

Neutrophil-to-Lymphocyte Ratio and SIRI Are Associated with Survival and Relapse in Diffuse Large B-Cell Lymphoma: A Single-Center Study

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INTRODUCTION

Diffuse large B-cell lymphoma (DLBCL) is clinically heterogeneous, and current prognostic models do not fully capture outcome variability. **Systemic inflammation** may contribute to tumor progression and treatment resistance. **Hemogram-derived inflammatory indices represent inexpensive and widely available potential prognostic biomarkers.**

AIM

To assess the association between hemogram-derived inflammatory indices and clinical outcomes in DLBCL, including refractory disease, relapse, progression-free survival, and overall survival, and to identify the indices with the strongest prognostic performance.

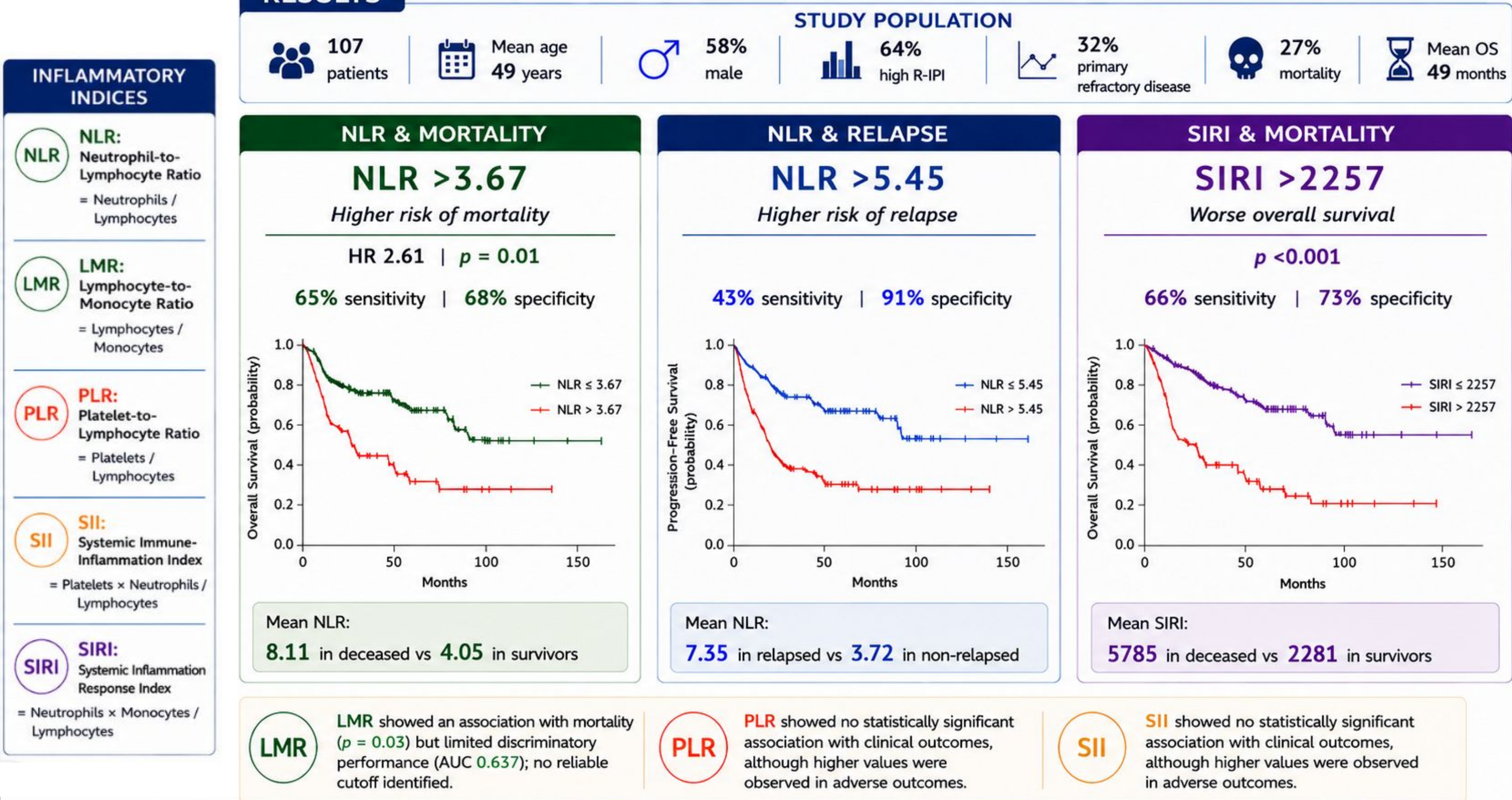
METHOD

- Retrospective, single-center study of 107 adults with DLBCL treated between 2010–2023.
- Baseline clinical data, R-IPI, LDH, and complete blood counts were collected.
- NLR, LMR, PLR, SII, and SIRI were calculated at diagnosis.
- Associations with refractory disease, relapse, PFS, and OS were assessed.
- ROC curves were used to determine optimal cutoff values.

CONCLUSIONS

NLR and SIRI showed the strongest associations with adverse outcomes in DLBCL. **Higher NLR was associated with mortality and relapse, while elevated SIRI was associated with worse overall survival.** These readily available indices may provide additional prognostic information, although external validation is required.

RESULTS



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