the tolerance of the drug allowing a greater number of patients to receive an optimal treatment, especially in older patients. Anyway there is a significant number of patients that show toxicity limiting the applicability of the schemas and associate worse results.

P28

A RARE CASE OF IGM-MULTIPLE MYELOMA

Rizzi R.[1], Mestice A.[1], Ingravallo G.[2], Ranieri P.[3], Vitucci A.[1], Mallano S.[1], Urbano M.[1], Albano F.[1], Curci P.[1], Specchia G.[1]

[1]Department of Emergency and Organ Transplantation-Hematology Section-, [2]Department of Emergency and Organ Transplantation-Pathology Section, [3]Department of Clinical Pathology, University of Bari Medical School, Italy

IgM-Multiple Myeloma (MM) is rare, accounting for 0,5-1% of all MM subtypes. Although it may share clinical manifestations with Waldenström's macroglobulinemia (WM), pathological features, prognosis, and treatment of the two diseases are divergent. Extended bone marrow (BM) cell immunophenotyping by flow cytometry and/or immunohistochemistry, and search for molecular characteristics result helpful to diagnose IgM-MM, and discriminate between IgM-MM and WM. Consistently, distinction between IgM-plasma cell MGUS and IgM-lymphoid/lymphoplasmacytic MGUS can be made usually by morphology, according to the most recent WHO classification. Here, we report on a 47 year-old female patient who was referred recently with anemia, new onset of headache, and easy bruising. She had been followed elsewhere because of an IgMλ-MGUS diagnosed in 2006, when bone marrow (BM) biopsy was described with <10% interstitial infiltration composed of predominantly λ+ plasma cells, and few CD20+ lymphocytes. Eleven years later, re-assessment workup revealed among others: haemoglobin 8,4 g/dl, serum IgM paraprotein spike 5.68 g/dl, increase of total IgM from the initial level of 1.1 to 66.2 g/dl (0.40-2.30), free light chain (FLC)-λ 105,34 mg/L (5,71-26,30), FLC k/λ ratio 0,05 (0,26-1,65), total proteins 10,9 g/dl (6,4-8,2), immunoparesis, λ-Bence-Jones proteinuria, β2-microglobulin 3,36 mg/L (1,09-2,53). In addition prolonged aPTT ratio 1,42 (<1,20), in presence of low levels of vonWillebrand (vW) Ag 31% (60-150), vW activity 35% (60-150) and factor VIII 30% (60-120), was found consistently with the diagnosis of acquired low-level vW disease (AVWD). Low-dose whole-body CT and 18F-FDG PET-CT demonstrated neither lytic skeletal lesions nor splenomegaly and/or adenopathy. At this time, BM biopsy showed diffuse infiltration (80%) with λ-restricted plasma cells alone. Peripheral blood (PB) film showed rouleaux, whereas no retinal vessel engorgement was seen with funduscopy. Flow cytometry studies were performed on BM aspirate and PB. B-cells, identified on the basis of side-scatter characteristics and CD19 expression, were present in low numbers (0,8% in BM and 1,5% in PB); they were polyclonal with respect to surface light-chain expression and lacked any abnormal expression of all the evaluated lymphocyte-associated markers; plasma cells, identified on the basis of CD38 and CD138 expression, were present in BM (20%) as well as in PB (0.02%); the absence of CD45, CD5, CD10, CD19, CD20, CD56, CD117 was detected whereas CD43, CD200, cytoplasmic λ-chains and, partially, CD81 were positive. Besides, MM diagnosis was further supported by immunohistochemistry demonstrating cyclin-D1 expression, and by FISH analysis of immunoselected BM plasma cells, identifying deletion of 13q14 (94%), t(11;14) (q13;q32) (90%), and amplification of 1q21 (70%). AS-PCR was performed on unselected BM aspirate to explore the presence of MYD88 L265 mutation with negative results. In conclusion, in our patient on long-term follow-up for her IgMλ-MGUS, progression to symptomatic IgMλ-MM, presenting with anemia and AVWD, occurred. The diagnosis of IgM-plasma cell neoplasm relies in particular on clear BM findings, consisting of massive clonal infiltration with pure plasma cell morphology, and t(11;14) demonstrated by FISH. Of note, the morphological changes found at baseline BM biopsy favour a retrospective diagnosis of "IgMλ-plasma cell MGUS" progressed to MM over 11 years..

P29

THALIDOMIDE S DOSING WITHIN VTD INDUCTION SCHEME DOES NOT INFLUENCE IN THE PRETRASPLANT EFFICACY IN PATIENTS WITH NEW DIAGNOSIS OF MULTIPLE MYELOMA

Cabrera Ruiz F.J., González Fernández A., Moreno Carrasco G., Revelles Peñas M., García Fortes M., Ruiz Arredondo J.J., García Sánchez R.

Hospital Universitario Virgen de la Victoria, Málaga, Spain

Introduction. The induction treatment with VTD scheme (bortezomib, thalidomide and dexamethasone) represents the standard of treatment for patients with new diagnosis of multiple myeloma (MM) that be candidates for autologous hematopoietic stem cell transplantation (TASPE). Peripheral neuropathy is a side effect secondary to bortezomib and thalidomide, which is sometimes limiting when it comes to reaching full doses of one or the other drug or both. *Objectives.* To analyze if the administered dose of thalidomide in VTD induction scheme influences about the efficacy of the treatment before the TASPE. *Materials and Mathods.* We included 35 patients with new diagnosis of MM candidates for TASPE who received VTD induction scheme from July 2011 to February 2017. The induction treatment consisted in the administration of 6 VTD cycles (bortezomib SC, 1.3 mg / m^2 days 1, 4, 8, 11, thalidomide VO, 50 mg / day during the first 15 days with dose escalation up to 200 mg / day if the patient tolerated it, associated with dexamethasone 40 mg / day days 1-4 and 9-12) every 28 days. The response rate was evaluated according to the IMWG criteria and the adverse effects according to the NCI-CTCAE-4.0 scale. *Results.* Of the 35 patients included, 77% of them completed at least the 6 planned cycles with a median number of cycles received of 6 (1-7). The median cumulative dose of bortezomib was 50.4 mg and the median dose of thalidomide administered was 100 mg / day. As for thalidomide, the maximum tolerated dose was 50 mg / day in 9 patients (26%), 100 mg / day in 16 patients (46%), 150 mg / day in 5 patients and 200 mg / day in another five. In 31% of cases, the dose of dexamethasone was reduced to 20 mg / day. After the induction treatment, 89% obtained a response equal to or higher than partial response. Of the 22 patients who have consolidated with TAPH, 86% reached a response equal to or greater than very good partial response. Regarding the adverse effects, 24 patients (69%) presented non-haematological toxicity, with peripheral neuropathy being the most frequent cause, which was observed in 18 patients (51%), with 9% grade 3-4. We analyzed the response rate according to the dose of thalidomide received without finding statistically significant differences, as with the progression-free survival and overall survival, no differences were found either. *Conclusions.* The dose level of thalidomide received does not seem to influence in the efficacy of the induction treatment with VTD scheme. The maximum tolerated dose of thalidomide should be administered in order to minimize the neurological toxicity that sometimes leads to serious consequences for the patient.

P30

PATIENTS WITH MULTIPLE MYELOMA NOT CANDIDATES FOR TRANSPLANTATION: REAL WORLD DATA

Sánchez-Raga J.M., Pérez-Montaña A., Beltrán N., Ros T., Toledo N., Sampol A.

Hematology and Hemotherapy Department, Hospital Universitari Son Espases, Fundació Institut d'Investigació Sanitària Illes Balears, Spain

Objectives. The aim of the study is to perform a retrospective descriptive analysis of the general demographic characteristics of patients diagnosed with multiple myeloma who are not candidates for transplantation and to know the response results, progression-free survival and follow-up losses before relapse or progression, according to the therapeutic scheme used. *Methods.* For the collection of data we have reviewed the computerized clinical history of the patients, the laboratory data (Gestlab®), as well as the chemotherapy treatments (Farmis®). We use SPSS stadistics V18 to analyze our data. We included all patients diagnosed of Myeloma not candidates for autologous transplantation between 2012 and 2017. *Results*. 37 patients (54% women) were diagnosed with multiple myeloma and were not considered candidates for transplantation. The median age was 77 years (range of 68-88 years). In their majority 92% presented a 0-2 performance status (ECOG) and 89% presented some degree of renal failure at the time of diagnosis. 54.5% of patients were IgG type, 21.6% IgA, 16% Bences-Jones and 2.7% IgM type. The risk stratification according to the International Staging System showed that 77% were in the high risk group (ISS III). The treatments