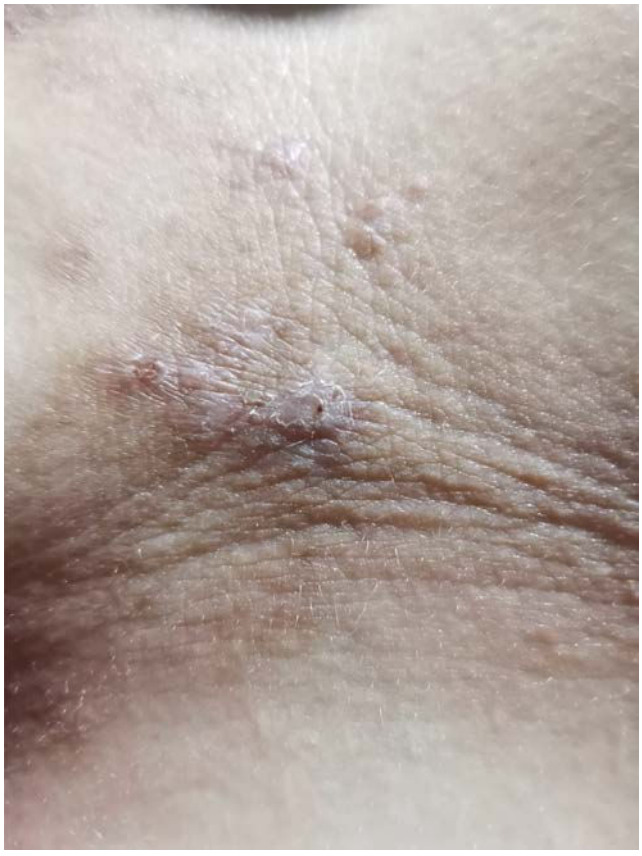

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PP 18

A CASE OF DIFFUSE LARGE B CELL LYMPHOMA PRESENTING AS OSTEOSARCOMA

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Case Report: Diffuse large B cell lymphoma (DLBCl) is the most common histologic subtype of non-Hodgkin lymphoma (NHl) accounting for approximately 25 percent of NHL cases. Additionally, Diffuse Large B Cell Lymphoma is the most common lymphoma. In the United States and England, the incidence of DLBCL is approximately 7 cases per 100,000 persons per year. In Europe as a whole, the incidence is approximately 4.92 cases per 100,000 persons per year. Like most other NHLs, there is a male predominance with approximately 55 percent of cases occurring in men. Incidence increases with age; the median age at presentation is 64 years for patients as a whole. IB, 45 years male patient. MRI scan taken in 2022 after a complaint of pain in right knee revealed a malignant tumoral lesion (osteosarcoma?) that caused intramuscular invasion in a segment of approximately 20 cm in the 1/2 distal femur and caused extensive cortical destruction in the distal. A biopsy was taken from the distal right femur. He was diagnosed with non-Hodgkin lymphoma and diffuse large B-cell lymphoma. Bcl-2, Bcl-6 and c-myc were found to be negative. After 4 cycles of R-CHOP protocol, PET-CT revealed minimal progression in the left clavicle and the IPI score was high. The patient's R-CHOP treatment was completed for 6 cycles with 2 cycles of intrathecal MTX. Afterwards, 2 cycles of maintenance rituximab were given. The patient, who subsequently went into remission, was followed up. This case shows us that NHL cases may present in a location such as primary bone tumor. The possibility of lymphoma should be considered in patients with atypical localization.

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PP 19

EFFICACY OF GLOFITAMAB IN PRIMARY REFRACTORY LYMPHOMA: A CASE REPORT

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Objective: Diffuse large B-cell lymphoma (DLBCL) constitutes 30% of non-Hodgkin lymphomas and is often curable with frontline chemoimmunotherapy. However, in some patients, remission cannot be achieved, and this situation necessitates the application of second, third or even fourth-line salvage therapies. The limited treatment options for relapsed or refractory (r/r) DLBCL underscore an unmet clinical need, which urges the development of new therapies for this patients. Glofitamab is a humanized IgG1 bispecific monoclonal antibody binds to CD20 on malignant B lymphocytes and to CD3 on cytotoxic T cells with promise for treating r/r DLBCL. Here we present a primary refractory DLBCL patient to whom we applied glofitamab treatment as the 5th line. **Case Report:** A 28-year-old male patient was diagnosed with stage IV germinal center DLBCL biopsy of sacral mass. The patient received dose-adjusted etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin, and rituximab (EPOCH-R) as first-line treatment. However, progression was detected by 18F-Fluoro-2-deoxy-D-glucose (FDG) positron emission tomography (PET) with computed tomography (CT). Then, rituximab plus ifosfamide, carboplatin, etoposide (R-ICE), ifosfamide gemcitabine vinorelbine prednisolone (IGEV), salvage radiotherapy (RT), rituximab plus bendamustine (R-B) therapies were given, respectively. Since no response was obtained to all these treatments, glofitamab was started as the 5th line therapy. After the twelve cycles of glofitamab therapy, the patient achieved complete remission (CR). Four months post-treatment, he was still alive. **Discussion:** Glofitamab is approved as a third-line treatment for r/r DLBCL, inducing a CR in nearly 40% of patients in this situation. According to literature, CR can be maintained for years after completion of glofitamab treatment. Data from a follow-up in a cohort of patients who were treated with glofitamab showed a median duration of complete response of 34 months. Our case post-treatment fourth months was still alive. This case indicates that glofitamab is quite effective primary refractory DLBCL.

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