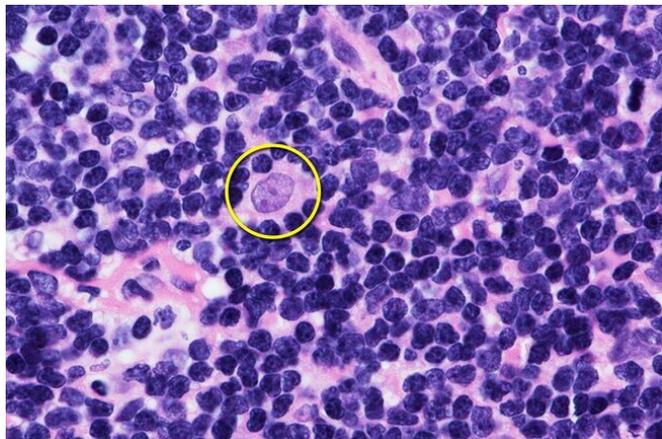


Unmarried people given less intensive treatment for mantle cell lymphoma

12 March 2021



Credit: American Cancer Society: "Types of Non-Hodgkin Lymphoma."

Mantle cell lymphoma is a malignant disease in which intensive treatment can prolong life. In a new study, scientists from Uppsala University and other Swedish universities show that people with mantle cell lymphoma who were unmarried, and those who had low educational attainment, were less often treated with a stem-cell transplantation, which may result in poorer survival. The findings have been published in the scientific journal *Blood Advances*.

Patients diagnosed with a [mantle cell lymphoma](#) (MCL) where the disease has spread receive intensive treatment with cytotoxic drugs and stem-cell transplantation. In a new study, researchers looked at which people are more likely to be offered transplants, and compared survival between those selected for transplantation versus those not selected. The study showed that transplantation prolongs life, but that people who were unmarried or had a lower level of education received a transplant less often.

"We don't know exactly why the unmarried or less

educated patients got transplants less often, but we can speculate that less social support, or inadequate information, may lead to a fear—in both the patient and doctor alike—of undergoing a very demanding treatment. If you have lots of other diseases, you can't tolerate a transplant," says Ingrid Glimelius, chief physician and researcher at the Department of Immunology, Genetics and Pathology, who led the study.

The study included 369 patients from all over Sweden, diagnosed with MCL between 2000 and 2014 and aged 18-65 at the time. Among them, 40 percent did not undergo a transplant during the initial treatment. According to the researchers, this was a surprisingly high proportion.

"In some cases, you shouldn't do a transplant—for instance, if the [disease](#) is very indolent or if you're too ill to tolerate the treatment. But this study shows that the people who weren't selected for a transplant also had clearly lower survival. This suggests that transplantation is a very important component in the treatment," Glimelius says.

Mortality within 100 days after transplantation was low, which also indicates that it is a safe treatment that could probably have been considered more often in Sweden. For people who are still unable to undergo a [transplant](#), the study suggests that, instead of cytotoxic drugs alone, the option of providing new, modern and targeted drugs should be considered.

"Studies of this kind are important because they can lead to certain groups in society being offered more support. They can also act as an eye-opener for patients, health professionals and politicians alike, showing that there's still a need for more equality in health care in Sweden," says Ingrid Glimelius.

More information: *Blood Advances*, [DOI: 10.1182/bloodadvances.2020003645](https://doi.org/10.1182/bloodadvances.2020003645)

Provided by Uppsala University

APA citation: Unmarried people given less intensive treatment for mantle cell lymphoma (2021, March 12) retrieved 12 June 2022 from <https://medicalxpress.com/news/2021-03-unmarried-people-intensive-treatment-mantle.html>

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