Real-world Outcomes With Polatuzumab Vedotin In Relapsed/Refractory Diffuse Large B-cell Lymphoma In Guatemala: A Single-center Retrospective Study

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Introduction

Polatuzumab vedotin (Pola), an anti-CD79b antibody-drug conjugate, is approved in combination with bendamustine and rituximab (Pola-BR) for relapsed/refractory diffuse large B-cell lymphoma (R/R DLBCL). In Guatemala, access to this therapy is limited, and local data are lacking. This study aimed to describe progression-free survival (PFS) and overall survival (OS) in patients treated with Pola at the Guatemalan Social Security Institute (IGSS).

Aim

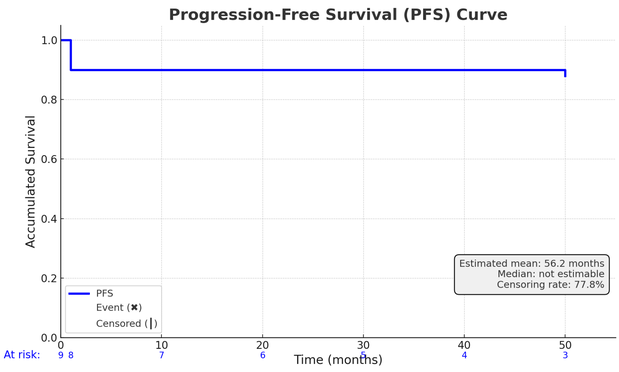
To describe the progression-free survival (PFS) and overall survival (OS) of patients with relapsed/refractory diffuse large B-cell lymphoma treated with polatuzumab vedotin at a single center in Guatemala.

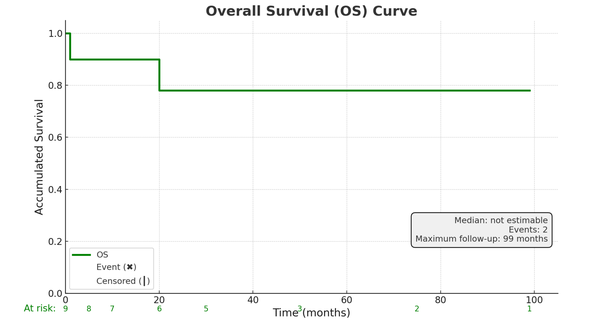
Objectives

The specific objectives of this study were to characterize the clinical and demographic profile of patients treated with polatuzumab vedotin, to evaluate previous treatment regimens and risk stratification scores such as the International Prognostic Index (IPI), to estimate progression-free survival (PFS) and overall survival (OS) using Kaplan-Meier analysis, and to identify barriers related to treatment access and continuity in the Guatemalan public health system.

Methods

This was a retrospective, single-center study conducted at IGSS in Guatemala, including adult patients with relapsed/refractory DLBCL who received at least one cycle of polatuzumab vedotin between 2018 and 2023. Clinical data and outcomes were extracted from medical records. Survival was estimated using Kaplan-Meier analysis. The study was approved by the IGSS ethics board.



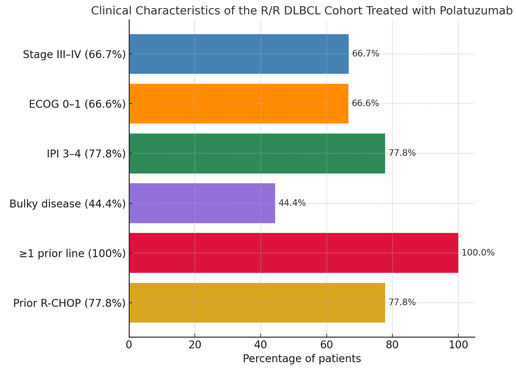


Results

A total of 9 patients with relapsed/refractory diffuse large B-cell lymphoma (R/R DLBCL) were included, with a median age of 55 years (range: 33–69) and 66.7% were female. Most patients had advanced-stage disease (66.7%), bulky tumors (44.4%), ECOG performance status 0–1 (66.6%), and high-intermediate or high IPI scores (77.8%). All patients had received at least one prior line of therapy, and 77.8% had previously received R-CHOP.

Treatment regimens were heterogeneous, with limited access to bendamustine, resulting in variable combinations with polatuzumab vedotin.Regarding progression-free survival (PFS), the mean PFS was 56.2 months (95% CI: 35.5–76.9); however, the median PFS was not estimable due to a high censoring rate (77.8%).

For overall survival (OS), survival rates were 88.9% at 2 months and 76.2% at 19 months, with two events and a maximum follow-up of 99 months. The median OS could not be estimated. Despite the small sample size and treatment variability, outcomes suggest the feasibility and potential clinical benefit of polatuzumab vedotin in this real-world Guatemalan cohort.



Summary

This single-center retrospective study evaluated real-world outcomes of Polatuzumab vedotin in 9 patients with relapsed/refractory DLBCL in Guatemala. Most had advanced disease and prior R-CHOP exposure. Despite treatment heterogeneity and limited access to bendamustine, the estimated mean PFS was 56.2 months, and OS at 19 months was 76.2%. Results suggest feasibility and benefit of Pola in low-resource settings.

Discussion

Polatuzumab vedotin showed promising survival in a small high-risk Guatemalan cohort, despite access barriers and heterogeneous regimens. Median survival was not reached, but outcomes were comparable to international data. These findings support Pola's real-world applicability in Latin America and highlight the need for broader access and prospective evaluation in resource-limited settings.

References

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