SOHO ANNUAL MEETING 2024

MANAGEMENT OF PRIMARY MEDIASTINAL B-CELL LYMPHOMA IN MOROCCO : A MONOCENTRIC EXPERIENCE

Z.Chouab[1 2], I.Moukrim[1 2], M.Qachouh[1 2], K.Tlohi[1 2], A.Benmoussa[1 2], S.Berrada[1 2], N.Khoubila[1 2], M.Lamchahab[1 2], S.Cherkaoui[1 2], M.Rachid[1 2], A.Madani[1 2]

1. Hassan II University, Faculty of Medicine and Pharmacy of Casablanca , Casablanca, Morocco
2. 20th August Hospital, Ibn Rochd University Hospital Center, Casablanca, Morocco

INTRODUCTION

Primary mediastinal B-cell lymphoma (PMBCL) is a distinct clinicopathologic subtype of diffuse large B-cell lymphoma, characterized by a specific epidemiology and clinical course, with distinct histopathological and immunohistochemical features. (1)

AIM

Describe the epidemiological, clinical, therapeutic and outcomes aspects of patients with PMBCL treated at our department.

PATIENTS AND METHODS

Study type	• Retrospective descriptive study
Period	• 6 years : January 2017- October 2023
Location	• Hematology and Pediatric Oncology Department • 20th August 1953 Hospital, University Hospital Center Ibn Rochd
Patients	• Patients aged ≥ 18 years with newly diagnosed PMBCL
Diagnosis	• Clinical , Radiological • Histopathological and Immunohistochimical based on WHO criteria
Response assessement	• Radiological : CT scan and/or Pet scan
Data collection	• Patients records • Kalisil IT system • Analyzed by Excel 2020 version • Kaplan-Meier curve constructed by MedCalc Software

RESULTS

Epidemiological Data



Figure 1 : Incidence of PMBCL

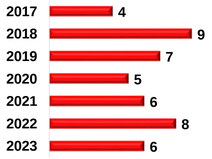


Figure 2 : PMBCL Cases per year

Median age	33 years (20-59)
Mean time to diagonosis	2 months

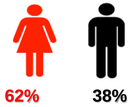
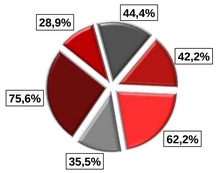


Figure 3 : Gender breakdown

Clinical Data



- Supperior vena cava syndrome
- Dyspnea
- Chest pain
- Cough
- Peripheral lymph nodes
- B symptoms

Figure 4 : Clinical features of PMBCL patients

Paraclinical Data

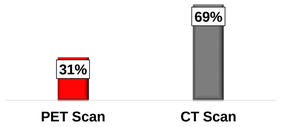
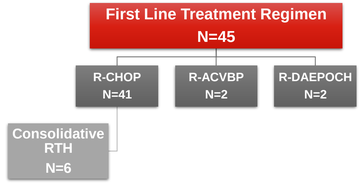


Figure 5 : Type of initial radiological diagnosis workup

Table 1: Paraclinical features of PMBCL patients

Paraclinical features	N	%
Bulky mass ≥ 10 cm	39	86,7
Disease stage (Ann Arbor)		
I – II	32	71,1
III – IV	13	28,9
Bone Marrow involvment	2	4,4
Extra nodal sites		
Lung	5	11,1
Pleural/ Pericardial efusion	7	15,6
Kidney	2	4,4
Adrenal glands	1	2,2
Thyroid	1	2,2
Pancreas	1	2,2
LDH serum levels		
Elevated	33	73,3
Median (range)	768	256-3680
IPI score		
1-2	30	66,7
3-5	15	33,3

Treatment and Outcomes



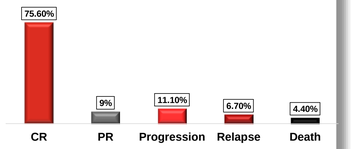
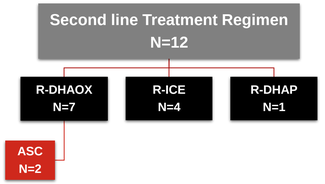


Figure 6 : Outcomes after First Line Treatment



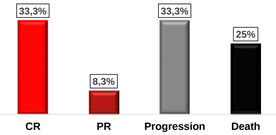


Figure 7 : Outcomes after Second Line Treatment

Table 2: Outcomes features	
Median follow up	18 months
Overrall response	78,6%
Total Death	9 (20%)

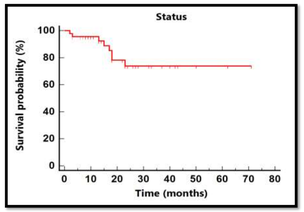


Figure 8: Overall survival in our study

DISCUSSION AND CONCLUSION

- Our study shows that R-CHOP achieved a 75.6% CR rate, consistent with other studies.
- The 33.3% response rate for salvage therapy highlights challenges in treating relapsed/ refractory PMBCL, aligning with literature reports . (2)
- The OR rate is within the expected range, though our median follow-up of 18 months suggests the need for longer-term data . (3)
- This study confirms the efficacy of current PMBCL treatments despite the high mortality rate in our series, underscoring the need for therapeutic approaches that optimize remission while reducing long-term toxicity.

REFERENCES

1) *Kerry J. Savage (2022). " Primary mediastinal large B-cell lymphoma." Aggressive Large B-Cell Lymphoma. Blood Journal Volume 140, Number 9.*

2) *Cohen, J. B., et al. (2023). "Long-term Outcomes of Primary Mediastinal B-cell Lymphoma Patients Treated with R-CHOP and Beyond." Journal of Clinical Oncology.*

3) *Zinzani, P. L., et al. (2016). Clinical implications of PET-CT in the treatment of lymphoma. The Lancet Haematology, 3(1), e11-e23.*

ACKNOWLEDGEMENTS

Special thanks to all the Staff of Hematology and Pediatric Oncology Department and to my Professor M.Qachouh for guidance and support in reviewing the final results of this study.

CONTACT INFORMATION

- Adress : 20th August 1953 Hospital. 20250, Casablanca, Maroc
- Email : zineb.chouab@gmail.com