

Stratified Analysis of Demographics, Sepsis, Mortality, and Hospital Burden among Diffuse Large B-Cell Lymphoma Patients Receiving CAR-T Cell Therapy in the United States Based on Prior Stem Cell Transplantation



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INTRODUCTION

Chimeric antigen receptor (CAR) T-cell therapy provides a curative option for relapsed/refractory **diffuse large B-cell lymphoma (DLBCL)**, including patients with prior autologous **stem cell transplantation (SCT)**. This study evaluates whether prior SCT influences sepsis incidence and inpatient mortality during CAR-T hospitalizations.

METHOD

- The 2016–2023 National Inpatient Sample was queried for adult DLBCL patients admitted for CAR-T therapy.
- Patients were stratified by prior SCT status and compared regarding demographics and comorbidities.
- Multivariable logistic regression, adjusting for age, sex, and comorbidity burden, evaluated associations between prior SCT and in-hospital mortality, sepsis, and septic shock progression.

CONCLUSIONS

- Despite baseline differences in sex distribution and lower neutropenia prevalence, **prior SCT did not increase** risk of in-hospital mortality, sepsis, or septic shock during CAR-T therapy for DLBCL.
- Hospital resource utilization remained comparable between groups.

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RESULTS

