

Large B-Cell Lymphoma (LBCL)

Large B-cell lymphoma refers to several subtypes of non-Hodgkin lymphoma (NHL), with diffuse large B-cell lymphoma (DLBCL) 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.

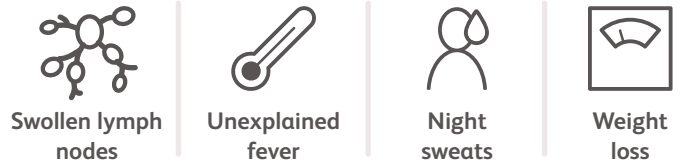
In 2021, the worldwide incidence of LBCL was approximately



Symptoms

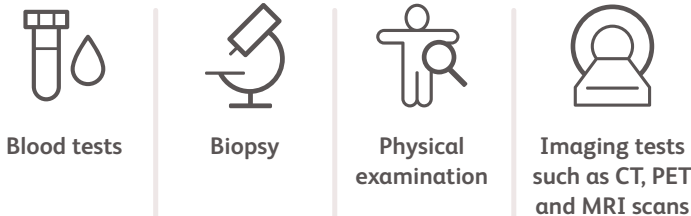
Most LBCLs start as a quickly growing mass in the lymph nodes. It can also start in other areas such as the **intestines, bones, brain or spinal cord.**

Signs and symptoms may include:



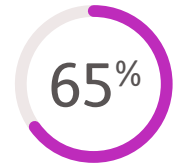
Diagnosis

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:



Prognosis

The **5-year relative survival rate** for patients with LBCL (based on 2012-2018 US SEER data) is



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:



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