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623.MANTLE CELL, FOLLICULAR, AND OTHER INDOLENT B CELL LYMPHOMAS: CLINICAL AND EPIDEMIOLOGICAL

Characteristics and Prognosis of Epstein Barr Virus-Positive Diffuse Large B-Cell Lymphoma: A Retrospective, Single-Center Study

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Objective:
The aim of this study was to analyze the clinical characteristics and prognosis of Epstein Barr virus-positive diffuse large B-cell lymphoma (EBV+DLBCL) in a Chinese cohort.
Methods:
A total of 57 patients diagnosed with EBV+DLBCL from January 1, 2013 to December 31, 2020 were included, and 228 concurrent patients with EBV-DLCBL served as control. The differences between the two groups were compared and the prognosis factors were identified by univariate and multivariate analysis.
Results:
There were 38 man in the EBV+DLBCL group, with a median age of 56 years (rang, 18 to 88). Tumor cells originated from GCB in 15 patients (26.3%), and from non-GCB in 40 patients (70.2%). There were 34 patients (59.6%) with Epstein Barr virus infection. Compared with EBV-DLCBL patients, patients with EBV+DLBCL had B symptoms, hypoalbuminemia, anemia and extranodal involvement>1 more frequently, as well as higher LDH and β2-Microglobulin levels ($P < 0.05$ foe all). The most common extranodal sites involved were digestive tract, especially, the stomach, nasopharynx, bone marrow and bone. Immunohistochemical staining showed 24 patients (42.1%) in the EBV+DLBCL group were CD30 positive, compared with xxx in patients with EBV,DLCBL ($P < 0.001$). After treatment with rituximab combined with chemotherapy, the EBV+DLBCL patients had a complete response rate and a overall response rate of 55.5% (30/54) and 83.3% (45/54), respectively. With a median follow-up time of 28 months, 22.2% (10/45) patients relapsed. The overall response rate and recurrent rate were similar between the two groups. In multivariate analysis, increased β2-Microglobulin level and bone marrow invasion were independent risk factors for PFS, while increased β2-Microglobulin level and decreased HB were independent risk factors for OS in patients with EBV+DLBCL.
Conclusion: The majority of EBV+DLBCL patients were non-GCB.β2-Microglobulin level and bone marrow invasion were independent risk factors for PFS in patients with EBV+DLBCL, while β2-Microglobulin and HB were independent risk factors for OS in patients with EBV+DLBCL. The therapeutical potentials of targeted medicines, such as CD30 inhibitors and PD-1 inhibitors, deserve to be explored in the future.
Keywords:Epstein Barr virus, diffuse large B-cell lymphoma, prognostic factors

Disclosures No relevant conflicts of interest to declare.

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