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Objective: In Brazil, the National Institute of Cancer estimates for the years 2023-2025 about 12,040 new cases of NHL, about 1,444 of peripheral T-cell lymphomas (PTCLs). T-cell Brazil project is an ambispective study inserting new diagnosis from January 2015 to December 2022. Our goal was to explore a prospective cohort (PC), April 2017-December 2022, analyzing primary refractory and relapse (R/R) PTCLs pts to explore bad factors for overall survival (OS). **Methodology:** PC enrolled 461 pts who received 1st treatment line. Descriptive analyses, Kaplan-Meier method, Log-Rank test to compare groups and Cox Regression to identify risk factor for OS using IBM-SPSS software v.24. **Results:** It was identified 171 (37%) pts, 71% refractory and 29% relapsed. Median mo. from treatment to R/R was 6 mo. (1-49). Overall, 42% received 2nd line treatment and these 11% had to bone marrow transplantation. After a median 17 months (0-51) of follow up, 64% pts had died, and 74% due to lymphoma, 17% infections, 9% toxicities. Refractory pts (HR=2.51, P<0.0001), IPI=2-4 (HR=3.19, P<0.0001) and >1 extranodal site (HR=1.76, P=0.01) were associated with a higher risk of death in a Cox Regression. **Conclusion:** This study confirms outcomes for patients treated according to standards treatment. No difference was found in OS with respect to histology. Results confirm that peripheral T-cell lymphomas patients had dismal outcome after relapse or progression, besides of higher IPI and more than one extranodal site at diagnosis. However, HCT as salvage can possibly prolong life as some studies already indicated.

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OP 03

IBRUTINIB-OBINUTUZUMAB COMBINATION THERAPY IN THE TREATMENT OF RELAPSED NODAL MARGINAL ZONE LYMPHOMA: A CASE STUDY

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Background: Marginal Zone Lymphoma (MZL) is a type of non-Hodgkin lymphoma (NHL) originating from B-lymphocytes. It is characterized as a slow-growing or indolent lymphoma and is considered a rare disease. The report focuses on a case of MZL diagnosed in childhood, which relapsed after initial treatment and subsequently went into remission following ibrutinib-obinutuzumab treatment. **Case Report:** In 2010, a 9-year-old girl with no previously known systemic illnesses was diagnosed with stage 4B nodal marginal zone lymphoma outside a pediatric center. Initially, she achieved remission following treatment with rituximab-bendamustine

but experienced a relapse in 2012. Subsequent to lymph node excision and Methotrexate, Ifosfamide, Etoposide, and Dexamethasone (MIED) therapy, all conducted outside the pediatric center, she received an autologous stem cell transplant in 2013. Five years after the transplantation, she applied to our center when she was 18 years old, exhibiting widespread lymphadenopathy and suffering a relapse of stage 4B nodal MZL. Treatment with ibrutinib-obinutuzumab was commenced, leading to a full response after six cycles, without any adverse effects. Maintenance therapy with ibrutinib was initiated to avert further recurrence. **Conclusion:** The treatment of relapsed nodal MZL continues to be challenging. In patients who have previously received repeated cytotoxic chemotherapy, the combination of ibrutinib-obinutuzumab may be an effective and safe option to avoid cumulative toxicity of chemotherapy. Further studies with more cases in R/R nodal MZL will contribute to the management of the disease.

Keywords:

Marginal Zone Lymphoma (MZL)

Non-Hodgkin lymphoma (NHL), Ibrutinib-Obinutuzumab

Relapsed Nodal MZL

Lymphadenopathy

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Adult Hematology Abstract Categories

Myeloma

OP 04

ISATUXIMAB PLUS CARFILZOMIB AND DEXAMETHASONE VERSUS CARFILZOMIB AND DEXAMETHASONE IN PATIENTS WITH RELAPSED MULTIPLE MYELOMA (IKEMA): FINAL OVERALL SURVIVAL ANALYSIS

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