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EPIDEMIOLOGICAL PROFILE OF LYMPHOMAS BASED ON PROSPECTIVE DATA FROM A POPULATION-BASED CANCER REGISTRY

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Introduction: The present study characterizes the epidemiological and socioeconomic profiles of Hodgkin and non-Hodgkin lymphoma cases reported in the municipality of Campinas, São Paulo, Brazil, based on data from the Population-Based Cancer Registry (PBCR) collected between 2010 and 2019. PBCRs support statistical and epidemiological cancer research and serve as internationally recognized tools for cancer control and surveillance. The Campinas PBCR affiliates with the Cancer Risk in Childhood Cancer Survivors (CRICCS) program and participates in the global CONCORD program, coordinated by the London School of Hygiene & Tropical Medicine, which monitors worldwide cancer survival trends. **Objectives:** To analyze the epidemiology and geographic distribution of lymphoma using PBCR data. **Material and methods:** The present study analyzed lymphoma cases by sex, age group, and lymphoma subtype, alongside temporal trends in incidence, mortality, geographic distribution by district of residence, and socioeconomic profiles of these regions. It assessed the spatial distribution across the five administrative health districts of Campinas, considering the socioeconomic characteristics of each region. Data were compiled from 29 public and private reporting entities, five hospital-based cancer registries, and the municipal Mortality Information System (SIM). **Discussion and conclusion:** The PBCR recorded 270 Hodgkin lymphoma (HL) cases and 1,174 non-Hodgkin lymphoma (NHL) cases during the study period. Hodgkin Lymphoma: Men accounted for 143 (53%) of the 270 Hodgkin lymphoma cases, while women accounted for 127 (47%). Histopathology confirmed 268 cases (99.6%). The Southern District of Campinas reported the highest number of cases (74; 27.4%). The Southern District encompasses areas with distinct socioeconomic profiles, including regions of high and low social vulnerability. This concentration of cases in a heterogeneous setting highlights the need for further investigation into how social vulnerability affects disease incidence and access to diagnosis and treatment. Non-Hodgkin Lymphoma: The incidence of non-Hodgkin lymphoma was balanced between sexes, with 585 cases (50%) in women and 589 cases (50%) in men. Histological confirmation occurred in 91.65% of cases. The Eastern District registered the highest incidence (368 cases; 31.3%), followed by the Southern District (308 cases; 26%). Among the NHL cases, the highest incidence recorded was for diffuse large B cell lymphoma (DLBCL), 552 cases (47%), followed by follicular NHL, 270 cases (23%), and T-cell NHL, 57 cases (5%). Additionally, 445 cases (38%) were classified as NHL of other types. The Eastern District encompasses areas with distinct socioeconomic profiles, including regions of high and low social vulnerability. These patterns suggest that different socioeconomic profiles may influence lymphoma incidence, warranting further study. The Campinas PBCR plays a vital role in monitoring and guiding cancer prevention and treatment strategies. The geographic and socioeconomic distribution of lymphoma cases presented here offers valuable insights into risk factors and healthcare disparities in the region. These findings emphasize the importance of population-based cancer registries in informing evidence-based public health policies and reducing inequalities in cancer diagnosis and care. **Funding:** Grant FAPESP #2021/10265-8, Cancer Theranostics Innovation Center and Multicenter Study Group in Oncohematology (GEMOH).

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EVOLUÇÃO CLÍNICA DE PACIENTE COM LINFOMA T PERIFÉRICO NOS REFRATÁRIO TRATADA COM BELINOSTAT E RADIOTERAPIA: RELATO DE CASO

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Introdução: O linfoma periférico de células T corresponde a um grupo relativamente raro e heterogêneo de linfomas não Hodgkin, associado a um prognóstico desfavorável. A maioria dos pacientes apresenta recidiva precoce, e a taxa de sobrevida global em 5 anos é de apenas 32%.[1] O belinostat é um inibidor pan-HDAC derivado do ácido hidroxâmico que constitui uma opção para tratamento de segunda linha.[2,3] Apresentou uma taxa de resposta global de 25,8%, sendo 61% dos pacientes que responderam alcançaram resposta em 30 a 45 dias, com tempo mediano de 5,6 semanas, a duração mediana da resposta foi de 8,4 meses.[1,2] **Descrição do caso:** Paciente feminina de 82 anos em investigação de dor em quadril, com massa em TC. A biópsia confirmou o diagnóstico de linfoma T periférico NOS (CD30+). O estadiamento inicial com PET-CT em abril 2024 evidenciou acometimento supra e infradiafragmático, com múltiplas lesões ósseas hipermetabólicas, incluindo extensa lesão no ilíaco esquerdo (SUV 62,5), além