

EPIDEMIOLOGIC AND BASELINE CLINICAL CHARACTERISTICS OF PATIENTS ≥65 YEARS WITH DIFFUSE LARGE B-CELL LYMPHOMA AT A NATIONAL CANCER CENTER IN MEXICO CITY IN 6 YEARS

C. Medrano¹, J. Cardenas², M. Rivas² and L. Gonzalez²

1. IMSS, Mexico | 2. Instituto Nacional de Cancerologia, México



INTRODUCTION

Diffuse large B-cell lymphoma (DLBCL) is the most common aggressive lymphoma, and an increasing proportion of cases occur in older adults. Real-world epidemiologic data from Mexico are limited and may differ from patterns reported in global literature; therefore, local profiles are needed to better characterize disease presentation in this setting.^{1, 2}



OBJECTIVE

To identify the clinical and epidemiological characteristics of patients aged over 65 years with a diagnosis of diffuse large B-cell lymphoma.



METHOD

We performed a retrospective, observational, descriptive study at a tertiary national cancer center in Mexico City. Patients ≥65 years with DLBCL treated between January 2018 and December 2023 were included. Sociodemographic variables, baseline disease stage, cell of origin (Hans algorithm), prognostic indices (IPI and R- IPI), performance status (ECOG), comorbidity burden (CIRS-G), prior malignancies, support network, and diagnostic work-up procedures were abstracted from medical records.



CONCLUSIONS

Advanced stage and adverse prognostic indices were common in older adults with DLBCL despite preserved ECOG status; comorbidity was largely moderate and invasive procedures were used selectively.



RESULTS

A total of 253 patients were identified, with median age 73 years (range 65–93) and predominance of women (57.7%). Most patients presented with advanced disease: stage IV 55.7%. In the cell origin 62.1% were classified as germinal center B-cell. pAdverse prognosis by both IPI and R-IPI was observed in 68.8%. Baseline functional status was generally preserved: ECOG 1 in 51.4% and ECOG 2 in 35.6% (ECOG 4, 3.6%). Comorbidity estimated by CIRS-G was predominantly moderate (96%), with low comorbidity in 1% and high comorbidity in 3%. Second malignancies were documented in 5.1%.

Table 1. Demographic and Clinical Characteristics

Variable	Category	n (%) / Value
Total patients		253
Age (years)	Median (range)	73 (65–93)
Sex	Female	57.7%
	Male	42.3%
Cell of origin	Germinal center B-cell (GCB)	62.1%
	Non-GCB	30.8%
	Not otherwise specified	7.1%
Prognostic classification	Adverse prognosis by IPI/R-IPI	68.8%
ECOG performance status	ECOG 1	51.4%
	ECOG 2	35.6%
	ECOG 4	3.6%
CIRS-G comorbidity	Low	1.0%
	Moderate	96.0%
	High	3.0%
Second malignancies	Present	5.1%

Table 2. Disease Stage and Invasive Staging Procedures

Variable	Category	n (%)
Ann Arbor stage	Stage I	~13.0%
	Stage II	14.6%
	Stage III	16.6%
	Stage IV	55.7%
Invasive staging procedures	No invasive staging performed	62.8%
	Bone marrow biopsy	24.9%
	Endoscopy	11.2%
	Colonoscopy	0.4%



CONTACT INFORMATION

Email: medracar73@gmail.com



REFERENCES

- 1 Candelaria M, Villela L, Torres-Viera MA, Peña C et al ; Real-world experience in older patients with diffuse large B-cell lymphoma treated in Latin America: A study by the Latin American study group of lymphoproliferative disorders (GELL.). J Geriatr Oncol. 2023 Sep;14(7):101565.
- 2 Sykorova A, Mocikova H, Lukasova M, et al; Czech Hodgkin's Lymphoma Study Group. Outcome of elderly patients with classical Hodgkin's lymphoma. Leuk Res. 2020 Mar;90:106311.

Abbreviations

ECOG: Eastern Cooperative Oncology Group; CIRS-G: Cumulative Illness Rating Scale–Geriatric; GCB: germinal center B-cell; IPI: International Prognostic Index; R-IPI: Revised International Prognostic Index.