nos estadiamentos iniciais, I e II, inclui quimioterapia associada a radioterapia em sequência. Os protocolos contendo L-asparaginase são os mais eficazes. O transplante de medula óssea está indicado nos casos avançados ou recidivados após remissão. **Conclusão:** Foi relatado um caso com manifestação testicular de linfoma de células T/NK nasal. A despeito do estadiamento inicial, o tratamento envolveu terapia sistêmica avançada devido às complicações pós cirúrgicas o impossibilitando de submeter-se à radioterapia sequencial. Caso haja segunda remissão, o transplante de medula pode ser consolidação viável.

https://doi.org/10.1016/j.htct.2024.09.487

CLINICAL PROFILE AND SURVIVAL IN PATIENTS WITH HIGH-GRADE NON-HODGKIN LYMPHOMA

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Objectives: This study aims to compare clinical parameters and outcomes between patients with high grade non-Hodgkin lymphomas undergoing intensive chemotherapy schedules. **Material and methods:** This cross-sectional study included patients diagnosed with High grade non-hogdkin lymphomas (HGNHL) and Burkitt's lymphoma (BL) treated at Hospital Geral de Fortaleza. The treatment regimen was R-CODOX-M/R-IVAC. Data were collected on various clinical parameters, including age, time to chemotherapy, haemoglobin (Hb), white blood cell count (Wbc), neutrophils (Neut), lymphocytes (Linf), platelet count (Plaq), creatinine (Cr), urea (Ur), and lactate dehydrogenase (LDH). Variables were summarised using medians and interquartile ranges (IQR). Comparisons between groups were evaluated using non-parametric tests, specifically the Mann-Whitney U-test, with p-values < 0.05 considered statistically significant. Overall survival (OS) was assessed using the Kaplan-Meier method, with a 95% confidence interval and p-values < 0.05 deemed statistically significant. **Results:** Between 2021 and 2024, 11 patients were diagnosed with high-grade non-Hodgkin lymphoma. The median age of the patients was 26 years, with an interquartile range (IQR) from 25.0 to 44.5 years. The time from diagnosis to admission at the Hospital Geral de Fortaleza (Time_dx_to_hgf) varied considerably, with a median of 19 days and an IQR from -10.5 to 36.5 days, indicating a wide range of delays and some instances of early intervention. The time from diagnosis to the initiation of treatment (Time_dx_treat) had a median of 48 days, with an IQR from 29.5 to 66.5 days, reflecting the varied timelines in starting therapy. The number of hospitalisations (N_internation) had a median of 3, with an IQR from 2.00 to 4.50, indicating the frequency of inpatient care required for these patients. The follow-up time in months (Time_months) showed a median of 9.33 months, with an IQR from 5.38 to 15.7 months, highlighting the duration over which these patients were monitored. The OS was 27.5% in two years, with no difference between HIV positive patients (p-value > 0,05). **Discussion:** The analysis reveals significant variability in clinical presentation and timing of treatment among patients with high-grade non-Hodgkin lymphoma and Burkitt lymphoma. Despite the urgent need for prompt intervention in these high-proliferative lymphomas, the median time to treatment initiation was 48 days, suggesting delays that could negatively impact outcomes. The overall survival rate of 27.5% at two years underscores the aggressive nature of these diseases. The lack of significant differences in survival between HIV-positive and HIV-negative patients indicates that timely and intensive treatment is crucial for all patients, regardless of HIV status. The study highlights the necessity for immediate and aggressive therapy to improve survival rates in these high-grade lymphomas. **Conclusion:** There are considerable variability in clinical presentation and timing of treatment among patients with high-grade lymphoma and Burkitt lymphoma. The time to iniate treatment was extremely harmful and this group of high proliferative lymphoma must start intensive treatment as soon as possible.

https://doi.org/10.1016/j.htct.2024.09.488

LINFOMA DIFUSO DE GRANDES CÉLULAS B EM PACIENTE COM HISTÓRICO DE PÚRPURA TROMBOCITOPÊNICA TROMBÓTICA – RELATO DE CASO

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Objetivo: Relatar caso de paciente com diagnóstico de Linfoma Difuso de Grandes Células B (LDGCB) com histórico de Púrpura trombocitopênica trombótica (PTT). **Relato de caso:** Paciente do sexo feminino, 44 anos, com diagnóstico de PTT em 2016. Realizou diversos tratamentos, sendo eles: plasmaférese (total de 37 sessões, primeira em 01/12/2016 e última em 13/01/2017), vincristina, N-acetilcisteína, prednisona (término em fevereiro de 2017) e Rituximabe (total de 4 aplicações de 100 mg, última em 19/01/2017). Em remissão desde 15/01/2017 e mantendo consultas anuais no Hemocentro/Unicamp. Em maio de 2024, relatou surgimento de linfonodomegalias em região cervical e inguinal, associado a dor torácica aos esforços e disfagia. Realizou tomografias de tórax e abdome, que identificaram adenomegalias mediastinais, inguinais, em cadeias ilíacas, além de massa mal delimitada em cabeça de pâncreas. Evoluiu com perda ponderal de 15 kg, edema facial (tratado como reação alérgica), estridor laríngeo e tosse seca. Nova tomografia confirmou compressão traqueal por linfonodos mediastinais. Biópsia de linfonodo inguinal esquerdo compatível com Linfoma Não Hodgkin Difuso de Grandes células B (CD20 positivo difuso, CD3 positivo em linfócitos pequenos, Bcl6 positivo focal em menos de 30% das células, MUM1 positivo em parte da neoplasia, Bcl2 positivo difuso na neoplasia, Ki67 positivo em cerca de 90% da

neoplasia). Foi internada em 22/07/2024 para início de tratamento. Estadiamento IVB (PET/CT), com CNS-IPI de 2 pontos. LCR e RNM do crânio sem sinais de linfoma em SNC. Iniciou esquema quimioterápico com protocolo RCHOP em 24/07, sem intercorrências. Recebeu alta hospitalar em 31/07/2024, já com resolução do estridor laríngeo e da tosse. Atualmente, segue em tratamento quimioterápico de forma ambulatorial e sem recidiva do quadro de PTT até o momento. **Discussão:** PTT é uma microangiopatia trombótica causada pela redução da atividade da protease responsável pela clivagem do Fator de Von Willebrand, a ADAMTS 13. Classicamente a PTT tem sua etiologia dividida entre autoimune e congênita, sendo a primeira a mais comum. Pode ser associada com doenças autoimunes, mas existem poucos registros na literatura sobre associações com neoplasias. Eventos autoimunes são relatados em casos de neoplasias linfoproliferativas, especialmente leucemia linfocítica crônica (LLC). As principais manifestações hematológicas imunomediadas destas doenças são anemia hemolítica autoimune (AHAI) e purpura trombocitopenica imune (PTI). O LDGCB é a neoplasia linfoide mais comum em adultos e consiste em um grupo heterogêneo de doenças com prognóstico distinto. Histologicamente, é composto por células com elevado índice mitótico, núcleos pelo menos duas vezes maiores que um linfócito pequeno e padrão difuso de infiltração. Pode ocorrer como uma transformação de outras neoplasias B menos agressivas, como linfoma folicular e LLC. A imunossupressão já foi relacionada ao surgimento desta neoplasia, sobretudo quando relacionada à infecção pelo vírus Epstein Barr, por exemplo em pacientes com linfoma pós transplante de órgãos e necessidade de imunossupressão contínua. No caso apresentado houve diversas terapias imunossupressoras para o tratamento da PTT. **Conclusão:** Não há citação de relação direta entre PTT e LDGCB na literatura. O uso de tratamentos prévios causadores de imunossupressão poderia justificar o surgimento do LDGCB, oito anos após a primeira doença hematológica ser diagnosticada.

https://doi.org/10.1016/j.htct.2024.09.489

EVALUATING TREATMENT TIMELINES AND SURVIVAL OUTCOMES FOR PRIMARY CNS LYMPHOMA: A CROSS-SECTIONAL EVALUATION

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Objectives: This study assesses clinical outcomes for primary central nervous system lymphoma (PCNSL) patients, particularly focusing on the timelines from diagnosis to hospital arrival, treatment initiation, and overall survival. It examines the impact of these timelines on patient outcomes and evaluates the effectiveness of a treatment regimen that includes high-dose methotrexate, cytarabine, and rituximab on survival rates in first line. **Material and methods:** Conducted as a cross-sectional study in the hematology ward of Hospital Geral de Fortaleza, this research evaluates patients diagnosed with PCNSL. Clinical parameters such as age, time to chemotherapy initiation, and time to death are collected. Data are summarized using medians and interquartile ranges (IQR). Group comparisons are facilitated using non-parametric tests, specifically the Mann-Whitney U-test, with p-values < 0.05 considered statistically significant. Overall survival (OS) is assessed using the Kaplan-Meier method, maintaining a 95% confidence interval. **Results:** Median patient age is 45.5 years (IQR: 39.8 to 52.0), and the median time from diagnosis to hospital arrival is -7.00 days (IQR: -19.0 to 17.0), suggesting some patients were referred before formal diagnosis. The median time from diagnosis to treatment initiation is 36 days (IQR: 31.0 to 55.0). The median survival time post-diagnosis is 7.07 months (IQR: 3.22 to 18.6), with the primary treatment regimen consisting of high-dose methotrexate, cytarabine, and rituximab. The 2-year OS is 25%, with 66.7% of patients dying within one year of diagnosis. **Discussion:** The variability in the timelines from diagnosis to hospital arrival and treatment initiation among PCNSL patients highlights a critical need for more efficient care processes. The early referral of some patients indicates an urgent referral protocol for highly suspected cases, yet the substantial range in treatment initiation times could impact patient outcomes significantly. The aggressive nature of the disease is underscored by a median survival time of 7.07 months, with a significant percentage of patients dying within the first year post-diagnosis, suggesting potential inadequacies in the treatment protocol. **Conclusion:** The findings suggest an urgent need for more streamlined diagnostic and treatment protocols to improve the efficacy of lymphoma care. The significant mortality rate within a year of diagnosis and the low overall survival rate necessitate a re-evaluation of the standard treatment regimen to better meet patient needs. This study advocates for further research to optimize treatment timelines and regimen efficacy to enhance patient prognosis and combat the severity of lymphoma more effectively.

https://doi.org/10.1016/j.htct.2024.09.490

CLINICAL HETEROGENEITY AND IMPACT OF TREATMENT INITIATION TIME IN NON-HODGKIN LYMPHOMA

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Objectives: This study aimed to analyze the clinical presentation of non-Hodgkin lymphoma (NHL) patients, focusing on age distribution, time to treatment initiation, and overall