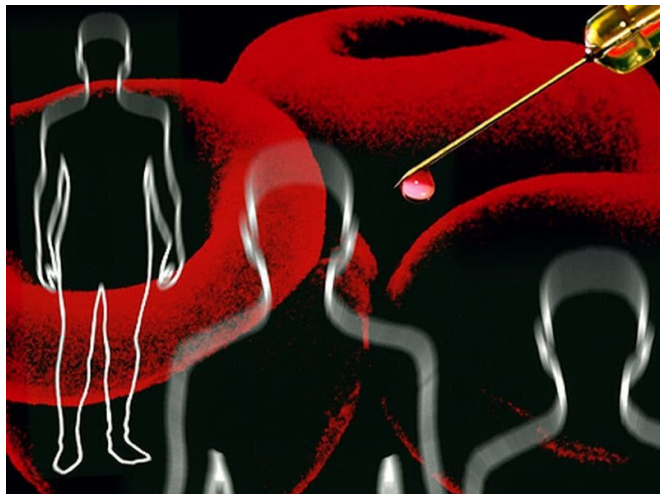


Risk factors ID'd for diffuse large B-cell lymphoma mortality

15 February 2019



mortality after therapy was lower for women and patients with higher socioeconomic status (HRs, 0.90 and 0.91, respectively). The risk for death due to DLBCL was 14.0 and 18.6 percent, respectively, at two and five years of treatment for patients treated with rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone, and risk plateaued thereafter.

"The current study findings accentuated the importance of comorbidity and functional status assessments in the evaluation of [older patients](#) with lymphoma prior to the initiation of therapy," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text](#) ([subscription or payment may be required](#))

(HealthDay)—Age, stage, and Charlson Comorbidity Index (CCI) are risk factors for diffuse large B-cell lymphoma (DLBCL)-specific death in older patients, according to a study published online Feb. 1 in *Cancer*.

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Caglar Caglayan, Ph.D., from the Georgia Institute of Technology in Atlanta, and colleagues conducted a multistate survival analysis of 11,780 patients with DLBCL aged ≥65 years at the time of diagnosis. The impact of prognostic factors on [overall survival](#) and cause-specific death was examined.

The researchers found that the risk for DLBCL-specific death increased in association with advanced age (hazard ratios [HRs], 1.25, 1.46, 1.88, and 2.26 for ages 71 to 75, 76 to 80, 81 to 85, and ≥86 years, respectively), DLBCL stage (HRs, 1.28, 1.54, and 1.95 for Ann Arbor stage II, III, and IV, respectively), CCI ≥1 (HRs, 1.15 and 1.37 for CCI of 1 and CCI >1), and not being married (HR, 1.12). The risk for DLBCL-related

APA citation: Risk factors ID'd for diffuse large B-cell lymphoma mortality (2019, February 15) retrieved 28 May 2022 from <https://medicalxpress.com/news/2019-02-factors-idd-diffuse-large-b-cell.html>

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