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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OP 06_Case report

NEURON SPECIFIC ENOLASE POSITIVE OVARIAN INTERMEDIATE GRADE SERTOLI LEYDIG CELL TUMOR: A RARE CASE REPORT

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Objective: Ovarian Sertoli-Leydig Cell Tumors (SLCTs) are rare sex cord-stromal tumors, accounting for less than 0.5% of all primary ovarian tumors. They are most commonly diagnosed in adolescents and young women and can present with a variety of symptoms, including abdominal pain, a palpable mass, and, in some cases, signs of hormonal imbalance. While tumor markers such as Cancer Antigen-125 (CA-125) may be elevated, Neuron-Specific Enolase (NSE) is not typically associated with these tumors. **Results:** A 14-year-old girl presented with diffuse abdominal pain and sudden abdominal distension. Laboratory tests revealed elevated CA-125 (65.3 U/mL, normal: 0–35 U/mL) and NSE (13.7 μg/L, normal: 0–12.4 μg/L). Imaging studies, including transabdominal pelvic ultrasound and abdominal Computed Tomography (CT), demonstrated a large, 23 cm right ovarian mass with predominantly solid but focal cystic components, raising suspicion for malignancy. Given the tumor's size and characteristics, a fertility-sparing right salpingo-oophorectomy and paravertebral retroperitoneal lymph node biopsies were performed. Histopathological examination confirmed an intermediate-grade Sertoli-Leydig cell tumor with frequent mitotic figures but no necrosis. **Conclusion:** This case is notable as the first reported instance of an SLCT associated with elevated serum NSE levels. While NSE is primarily considered a marker for neuroendocrine tumors and small cell lung carcinoma, its elevation in this case raises questions about its potential role in SLCTs. This finding suggests a need for further research to determine whether NSE could serve as a useful biomarker in the diagnosis or monitoring of SLCTs. Given the rarity of these tumors and the limited data on their tumor marker profiles, additional studies are needed to explore the clinical significance of NSE elevation in SLCTs.

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OP 07_Case report

POLYRADICULOPATHY FOLLOWING CAR T-CELL THERAPY FOR LYMPHOID MALIGNANCIES, DIAGNOSTIC CHALLENGES: A REPORT OF 3 CASES

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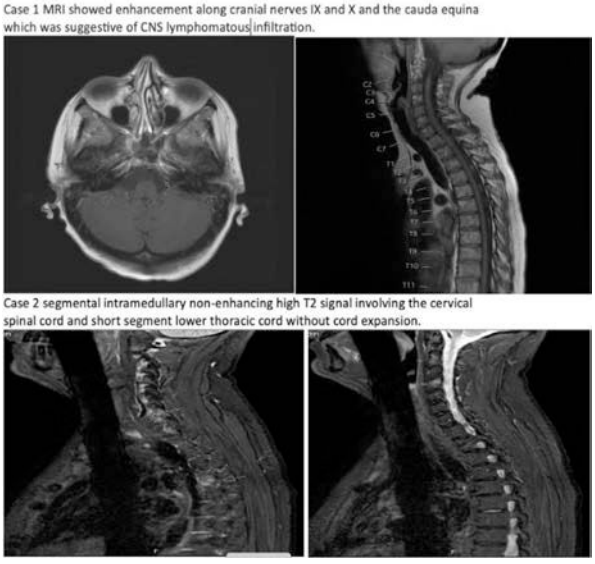
Objective: Neurotoxicity is a serious but incompletely understood complication of CAR T-cell therapy. here we highlight presentation and diagnostic challenges of non-CNS CAR T-cell therapy complication. **Case series:** *Case 1:* A 43-year-old female with relapsed DLBCL stage IVB without CNS involvement underwent Axi-Cel CAR T-cell therapy, developing grade I CRS responded to tocilizumab. On day +15, developed diplopia and 6th nerve palsy MRI suggestive CNS lymphomatous infiltration, managed with dexamethasone and intrathecal MTX with a PET scan on day 30 showing CMR. Subsequently, she had limbs weakness with EMG/NCS confirming polyradiculopathy CSF showing high protein but negative for infection, malignant cells and autoimmune. Treatment included methylprednisolone, plasmapheresis, and IVIG, leading to slight improvement. Day 60 PET-CT revealed cervical and lumbar nerve roots neuritis, and by day 90, biopsy-confirmed disease relapse. She had partial response to glofitamab, unfortunately, she passed away four months post-CAR T-cell therapy. *Case 2:* A 38-year-old male with primary refractory stage III DLBCL received Axi-Cel after lymphodepletion with Flu/Cy. On day +1, grade I CRS developed and was treated with tocilizumab and dexamethasone. By day +4, he exhibited ICANS grade IV with confusion and seizures, managed with methylprednisolone, anakinra, and lorazepam. CSF showed high protein but no infection or malignant cells. MRI suggested viral encephalitis, and acyclovir was started. Extubated on day +8, but showed lower limb weakness (0/5 power) and urinary retention. Spinal MRI showed intramedullary T2 changes. IVIG was given on day +11, and physical therapy started. By day +16, he could stand; MRI normalized by day +29. PET-CT on day +32 showed a very good partial response. The patient was able to walk and discharged on day +39 with ongoing recovery. *Case 3:* A 36-year-old male with CML transformed to B-cell ALL with CNS involvement refractory to triple IT chemotherapy received IT thiotepa, complicating with lower limb weakness and sphincter loss. NCS confirmed L5 radiculopathy; MRI and CSF were negative for blasts or CNS disease. Post-Brexu-cel infusion (day +5 to +7), he developed CRS grade I, treated with

Tocilizumab, followed by worsening lower limb weakness and sensory loss. MRI revealed new cauda equina leptomeningeal enhancement; NCS confirmed bilateral polyradiculopathy. CSF showed high protein but no blasts or infections. IVIG, methylprednisolone, anakinra and IT MTX-hydrocortisone improved symptoms. MRD assessment on day +30 was negative repeated MRI brain and spine showed resolution of leptomeningeal enhancement. **Conclusion:** With the increasing use of CAR T-cell therapy, rare side effects, such as sensory-motor polyradiculopathy, are emerging. These cases underscore the challenges of diagnosing and managing non-CNS neurotoxicity. Early recognition, tailored interventions, and multidisciplinary care are vital, while further research is needed to better understand mechanisms and improve patients' outcomes.



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Adult Hematology Abstract Categories

Aggressive B-cell lymphoma

OP 08_Case report

PRIMARY ADRENAL AND FEMALE GENITAL EXTRANODAL LYMPHOMAS

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Objective: The extranodal lymphomas generally account for 25%–40% of all lymphoma cases, with rare types such as primary breast lymphoma accounting for 0.1%–0.5%, female genital system lymphomas for 0.5%–1%, and adrenal lymphomas for about 1%. The diagnosis, treatment, and prognosis of these rare lymphomas are different. As Çukurova University Faculty of Medicine, we conducted a retrospective study on rare extranodal lymphomas. **Methodology:** The file data from the Cancer Registry of the Chief Physician's Office was reviewed for the period between 2003 and 2025. Among a total of 3067 lymphoma patients, 25 cases of primary adrenal, female genital, or breast lymphoma were included in the study. Demographic data were documented, and survival duration was calculated. Parameters affecting survival were identified using SPSS. The average age of the patients was 45, with 20% being male and 80% being female. The average age of the men was 61, while the average age of the women was 41. **Results:** Among all lymphoma patients, 632 (20.6%) had extranodal lymphoma. In 25 patients (0.8%), primary adrenal, female genital, and breast lymphomas were detected. The primary adrenal lymphoma was found in 7 patients (28%), female genital lymphoma in 8 patients (32%), and breast lymphoma in 10 patients (40%). Of these, 92% were Non-Hodgkin Lymphoma (NHL), with Diffuse large B-Cell Lymphoma (DLBCL) being the most common (48%). Burkitt lymphoma was observed with a frequency of 12% as the second most common type. All of the breast lymphoma patients were female, with an average age of 31. The second most frequent group, primary female genital lymphoma patients, had an average age of 49, and the most commonly affected organ was the ovary (16%). Compared to the literature, our patients were younger. The median survival for female genital system lymphoma patients was not reached, while the median survival for breast and adrenal lymphoma patients was 49 and 62, respectively. **Conclusion:** Although we have extensive experience in the management and treatment of primary extranodal lymphomas, a standard treatment approach has not yet been established for rare primary lymphomas. With this study, we aimed to contribute to raising awareness on this issue. In the future, we plan to collect real-world data on rare primary extranodal lymphomas in Turkey to create national data.

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Adult Hematology Abstract Categories

Myelodysplastic neoplasms

OP 09_Case report

EFFICACY OF ROXADUSTAT IN CHRONIC KIDNEY DISEASE PATIENTS NOT ON DIALYSIS WITH ANEMIA: SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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