Institute of Oncology from Moldova. The diagnosis was proved by cytological, histopathological and immunohistochemical examinations. The types of NHL were assessed according to the Revised 2017 WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues. The patients age ranged between 15-82 years (median - 51.9 years). Stage IV NHL was revealed in 38 (84.6%) cases. Results: In stage IV NHL with primary involvement of the spleen, the 5-year overall survival (OS) of patients under the age of 50 was 38.5%, above 50 years - 19.8%. The bone marrow (BM) involvement reduced the 5-year OS (24.1%). The average life-span was 23.5 months in cases without leukemic conversion (LC) and 7.4 months in those with LC. When treated with splenectomy and chemotherapy, the 5-year OS attained 47.2%. The 5-year OS accounted 14.0% in stage IV patients treated only with combined therapy. Conclusion: The post-splenectomy correction of cytopenias persuaded an increase of the OS (54.5%) in cases with refractory cytopenic syndrome. The stage IV, BM dissemination, leukemic conversion, patients age ≥ 50 years, the unfeasibility of performing splenectomy and the resistance of cytopenias to splenectomy may be suggested as the unfavorable prognostic factors in aggressive NHL with primary involvement of the spleen, which should be taken into account in order to optimize treatment options.

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OP 03

CLINICAL CHARACTERISTICS, AND SURVIVAL RATE OF ELDERLY PATIENTS WITH NON-HODGKIN'S LYMPHOMAS WITH PRIMARY INVOLVEMENT OF PERIPHERAL LYMPH NODES

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Objective: Non-Hodgkin's lymphomas (NHL) are malignant tumors that develop from lymphoid tissue. They are one of the most common malignancies and they represent one of the most complicated problems of oncohematology. The age group that is mostly affected by NHL in the Republic of Moldova is the patients over 60 years, and the disorder in most cases starts in lymph nodes. This study aims to determine the particularities of elderly patients with NHL with primary involvement of peripheral lymph nodes(l/n). Methodology: A retrospective study of a group of 78 NHL patients with primary lymph node involvement was performed. The average age of study participants ranged from 60 to 84 years. Results: NHL more often developed primarily in the peripheral l/n (84.7%), less frequently in the mediastinal l/n (6.4%) and abdominal l/n (8.9%). Aggressive NHL predominated (59.0%), but indolent NHL also developed quite frequently (41.0%), which were more frequent in cases of primary affection to the cervical 1/n (47.4%), inguinal l/n(41.7%), and abdominal l/n(42.9%). The 5-year survival of NHL patients with primary lymph node involvement aged over 60 years was low and amounted to 31.2%; Conclusion: NHL occurred more often in the peripheral lymph nodes (84.7%),

less frequently in the mediastinum (6.4%), and abdominal lymph nodes (8.9%). The frequency of aggressive NHL was 59.0%. Indolent NHL was diagnosed in 41% of cases. The 5-year survival rate in the study group constitutes 31,2%, lower compared with younger patients treated in the same center.

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OP 04

UPSHOTS IN ANGIOIMMUNOBLASTIC T-CELL LYMPHOMA: ANALYSIS OF T-CELL BRAZIL PROJECT

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