multicenter study. **Methodology:** Forty-five stage I–II FL patients received 8 cycles of Rituximab (375 mg/m^2) and IF irradiation (30/40 Gy). Progression-Free Survival (PFS) 1-year from treatment start is the primary endpoint. Secondary endpoints were complete response rates, toxicity, quality of life with protocol defined visits up to month 15. **Results:** For the primary endpoint, PFS at 1-year was 85% for the intention-to-treat set. Long-term data were captured in selected sites and evaluated as post hoc analysis in the Per Protocol (PP) set: PFS was 78% at 1-year with a median follow-up of 15 months, respectively. There were 17/45 recurrences in the PP set, of which 14 were outside the radiation volume only. There were 9 serious adverse events (3 related to the therapy) during the first 15 months. **Conclusion:** IF radiotherapy combined with Rituximab is well tolerated and highly efficient with low rates of recurrence in the first years in early-stage DLBCL. The efficacy is comparable with more aggressive therapy approaches without compromising the quality of life and maintains for an extended follow-up of more than 3 years.

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Adult Hematology Abstract Categories

T-Cell Lymphoma

PP 18_Case report

CASES OF PRIMARY CUTANEOUS ANAPLASTIC LARGE CELL LYMPHOMA TREATED WITH SYSTEMIC OR LOCAL THERAPY

Müzeyyen Aslı Ergözoplu, Berksoy Şahin, Ertuğrul Bayram, Esra Gökçe

Çukurova Üniversitesi Tıbbi Onkoloji Kliniği

Introduction: Primary Cutaneous Anaplastic Large Cell Lymphoma (PC-ALCL) is a CD30+ peripheral T-cell lymphoproliferative disorder without systemic involvement. It accounts for approximately 8% of cutaneous lymphoma cases. Most patients with PC-ALCL present with slow-growing, solitary or grouped skin nodules, and in some cases, regional lymph node involvement is observed. **Case-1:** A 61-year-old male patient presented to our clinic with swelling and edema of the right lower lip, along with a 57 cm draining ulcerative skin lesion in the suprasternal region. The patient had previously received six cycles of treatment for T-cell lymphoma at an outside center. A PET-CT scan identified a soft tissue lesion in the skin/subcutaneous tissue at the level of the right thyroid lobe and isthmus, measuring 57*15*52 mm, with a maximum SUV of 34. Biopsies taken from the lower lip and suprasternal skin were reported as primary cutaneous anaplastic large cell lymphoma. CD30 expression was found to be 95%. The patient was started on brentuximab vedotin along with the GDP protocol. After two cycles of treatment, improvement in the skin lesions was observed. **Case-2:** A 61-year-old male patient presented to our clinic with a complaint of a lesion on the anterior surface of the right tibia, measuring approximately 10*10 cm. The biopsy taken from the lesion was reported as CD30+ primary cutaneous anaplastic large cell lymphoma. A PET-CT scan revealed moderately hypermetabolic lymph nodes with thick cortices in the right iliac and inguinal lymphatic chains. Radiotherapy was applied to the area of the primary lesion and the regional lymph nodes, and improvement in the skin lesions was observed with treatment. **Discussion:** We aimed to discuss the outcomes of applying localized radiotherapy or systemic treatment to two patients with PC-ALCL who presented to our clinic: one with a relapse and the other with a new diagnosis. Brentuximab vedotin is effective in this disease. Since disease control could not be fully achieved with localized radiotherapy alone, we believe that the combination of systemic therapy and radiotherapy may be an important treatment option for these patients. Further large-scale case series are needed to guide treatment.

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Adult Hematology Abstract Categories

Myelodysplastic Neoplasms

PP 19_Case report

CLINICAL PRESENTATION AND OUTCOMES OF PATIENTS WITH MYELODYSPLASTIC SYNDROME INTRODUCTION

Jehanzeb Ur Rehman

Armed Forces Bone Marrow Transplant Center Rawalpindi, Pakistan

Objective: Myelodysplastic Syndrome (MDS) is a clonal hematopoietic disorder that is characterized by dysplasia along with anaemia, thrombocytopenia or neutropenia and a risk of progression to Acute Myeloid Leukaemia (AML). In the United States, the yearly incidence of MDS is approximately 4 per 100 000 people, notably higher among older population rising tenfold by the age of eighty (80) years. Prognostic systems, such as the revised International Prognostic Scoring System (IPSS-R), offer rationally accurate estimates of survival at the population level. The goals of treatment in individuals having lower-risk MDS includes improving quality of life and minimizing Red Blood Cells (RBCs) and platelet transfusions. Therapeutic goals in patients having Higher-Risk MDS (HR-MDS), include decreasing the risk of transformation to AML and increasing survival. Haematopoietic Cell Transplantation (HCT) has the potential to cure MDS, but less than 10% of affected people undergo this treatment. Improvements in the understanding of MDS has resulted in newer management strategies for these patients. As a result, the treatment landscape for MDS patients is changing. All these advancements are expected to improve the survival rate of patients suffering from MDS. There is limited data on presentation and outcomes of MDS