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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 hematopoetic 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 fibrozis 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

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%