

Conference Abstracts

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Survival Outcomes and Treatment Responses in Patients with Dual B-Cell and T-Cell Lymphoma Diagnoses

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Abstract

Background

Prior epidemiological data demonstrated a nearly fivefold increased bidirectional risk between B-cell lymphomas (BCL) and T-cell lymphomas (TCL). Sequential dual-lineage lymphomas are rare, with limited outcome data. We report outcomes from a single-center cohort.

Methods

We retrospectively identified 112 patients with dual BCL and TCL diagnoses from separate biopsies at MD Anderson Cancer Center (1/2013-5/2026). Variables included subtype, time to second lymphoma, overall response rate (ORR), relapse, progression-free survival (PFS) after first-line therapy, and overall survival (OS) from first diagnosis. Aggressive BCL (aBCL) included large B-cell lymphoma, plasmablastic lymphoma, and transformed lymphoma. Indolent BCL (iBCL) included chronic lymphocytic leukemia, marginal zone lymphoma, and mantle cell lymphoma. Sequence is denoted first/second.

Results

The most common combination was aBCL and peripheral T-cell lymphoma (PTCL) (31.2%).

Median time to second-lineage lymphoma was 2.9 years. Median OS was poorest in patients with aBCL and PTCL (6.4 years) versus patients with neither PTCL nor aBCL (13.2 years). By sequence, median OS were shortest for PTCL/aBCL (3.1 years) and aBCL/PTCL (6.5 years). Median OS was longest for iBCL/cutaneous T-cell lymphoma (CTCL) (17.1 years). TCL-first cases had shorter median OS than TCL-second cases (6.9 vs 8.3 years). ORR was 93% for first versus 62% for second lymphoma. By subtype, ORR was highest for Hodgkin-lymphoma (92.8%) and lowest for PTCL (62.5%). Relapse after first-line therapy was most frequent for CTCL (73.3%). Median PFS was longer for first than second lymphoma (4.3 years vs 1.2 years).

Conclusion

Outcomes in patients with dual lineage lymphomas are influenced by subtype and sequence. Patients with combinations of PTCL and aBCL had the poorest survival. Across subtypes, response rates and PFS were better when lymphoma occurred first rather than second. The inferior outcomes of second primary lymphomas may reflect differences in underlying

disease biology related to previous treatment and warrant further investigation.

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