

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

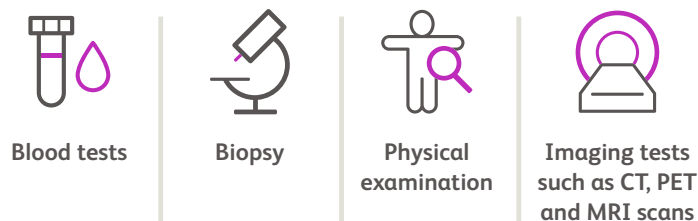
Most LBCLs start as a quickly growing mass in the lymph nodes. It can also start in other areas such as the **intestines, bones, brain or spinal cord**.

Signs and symptoms may include:



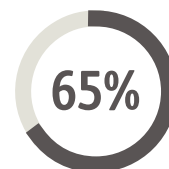
Diagnosis

LBCL occurs most often in older people, with a median age of 64 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 2014-2020 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

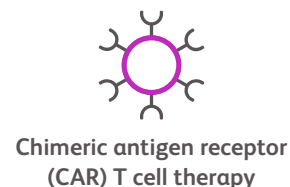
Up to 40% of patients with LBCL have **disease that relapses or becomes refractory** to initial therapy.

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.