and PET-CT detected lytic lesions in 71.3% and 81.2% of patients, respectively. PET-CT had a sensitivity of 96.1% and specificity of 90.6% to detect lytic lesions. MRI was only used for patients with suspicious fractures and detected them for all patients who underwent MRI. The osteoporosis rate was 83% for 113 patients who underwent DEXA. Any association between lytic lesions and gender or MM type was not detected. **Conclusion:** Our study demonstrated that osteolytic lesions are not correlated with gender or MM type. PET-CT is a sensitive and specific method for detecting osteolytic lesions. Although DEXA is sensitive, its specificity is limited to detect osteoporosis in patients with lytic lesions.

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OP 07

ISATUXIMAB PLUS CARFILZOMIB AND DEXAMETHASONE IN PATIENTS WITH RELAPSED MULTIPLE MYELOMA AND SOFT-TISSUE PLASMACYTOMAS: IKEMA SUBGROUP ANALYSIS

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Objective: Phase 3 IKEMA study (NCT03275285) showed significant improvement in PFS with Isatuximab (Isa) + carfilzomib (K) and dexamethasone (d) vs Kd in patients (pts) with relapsed multiple myeloma (MM) (HR: 0.531; 99% CI: 0.32–0.89; P=0.0007), leading to approval of Isa-Kd in US for adults with MM with 1–3 prior lines and in EU for those with ≥1 prior therapy. This post-hoc analysis evaluated efficacy and safety of Isa-Kd vs Kd in relapsed MM pts with pre-existing soft-tissue plasmacytomas (STP). **Methodology:** Pts (N=302) were randomized (3:2) to Isa-Kd (n=179; 12 had STP) or Kd (n=123; 7 had STP). Doses: Isa: 10 mg/kg IV QW for 4 weeks, then Q2W; K 20 mg/m^2 days 1–2, then 56 mg/m^2 twice-weekly 3 of 4 weeks; d: 20 mg twice-weekly. Independent review committee assessed response based on central radiology review and central lab M-protein using International Myeloma Working Group criteria. Median (range) duration of exposure in STP pts (Isa-Kd vs Kd) was 41.9 (2–87) vs 29.9 (4–83) weeks. **Results:** In STP sub-group, PFS (95% CI) improved in Isa-Kd vs Kd: HR 0.574 (0.125–2.640); median PFS was Isa-Kd: 18.76 months (4.435–not calculable [NC]) vs Kd: NC (0.986–NC). Response rates improved in Isa-Kd vs Kd: overall (50.0% vs 28.6%), ≥VGPR (33.3% vs 14.3%), CR (25.0% vs 0%, all with MRD negativity). TEAE rates (n [%]; Isa-Kd vs Kd) were: Grade ≥3: 12 (100%) vs 4 (57.1%); Grade 5: 2 (16.7%) vs 1 (14.3%); serious: 9 (75.0%) vs 4 (57.1%); discontinuation: 0 (0%) vs 1 (14.3%). **Conclusion:** Baseline characteristics in STP subgroup were similar to overall ITT population, except ISS stages II, III, and renal function impairment, which were more prevalent in STP subgroup vs ITT. Isa-Kd vs Kd improved PFS and depth of response in pts with relapsed MM and STP, with manageable safety profile, consistent with the benefit observed in IKEMA overall population. Isa-Kd is a new treatment option for pts with relapsed MM and STP.

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PLATELET DISEASES

OP 08

OUTCOME OF SPLENECTOMY IN THE TREATMENT OF ITP – ONE CENTER EXPERIENCE

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Objective: Immune thrombocytopenia (ITP) is a disease with variable clinical presentation, requiring different treatment lines. Splenectomy is used as a second- or third-line therapy for ITP. The aim of our study was to evaluate the outcome of splenectomy in the treatment of ITP in our center. **Methodology:** The study included 245 patients aged 18 years and older, diagnosed with ITP, treated at the Department of Haematology of the Jagiellonian University Hospital in Krakow from January 2006 to January 2021. Outcomes of splenectomy were analyzed. **Results:** 14.3%of all ITP patients underwent splenectomy, including 51.5% of those who needed second-line treatment. As much as 60% of them underwent surgery immediately after first-line treatment, while the rest was fist subjected to second-line pharmacological treatment. The mean time from ITP diagnosis to splenectomy was 31.9 months. The mean value of PLT count at the day of splenectomy was 57.4 × 109/L. The initial response rate was 74.3% and post-splenectomy relapses occurred in 22.9%

of cases. **Conclusion:** In our center splenectomy was performed in more than half of the patients within the second-line treatment and resulted in permanent remission of the disease in 50% of cases. It is still a considerable method of ITP treatment, however its frequency decreases over time due to introduction and wider availability of thrombopoietin receptor agonists.

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OTHER DISEASES

OP 09

DIRECT ORAL ANTICOAGULANTS IN SICKLE CELL DISEASE, WHERE WE STAND AND WHERE WE ARE HEADING: A SYSTEMATIC REVIEW

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Objective: The evidence guiding VTE management in SCD, specifically in terms of anticoagulant choice, is scarce. Therefore, we conducted a systematic review that evaluates the effectiveness and safety of direct oral anticoagulants (DOACs) in SCD with VTE. **Methodology:** We performed a systematic review following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. We searched the English literature (PubMed, SCOPUS, and Google Scholar) for randomized controlled trials, observational studies, reviews, case series, and case reports for patients with SCD treated with DOAC for thromboembolic disease. **Results:** The current data demonstrated that the use of DOACs for VTE in SCD has similar effectiveness in the prevention of VTE recurrence in comparison to other anticoagulants, including VKAs and injectable anticoagulants with a better safety profile. However, given the absence of clinical practice guidelines for the treatment of VTE among patients with SCD, the clinical practice guidelines recommendations for VTE treatment can be applied to patients with SCD. **Conclusion:** In view of the current evidence and based on the results observed; using DOACs was associated with lesser bleeding incidence and fewer complications comparing to VKAs. We think it is rational to use DOACs for VTE treatment among patients with SCD rather than use VKAs.

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OP 10

ANTI-GLYCAN ANTIBODIES IN THE DIAGNOSIS OF GASTRIC CANCER

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Objective: Gastric cancer (GC) is traditionally considered a difficult disease to diagnose and treat. The search for new markers for GC is an extremely urgent purpose. Previously has been shown, that serum anti-glycan antibodies (AGAT) are very large reservoir of markers which can be reliably detected using an instrument called glycoarray (PGA). A ";signature"; approach, i.e. searching of combinations of diagnostically significant markers – AGAT detected by PGA, is used in this study. **Methodology:** The cohort of the serum of apparently healthy donors from the National Medical Research Center of Oncology (NMRC) (n = 55, 69%/31% - m/f) and previously untreated patients with an established diagnosis of GC I-IV stages from the NMRC (n = 146, 52%/48% - m/f) were collected. To study serum AGATs glycoarray containing 300 different glycans was used. To search for a diagnostic signature, the mathematical apparatus ";Immunoruler"; [Int. J. Bioinformatics Res. Appl., 7, 402-426 (2011)] was applied. **Results:** Using glycoarray IgG and IgM profiles of donors and GC patients were obtained and data quality control has been performed. The mathematical apparatus Immunoruler was applied to the resulting database and a signature was obtained. It includes antibodies to 11 glycans: 7 IgM (directed to KDNb6'LN-C3, b3'SLN, LN-C8, Aa4A, TF, 3'SiaLeC and Tn3Su) and 4 IgG (GN6Su, TF, para-Fs and bGU). The quality of the developed diagnostic approach was assessed: the AUC value was 0.87, and the accuracy was 0.81. **Conclusion:** Thus, the use of glycoarray technology in combination with a mathematical signature search apparatus has made it possible to find a reliable combination of molecular markers for the diagnosis of gastric cancer. Since the tumor can dramatically change as it progresses, the AGAT profile can also change. This opens up the possibility for a differentiated diagnosis of GC depending on the stage of the disease and, first of all, to develop early diagnosis of this disease.

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OP 11

THE IMPACT OF HEMATOLOGICAL PARAMETERS ON SURVIVAL FOR PATIENTS WITH COVID-19

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Objective: Coronavirus disease 2019 is an infectious disease caused by the novel severe acute respiratory syndrome