

involvement and is helpful when following up patients to detect relapse.

Uterine lymphoma must be differentiated from carcinoma because the latter requires surgery, radiotherapy, or chemotherapy depending on the stage, whereas lymphoma is treated with chemotherapy and radiotherapy. Even though hematological malignancies are rare, it is important to be aware of this disease, and to include pelvic lymphoma in the differential diagnosis of gynecologic cancer. Because of its rarity, NHL is often not considered in the differential diagnosis of a female genital tract tumor and therefore frequently misdiagnosed as a benign process or confused with other types of tumors or other inflammatory reactive processes.

**Keywords:** Non-Hodgkin Lymphoma, Female Genital Tract

**Table 1.** Clinicopathologic Characteristics of Patients in the Female Genital Tract.

Distribution of Cases	n = 20	Mean Age (Range)	BM examined cases/infiltration detected cases
DLBCL	12	57.4 (23–89)	3 cases/none
Burkitt Lenfoma	3	21.7 (12–29)	2 cases/1 case
DLBCL + FL	1	47	1 case/1 case
ALK + BCL	1	28	
B-ALL	1	7	1 case/1 case
SLL/CLL	1	76	1 case/1 case
MZL	1	52	1 case/1 case
Total	20	48.2 (7–89)	9 cases/5 cases

## Multiple Myeloma

PS-88

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### REAL-WORLD DATA IN RELAPSED REFRACTORY MYELOMA PATIENTS TREATED WITH CARFILZOMIB, A MULTICENTER TURKISH EXPERIENCE

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Carfilzomib is a potent and irreversible inhibitor of proteasome which exerts clinically significant anti-myeloma effect. Randomized phase 2 and 3 studies have validated carfilzomib as an effective therapy in relapsed or refractory myeloma setting.

In our country, Carfilzomib has recently gained approval in relapsed refractory setting in patients who were both refractory to a proteasome inhibitor and an immunomodulatory drug (imid). Before this approval we were able to use carfilzomib as a single agent or as part of a combination approach via off-label approval of health authority. Here we present our retrospective, multicenter, real life experience among patients with relapsed refractory myeloma and treated with carfilzomib.

95 heavily pre-treated patients from 10 centers were retrospectively evaluated and the data among the use of carfilzomib, its efficacy and safety were collected.

Median age of the patients included in the study was 64 (48–74). All of the patients were refractory to at least one proteasome inhibitor and one imid. Only a small amount of patients has used carfilzomib with one other immunomodulatory drug and remaining majority used as a single agent approach. All patients have received concomitant corticosteroids. Median number of prior therapy line was 4 (3–7). Overall response rate, complete response + Very good partial remission rate and Partial remission rates were 44%, 16% and 28% respectively.