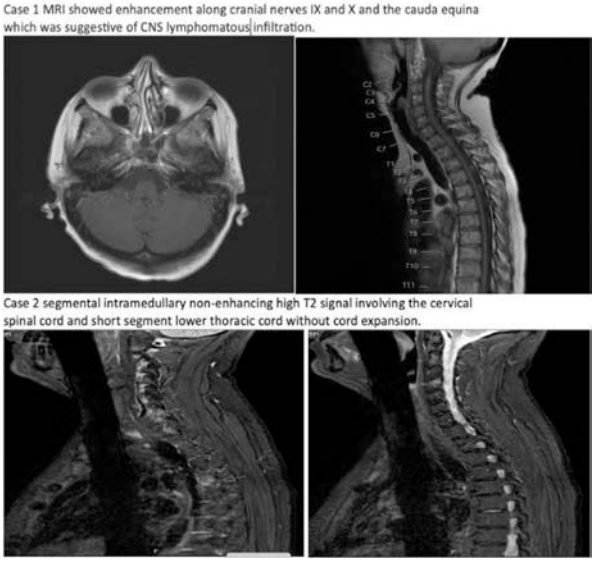
Tocilizumab, followed by worsening lower limb weakness and sensory loss. MRI revealed new cauda equina leptomeningeal enhancement; NCS confirmed bilateral polyradiculopathy. CSF showed high protein but no blasts or infections. IVIG, methylprednisolone, anakinra and IT MTX-hydrocortisone improved symptoms. MRD assessment on day +30 was negative repeated MRI brain and spine showed resolution of leptomeningeal enhancement. **Conclusion:** With the increasing use of CAR T-cell therapy, rare side effects, such as sensory-motor polyradiculopathy, are emerging. These cases underscore the challenges of diagnosing and managing non-CNS neurotoxicity. Early recognition, tailored interventions, and multidisciplinary care are vital, while further research is needed to better understand mechanisms and improve patients' outcomes.



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Adult Hematology Abstract Categories

Aggressive B-cell lymphoma

OP 08_Case report

PRIMARY ADRENAL AND FEMALE GENITAL EXTRANODAL LYMPHOMAS

Müzeyyen Aslı Ergözoğlu [a], Berksoy Şahin [a], Tuğba Toyran [a], Nisa Aliş [b]

[a] *Cukurova University, Adana, Turkey*
[b] *Aydın Üniversitesi, Istambu, Turkey*

Objective: The extranodal lymphomas generally account for 25%–40% of all lymphoma cases, with rare types such as primary breast lymphoma accounting for 0.1%–0.5%, female genital system lymphomas for 0.5%–1%, and adrenal lymphomas for about 1%. The diagnosis, treatment, and prognosis of these rare lymphomas are different. As Çukurova University Faculty of Medicine, we conducted a retrospective study on rare extranodal lymphomas. **Methodology:** The file data from the Cancer Registry of the Chief Physician's Office was reviewed for the period between 2003 and 2025. Among a total of 3067 lymphoma patients, 25 cases of primary adrenal, female genital, or breast lymphoma were included in the study. Demographic data were documented, and survival duration was calculated. Parameters affecting survival were identified using SPSS. The average age of the patients was 45, with 20% being male and 80% being female. The average age of the men was 61, while the average age of the women was 41. **Results:** Among all lymphoma patients, 632 (20.6%) had extranodal lymphoma. In 25 patients (0.8%), primary adrenal, female genital, and breast lymphomas were detected. The primary adrenal lymphoma was found in 7 patients (28%), female genital lymphoma in 8 patients (32%), and breast lymphoma in 10 patients (40%). Of these, 92% were Non-Hodgkin Lymphoma (NHL), with Diffuse large B-Cell Lymphoma (DLBCL) being the most common (48%). Burkitt lymphoma was observed with a frequency of 12% as the second most common type. All of the breast lymphoma patients were female, with an average age of 31. The second most frequent group, primary female genital lymphoma patients, had an average age of 49, and the most commonly affected organ was the ovary (16%). Compared to the literature, our patients were younger. The median survival for female genital system lymphoma patients was not reached, while the median survival for breast and adrenal lymphoma patients was 49 and 62, respectively. **Conclusion:** Although we have extensive experience in the management and treatment of primary extranodal lymphomas, a standard treatment approach has not yet been established for rare primary lymphomas. With this study, we aimed to contribute to raising awareness on this issue. In the future, we plan to collect real-world data on rare primary extranodal lymphomas in Turkey to create national data.

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Adult Hematology Abstract Categories

Myelodysplastic neoplasms

OP 09_Case report

EFFICACY OF ROXADUSTAT IN CHRONIC KIDNEY DISEASE PATIENTS NOT ON DIALYSIS WITH ANEMIA: SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

Lokman Hekim Tanriverdi [a], Ayşe Uysal [b], Arzu Akyay [c], Yurday Öncül [c], Ahmet Sarici [d]

[a] *Department of Medical Pharmacology, İnönü University, Faculty of Medicine, Malatya, Turkey*

[b] Division of Hematology, Firat University, Faculty of Medicine, Elazığ, Turkey
[c] Division of Pediatric Hematology and Oncology, İnönü University, Faculty of Medicine, Malatya, Turkey
[d] Division of Hematology, İnönü University, Faculty of Medicine, Malatya, Turkey

Objective: Anemia is a common complication in patients with Chronic Kidney Disease (CKD), particularly in those not receiving dialysis. Roxadustat, a Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitor (HIF-PHI), has been investigated as a therapeutic option for anemia management in this population. This study aimed to evaluate the efficacy of Roxadustat compared to control interventions in Non-Dialysis-Dependent CKD (NDD-CKD) patients. **Methodology:** A comprehensive literature search was conducted in Cochrane CENTRAL, Ovid Medline, PubMed, and Web of Science up to December 14, 2024. Randomized Controlled Trials (RCTs) directly comparing Roxadustat with a control group were included. Data were pooled using an inverse variance-weighted random-effects model. The primary efficacy outcome was the change in Hemoglobin (Hb) levels at weeks 24–28 and during follow-up. Subgroup analyses were performed based on the type of control intervention (Erythropoiesis-Stimulating Agents [ESAs] vs. placebo) and prior ESA use. **Results:** A total of six RCTs, including 5,330 patients, from 520 unique records from the databases were included. Roxadustat significantly increased Hb levels during follow-up compared to the control group (Mean Difference [MD = 1.21 g/dL], 95% confidence interval [95% CI 0.45 to 1.97], $I^2 = 99\%$, $p = 0.0017$). However, at weeks 24–28, the increase in Hb levels was not statistically significant (MD = 0.86 g/dL, 95% CI -0.11 to 1.83, $I^2 = 99.4\%$, $p = 0.0833$). Iron-related parameters showed mixed results. Roxadustat was associated with a significant reduction in ferritin levels (MD = -38.54 ng/mL, 95% CI -68.21 to -8.87, $I^2 = 84.1\%$, $p = 0.0109$). Conversely, Total Iron-Binding Capacity (TIBC) was significantly increased with Roxadustat treatment (MD = 20.33 μg/dL, 95% CI 1.15 to 39.51, $I^2 = 98.5\%$, $p = 0.0377$). No significant difference was observed in serum iron (MD = 3.1 μg/dL, 95% CI -0.39 to 6.6, $I^2 = 93.1\%$, $p = 0.0820$) and Transferrin Saturation (TSAT) levels (MD = -1.08%, 95% CI -2.42 to 0.26, $I^2 = 40.1\%$, $p = 0.1151$) between the two groups. Subgroup analyses revealed that in placebo-controlled trials, Roxadustat significantly increased Hb levels at both weeks 24–28 and during follow-up. However, in trials comparing Roxadustat with ESAs, the changes in Hb levels were not significant at either time point. **Conclusion:** Roxadustat reduced ferritin but increased TIBC without significantly affecting free iron and TSAT levels compared to the control group in patients with NDD-CKD.

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Adult Hematology Abstract Categories

Myeloproliferative Neoplasms

OP 10

Genetic profile of primary myelofibrosis patients in Azerbaijan

Elmir Guluyev [1], Madad Abbasov [1,*], Gulnar Garayeva [2], Azer Kerimov [2]

[1] Main Clinical Hospital of the Ministry of Defense of Azerbaijan
[2] Natonal Hematology and Transfusiology Center

Objective: Primary myelofibrosis is a clonal myeloproliferative neoplasm characterized by atypical myeloid proliferation and significant symptom burden. Activation of the Jak-STAT signaling pathway plays a central role in the pathogenesis of this disease. Approximately 90% of patients have one of three genetic mutations: Jak2V17F, CALR and MPL. The Jak2V617F mutation is the most common mutation and has been found in 60%–65% of patients. Last year in SOHO 2024 annual meeting we first demonstrated genetic mutations of primary myelofibrosis patients in Azerbaijan. However, in our study only a small number of patients underwent genetic testing. Here we have updated the data of our cohort. The main goal of our study was to know the genetic profile of primary myelofibrosis patients in Azerbaijan. **Methodology:** We retrospectively analyzed 123 patients with primary myelofibrosis who underwent genetic testing. We created 2 groups according to JAK2 levels. Group comparability was assessed by comparing baseline demographics and follow-up time between groups. Normality and heteroscedasticity of continuous data were assessed using the Shapiro-Wilk and Levene tests, respectively. Continuous outcomes were compared using unpaired Student *t*-test, Welch *t*-test or Mann-Whitney *U* test, depending on the data distribution. Discrete outcomes were compared using Chi-Squared or Fisher's exact test, respectively. The alpha risk was set at 5% and two-tailed tests were used. **Results:** A total of 123 patients underwent genetic testing. Jak2V617F was positive in 91 (74%), CALR was positive in 3 (2.4%), MPL was positive in 1 (0.8%) patient. 32 (26%) patients were Jak2 negative. The median allele burden was 68.21% (IQR = 46.16). Median age was 58.5-years, 58 (47.2%) patients were male. We separated patients to groups according to Jak2 mutations and compared their clinical laboratory characteristics (Table 1). There was no difference between two groups according to IPSS: Low – 27 (31.03%), INT1 – 42 (48.28%), INT2 – 17 (19.54%), High – 1 (1.15%) in Jak2 positive (n = 87) vs. Negative (n = 31) Low – 11 (35.48%), INT1 – 12 (38.71%), INT2 – 7 (22.58%), High – 1 (3.23%). Jak2V617F positivity was significantly associated