was used despite FEN episodes. The patient achieved VGPR and is now planned for ASCT.

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PP 28_ Case report

THE SUCCESS LIES ON CLINICAL SUSPECT: THE SYNCHRONOUS CANCERS PRESENTING AS PULMONARY AND VERTEBRAL MASS LESIONS

Ulviyya Hasanzade, Metban Mastanzade, Sevgi Kalayoğlu Beşışık

Istanbul University, Istanbul Faculty of Medicine, Department of Internal Medicine, Division of Hematology, Istanbul

Objective: It is a well-known epidemiological research issue that cancer patients are at high risk for developing multiple primary cancers. The risk increase is more likely among cancer survivors and elderly people. We present a case of synchronous cancers with pulmonary cancer and extramedullary plasmacytoma. A 68-year-old male patient was evaluated for back pain, walking difficulty, and urinary incontinence. MRI showed a vertebral mass lesion on T10–11, with a pre-diagnosis of metastatic bone disorder. A PET-CT scan was performed to find out the primary cancer. This time, two mass lesions were striking: one on the right infrahilar region of the lungs and the other as a large lesion on the vertebras, as seen on MRI, which seemed to be two separate malignant lesions. Two biopsies were decided. The patient's clinical picture deteriorated, and an urgent surgery for decompression and a diagnostic lung biopsy by bronchoscopy were performed. Histology of the vertebral lesion revealed kappa monotypic cell infiltration consistent with plasmacytoma, and histology of the lung revealed non-small cell lung carcinoma. He had a monoclonal gammopaty as IgG kappa with a level of 1.24 g/dL. Further investigation covered bone marrow, which confirmed the diagnosis of solitary plasmocytoma and primary lung carcinoma. Treatment was designed as radiotherapy for plasmocytoma and referral to the oncology unit with a recommendation for three monthly follow-ups for pursuing active myeloma development. **Results:** Multiple cancers comprise two or more primary cancers occurring in an individual originating in a primary site or tissue and are neither an extension nor a recurrence or metastasis. According to the timing of the cancers' diagnosis, the development of different cancers may be differentiated as synchronous or metachronous. The risk for the development of multiple primary cancers may be multifactorial as inherited predisposition to cancer; the lifestyle, cancerogen exposure related with environmental factors; previous cancer and increased survival and surveillance of cancer patients. We highlighted the need for comprehensive epidemiological data collection in cancer patients by publishing this case.

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PP 29_Case report

ACUTE LYMPHOBLASTIC LEUKEMIA DIAGNOSED FOUR YEARS AFTER HSCT IN A BETA THALASSEMIA PATIENT: A CLINICAL CASE

Samira Hasanova, Huseyn Kerimov, Avesta Allahverdiyeva, Azer Kerimov, Nargiz Aliyeva, Seher İsmayilova

National Center of Hematology and Transfuziology

Introduction: Beta thalassemia is an inherited blood disorder caused by defective synthesis of the beta chains of hemoglobin. This results in the production of ineffective red blood cells, leading to anemia and a severe reduction in the ability to transport oxygen to organs and tissues. In some cases, patients with beta thalassemia, due to prolonged treatment processes and other factors, may develop malignant hematologic disorders. This case presentation describes a patient diagnosed with beta thalassemia major who developed Acute Lymphoblastic Leukemia (ALL) four years after undergoing Hematopoietic Stem Cell Transplantation (HSCT). **Materials and methods:** A patient diagnosed with beta thalassemia major, registered at the Thalassemia Center (TC), underwent allogeneic HSCT in 2020 and was later diagnosed with T-cell Acute Lymphocytic Leukemia (T-ALL) four years post-transplant. **Results:** A 19-year-old male patient was diagnosed with beta thalassemia major at the age of one year. He has been under regular follow-up at the Thalassemia Center since the age of six. At seven years old, he was officially diagnosed with "Beta Thalassemia Major" (HbA2 – 3.9%; HbF – 57.1%) and has since been on a transfusion regimen with chelation therapy. On February 23, 2020, he underwent an allogeneic bone marrow transplantation from his HLA 10/10 matched sibling using the BU/Flu/CY/ATG/TT myeloablative conditioning regimen. Post-transplant chimerism analysis showed 93% donor cells. The patient was regularly monitored at the TC-HSCT outpatient clinic. **Medical history:** The patient was born from his mother's third pregnancy and third delivery.

- Two siblings from previous pregnancies did not survive.
- He was born at term with a birth weight of 3500g.
- He had incomplete routine vaccinations.
- He had a history of measles and chickenpox infections.
- The family denies a history of tuberculosis or venereal skin diseases.
- One healthy sibling lives at home.
- Parents are not consanguineous.
- The father was diagnosed with Hodgkin lymphoma two months ago and started treatment.

On November 5, 2024, the patient presented with extensive bruising and petechiae over his entire body. His general condition was severe, and laboratory findings were:

- Leukocytes (L): $284.32 \times 10^3/\mu L$
- Hemoglobin (Hb): 121 g/L
- Platelets (Tr): $30 \times 10^9/L$
- Blast cells: 80%

The patient was hospitalized and diagnosed with T-ALL.
Flow Cytometry Findings:

- SSC/CD45 analysis revealed 90% blast cells in the CD45 low region.
- Blast cells expressed T-lymphoid markers (CD2+, CD3+, CD5+, CD7+, CD38+).
- Based on clinical and laboratory findings, the case was classified as T-ALL.

Genetic Testing (FISH Panel):

- No abnormalities detected in: cMYC, P16, E2A, TEL/AML1, MLL, BCR/ABL, IGH, P53, CRLF2, MYB, TLX3, TCRB, TLX1, TCRAD analyses.

Between November 7, 2024, and December 13, 2024, the patient underwent two cycles of Hyper-CVAD chemotherapy. By December 10, 2024, the patient achieved clinical and hematological remission with only 4% blast cells remaining in the bone marrow. A multidisciplinary consultation was held, and the treatment protocol was modified. The patient will continue therapy under the ALL IC BFM 2024 protocol with Minimal Residual Disease (MRD) monitoring. Before HSCT, the patient had mild hepatosplenomegaly (liver: 1.5 −2.5 cm, spleen: 2−2.5 cm enlargement). After transplantation, these organs gradually normalized. However, with the transformation to ALL, both organs enlarged again (up to 3.5 cm). **Conclusion:** Genetic mutations likely play a significant role in this patient's family:

- The father has Hodgkin lymphoma.
- Two brothers died due to beta thalassemia.
- The patient carries a homozygous beta thalassemia mutation.
- The T-ALL developed four years post-HSCT from a seemingly healthy sibling donor, indicating potential familial genetic mutations.

The possibility of the donor sibling developing a lymphoproliferative disorder in the future should be considered as a potential scenario.

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PP 30_Case report

INVESTIGATION OF THE RELATIONSHIP BETWEEN COMPASSION AND BURNOUT AMONG HEMATOLOGIST AND ONCOLOGIST

Nisa Aliş [a], Aze Buyruk [a], Birol Güvenç [b], Berksoy Şahin [c], Naciye Nur Tozluklu [d]

[a] *International Final University Psychology Department in North Cyprus*
[b] *Professor Hematology Department*
[c] *Professor, Medical Oncology Department*
[d] *Internal Medicine Department in Çukurova University, Adana, Turkey*

Objective: Burnout disproportionately affects hematologists and oncologists due to high-stress clinical environments, long working hours, and emotional demands of caring for critically ill patients. While compassion is integral to patient care, the relationship between compassion and burnout has not yet been sufficiently explored. This study investigates the relationship between compassion and burnout in hematologists and oncologists, contextualizing findings within using multivariate linear regression and Pearson's correlation analyses. **Methodology:** A cross-sectional survey of 161 hematologists and oncologists was conducted using validated instruments: the Maslach Burnout Inventory (MBI) to assess burnout (burnout, depersonalization, personal achievement) and the Compassion Scale to measure compassion subdomains (kindness, indifference, common humanity, mindfulness, separation, disengagement). Participants were stratified by practice setting (academic vs. community), gender, and clinical focus. **Results:** While the scores from the Burnout subscale and Depersonalization did not statistically predict the scores of the Compassion Scale ($p > 0.05$) the scores from the Personal Achievement statistically predicted the scores of the Compassion Scale ($\beta = -0.352$; $p < 0.05$). Pearson's correlation analysis revealed statistically significant relationships between the Burnout scores, and Kindness, Common Humanity, Mindfulness, and Disengagement of the Compassion Scale ($p < 0.05$) but not with the Indifference or Separation ($p > 0.05$). A statistically significant relationships was only found between the Depersonalization scores and the Indifference ($p < 0.05$) but not the other components of the Compassion Scale ($p > 0.05$). While strong and positive correlations were found between the Personal Achievement scores and the Kindness and Common Humanity of the Compassion Scale, no significant relationships were observed with Disengagement, Mindfulness, Indifference, or Separation ($p > 0.05$). **Conclusion:** The compassion was not completely corelated with Burnout, but some subscales of Burnout were corelated with some subscales of the Compassion such as personal achievement increases, the levels of kindness, common humanity, and mindfulness also increases. Individuals with higher burnout levels exhibit increased indifference and as indifference increases, the relationship with kindness alsso strengthens.

Keywords: Burnout, Compassion, Hematology, Oncology.

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PP 31_Case report

A RARE CASE OF DIFFUSE LARGE B-CELL LYMPHOMA PRESENTING WITH CHRONIC GASTROINTESTINAL SYMPTOMS: A DIAGNOSTIC CHALLENGE

Bulut Sat [a], Burak Demir [a], Birol Güvenç [b]

[a] *Department of Internal Medicine, Cukurova University Medical Faculty Hospital, Adana, Turkey*
[b] *Department of Internal Medicine, Cukurova University Medical Faculty Hospital, Division of Hematology, Adana, Turkey*

Diffuse Large B-Cell Lymphoma (DLBCL) is the most common aggressive non-Hodgkin lymphoma, but primary Gastrointestinal (GI) involvement remains relatively rare. Diagnosing GI