

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 \geq 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 l/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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Objective: T-cell Brazil Project was designed as an ambispective data collection from January 2015 to December 2022 of previously untreated patients diagnosed with Peripheral T-cell lymphoma (PTCL) or NK/T-cell lymphoma according to the revised WHO 2017 classification in Brazil. The primary and secondary end points were 2-year overall survival (OS) and progression-free survival (PFS). Clinical, treatment and survival data were also correlated. **Methodology:** Twenty centers got approved for the study from the local and national institutional review board and registered their cases only online. OS was calculated from diagnosis date until last seen or death date, whereas PFS until first event, progression / relapse, date of death or last seen. Kaplan-Meier method was applied and a Log-rank test to compare their curves. P-value less than 5% was considered. From a total of 416 patients with PTCL, 46 (11%) were diagnosed as AITL. **Results:** The median age was 65 years (31-82), with 63% males, 94% had advanced-stage disease. All patients received 61% CHOEP, 28% CHOP and 11% CT without anthracycline. 20% of pts were consolidated with autologous transplant (HSCT). There were 19 (41%) deaths, 10 by lymphoma, 8 infections, 1 new neoplasia. With 8-mo median f/u (1-36), OS at 24-mo was 27% and 2-year PFS was 21%. As consolidation, OS was 71% HSCT group vs. 16% no HSCT ($P=0.06$) and PFS was 71% vs. 8%, respectively ($P=0.01$). **Conclusion:** These analyses are preliminaries but show a poor outcome of AITL in our population. Most patients were treated with anthracycline-containing combination chemotherapy and just 20% received autologous HSCT. A dismal survival was shown for those who did not receive HSCT.

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MYELOMA

OP 05

IMPACT OF BONE MARROW FIBROSIS IN MYELOMA PATIENTS UNDERGONE AUTOLOGOUS STEM CELL TRANSPLANTATION

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Objective: Autologous hematopoietic stem cell transplantation (aHSCT) after high dose chemotherapy is a standard treatment for multiple myeloma (MM) patients. The successful

aHSCT depends on collection of sufficient numbers of hematopoietic progenitor stem cells and sustained engraftment following infusion. The aim of the present study is to determine the the impact of bone marrow fibrosis (BMF) on the clinical outcomes of MM patients who underwent aHSCT. **Methodology:** Retrospectively, bone marrow trephine biopsy analyzed in 73 MM patients who were treated with hematopoietic stem cell transplantation (aHSCT) following bortezomib based induction regimen. The BM biopsy samples of all patients were re-evaluated by a single pathologists The patients divided into 4 groups according to fibrosis degree and the correlations in initial characteristic features, therapeutic response, survival, mobilization and engraftment outcomes were reviewed between the groups. **Results:** Comparative analyses revealed that the median apheresis number was found statistically different according to groups ($p=0.04$). No significance was detected between the fibrosis grade and the number of peripheral blood CD34+ cell collection results and recovery time of neutrophils and platelets. Overall survival and progression free survival were found similar in groups, however relapse of disease was statistically different in patients with fibrosis ($p=0.01$). **Conclusion:** After induction treatment, a regression was observed in fibrosis grade of patients who had fibrosis at the time of diagnosis. Therefore we suggest to evaluate fibrosis status in all MM patients during each histopathological examination. Difficulties may be experienced during stem cell collection in transplant eligible MM patients with fibrosis at diagnosis. Therefore, we recommend that clinicians should be more careful in these patients during the induction treatment and stem cell mobilization.

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OP 06

INVESTIGATION OF THE QUALIFICATION OF RADIOLOGICAL TECHNIQUES TO DETECT OSTEOLYTIC LESIONS, FRACTURES, AND OSTEOPOROSIS IN MULTIPLE MYELOMA PATIENTS

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Objective: Multiple myeloma(MM) is a malignancy of clonal plasma cells. Osteolytic lesions represent a criterion for symptomatic myeloma and are associated with bone loss, pathological fractures, and osteoporosis. Skeletal surveys with other sophisticated techniques and dual-energy x-ray absorptiometry (DEXA) are used to screen lytic lesions, and bone mineral loss, respectively. Here, we aimed to investigate the detection rate of osteolytic lesions and bone mineral loss by several imaging techniques in MM. **Methodology:** Three-hundred and ten symptomatic MM patients were screened retrospectively. The results of radiological techniques were recorded. The detection rate of osteolytic lesions, fractures, and plasmacytomas by imaging techniques, as well as bone mineral loss with DEXA was recorded. Also, associations with gender, MM type, lytic lesions, and osteoporosis were investigated. **Results:** Skeletal survey