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%