

Genomic Landscape of Primary Thyroid Lymphoma (PTL): CD79B/MYD88 Alterations and Implications for Polatuzumab-Based Therapy

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INTRODUCTION

Primary thyroid lymphoma (PTL) is a rare extranodal lymphoma with limited genomic characterization and unclear applicability of targeted therapies. Given the emerging role of CD79B-directed therapy in diffuse large B-cell lymphoma (DLBCL), understanding MYD88/CD79B-associated molecular alterations in PTL may help identify biologically relevant therapeutic targets.

METHOD

A structured literature review was performed evaluating studies reporting molecular characteristics, cell-of-origin (COO), MYD88/CD79B alterations, and outcomes associated with polatuzumab-based therapy in PTL and related DLBCL cohorts.

CONCLUSIONS

PTL demonstrates substantial molecular heterogeneity with variable MYD88/CD79B reporting, recurrent BCR-pathway associated alterations, and overlap with aggressive DLBCL molecular subtypes. Emerging evidence suggests that CD79B-associated and non-GCB molecular profiles may predict enhanced responsiveness to polatuzumab-based therapy. Comprehensive genomic profiling may therefore improve risk stratification and guide precision-based therapeutic selection in PTL.

RESULTS

Results - Clinicopathologic and Molecular Characteristics

| Study            | N   | Median Age | Cell of Origin (COO) | Hashimoto Assoc. | CD Markers    | Molecular Notes                                |
|------------------|-----|------------|----------------------|------------------|---------------|------------------------------------------------|
| Numata et al     | 21  | 70         | 57% GCB / 43% ABC    | 67%              | CD20+         | MYD88 0%; CD10 83%; MUM1 83%; Ki-67 80-100%    |
| Hamada et al     | 45  | 71         | NR                   | 82%              | CD20+         | NR                                             |
| Guidobaldi et al | 1   | NR         | NR                   | NR               | CD20+, CD79b+ | High MYD88; MCD-relevant; A20 mutation present |
| Sharma et al     | 1   | 82         | ABC                  | Yes              | CD79b+        | Ki-67 >80%; IPI 2-5                            |
| Zhu et al        | 879 | 65         | GCB + ABC            | NR               | CD20+, CD79b+ | ~79% high IPI                                  |
| Matsuura et al   | 53  | 72         | 22 GCB / 22 ABC      | NR               | CD20+, CD79b+ | 56% had high IPI                               |
| REALYSA          | 645 | 66         | 44% GCB              | NR               | NR            | NR                                             |
| Pyke et al       | 62  | 67         | NR                   | High             | CD20+         | Stage II disease included                      |
| Zemni et al      | NR  | 76.2       | NR                   | 40%              | CD20+, CD79b+ | IPI 3                                          |
| Gao et al        | 1   | 78         | ABC                  | Yes              | CD79b+        | IPI >3                                         |
| Sanjuero et al   | 80  | 68         | Non-GCB predominant  | NR               | NR            | NR                                             |

N = cohort size; COO = cell of origin; GCB = germinal-center B-cell; ABC = activated B-cell; IPI = International Prognostic Index; NR = not reported.

Results - Efficacy and Toxicity of Polatuzumab-Based Regimens

| Study                  | ORR   | CR %   | 12-mo PFS | Pola-Specific Toxicity             | Rationale for Pola                  |
|------------------------|-------|--------|-----------|------------------------------------|-------------------------------------|
| Numata et al (control) | 81%   | 81%    | 85%       | NA                                 | NA - R-CHOP control arm             |
| Hamada et al           | NA    | NA     | NA        | NA                                 | NA                                  |
| Guidobaldi et al       | NA    | NA     | NA        | NA                                 | Molecular profiling                 |
| Sharma et al           | 100%  | 100%   | NA        | Well tolerated                     | CD79b expression                    |
| Zhu et al              | 88%   | 78%    | 84%       | Peripheral neuropathy, neutropenia | Superior PFS over R-CHOP            |
| Matsuura et al         | 81.1% | 71.7%  | 73.1%     | Neutropenia                        | Real-world effectiveness in elderly |
| REALYSA                | 80%   | 76-81% | 79.8%     | Peripheral neuropathy, neutropenia | Validates POLARIX                   |
| Pyke et al             | NA    | NA     | NA        | NA                                 | NA                                  |
| Zemni et al            | NA    | 20%    | NA        | NA                                 | NA                                  |
| Gao et al              | 100%  | 100%   | NA        | Grade 1 neuropathy                 | Targeted CD79b in PTL               |
| Sanjuero et al         | 99%   | 70%    | 88%       | Standard profile                   | High-risk frontline success         |

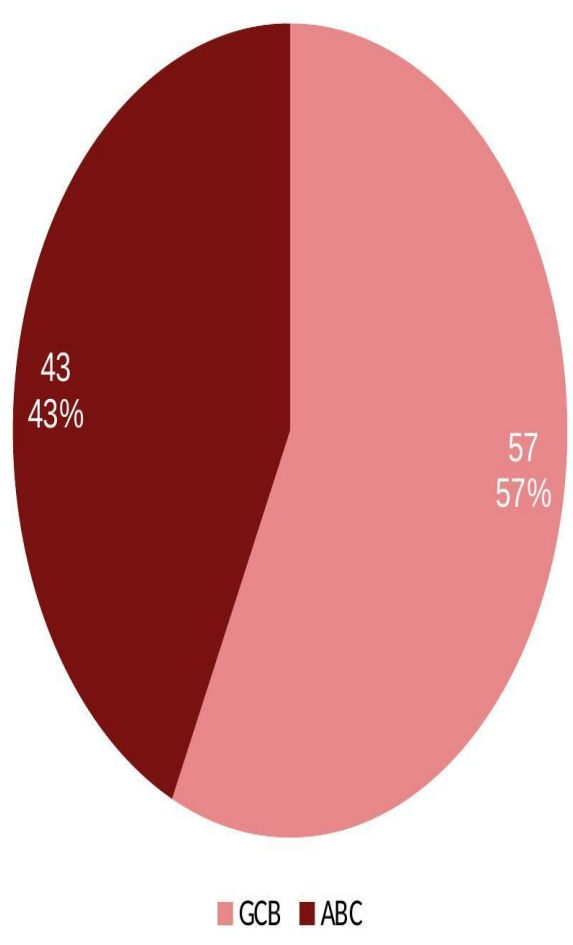
ORR = overall response rate; CR = complete response; PFS = progression-free survival; NA = not reported/not applicable.

Results - Summary of Included Studies

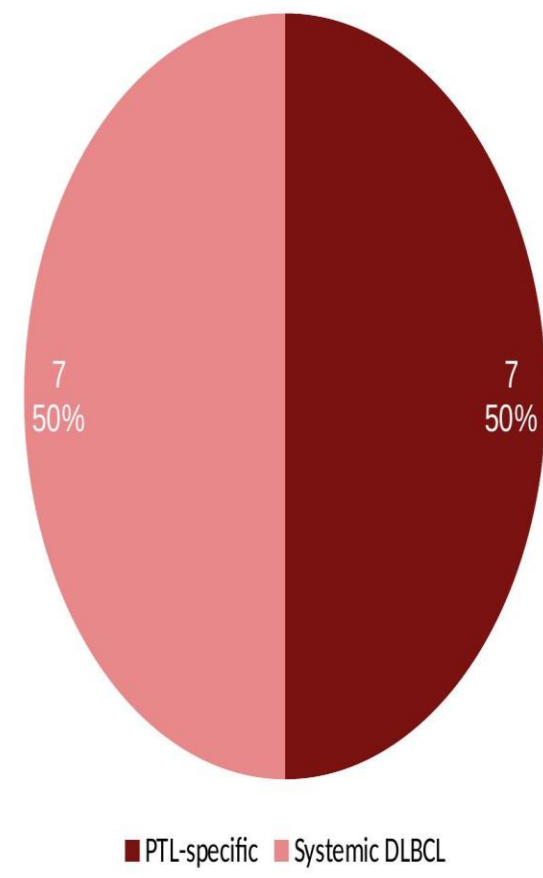
| Study             | Year | Setting  | N              | Cell of Origin (COO) | Pola-Based Tx  | Key Outcome               |
|-------------------|------|----------|----------------|----------------------|----------------|---------------------------|
| Sharma et al      | 2024 | PTL      | 1              | ABC                  | Yes            | Rapid tumor response      |
| Numata et al      | 2024 | PTL      | 21             | 57% GCB / 43% ABC    | No             | 5-yr OS 83%               |
| NGS Thyroid study | 2024 | PTL      | 10             | NR                   | No             | CR in most cases          |
| Peng et al        | 2025 | Systemic | 55             | Predominantly ABC    | No             | Poor outcomes: aggressive |
| Gao et al (SEER)  | 2025 | PTL      | 1469           | Predominantly ABC    | No             | Prognostic model derived  |
| Tzoni et al       | 2025 | PTL      | 80-90          | Mostly GCB           | No             | CR in several cases       |
| Guidobaldi et al  | 2023 | PTL      | 1              | NR                   | No             | Partial remission         |
| Munz et al        | 2025 | Systemic | 9 (cell lines) | ABC + GCB            | Yes (in vitro) | Low CD79b → resistance    |
| Scheffer et al    | 2026 | Systemic | 740            | Non-GCB              | Yes            | ORR 59.7% vs conventional |
| GCD29365          | 2022 | Systemic | 192            | GCB + ABC            | Yes            | ORR 62.5%; OS HR 0.4      |
| POLARIX           | 2022 | Systemic | 879            | GCB + ABC            | Yes            | CR 78%; PFS HR 0.73       |
| Berhan et al      | 2025 | Systemic | NA             | ABC vs GCB           | NA             | Molecular classification  |
| Kim et al         | 2024 | Systemic | 52             | NR                   | Yes            | ORR 51.9% (bridge 61.5%)  |
| Zhao et al        | 2024 | PTL      | 1              | GCB                  | No             | CR, no recurrence         |

PTL = primary thyroid lymphoma; COO = cell of origin; GCB = germinal-center B-cell; ABC = activated B-cell; NR = not reported.

COO Distribution (Reported Cohort)



Study Setting (n = 14)



Therapeutic Regimen (n = 14)

