

# Prognostic model predicts survival in elderly with gastrointestinal diffuse large B-cell lymphoma

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A prognostic model based on clinical parameters has been developed and validated for predicting overall survival among elderly patients with primary gastrointestinal diffuse large B-cell lymphoma (EGI DLBCL), according to a study published online May 2 in *Frontiers in Medicine*.

Junmin Wang, from the Third Hospital of Hebei Medical University in Shijiazhuang, China, and colleagues developed an accurate prognostic model based on important clinical parameters from the Surveillance, Epidemiology, and End Results database to predict overall survival among EGI DLBCL. A total of 1,783 cases ([median age](#), 75 years) were eligible for the study: 1,248 were randomly assigned to the development cohort and 535 to the validation [cohort](#).

The researchers developed and validated a more accurate and convenient dynamic prognostic nomogram based on age, stage, radiation, and chemotherapy, which had predictive performance that was superior to that of the Ann Arbor staging system (C-index, 0.69 versus 0.56). The areas under the receiver operating characteristic curve for three- and five-year overall survival were greater than 0.7 in the development and validation cohorts.

"In this study, we developed a nomogram to predict the prognosis of patients with EGI DLBCL based on the following four [important factors](#): age at diagnosis, Ann Arbor staging, chemotherapy, and radiotherapy," the authors write. "By incorporating these four independent predictors, we successfully established and validated a dynamic prognostic nomogram for overall survival, with calibration curves showing good accordance between nomogram-based and actual overall survival probability."

**More information:** Junmin Wang et al, A New Staging System Based on the Dynamic Prognostic Nomogram for Elderly Patients With Primary Gastrointestinal Diffuse Large B-Cell Lymphoma, *Frontiers in*

*Medicine* (2022). [DOI: 10.3389/fmed.2022.860993](https://doi.org/10.3389/fmed.2022.860993)

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