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Letter regarding “Treated chronic hepatitis B is a good prognostic factor of diffuse large B-cell lymphoma”

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Dear Editor,

We read with great interest the recent retrospective cohort study by Park et al.\(^1\), entitled “Treated chronic hepatitis B is a good prognostic factor of diffuse large B-cell lymphoma.” In the study, the authors compared the prognostic outcomes of two diffuse large B-cell lymphoma (DLBCL) groups from Seoul University Hospital and Seoul National University Hospital: patients with chronic hepatitis B virus (HBV) infection who received antiviral treatment and patients without HBV infection who did not receive antiviral treatment. The main finding of the article was that the time to progression, progression-free survival, and overall survival were significantly increased for the HBV-infected patients who received antiviral treatment. Meanwhile, I have some additional thoughts and considerations regarding the article.

First, we would like to compare this study\(^1\) with another by Lemaitre et al.\(^2\) that investigated the characteristics and outcomes of HBV non-Hodgkin lymphoma (HBV-NHL) in HBV non-endemic countries. Lemaitre et al. found that when diffuse large B-cell lymphoma (DLBCL) is treated with R-CHOP and antivirals, patients (n = 24) with HBV infection have similar outcomes to the non-HBV-infected patients. In addition, the median age of the patients with HBV-NHL was 59 years\(^2\), which is close to that shown by Park et al.\(^1\) (56 years). These two studies suggest that treating HBV might be beneficial for most patients with DLBCL, whether they are in prevalent or non-prevalent areas.

Second, considering the maximum age of the patients in the study is no more than 71 years, it is necessary to further investigate the effect of antiviral treatment on older adult patients with HBV-associated DLBCL in this aging world. A review by Arcari et al.\(^3\) showed recent advances in treatment options for older adult patients with DLBCL, such as polatuzumab, vedotin, and tafasitamab, yet additional research is needed regarding the effects of antiviral treatment.

In conclusion, we appreciate the valuable work by Park et al.\(^1\), which provided new insight into the treatment of patients with HBV-associated DLBCL. If it is possible to broaden the scope to include wider age ranges and non-endemic areas, we can gain a more comprehensive understanding of the treatment's efficacy and ensure that it caters to a wider population.

References