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INCIDENCE AND TYPE OF SECOND PRIMARY MALIGNANCIES AFTER NHL-DLBCL

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INTRODUCTION

Over the past decade, the management of adult patients with non-Hodgkin lymphoma–diffuse large B-cell lymphoma (NHL-DLBCL) has improved. However, a notable rise in second primary malignancies (SPMs) has been observed in patients with longer lifespan.

AIM

We estimated the incidence, clinical characteristics, and mortality of SPMs in NHL-DLBCL patients.

PATIENTS AND METHOD

A retrospective study conducted on 800 NHL-DLBCL patients from January 2009 to January 2022. Study carried out in Oncology Center at Mansoura university, Egypt. Of 800 NHL-DLBCL patients, 28 (3.5%) developed SPMs.

RESULTS

The clinical characteristics of 28 cases of SPMs showed a male-to-female ratio of 22:6, with 71.4% of patients being ≥60 years old. The International Prognostic Index was calculated, and patients were divided into 4 risk categories: low (n=9), low-intermediate (n=4), high-intermediate (n=10), and high risk (n=5). 82.1% were treated with anthracycline-based protocol ± rituximab. Solid tumors accounted for 85.7 % of SPMs, and hematological malignancies about 14.3%. The SPMs were liver (n=15), thyroid (n=3), breast (n=2), colon (n=1), rectal (n=1), and esophageal (n=1) cancer; basal cell carcinoma (n=1); chronic myeloid leukemia (CML, n=2); multiple myeloma (MM, n=1); and acute lymphoblastic leukemia (ALL, n=1). Regarding response to treatment for SPMs, 8 patients achieved overall response (complete remission or partial remission), 3 patients achieved stationary disease, and 6 had progressive disease, and the remaining 11 were not assessed as they were lost to follow-up. In terms of mortality, the outcome was favorable in some SPM subtypes (thyroid and breast cancer, MM, CML); other SPMs such as liver cancer, GI tumors and ALL had a dismal prognosis.

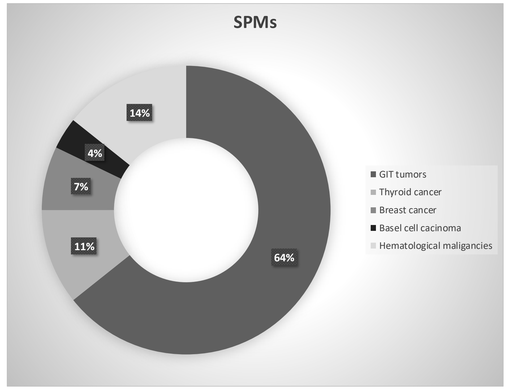


Figure 1: Type of SPMs after MHL-DLBCL

CONCLUSIONS

The incidence of SPMs is high, particularly among men and older lymphoma patients. Therefore, more attention should be invested in the screening for SPMs in NHL survivors to further improve the prognosis and outcome of these patients.

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