

epistaxis, hematuria, subcutaneous hematoma, and gastrointestinal and gingival bleeding. He continues to take Factor X concentrate prophylactically. All the patients are currently healthy and regularly follow up in our center. **Results Conclusion:** Since there is no FX concentrate in our country yet, FFP is used. Patients should be treated with the appropriate FX preparation and a prophylactic approach should be applied in necessary patients.

Table. Patient Characteristics and Diagnostic Laboratory Results

Patient No	Age at analysis	Gender	FX %	PT sec 10.9-14.7	PTT sec 22.5-31.3	Bleeding score*	Treatment
1.	41	F	0.2	60.4	64.1	11	FFP, ES, PCC
2.	25	F	12.3	31.5	57.9	0	Not need
3.	18	F	0.8	37	19.3	11	FFP, ES, PCC
4.	34	F	34.4	13.9	28.3	15	FFP
5.	1	M	1	180	138	10	FFP, FXC, PCC

*- International Society for Thrombosis and Hemostasis/Scientific and Standardization Committee Bleeding Assessment Tool (ISTH-BAT), FFP- fresh frozen plasma, ES- erythrocyte suspension, PCC- prothrombin complex concentrate, FXC- Factor X concentrate, F- female, M-Male

<https://doi.org/10.1016/j.htct.2023.09.059>

Adult Hematology Abstract Categories

Lymphoma

PP 10

REACTION OF THE CIRCULATING REGULATORY T CELLS AFTER CHEMORADIATION THERAPY OF HODGKIN LYMPHOMA

Tatiana Mushkarina¹, Evgenija Kuzmina¹, Tatiana Bogatyreva¹, Ludmila Grivtsova¹

¹ A. Tsyb Medical Radiological Research Centre MRRC

Objective: Purpose of the research is to determine the reaction of regulatory T cells after chemoradiation therapy of Hodgkin lymphoma. **Methodology:** 29 samples of peripheral blood of patients with Hodgkin lymphoma (before treatment – 10; after chemotherapy – 9; after consolidation radiotherapy – 10). Chemotherapy was carried out according to the following schemes: ABVD, BEACOPP with the addition of 1-2 courses of CVPP or COPP. The subsequent consolidation of radiation therapy was accomplished to a dose of 20-24 Gy. Treg-cells were identified by phenotype CD45+CD4+CD25+CD127-. Control group consisted of 40 practically healthy people. The group data were compared using the Mann-Whitney U test. **Results:** At the onset of Hodgkin lymphoma the percentage and absolute count of regulatory T cells corresponded to normal values (5.19%/0.036*10⁹ cells/l - Hodgkin lymphoma vs 3.69%/0.031*10⁹ cells/l - control level, p>0.05). After chemotherapy the percentage of regulatory T cells increased to 9.09%, p<0.05; the absolute count remained at the same level (0.037*10⁹ cells/l, p>0.05). After consolidation of radiation therapy the percentage of regulatory T cells was determined

at the level of 9.19%, p>0.05. The decrease of absolute count of regulatory T cells was statistically significant difference and was near 0.019*10⁹ cells/l. **Conclusion:** There is a relative redistribution of cells within a subpopulation of activated CD4+CD25+T cells towards an increase in the level of regulatory T cells after chemotherapy of Hodgkin lymphoma. The subsequent radiotherapy consolidation at a dose of 20-24 Gy continued to increase the sensitivity of regulatory T cells to the radiation component of chemoradiation therapy.

<https://doi.org/10.1016/j.htct.2023.09.060>

PP 11

CUTANEOUS RICHTER TRANSFORMATION IN THE 16TH YEAR OF FOLLICULAR LYMPHOMA DIAGNOSIS

Ulviyya Hasanzade¹, Yunus Catma¹, Nur Seda İbili Cetinkaya¹, Beyza Oluk¹, Simge Erdem¹, Cem Hacıoğlu¹, Ahmet Oguz Celik², Musa Falay², Sevgi Kalayoglu Besisik¹

¹ Istanbul University Istanbul Medical Faculty, Department Of Internal Medicine Division Of Hematology

² Istanbul University Istanbul Medical Faculty, Department Of Internal Medicine

Case report: Richter transformation may develop in lymph nodes or rarely extranodally. A 70-year-old male with an exhausted appearance had a large malodorous wound progressing to necrosis on the left chest wall. He received two treatment lines 5 years apart for follicular lymphoma and was in remission. Histological evaluation showed triple hit diffuse large B cell lymphoma. PET-CT showed localized cutaneous and lymph node involvement. Two treatment lines did not control the disease. He passed on progression.

<https://doi.org/10.1016/j.htct.2023.09.061>

PP 12

AUTOLOGOUS HEMATOPOIETIC CELL TRANSPLANTATION (HCT) FOR HODGKIN LYMPHOMA, REAL WORLD EXPERIENCE OF A SINGLE CENTER EXPERIENCE

Carmino De Souza¹, Marcos Colella¹, Eliana Miranda¹, Lorena Bedotti¹, Afonso Vigorito^{1,2}

¹ University of Campinas - UNICAMP, Hematology and Hemotherapy Center

² University of Campinas - UNICAMP, Bone Marrow Transplantation Unit, Hematology and Hemotherapy Center

Objective: Hodgkin's Lymphoma (HL) during the years became a high curable hematology malignant disease.

Despite high curable rates, up to 30% of patient will relapse or will be refractory to first line therapy (R/R). In this scenario, hematopoietic cell transplantation (HCT) is an important treatment modality to reverse the poor prognosis of these R/R HL patients. Hence, our goal was to evaluate the outcomes of R/R HL pts who underwent an autologous HCT. **Methodology:** Pts who underwent an autologous or allogeneic HCT for R/R HL at the University of Campinas, Bone Marrow Transplantation Unit of Clinical Hospital, from 1994 to 2023, had their charts revised, retrospectively. 144 procedures were performed, 121 autologous HCT, and 23 allogeneic HCT, It was analyzed 119 (95%) patients for the first autologous HCT. Descriptive analyses, Kaplan-Meier Method, Log-Rank test to compare groups and Cox Regression were applied by IBM-SPSS 24.0. **Results:** The median age was 27 years (9-72), 60% male. Nodular sclerosis (63%) was the most common histology. The time from diagnosis and HCT was 23 months (6-96); 44% pts had chemoresistant disease (CT_R) and 56% chemosensitive (CT_S); the OS and PFS pts with CT_R were worse and Cox Regression analyzes confirmed as worst prognosis (OS: HR 2.29, 95%CI 1.29-4.07, $p=0.004$), besides that for PFS the time from diagnosis and HCT (PFS: HR 0.98, 95%CI: 0.97-0.99, $p=0.007$) was also another factor. **Conclusion:** Despite the small number of enrolled pts, our data can be compared to literature regarding OS and PSF. Chemosensitivity disease at HCT was associated with better outcome, and Autologous-HCT allows for long-term survival in R/R HL.

<https://doi.org/10.1016/j.htct.2023.09.062>

PP 13

SYNDROME OF INAPPROPRIATE ANTIDIURETIC HORMONE SECRETION AS CENTRAL NERVOUS SYSTEM LYMPHOMA RELAPSE SIGN OF NODAL DIFFUSE LARGE B-CELL LYMPHOMA

Nur Seda İbili Çetinkaya¹, Ulviya Hasanazade¹, Gülşah Alagöz², Nur Rana Karakaya², Nigar Ağzada², Mehmet Babüroğlu³, Sevgi Beşışık¹

¹ Istanbul University, Istanbul Medical Faculty, Department of Internal Medicine, Division of Hematology

² Istanbul University, Istanbul Medical Faculty, Department of Neuroradiology

³ Istanbul University, Istanbul Medical Faculty, Department of Internal Medicine

Case report: A woman (65) with nodal diffuse large B-cell lymphoma in remission developed confusion and communication loss before the 6th chemotherapy. She had no fever and no meningeal sign. Biochemistry revealed hyponatremia consistent with the secretion of inappropriate ADH. MRI showed contrast enhancement on the mesencephalic aqueductus cerebri and on 3rd ventricle. Cerebrospinal fluid had low glucose,

high protein, and lymphocytes. Central nervous system lymphoma with SIADH as a relapse sign was diagnosed.

<https://doi.org/10.1016/j.htct.2023.09.063>

Adult Hematology Abstract Categories

Myeloma
PP 14

INFECTION RATES ACROSS THE AUTOLOGOUS STEM CELL TRANSPLANTATION WITH REFLECTION OF MULTIPLE MYELOMA INDUCTION STORY IN TURKEY

Shirkhan Amikishiyev¹, Sevgi Kalayoglu Besisik², Ipek Yonal Hindilerden², Mustafa Nuri Yenerel², Arif Atahan Cagatay³, Simge Erdem², Gulkan Ozkan⁴, Meliha Nalcaci², Deniz Sargin²

¹ Istanbul University, Istanbul Faculty of Medicine, Department of Internal Medicine, Istanbul, Turkey

² Istanbul University, Istanbul Faculty of Medicine, Department of Internal Medicine, Division of Hematology, Istanbul, Turkey

³ Istanbul University, Istanbul Faculty of Medicine, Department of Infectious Diseases and Clinical Microbiology, Istanbul, Turkey

⁴ Goztepe Medical Park Hospital, Istanbul, Turkey

Objective: This study aimed to investigate the frequency of infections after autologous hematopoietic stem cell transplantation (HSCT) in patients who were diagnosed with multiple myeloma (MM) in our tertiary center. **Methodology:** We conducted a single-center retrospective study between May 2007 and November 2016. All patients with MM diagnoses were screened on our institutional electronic database and European Society of Blood and Marrow Transplantation data-collecting forms. **Results:** Total 150 patients enrolled in the study. Nearly all patient developed fever. The median time from SCT to fever development was 7.4 ± 2.8 days. The most frequently encountered infection type was pneumonia and soft tissue infections. Other clinically documented infections were oropharyngeal candidiasis, herpetic stomatitis, skin and soft tissue infections, and neutropenic colitis. One patient developed CMV colitis. Blood and urine cultures were positive in 18.6% and 20%, respectively. **Conclusion:** The number of pre-transplant treatment regimens and antimicrobial lines was not statistically significant ($p=0.34$). No correlation was found between the timing of the SCT and the number of antimicrobial lines after transplantation ($p=0.44$). There was no statistical significance between febrile neutropenia and CD34 cell count ($p=0.34$). Early mortality rate was 0.6%. The early mortality rate covering the first 100 days was acceptable.

<https://doi.org/10.1016/j.htct.2023.09.064>