERVOUS SYTEM BURKITT'S LYMPHOMA IN ADVANCED AGE: A CASE STUDY

ORHAN AYYILDIZ [1], SONGUL BESKISIZ [1], ABDULLAH KARAKUŞ [1]

[1] *DICLE UNİVERSİTY FACULTY OF MEDICINE DEPARTMENT OF HEMATOLOGY*

Objective: Burkitt lymphoma is an aggressive type of B-cell lymphoma that is usually seen in the pediatric and young adult population and characteised with myc gene translocation. This disease manifests itself with rapidly growing abdominal mass and systemic sign and symptoms. However, atypical involvements, such as isolated cranial involvements, face both diagnostic and therapeutic challenges, especially in older age groups. Although isolated cranial involvement of Burkitt's lymphoma is rare in older patients, this case report emphasizes the challenges in clinical practice. **Case report:** A 67-year-old female patient was taken with complaints of headache and vomiting in June 2022. An MRI scan revealed a mass measuring 3.3 × 2.8 × 1.5 cm in the left temporal region. Upon this finding, the patient was referred to the neurosurgery department and the mass was surgically removed. As a result of the pathological examination resulting from the operation, CD10, CD20 were diffusely positive; BCL2 negative; BCL6 positive; C-MYC 70% positive; Kİ67 is 100% positive and confirms Burkitt's Lymphoma. In the PET-CT scan performed for the staging of the patient, reticular dense growths and irregular growth FDG uptakes in ground glass density areas were observed in the medial posterobasal segment of the lower lobe of two lungs and in the anterior segment of the upper lobe of the left lung. In the mediastinal area, increased degrees of FDG uptake were detected in bilateral lower paratracheal and subcarinal lymph nodes. These findings were evaluated as a potential infectious event. While there were no findings in hemogram and biochemical pathological tests, HbsAg positivity was detected but no active disease was found.Prophylactic intrathecal(IT) treatmentwas also recommended for the disease, which started to systemic chemotherapy, but IT chemotherapy was rejected.. In subsequent MRI examinations, the defect formed after craniotomy in the left temporofrontoparietal region and fluid collection in the calvarium were observed, while no residue or recurrence was observed in the operation area.However, a lesion measuring 2 × 3 cm in size was detected in the left parietal at the vertex level, which was primarily considered a fibroma and showed marked hypointenses and heterogeneous contrast enhancement in all sections. In the evaluation PET-CT performed after four cycles of the R-HYPERCVAD regimen, a mild increase in metabolic activity was observed in the mediastinal lymph nodes, but this was consistent with inflammatory processes, and no signs of recurrence or metastasis were found in other parts of the body. Despite these findings, which were accepted as a response to treatment, the planned OKIT treatment was not accepted by the patient and their relatives. After completing the seventh course of treatment, the patient presented to the emergency room with altered consciousness and recurrent headaches. Antieodema treatment was applied to the patient who was diagnosed with brain edema, but the recommended advanced chemotherapy and full cranial radiotherapy were rejected. In December 2023, the patient was re-admitted with symptoms of brain edema and shingles zoster infection was observed, and the patient died after his condition worsened despite symptomatic treatment. **Conclusion:** This case report highlights the rarity of advanced age Burkitt lymphoma with isolated cranial involvement and the diagnostic and therapeutic difficulties of this condition. Our patient exhibited atypical involvement of an aggressive B-cell lymphoma that usually occurs in childhood and young adults and is characterized by myc gene translocation. The disease, which usually manifests itself with an abdominal mass and systemic symptoms, is rare to show isolated cranial involvement, and this requires us to re-evaluate the diagnosis and treatment strategies in our clinical practice. In this case, although the patient's symptoms and radiological findings initially suggested a typical brain tumor, pathological examination confirmed the diagnosis of Burkitt's lymphoma. During the patient's treatment process, the importance of systemic chemotherapy and prophylactic intrathecal treatment became evident. However, rejection of various treatment options by patients and their relatives may negatively affect the effectiveness of the treatment and patient survival. This case highlights the rarity of Burkitt lymphoma with isolated cranial involvement in older age patients and the challenges and important lessons encountered in the diagnosis and treatment of these atypical presentations.

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Real-Life Experience with Pomalidomide plus Dexamethasone in Patients with Multiple Myeloma: A Single Center Retrospective Study

Betül Kübra TÜZÜN [1], Zühal DEMİRCİ [1], Gülçin ÇELEBİ [2], Ajda GÜNEŞ [1], Derya DEMİR [3],

Nur SOYER [1], Filiz VURAL [1], Mahmut TÖBÜ [1], Fahri ŞAHİN [1], Güray SAYDAM [1]

[1] *Ege University Hospital Department of Hematology*
[2] *Ege University Hospital Department of Internal Medicine*
[3] *Ege University Hospital Department of Pathology*

Objective: Multiple myeloma (MM) is a heterogeneous disease with the uncontrolled clonal proliferation of plasma cells, accounting for approximately 10% of all hematologic cancers . Hence without curative therapy, the treatment aims to improve overall survival.Pomalidomide (POM) is a third-generation immunomodulatory agentPomalidomide can be administered with dexamethasone or in combination with proteasome inhibitors (bortezomib) and monoclonal antibodies (isatuximab, daratumumab). We retrospectively analysed all patients treated with pomalidomide at our centre between 2017 and 2023. **Methodology:** All patients who had received or were currently receiving treatment with pomalidomide at Ege University Hematology Outpatient Clinic between January 2017 and April 2023 were included. To be included in response assessments, patients had to have measurable disease as defined by International Myeloma Working Group (IMWG) guidelines (Kumar et al, 2016) and have completed at least one cycle of pomalidomide with repeat biomarkers performed. Treatment consisted of 28-day cycles of pomalidomide (taken daily on days 1–21) plus dexamethasone (on days 1, 8, 15 and 22), plus or minus a third agent. **Results:** A total of 25 patients who received treatment with pomalidomide were identified. Of these, 24 were able to be included in response analyses. Of the remaining 1 patient for whom response could not be assessed,had an anaphylactoid reaction with pomalidomide and did not complete a single cycle of treatment. The analysis includes a total of 23 patients with RRMM, 1 patient with newly diagnosed multipl myeloma who had central nervous system involvement at diagnosis. 23 patients treated with POM-DEX in the lines of therapy subsequent to the second (third to seventh) line. Median patient age at diagnosis was 55 years (range 42–82), 7 (28%) patients were 65 or older than 65 years old. 13 patients were male (54,25%) and 11 were female (45,85%). 6 (25%) patients had International Staging System (ISS) stage I, 5 (20,8%) had stage II, 11 (45,8%) stage III myeloma, respectively (2 patients had not adjusted) stage III myeloma. 79,2 % (n=19)of patients had IgG, 4,2% (n=1) had IgD, 79,2 % (n=19) had kappa and 20,8 % (n=5) had lambda subtype myeloma. Six patients (25 %) had extramedullary disease and 18 (75 %)had lytic bone lesions at diagnosis. Moreover, 12 (%50)patients had received a previous autologous stem cell transplant (single or double). 1 patient had autologous stem cell transplant after pomalidomide therapy. On data cut off (1 August 2023), median survival from initial diagnosis was not reached .Nearly all patients had received at least two previous lines of therapyand, as per guideline, had been exposed both to lenalidomide and bortezomib. Efficacy In a total of 24 patients, the treatment response rate (ORR), including all patients with a partial response or better, was 41.7%. A total of 10 patients gained a partial response (3) or a complete response (7). Median progression-free survival (PFS) was 18,95±5,18 months. Median (IQR) treatment duration was 8 (2-47) months. 2 years OS had adjusted as % 35,4 ±12,8. The most common adverse events were hematologic toxic effects, such as neutropenia (11 patients), anemia (3), thrombocytopenia (1); we also described gastrointestinal symptoms such as diarrhea, infections or sepsis, pneumonia. **Conclusion:** Multiple myeloma (MM) is a heterogeneous disease with the uncontrolled clonal proliferation of plasma cells, accounting for approximately 10% of all hematologic cancers. Prognosis of patients after a second relapse remains poor, and the treatment is still challenging. According to the phase three study MM-003, pomalidomide in combination with dexamethasone (DEX) was approved as a subsequent line of therapy to the second one by the US Food and Drug Administration and the European Medicines Agency (EMA) in 2013, respectively, showing efficacy in patients with RRMM and previously exposed to both bortezomib and lenalidomide . In this study, we analyzed the efficacy of oral pomalidomide plus dexamethasone regimen in our patients that received more than one cycle of POM-DEX therapy. Although our patients received POM-DEX at an advanced stage of disease the findings from our real-life experience indicate that Poma-D is a safe and well-tolerated regimen with acceptable toxicity. The ORR reported in our study was 41.7% and is better than previous studies (33% in MM-002, 31% in Nimbus, and 32.6% in Stratus). The PFS observed in our cases of 18,95 ±5,18 months is also quite favorably comparable with that of previously mentioned trials (which described median results of 4.0–4.6 months). Nowadays triplet regimens are widely considered the standard of care in myeloma. Though the efficacy of POM-DEX, should not be underestimated for all those patients in which three-drug regimens are not indicated (because they are frail or very elderly, or with significant adverse effects related to proteasome inhibitors).

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PP 11

A COMPILATION OF ATYPICAL PLASMA CELL DISCRASIA CASES

Bahar ÖZMÜŞ [1], Bilal ÖZMÜŞ [1]

[1] *van yüzüncü yıl üniveristesi dursun odabaşı tıp merkezi*

Objective: CLINICAL DIAGNOSIS, APPROACH AND MANAGEMENT OF PLASMA CELL DISEASES OF ATYPICAL AGE AND ATYPICAL LOCATION Case report: OUR FIRST CASE: A 66-YEAR-OLD FEMALE PATIENT APPLIED WITH ABDOMINAL PAIN. HGB: 6,6 AND ENDOSCOPY IS DONE. 8 CMDIFFUSE THICKENING WAS DETECTED IN THE STOMACH. A BIOPSY IS TAKEN. THE RESULT IS STOMACH PLASMOCYTOMA. KT STARTED. **SECOND CASE:** A 32-YEAR-OLD FEMALE PATIENT ADMITS WITH WEIGHT LOSS, DYSPNEA AND LEUKOCYTOSIS. IT IS PLASMA CELL LEUKEMIA. THE KIT IS BEING MADE.LATEST CASE: A PATIENT WHO PRESENT WITH DIPLEGIA IN THE