

LYMPHOMA SUBSETS

CELL TYPE	PHENOTYPE	TYPICAL CYTOGENETIC ABNORMALITIES	MOLECULAR ABNORMALITY
Follicle center lymphoma	SIG+, CIG-, CD5, CD10+, CD23-/+ , CD43-/+	t(14;18)	BCL-2 rearrangement
Burkitt's lymphoma	SIG+, CD5+, CD23-, CD10+, CD5-, CD43	t(8;14) (q24;q32); t(8;22) (q24;q11); t(2;8) (p12;q24)	MYC rearrangement or over-expression
B-cell CLL/SLL	SIG+, CD5+, CD10, CD23+, CD43+	Trisomy 12 (30%)	
Immunocytoma	SIG+, CIG+, CD5-, CD10-, CD23-, CD43 -/+	t(9;14) (p13;32q32)	?
Mantel cell lymphoma	SIG+, CIG-, CD5+, CD10-, CD23-, CD43+	t(11;14)	BCL-1 (PRAD-1 or cyclin D1) rearrangement
Monocytoid B-cell	SIG+, CD5-, CD10-, CD23	Trisomy 3, trisomy18, rearrangement of 1q21 or 1p34	
Splenic marginal zone lymphoma	SIG+, CD5-, CD10-, CD23-/+ , CD43-/+	Chromosome 3 abnormalities	?
Primary extranodal diffuse large cell lymphoma	B cell	3q27 rearrangements with 14q23, 22q11, 2p12	BCL-6 rearrangement
Ki-1 anaplastic large cell lymphoma (ALCL)	CD30+, CD15-, CD3+ T cell or Null cell	t(2;5) (p23;q35)	ALK fusion gene NPM-ALK1
Malt Lymphoma	SIG=, CD5-, CD10-, CD23-/+ , CD43-/+	Trisomy 3 and 18; changes in 1q21 and 1p34; t(11;18) (q21q21)	?
CLL= chronic lymphocytic leukemia; MALT= mucosa associated lymphoid tissue; SLL =small lymphocytic lymphoma.			

Reference: UF Cytogenetics Laboratory.

INTERNATIONAL PROGNOSTIC INDEX – DLBCL

ACRONYM	PARAMETER	CRITERIA	SCORE*
A	Age	≤ 60 years	0
		> 60 years	1
P	Performance status	0 - 1	0
		> 1	1
L	Serum Lactate Dehydrogenase	Normal	0
		High	1
E	Extranodal sites	0 - 1	0
		> 1	1
S	Ann Arbor stage	I - II	0
		III - IV	1

***SCORE:**

Low risk: Total score of 0 or 1
 Low - Intermediate risk: Total score 2
 High-Intermediate risk: Total score 3
 High risk: Total score 4 or 5

Reference: [Shipp MA, et al. N Engl J Med 1993;329:987 - 94.](#)

INTERMEDIATE GRADE NON-HODGKIN'S LYMPHOMA – INTERNATIONAL PROGNOSTIC INDEX (IPI)

INTERNATIONAL PROGNOSTIC INDEX (IPI) – OUTCOMES

RISK GROUP	NO. OF RISK FACTORS	% OF PATIENTS	CR RATE (%)	5YR RFS (%)	5YR OS (%)
ALL PATIENTS (N=2031)					
Low	0 or 1	35	87	70	73
Low-Int	2	27	67	50	51
High-Int	3	22	55	49	43
High	4 or 5	16	44	40	26
AGE-ADJUSTED INDEX, AGE 60 YEARS OR LESS (N=1274)					
Low	0	22	92	86	83
Low-Int	1	32	78	66	69
High-Int	2	32	57	53	46
High	3	14	46	58	32
AGE-ADJUSTED INDEX, AGE GREATER THAN 60 (N=761)					
Low	0	18	91	46	56
Low-Int	1	31	71	45	44
High-Int	2	35	56	41	37
High	3	16	36	37	21

Reference: [Shipp MA, et al. N Engl J Med 1993;329:987 - 94.](#)

REVISED INTERNATIONAL PROGNOSTIC INDEX (R-IPI) FOR DLBCL IN ERA OF RITUXIMAB

Outcome according to International Prognostic Index factors in 365 patients treated with R-CHOP in British Columbia.

RISK GROUP	NUMBER OF IPI FACTORS	% PATIENTS	4-YR PFS (%)	4-YR OS (%)
STANDARD IPI				
Low	0, 1	28	85	82
Low-Int	2	27	80	81
High-Int	3	21	57	49
High	4, 5	24	51	59
REVISED IPI				
Very Good	0	10	94	94
Good	1, 2	45	80	79
Poor	3, 4, 5	45	53	55

Reference: [Sehn LH, et al. *Blood*. 2006 Nov 14; \[Epub ahead of print\].](#)

FLIPI – FOLLICULAR LYMPHOMA INTERNATIONAL PROGNOSTIC INDEX

ACRONYM	PARAMETER	CRITERIA	PROGNOSTIC FACTOR*	RELATIVE RISK OF DEATH
No	Number of nodal areas	≤ 4 nodal areas		
		> 4 nodal areas	Poor	1.39
L	LDH	Below normal		
		Normal		
		Above normal	Poor	1.5
A	Age	≤ 60 years		
		> 60 years	Poor	2.38
S	Stage (Ann Arbor)	I - II		
		III - IV	Poor	2.00
H	Hemoglobin	< 12 g/dL	Poor	1.55
		≥ 12 g/dL		

***RISK GROUPS:**

Low Risk: 0 – 1 adverse factor.
 Intermediate Risk: 2 adverse factors.
 High (Poor) Risk: ≥ 3 adverse factors.

OUTCOME AND RELATIVE RISK OF DEATH ACCORDING TO RISK GROUP AS DEFINED BY THE FOLLICULAR LYMPHOMA INTERNATIONAL PROGNOSTIC INDEX (FLIPI)

RISK GROUP	NUMBER OF FACTORS	DISTRIBUTION OF PATIENTS	5-YEAR OS, % (SE)	10-YEAR OS, % (SE)	RR	95% CI
Low	0 – 1	36	90.6 (1.2)	70.7 (2.7)	1	NA
Intermediate	2	37	77.6 (1.6)	50.9 (2.7)	2.3	1.9 – 2.8
High	≥ 3	27	52.5 (2.3)	35.5 (2.8)	4.3	3.5 – 5.3

N = 1795

OS = overall survival; SE = standard error; CI = confidence interval; RR = relative risk (of death).

Reference for both tables: [Solal-Celigny P, et al. Blood 2004;104:1258 – 65.](http://www.bloodjournal.org/content/104/12/1258)

PROGNOSTIC SYSTEM FOR HODGKIN'S DISEASE (HD)

HODGKIN'S DISEASE EARLY STAGE (I-II) PROGNOSTIC INDEX

RISK FACTORS
Large Mediastinal Mass (>10cm in diameter) Age \geq 50years Elevated ESR or B Symptoms \geq 3 - 4 involved regions
Early Stage Favorable : Stage I-II supradiaphragmatic with no risk factor
Early Stage Unfavorable : Stage I-II supradiaphragmatic with \geq 1 risk factor

Reference: [Adapted from Diehl V. American Society of Hematology Education Book 2003.](#)

PROGNOSTIC SYSTEM FOR HODGKIN'S DISEASE (HD)

ADVANCED STAGE (III-IV) PROGNOSTIC INDEX (HIPI)

HIPIS ARE ENVIRONMENTALLY CONSCIOUS = ACRONYM GASLAAW

ACRONYM	PARAMETER	LOG HAZARD RATIO	P VALUE	RELATIVE RISK	POINTS
G	Male sex	0.30 ± 0.09	0.001	1.35	1
A	Serum albumin, < 4 g/dL	0.40 ± 0.10	<0.001	1.49	1
S	Stage IV disease	0.23 ± 0.09	0.011	1.26	1
L	Lymphocyte count, < 600/mm ³ or < 8% of white-cell count	0.31 ± 0.10	0.002	1.38	1
A	Age ≥ 45 yr	0.33 ± 0.10	0.001	1.39	1
A	Hemoglobin < 10.5 g/dL	0.30 ± 0.11	0.006	1.35	1
W	White cell count ≥ 15 x 10 ⁹ /L	0.34 ± 0.11	0.001	1.41	1

Hazard ratios and relative risks are for freedom from progression of disease in patients with the factors as compared with those without the factors. Plus-minus values are rate estimates ± SE (approximate 95 percent confidence intervals can be calculated as the rate estimates ± 2 SE).

Reference: [Hasenclever D, et al. N Eng J Med 1998;339:1506 - 14.](#)

ADVANCED STAGE (III-IV) HIPI -OUTCOMES

TOTAL POINTS	NO. OF PATIENTS (%)	RATES OF FREEDOM FROM DISEASE PROGRESSION (%)	5 YEAR OS (%)
INDIVIDUAL			
0	115 (7)	84 ± 4	89 ± 2
1	360 (22)	77 ± 3	90 ± 2
2	464 (29)	67 ± 2	81 ± 2
3	378 (23)	60 ± 3	78 ± 3
4	190 (12)	51 ± 4	61 ± 4
≥ 5	111 (7)	42 ± 5	56 ± 5
GROUPED			
0 OR 1	475 (29)	79 ± 2	90 ± 2
≥ 2	1143 (71)	60 ± 2	74 ± 2
0-2	939 (58)	74 ± 2	86 ± 2
≥ 3	679 (42)	55 ± 2	70 ± 2
0-3	1317 (81)	70 ± 2	83 ± 1
≥ 4	301 (19)	47 ± 2	59 ± 2

Plus-minus values are rate estimates ± SE (approximate 95 percent confidence intervals can be calculated as the rate estimates ± 2 SE).

Reference: [Hasenclever D, et al. N Eng J Med 1998;339:1506 - 14.](#)