

Clinical Characteristics and Treatment Patterns of Waldenström Macroglobulinemia: A Single-Center Study from China

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Background: Waldenström macroglobulinemia (WM) is a rare indolent B-cell lymphoproliferative disorder characterized by bone marrow infiltration and monoclonal IgM paraproteinemia. Real-world data on the clinical presentation and treatment patterns of WM in Chinese patients remain limited.

Methods: We retrospectively reviewed 119 patients with confirmed WM diagnosed at a single Chinese center between August 2017 and June 2026. Demographic, clinical, laboratory, molecular, treatment, response, and survival data were collected.

Results: Of the 119 patients, 83 (69.7%) were male and 36 (30.3%) were female. The median age at diagnosis was 68 years (range, 47–90 years), and 82.4% were aged ≥ 60 years. At presentation, 100 patients (84.0%) were symptomatic; fatigue (48.7%), lymphadenopathy (34.5%), dizziness (16.0%), and weight loss (14.3%) were the most common manifestations. Fever occurred in 7.6%, bone pain and bleeding manifestations in 6.7% each, and hepatosplenic enlargement in 37.0%. The median hemoglobin level was 88 g/L (IQR, 71–112), with hemoglobin < 100 g/L in 64.7% of patients. Median white blood cell and platelet counts were $6.02 \times 10^9/L$ and $174 \times 10^9/L$, respectively; thrombocytopenia ($< 100 \times 10^9/L$) was observed in 24.4%. Median serum M-protein and IgM levels were 14.53 g/L and 26.30 g/L, respectively, and IgM κ was the predominant immunofixation pattern (69.3%). MYD88 mutations were detected in 78/102 patients (76.5%), while CXCR4 mutations were detected in 11/35 (31.4%). Among 94 patients with identifiable first-line regimens, 66 received BTK inhibitor (BTKi)-containing therapy and 28 received non-BTKi therapy. Among patients with evaluable responses, MR or better was achieved in 35/49 (71.4%) in the BTKi group and 16/21 (76.2%) in the non-BTKi group; PR or better was achieved in 30/49 (61.2%) and 12/21 (57.1%), respectively.

Conclusions: This single-center Chinese WM cohort consisted predominantly of older men with frequent anemia and symptomatic disease at presentation. BTKi-containing regimens were widely used and demonstrated favorable response rates.



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