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Impact of Diabetes Mellitus on Outcomes and Toxicity in Patients With Diffuse Large B-Cell Lymphoma Treated With Bispecific Antibodies: A Real-World Propensity Score-Matched Analysis

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INTRODUCTION

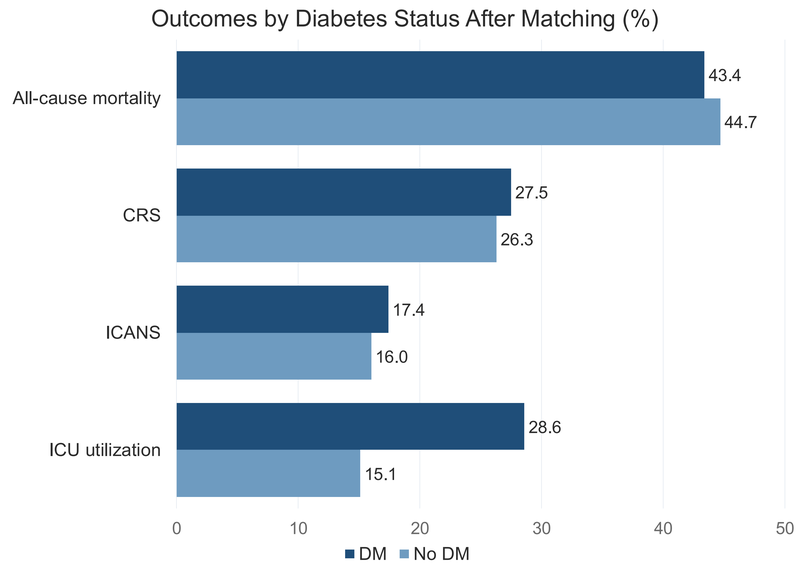
- Bispecific T-cell-engaging antibodies targeting CD20 and B-cell maturation antigen have transformed outcomes in relapsed/refractory diffuse large B-cell lymphoma (DLBCL).
- Glofitamab and epcoritamab were evaluated in trials enrolling selected patients with adequate organ function and performance status.
- The impact of diabetes mellitus (DM), a common comorbidity linked to immune dysregulation and systemic inflammation, remains incompletely defined in real-world settings.

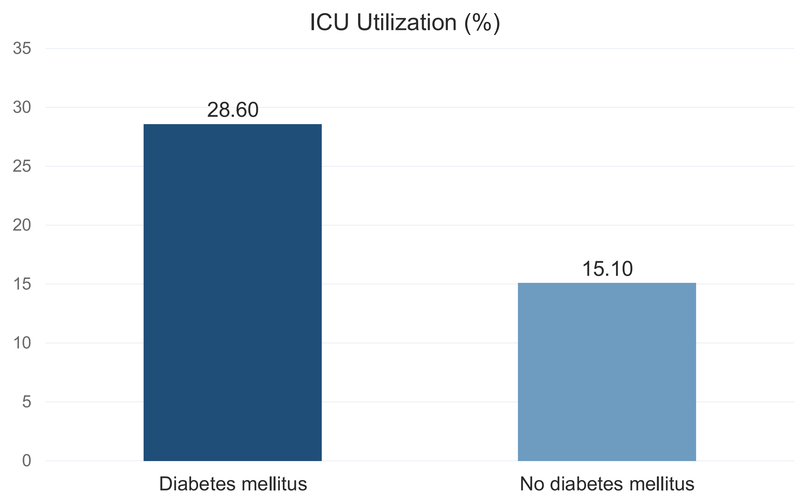
METHODS

- **Design:** Retrospective cohort study using the TriNetX US Research Network (2022-2026).
- **Population:** Adults with DLBCL treated with bispecific antibodies, stratified by DM status.
- **Matching:** Propensity-score matching to balance baseline characteristics between cohorts.
- **Endpoints:** All-cause mortality, CRS, ICANS, hematologic toxicity, infection, AKI, and ICU utilization.

COHORT

- 794 patients were identified: 230 with DM and 564 without DM.
- After propensity-score matching, 219 patients were included in each cohort.





ICU utilization was the only outcome that differed significantly: RR 1.89 (P = 0.003).

RESULTS

Outcome	DM (%)	No DM (%)	RR	P value
All-cause mortality	43.4	44.7	0.97	0.77
CRS	27.5	26.3	1.04	0.82
ICANS	17.4	16.0	1.08	0.73
ICU utilization	28.6	15.1	**1.89**	**0.003**

Mortality RR 0.97 (95% CI 0.79–1.20). CRS = cytokine release syndrome; ICANS = immune effector cell–associated neurotoxicity syndrome; RR = risk ratio.

CONCLUSIONS

- DM was not associated with increased mortality, CRS, ICANS, acute kidney injury, sepsis, respiratory infections, or grade ≥3 cytopenias in patients with DLBCL receiving bispecific antibodies.
- DM was associated with significantly higher ICU utilization, suggesting greater clinical vulnerability and supporting enhanced supportive care in metabolically high-risk patients.

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