

Canadian Province Presentation and Treatment Related Outcomes of Angioimmunoblastic T-cell Lymphoma: A Retrospective Chart Review

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Background

- Angioimmunoblastic T Cell Lymphoma (AITL) is a rare and aggressive subtype of peripheral T cell lymphomas.
- It predominately affects elderly patients and presents in 90% of cases with advanced stage disease.
- Canadian population, treatment patterns, and outcomes for AITL remain very limited.
- Our objective was to: characterize clinical features, treatment patterns, and outcomes of AITL in Saskatchewan.

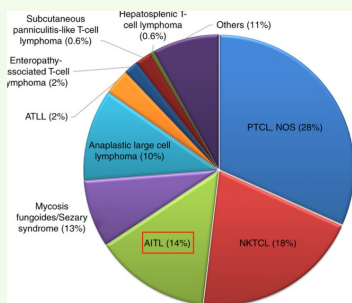


Figure 1. Distribution of peripheral T-cell lymphoma subtypes. Angioimmunoblastic T-cell lymphoma (AITL) accounts for 14% of cases. Adapted from Bone Marrow Transplantation.

Methods

Design: Retrospective Chart Review

Population: 30 patients diagnosed with AITL according to WHO 2022 classification criteria. (N=30)

Variables: Demographics, clinical characteristics, survival outcomes, laboratory findings, pathology, and treatment regimens.

Pathology: TFH Immunohistochemical markers and EBV status

Outcomes: Treatment patterns, response, transplantation, and survival.

Identification → Chart Review → Data Collection → Outcomes

Results

Patients Characteristics:

- 30 Patients
- Mean age 66.7 +/- 13.7 years
- Female 53.3%
- Lymph Node Biopsy 74.2%
- EBV + 34.6%

Outcomes: Mortality was 76.7% with only 23.3% of patients alive at the time of analysis. The mean prognostic score was 2.72 +/- 1.13.

Survival Outcomes

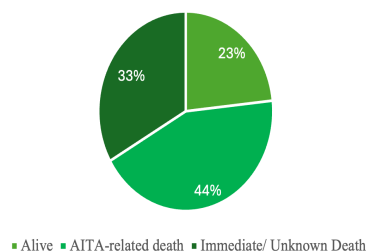


Figure 2. Survival outcomes in AITL cohort (N=30).

Treatment:

- CHOP (40%)
- CHOEP (35%)
- Novel agents 15%
- Bone marrow transplant 29.6%

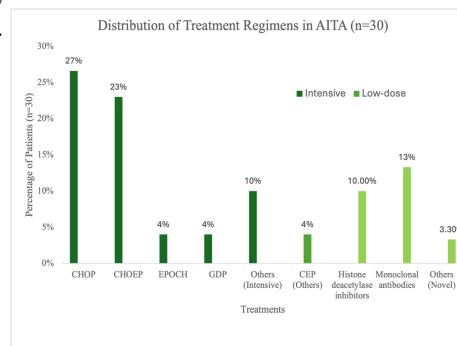


Figure 3. Treatment regimens in 30 AITL patients. Bars show individual therapies by group (intensive, low-dose, novel) as a percentage of total patients.

References



Take Home Points

- AITL is an aggressive malignancy with a ~80% mortality rate.
- Saskatchewan data reflect international data.
- Intensive treatments (bone marrow transplant, etc.) were frequently used but high mortality persisted.
- Commonly affect patients ~ 65 years of age.
- Finding specific treatment patterns and population-based data can help improve patient outcomes in the future.

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Conclusion

What we found:

76.7% Mortality

29.6% Transplantation

34.6% EBV Positivity

Why it matters:

Poor outcomes, regardless of intensive treatment

Transplantation is only used in select patients

Consistent with literature

Future direction in the study of AITL in Canada should investigate further novel treatment approaches and collect more widespread Canadian data.