Large B-Cell Lymphoma (LBCL)

Large B-cell lymphoma refers to several subtypes of non-Hodgkin lymphoma (NHL), with diffuse large B-cell lymphoma (DLCBL) being the most common and aggressive form of the disease. Large B-cell lymphomas are cancers that start in the lymphocytes and affect immune cells called B lymphocytes, which are a type of white blood cell.

### Global impact

- LBCL accounts for about one out of every three cases of NHL.
- In 2021, the worldwide incidence of LBCL was approximately 150,000 people.

### Symptoms

- Most LBCLs start as a quickly growing mass in the lymph nodes. It can also start in other areas such as the intestines, bones, brain or spinal cord.
- Signs and symptoms may include:
  - Swollen lymph nodes
  - Unexplained fever
  - Night sweats
  - Weight loss

### Diagnosis

- LBCL occurs most often in older people, with a median age of 66 at diagnosis. About 60-70% of people have advanced-stage disease when diagnosed. Certain tests can confirm an LBCL diagnosis and disease stage, including:
  - Blood tests
  - Biopsy
  - Physical examination
  - Imaging tests such as CT, PET and MRI scans

### Prognosis

- The 5-year relative survival rate for patients with LBCL (based on 2012-2018 US SEER data) is 65%.
- For patients who relapse or do not respond to initial chemotherapy-containing therapies, prognosis is poor and median life expectancy is about six months.
- Survival may vary depending on prognostic factors such as age, general health and stage of disease.

### Unmet need

- Up to 40% of patients with LBCL have disease that relapses or becomes refractory to initial therapy.
- For these patients, stem cell transplant has been the standard of care for nearly 30 years but only approximately 25% of patients are transplant eligible and about 40% of these patients will ultimately relapse after transplantation.
- For patients who are transplant ineligible, there are limited curative treatment options.

### Treatment approaches

- Treatment approaches for LBCL may include:
  - Chemotherapy plus or minus monoclonal antibody
  - Chemotherapy and radiation
  - Stem cell transplant
  - Chimeric antigen receptor (CAR) T cell therapy

It is important for people with LBCL to talk to a healthcare professional about appropriate treatment options.