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EHA EUROPEAN HEMATOLOGY ASSOCIATION

P1199 CLINICAL UPSHOTS OF PIONEER PROJECT TO COLLECT DATA OF T-CELL NHL PATIENTS AMONG FIVE REGIONS OF BRAZIL. T-CELL BRAZIL PROJECT.

Topic: 19. Aggressive Non-Hodgkin lymphoma - Clinical

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Background:

In western countries, non-Hodgkin's lymphomas of peripheral T-cells (PTCL) represent about 12% of all NHL. In Brazil, the National Institute of Cancer (INCA) estimates for the years 2023/2024/2025 about 12,040 new cases of

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NHL, which would result in a just over 1,444 new cases of T-cell NHL peripheral. Brazil T-cell project is a study to collect data from all five macro regions of Brazil, in the period of January 2015 to December 2022.

Aims:

The main goal is to collect epidemiological and clinical data from the most frequent subtypes of PTCL investigating the clinical and biology characteristics and to create a routine pathological revision.

Methods:

Ambispective and observational study involving 570 Brazilian patients with PTCLs among 39 centers. OS and PFS curves were calculated by the Kaplan-Meier Method and Log-Rank test to compare their curves. Statistical analysis was performed using IBM-SPSS v.24 software and P-values ≤5% were considered statistically significant.

Results:

A total of 597 patients were registered, 570 (95.5%) were analyzed until now, 13 excluded and 14 due to incomplete data. Median age of 52 years (18-92), 58% male. PTCL-not otherwise specified (PTCL-NOS, n=174, 30.5%) was the most common subtype, followed by ALK-negative ALCL (ALCL, ALK-, n=102, 18%), Adult T-cell (ATL, n=87, 15%), Extranodal natural killer (ENKTL_NT, n=75, 13%), angioimmunoblastic (AITL, n=58, 10%), ALK-positive (ALCL, ALK+, n=36, 6%) and others (n=38, 7.5%). Almost 71% of patients had stage III or IV; 61% B symptoms; 70% lymph nodes and 54% extranodal involvement; 5.5% had CNS infiltration. The most upfront use of chemotherapy was 49% CHOEP (cyclophosphamide, doxorubicin, etoposide, vincristine and prednisone) and 21.5% CHOP (CHOEP except etoposide). 13% used radiotherapy and 14% were submitted to stem cell transplantation as consolidation. The best response (complete and partial) was reached by 40% and 14%, however, it was undetermined by 14% due to early death. At moment of this analysis, there were 253 (44%) of deaths, 59% by lymphoma, 25.5% infection, 7.5% toxicities, 7% undetermined and 1% new neoplasia. The median overall survival (OS) was 11 months for all and 21 months for alive cases. 24-month PFS was 36% (95% CI: 32-40%) whereas 24-month OS was 50% (95% CI: 46-54%). 24-month OS by main subtypes was: 82% ALCL, ALK+; 62% ALCL, ALK-; 49% ENKTL-NT; 48% PTCL-NOS; 34% AITL and 33% ATL.

Summary/Conclusion:

This is the first experience cover all over the country, focusing also an educational and of interchanging experience network among the multidisciplinary health team in Brazil. This study has given an opportunity to understand better the relative frequency of each subtype of PTCLs geographically, the preferred treatments, even their results. Besides that, we will have the chance to check and analyze the pathological review results crossing with clinical and treatment outcomes.

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