

Analysis of Prognostic Factors in Waldenström Macroglobulinemia :

A Single-Center Study

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Objective

To analyze the factors associated with prognosis in patients with Waldenström macroglobulinemia (WM).

Methods

A retrospective analysis was performed on the clinical data of 97 WM patients diagnosed at Henan Provincial People's Hospital from January 2017 to June 2025. We collected the patients' presenting symptoms, complete blood counts, immunoglobulin M (IgM) levels, distribution across different prognostic scoring systems (IPSSWM, rIPSSWM, MSS-WM), treatment regimens, and treatment responses, and analyzed overall survival (OS) and its influencing factors.

Results

1. Among the 97 patients, 70 were male (71.3%), and the median age was 67 years (range, 35–93 years). The most common symptom at diagnosis was fatigue (59.8%); 31.0% of patients had B symptoms, and 71.1% had hemoglobin (HGB) ≤ 100 g/L. The median IgM level was 21.3 g/L.

2. According to the IPSSWM prognostic score, there were 2 patients (2.30%) in the low-risk group (0 or 1 point and age ≤ 65 years), 11 patients (12.6%) in the intermediate-risk group (2 points or age > 65 years), and 74 patients (85.06%) in the high-risk group (> 2 points). The overall OS rates of the three groups were 100%, 100%, and 79.0%, respectively.

In the rIPSSWM score, there were 5 patients (5.75%) in the very low-risk group (0 points), 18 patients (20.70%) in the low-risk group (1 point), 26 patients (29.89%) in the low-to-intermediate-risk group (2 points), 25 patients (28.74%) in the high-risk group (3

points), and 13 patients (14.94%) in the very high-risk group (4–5 points). The overall OS rates of the five groups were 100%, 90%, 83.3%, 68.4%, and 87.5%, respectively.

In the MSS-WM score, there were 10 patients (10.3%) in the low-risk group (0 or 1 point), 32 patients (33.0%) in the low-intermediate-risk group (1 point), 37 patients (38.1%) in the intermediate-risk group (2 points), and 18 patients (18.6%) in the high-risk group (3–4 points). The overall OS rates of the four groups were 88.9%, 89.7%, 77.8%, and 72.7%, respectively.

3. Among the 97 patients, 5 had no indication for treatment, 7 died within 1 month of diagnosis (of whom 5 never received any anti-WM antitumor therapy throughout the entire course from diagnosis to death), and 77 completed more than 4 months of treatment. After 4–6 months of treatment, the overall objective response rate (ORR) was 69.4%, and the $\geq$ very good partial response (VGPR) rate was 12.5%. Among them, the ORR was highest with a BTK inhibitor (BTKi) combined with rituximab $\pm$ chemotherapy (90.9%), while the ORR for BTKi monotherapy was 77.3%. The median follow-up was 31 (3–165) months, and the overall OS rate for the entire cohort was 85%. The OS rate was highest in the BTKi plus rituximab $\pm$ chemotherapy group (91.7%), followed by the BTKi monotherapy group (88.5%), and the chemotherapy-only group had an OS rate of 71.4%.

Conclusion

Fatigue, anemia, and hyper-IgMminemia are the most common clinical manifestations at initial diagnosis of WM, and most patients are in the intermediate- to high-risk category at diagnosis. Treatment regimens based on BTK inhibitors, especially BTK inhibitors combined with rituximab $\pm$ chemotherapy, can significantly improve remission rates and survival outcomes. Early identification of treatment indications and timely intervention are of great significance for reducing the risk of early death.

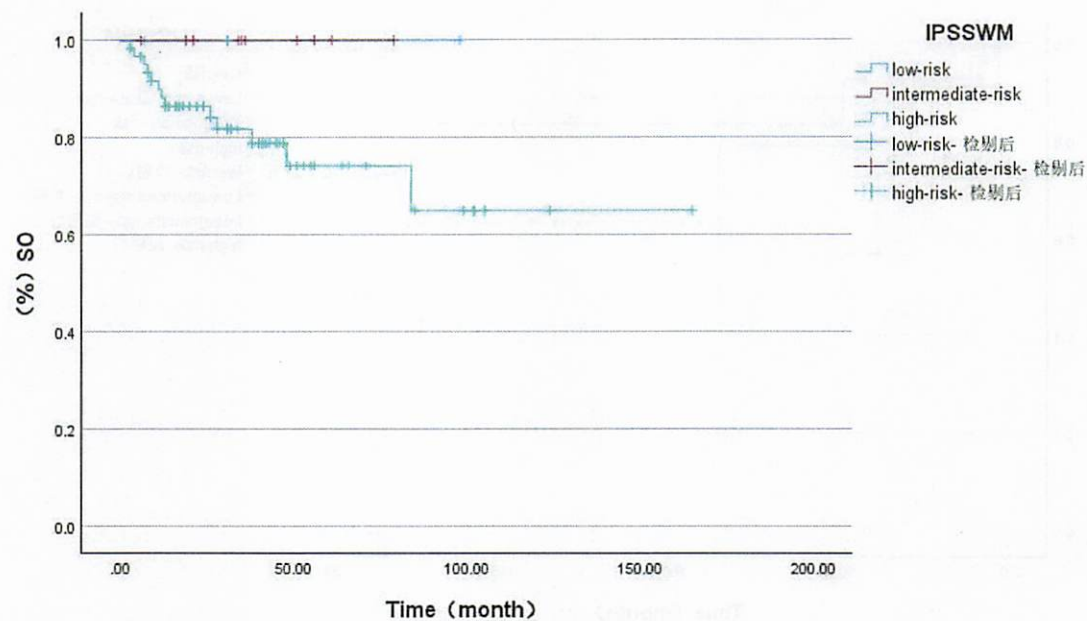


Figure 1. Overall survival analysis based on IPSSWM Composite Score

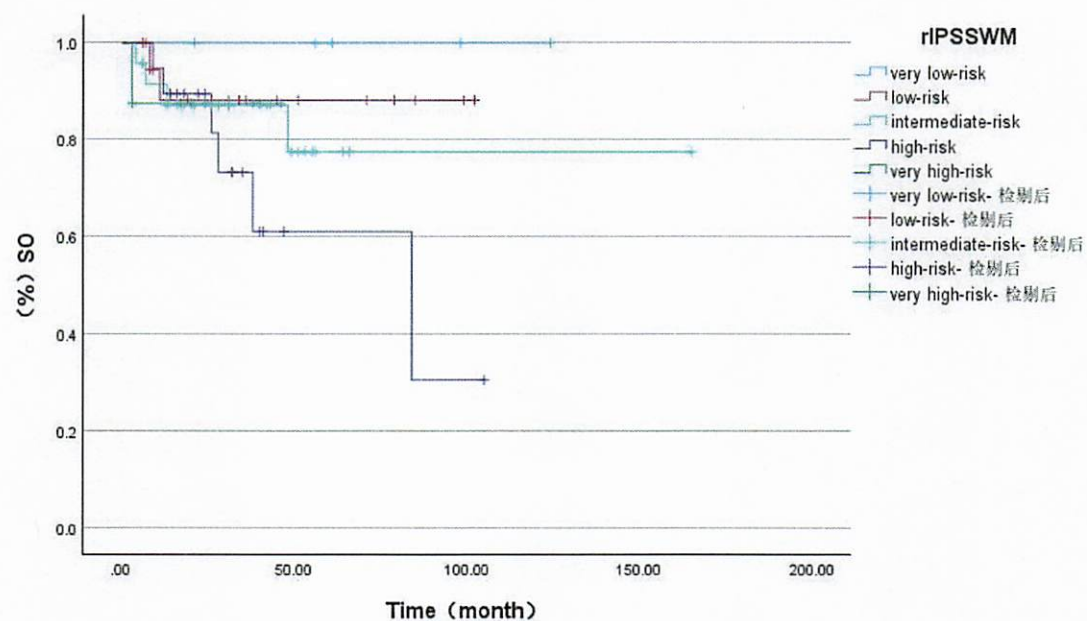


Figure 2. Overall survival analysis based on rIPSSWM Composite Score

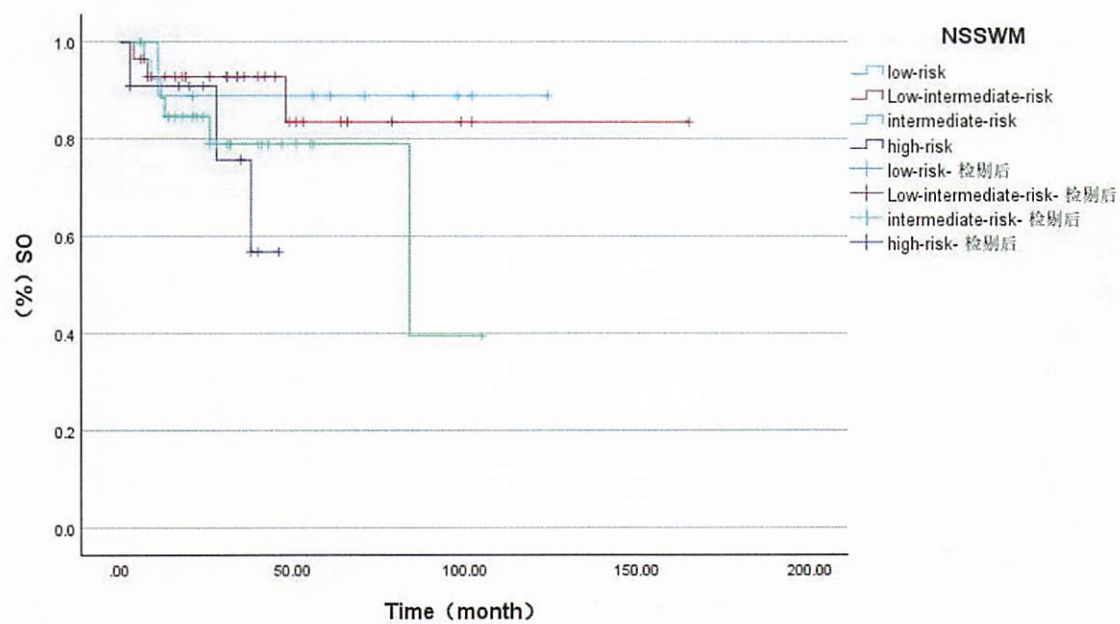


Figure 3. Overall survival analysis based on NSSWM Composite Score

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