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#### PP-35

##### B-LINEAGE PROGENITORS AND CD38-POSITIVE B CELLS ARE ASSOCIATED WITH SURVIVAL RATES IN BREAST CANCER PATIENTS

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**Objective:** The immune system plays an increasingly important role in the development of targeted strategies for breast cancer. According to mRNA sequencing data from The Cancer Genome Atlas (TCGA) high expression B cell signatures has beneficial effects on survival rates in many tumors. Bone marrow (BM) is poorly understood from the point of view of the prognostic role of hematopoietic cells and subpopulations of lymphocytes in patients with breast cancer (BC). **Methodology:** . Study was carried out in 107 BC patients. The immunological and morphological methods were applied.

Multiparameter flow cytometry with antibodies to B-cell populations was used (CD19, CD20, CD5, CD38, CD10, CD45, HLA-DR, CD27), FACSCANTO II. Studies of BM lymphocyte subpopulations were carried out in the gate of CD45++ cells. The duration of the follow-up period after surgery was 8 years. **Results:** The total percentage of B cells in BM was significantly associated with the prognosis of BC. B-1 cells were associated with progression-free and disease-free survival. Disease progression was observed at low levels of B1 cells. In cases more than 10% B-lymphocytes in the BM of BC patients overall survival (OS) rates were more favorable ( $p = 0.01$ ). Especially for BC with a high Ki-67. Disease progression was observed in 1/3 of BC patients with low levels of B1 cells. CD38 expression on B cells was a prognostically favorable factor: the role is realized during 5–10 years of follow-up after surgery. Level CD38+ B cells more than 10% correlated with high OS,  $p = 0.02$ . The presence of CD10+CD19+ B-lineage precursors was associated with a more favorable prognosis (OS, the threshold level 12%,  $p = 0.04$ ). The prognostic role of the CD10 antigen was realized when patients were observed for more than 5 years. **Conclusion:** . Total relative number of (more than 10 %) of BM CD19+ cells were significantly related to OS in BC. B-cell precursors and CD38+ B cells were associated with favorable prognosis. Prognostic role of B-lineage precursors and CD38-positive cells was in the periods of 5–10 years after surgery.

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#### PP 36

##### SUCCESSFUL CHEMOTHERAPY ADMINISTRATION DESPITE HYPERSPLENISM AND PANCYTOPENIA: A CASE OF METASTATIC RECTAL ADENOCARCINOMA

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**Introduction:** Cytopenias in oncology patients present a significant barrier to the administration of chemotherapy. Hypersplenism is one of the leading causes of cytopenia. In this case report, we aim to present a patient diagnosed with metastatic rectal adenocarcinoma, who developed hypersplenism due to liver metastasis and was successfully treated with chemotherapy despite the cytopenias. **Case Report:** In September 2023, a 42-year-old female patient was diagnosed with rectal adenocarcinoma with liver metastasis. Genetic analysis revealed K-Ras, N-Ras, and BRAF mutant/wild type, MSI stable, and Her2 negative. The patient received 3 cycles of FOLFIRINOX chemotherapy. During follow-up, her hemogram results were as follows: hemoglobin: 8.6 g/dL, platelets:  $26 \times 10^3/\mu\text{L}$ , leukocytes:  $0.81 \times 10^3/\mu\text{L}$ , and neutrophils:  $0.37 \times 10^3/\mu\text{L}$ . PET-CT evaluation showed regression in the metastatic lesions and newly developed splenomegaly

(spleen size: 18 cm). The tumor board assessed the resectability of liver metastases, but surgery was not considered due to the anticipated insufficient remnant liver function, and local ablative therapy was administered. Arterial and venous portal ultrasonography performed to investigate the etiology of the splenomegaly showed normal findings, and no focal lesion was detected in the spleen. No infectious pathology was identified as a cause of the splenomegaly. The cytopenia was attributed to hypersplenism secondary to liver metastasis of rectal cancer. The patient was subsequently treated with 3 additional cycles of FOLFIRINOX and 11 cycles of FOLFOX combined with Bevacizumab. Granulocyte colony-stimulating factor was not administered during the treatment process. The patient remains under oncological follow-up, and chemotherapy treatment is ongoing. **Conclusion:** Splenomegaly and hypersplenism are important causes of pancytopenia. Our clinical experience demonstrated that chemotherapy did not exacerbate cytopenias in a patient with metastatic rectal adenocarcinoma who developed hypersplenism and pancytopenia. We have shown that with close monitoring and supportive care, chemotherapy can be safely administered in patients with pancytopenia due to hypersplenism.

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PP 37

#### COEXISTENCE OF BREAST CANCER AND MANTLE CELL LYMPHOMA

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**Introduction:** Patients cured of any cancer have an increased risk of developing a new primary malignancy compared to the general population. However, synchronous presentation of two tumours is a very rare condition. Here we aim to review the treatment approach of a case of synchronous mantle cell lymphoma and invasive ductal carcinoma of the breast. **Case Report:** A 64-year-old woman presented with a right breast mass. Physical examination revealed a 3cm diameter mass lesion in the right breast and lymphadenopathy in the right axilla. Her past medical history was unremarkable except hypertension. In her family history, there was a history of breast cancer in her niece. Breast ultrasonography revealed 3 centimetres (cm) of malignant breast and multiple lymph nodes with thick cortex in bilateral axillae with indistinguishable fatty hilus. Tru-cut biopsy was performed for the mass in the breast and bilateral axilla lymph nodes. The breast biopsy was compatible with invasive ductal carcinoma with ER 90%, PR 10%, her2 negative and Ki67 proliferation index 10%. Bilateral axilla lymph node biopsy was reported as mantle cell lymphoma and immunohistochemically CD20: Positive, CD5: Positive, Cyclin D1: Positive, CD23: Negative, Lef1: Negative, Keratin: Negative, Ki67 proliferation index 25-30%. PET-CT revealed a mass in the right breast, lymph nodes with

pathological appearance in the axillae, various lymph node stations in the abdomen and inguinal areas, and diffuse involvement suggestive of lymphoma infiltration in the right lung. Bone marrow aspiration/biopsy revealed mantle cell lymphoma involvement. The patient was discussed in the multidisciplinary tumour council and right axillary lymph node dissection was performed for staging. 5 lymph nodes showed ductal carcinoma metastasis and the rest of the lymph nodes showed mantle cell lymphoma involvement. Stage IV MHL and hormone positive IDC (T2N2) were detected and R-CHOP treatment was applied. PET-CT performed after three cycles of treatment showed complete response. The patient was discussed again in the multidisciplinary tumour council and surgical treatment for the breast was planned after completing 6 cycles of R-CHOP treatment. After treatment, the patient underwent modified radical mastectomy and the pathological stage was T3N3. After adjuvant RT, endocrine therapy was started and the patient is being followed in remission. **Conclusion:** Coexistence of breast cancer and mantle cell lymphoma is a rare condition. In the few cases reported in the literature, treatment planning was made by considering the stage and treatment priority of both diseases. We planned to prioritise the treatment of lymphoma because our patient had stage 4 mantle cell lymphoma.

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PP 38

#### PRIMARY CONJUNCTIVAL LYMPHOMA, 2 CASES

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**Introduction:** Extranodal marginal zone lymphoma (EMZL) is the most common subtype of conjunctival lymphoma. Management of conjunctival lymphoma consists of radiotherapy, surgery, chemotherapy, antibiotics and targeted therapies (Anti-CD 20) based on case series and retrospective studies. Appropriate treatment should be chosen based on the type of lymphoma, extent of spread, and patient-specific factors. We present two patients with localized disease diagnosed with primary conjunctival EZML by biopsy, for whom we planned different treatment plans. **Case Reports: Case 1:** A 64-year-old female patient presented with a pink-red mass on the lateral conjunctiva of her right eye. (Fig. 1A) Conjunctival biopsy was reported as Non-Hodgkin lymphoma, EMZL.(CD 20(+) and Ki-67 3-4%) No extraocular involvement on PET/CT. Orbital MRI showed a 2.5 cm soft tissue lesion surrounding the right globe laterally and posteriorly. The patient started rituximab and