



Clinical Parameter and Prognosis of Subtyping Diffuse Large B-Cell Lymphoma with Cell-of-origin

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Introduction

The Cell of Origin (COO) algorithm helps assess prognosis, with Germinal Center B-Cell (GCB) type generally having a better outlook. However, some GCB patients exhibit poor prognosis due to gene rearrangements like Double Hit lymphoma (DHL). Limited gene testing in routine practice leaves gaps in data, prompting researchers to seek new treatment approaches for better patient care.

Results

According to the analysis of 75 DLBCL patients, there was no statistically significant difference in the overall survival rates between the GCB and non-GCB groups (CR in the GCB and non-GCB groups was 40.9% and 59.1%, respectively; $p = 0.082$). Additionally, one case of MYC gene rearrangement was discovered using FISH investigation.

Objectives

To identify clinical parameter and prognosis of DLBCL

Materials and Methods

A retrospective descriptive study gathered data from Diffuse Large B-cell lymphoma (DLBCL) patients at HRH Princess Maha Chakri Sirindhorn Medical Center over 9 years. Statistical analysis methods included demographic, baseline analysis, review pathology and MYC gene rearrangement analysis. Survival analysis employed Kaplan-Meier for GCB vs. non-GCB and DHL vs. non-DHL groups, and Cox Regression for survival factors, with statistical significance at $p < 0.05$.

Conclusion

Patients with DLBCL who are classified as Germinal Center B-cell (GCB) or Non-Germinal Center B-cell (Non-GCB) by the Hans algorithm do not statistically differ significantly in their clinical features or prognosis. The clinical features and prognosis of patients with MYC/BCL2 double-hit lymphoma (DHL) cannot be clearly studied due to a lack of data.

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