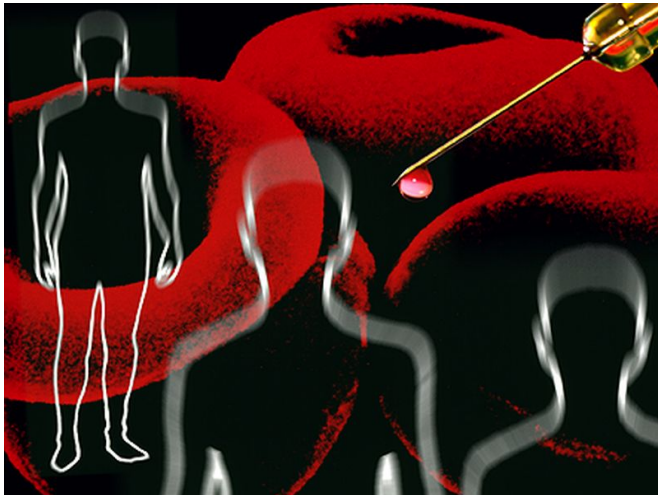


Overall survival in mantle cell lymphoma up with deferred Tx

24 May 2016



Predictors of improved overall survival among patients who deferred therapy included male sex, younger age, and a lack of comorbidities.

"Deferred therapy is a safe option for a subset of [patients](#) with MCL," the authors write. "Further study is required to better identify the best candidates for deferred therapy according to baseline risk stratification in MCL."

More information: [Abstract](#)
[Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—For patients with mantle cell lymphoma (MCL), deferred therapy seems safe and is an independent predictor of overall survival, according to a study published online May 6 in *Cancer*.

Jonathon B. Cohen, M.D., from Emory University in Atlanta, and colleagues examined the role of deferred therapy in MCL in a cohort of 8,029 patients. Overall, 6 percent of the patients received deferred therapy (time from diagnosis to treatment >90 days; median time to treatment, 121 days).

The researchers found that patients who deferred therapy were more likely to have stage I or II disease and extranodal involvement; they were also less likely to have B symptoms. The likelihood of being treated at a high-volume teaching/research institution was increased for deferred patients, and they were more likely to reside in the Northeast or West region. For all patients with MCL, deferred therapy was an [independent predictor](#) of overall survival.

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