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Overall Survival and Prognostic Factors in Lymph Node Accessory Cell Tumors: A Population-Based Analysis of the SEER Database (2000-2022)

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INTRODUCTION

Lymph node accessory cell tumors are rare malignancies with limited population-level data on survival and prognostic factors; existing evidence is largely confined to case reports and small series.

AIM & OBJECTIVE

To characterize overall survival (OS) and identify demographic predictors of mortality using a large national cancer registry.

METHODS

Population-based retrospective cohort study using the SEER database. Patients diagnosed with lymph node accessory cell tumors (2000-2022) were identified. OS was defined from diagnosis to death from any cause. Kaplan-Meier methods estimated OS by age group, sex, and race (log-rank test); multivariable Cox proportional-hazards regression evaluated independent predictors, adjusting for age group, sex, and year of diagnosis (race excluded from adjusted models due to sparse events).

CONCLUSIONS

In this large population-based analysis of lymph node accessory cell tumors, overall survival was poor (median ~23 months). Advanced age (≥70 years) and male sex were independent predictors of mortality, supporting improved risk stratification and age-adapted management strategies.

RESULTS

A total of 494 patients were included (median age at diagnosis 55-59 years; 54% male). During follow-up, 295 patients (60%) died. Median OS was 23 months (IQR 5-82). Survival worsened significantly with increasing age (log-rank P<0.0001), with no significant difference by race (P=0.20); female patients showed a trend toward improved survival (P=0.074). On multivariable Cox regression, age ≥70 years was independently associated with increased mortality (HRs >3-fold for 70-74, 80-84, and 85-89 years), and male sex was independently associated with worse survival (HR 1.38, 95% CI 1.09-1.75; P=0.007). Year of diagnosis was not significant.

Figure. Independent predictors of mortality (multivariable Cox). Male sex and age ≥70 years were associated with worse survival.

Metric	Value
Patients (N)	494
Died	295 (60%)
Median OS	23 months (IQR 5-82)
Age ≥70 y	HR >3 (P<0.05)
Male sex	HR 1.38 (P=0.007)

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REFERENCES

1. Data source: SEER Program, National Cancer Institute.
2. Analyses performed on de-identified, aggregated records; this study did not constitute human-subjects research.