Nur SOYER [1], Filiz VURAL [1], Mahmut TÖBÜ [1], Fahri ŞAHİN [1], Güray SAYDAM [1]

[1] *Ege University Hospital Department of Hematology*
[2] *Ege University Hospital Department of Internal Medicine*
[3] *Ege University Hospital Department of Pathology*

Objective: Multiple myeloma (MM) is a heterogeneous disease with the uncontrolled clonal proliferation of plasma cells, accounting for approximately 10% of all hematologic cancers . Hence without curative therapy, the treatment aims to improve overall survival.Pomalidomide (POM) is a third-generation immunomodulatory agentPomalidomide can be administered with dexamethasone or in combination with proteasome inhibitors (bortezomib) and monoclonal antibodies (isatuximab, daratumumab). We retrospectively analysed all patients treated with pomalidomide at our centre between 2017 and 2023. **Methodology:** All patients who had received or were currently receiving treatment with pomalidomide at Ege University Hematology Outpatient Clinic between January 2017 and April 2023 were included. To be included in response assessments, patients had to have measurable disease as defined by International Myeloma Working Group (IMWG) guidelines (Kumar et al, 2016) and have completed at least one cycle of pomalidomide with repeat biomarkers performed. Treatment consisted of 28-day cycles of pomalidomide (taken daily on days 1–21) plus dexamethasone (on days 1, 8, 15 and 22), plus or minus a third agent. **Results:** A total of 25 patients who received treatment with pomalidomide were identified. Of these, 24 were able to be included in response analyses. Of the remaining 1 patient for whom response could not be assessed,had an anaphylactoid reaction with pomalidomide and did not complete a single cycle of treatment. The analysis includes a total of 23 patients with RRMM, 1 patient with newly diagnosed multipl myeloma who had central nervous system involvement at diagnosis. 23 patients treated with POM-DEX in the lines of therapy subsequent to the second (third to seventh) line. Median patient age at diagnosis was 55 years (range 42–82), 7 (28%) patients were 65 or older than 65 years old. 13 patients were male (54,25%) and 11 were female (45,85%). 6 (25%) patients had International Staging System (ISS) stage I, 5 (20,8%) had stage II, 11 (45,8%) stage III myeloma, respectively (2 patients had not adjusted) stage III myeloma. 79,2 % (n=19)of patients had IgG, 4,2% (n=1) had IgD, 79,2 % (n=19) had kappa and 20,8 % (n=5) had lambda subtype myeloma. Six patients (25 %) had extramedullary disease and 18 (75 %)had lytic bone lesions at diagnosis. Moreover, 12 (%50)patients had received a previous autologous stem cell transplant (single or double). 1 patient had autologous stem cell transplant after pomalidomide therapy. On data cut off (1 August 2023), median survival from initial diagnosis was not reached .Nearly all patients had received at least two previous lines of therapyand, as per guideline, had been exposed both to lenalidomide and bortezomib. Efficacy In a total of 24 patients, the treatment response rate (ORR), including all patients with a partial response or better, was 41.7%. A total of 10 patients gained a partial response (3) or a complete response (7). Median progression-free survival (PFS) was 18,95±5,18 months. Median (IQR) treatment duration was 8 (2-47) months. 2 years OS had adjusted as % 35,4 ±12,8. The most common adverse events were hematologic toxic effects, such as neutropenia (11 patients), anemia (3), thrombocytopenia (1); we also described gastrointestinal symptoms such as diarrhea, infections or sepsis, pneumonia. **Conclusion:** Multiple myeloma (MM) is a heterogeneous disease with the uncontrolled clonal proliferation of plasma cells, accounting for approximately 10% of all hematologic cancers. Prognosis of patients after a second relapse remains poor, and the treatment is still challenging. According to the phase three study MM-003, pomalidomide in combination with dexamethasone (DEX) was approved as a subsequent line of therapy to the second one by the US Food and Drug Administration and the European Medicines Agency (EMA) in 2013, respectively, showing efficacy in patients with RRMM and previously exposed to both bortezomib and lenalidomide . In this study, we analyzed the efficacy of oral pomalidomide plus dexamethasone regimen in our patients that received more than one cycle of POM-DEX therapy. Although our patients received POM-DEX at an advanced stage of disease the findings from our real-life experience indicate that Poma-D is a safe and well-tolerated regimen with acceptable toxicity. The ORR reported in our study was 41.7% and is better than previous studies (33% in MM-002, 31% in Nimbus, and 32.6% in Stratus). The PFS observed in our cases of 18,95 ±5,18 months is also quite favorably comparable with that of previously mentioned trials (which described median results of 4.0–4.6 months). Nowadays triplet regimens are widely considered the standard of care in myeloma. Though the efficacy of POM-DEX, should not be underestimated for all those patients in which three-drug regimens are not indicated (because they are frail or very elderly, or with significant adverse effects related to proteasome inhibitors).

https://doi.org/10.1016/j.htct.2024.04.033

PP 11

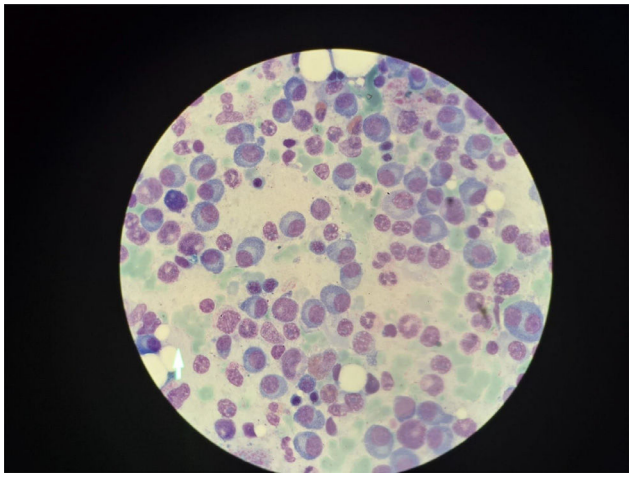
A COMPILATION OF ATYPICAL PLASMA CELL DISCRASIA CASES

Bahar ÖZMÜŞ [1], Bilal ÖZMÜŞ [1]

[1] *van yüzüncü yıl üniveristesi dursun odabaşı tıp merkezi*

Objective: CLINICAL DIAGNOSIS, APPROACH AND MANAGEMENT OF PLASMA CELL DISEASES OF ATYPICAL AGE AND ATYPICAL LOCATION Case report: OUR FIRST CASE: A 66-YEAR-OLD FEMALE PATIENT APPLIED WITH ABDOMINAL PAIN. HGB: 6,6 AND ENDOSCOPY IS DONE. 8 CMDIFFUSE THICKENING WAS DETECTED IN THE STOMACH. A BIOPSY IS TAKEN. THE RESULT IS STOMACH PLASMOCYTOMA. KT STARTED. **SECOND CASE:** A 32-YEAR-OLD FEMALE PATIENT ADMITS WITH WEIGHT LOSS, DYSPNEA AND LEUKOCYTOSIS. IT IS PLASMA CELL LEUKEMIA. THE KIT IS BEING MADE.LATEST CASE: A PATIENT WHO PRESENT WITH DIPLEGIA IN THE

MEDULLA SPINALIST HAS A PLASMOCYTOMA IN THE MEDULLA SPINALIST. HE TREATMENT Methodology



https://doi.org/10.1016/j.htct.2024.04.034

PP 12

A SUCCESSFUL CASE OF PRIMARY PLASMA CELL LEUKEMIA TREATED WITH DARATUMUMAB-BASED THERAPY FOLLOWED BY AUTOLOGOUS BONE MARROW TRANSPLANTATION

Aferdita UKIMERAJ [1], Viola Cavolli [1], Suzana KRASNIQI [1]

[1] *University Clinical Center of Kosovo, Department of Hematology*

Case report: Context: Primary plasma cell leukemia is a rare and aggressive variant of plasma cell neoplasm, and its diagnosis is based on the percentage (≥ 20%) of circulating plasma cells in the peripheral blood. It accounts for about 0.5-2% of all plasma cell dyscrasias and the median age of presentation is 55 years. In young adults, it is even rarer, and only a few isolated case reports have been reported. **Objective:** In this case, we are representing an aggressive form of plasma cell leukemia that was successfully treated with daratumumab therapy and autologous bone marrow transplantation. **Case report:** In October 2021 a 38-year-old man was admitted to the emergency room with extreme sweating and fatigue, problems with urination, and pain in the lower abdomen. The complete blood count showed anemia (Hb=8.0 g/dl) and biochemistry showed high levels of urea (26.55 mmol/l) and creatinine (1142 μmol/l). He was admitted to the nephrology department when he started immediate dialysis. Abdominal ultrasound showed splenomegaly (180mm). Because of anemia and splenomegaly, a hematologist consultation was requested. Immune electrophoresis revealed low levels of IgG, IgM, IgA, and kappa chains (4.9 mg/l) and normal levels of lambda chains (26.3 mg/l). Lambda/kappa ratio was 5.36. The sedimentation rate was 150 mm/h, there were no osteolytic bone lesions according to standard X-rays and calcium levels were normal. Peripheral blood smear showed plasma cells up to 22 percent. Bone marrow aspiration and biopsy showed full infiltration with plasma cells with lambda expression that were CD56 negative and CD38 and CD138 positive. The diagnosis of plasma cell leukemia was made, and he was transferred to the hematology union for further therapy. We started chemotherapy with the VTD PACE protocol. After 2 cycles bone marrow aspiration was performed and still the presence of more than 90% of plasma cells was detected. The patient was still in dialysis and in critical condition with a Lambda/kappa ratio of 100 (1200/11.9 mg/l). Because the disease was refractory, he was referred to a clinic outside of Kosovo for further therapy and bone marrow transplantation. He received triple therapy with Daratumumab, Thalidomide, and Bortezomib. After two cycles he underwent remission, and an Autologous bone marrow transplant was successful. The patient has been in remission since July 2022. He is taking subcutaneous Bortezomib every two weeks and is no longer on dialysis. **Discussion:** In this case, the patient demonstrated an aggressive clinical course with typical features of plasma cell leukemia i.e. severe anemia, renal failure, lack of bone involvement, more than 20% plasma cell on peripheral blood smear, splenomegaly and bone marrow infiltration of plasma cells negative for CD56. Daratumumab therapy followed by autologous bone marrow transplantation was successful and was the best treatment option in this case.

https://doi.org/10.1016/j.htct.2024.04.035

Adult Hematology Abstract Categories, Platelet Diseases

PP 13

DIFFERENTIAL DIAGNOSIS OF SPONTANEOUS LESIONS ON THE SKIN AND FACTITIAL DERMATITIS IN A PATIENT DIAGNOSED WITH ITP: A CASE REPORT

Emel Akbudak Yerdelen [1], Ayşe Günay [2], Süleyman Dönmez [3], Seda Yılmaz [4], Abdulkadir Baştürk [4]

[1] *Konya City Hospital, Internal Medicine Department*
[2] *Konya City Hospital, Clinicl Pharmacy Department*
[3] *Konya City Hospital, Dermatology Department*
[4] *Konya City Hospital, Hematology Department*

Objective: Dermatitis artifacta is a condition in which skin lesions are produced solely by the patient's own actions. This often occurs as a result or manifestation of a psychological problem (1,2). In immune thrombotic purpura (ITP), a condition characterized by a low level of platelets, petechial rashes usually occur. Patients usually seek help for these skin manifestations (3). **Case report:** A 40-year-old female patient was being followed up in the hematology clinic due to ITP. White blood count was $5.59 \times 10\text{^}3/\mu$L, hemoglobin value was 10.3 g/dL, platelet count was $21 \times 10\text{^}3/\mu$L. Peripheral smear: He was hospitalized with complaints of a low platelet count and bleeding from lesions on his arms and legs. The patient had irregularly shaped lesions and bleeding areas on both