

# **DLBCL Prognostic Gene Signatures**

## **Genome-Wide Survival Analysis by Cell of Origin**

HMRN/Lacy Cohort Analysis

2026-01-19

## Section 1

### Introduction

# Study Overview

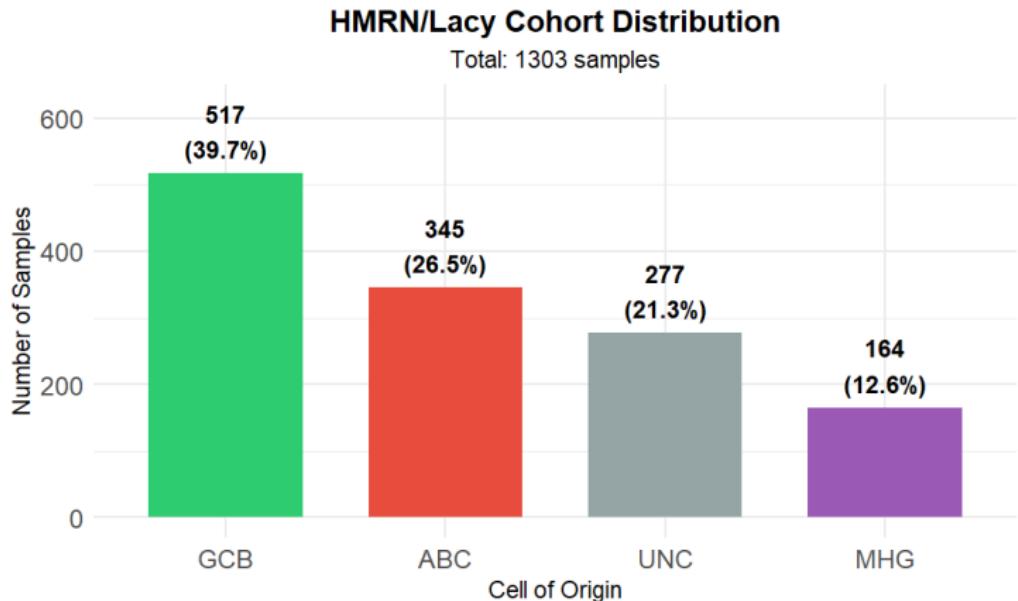
## Objective:

- Identify prognostic gene signatures in DLBCL
- Compare across Cell of Origin (COO) subtypes
- Test independence from IPI

## Key Questions:

- Which genes predict survival?
- Are signatures COO-specific?
- Do they add value beyond IPI?

# Study Cohort



- **HMRN/Lacy Cohort** (GSE181063): 1,303 samples with survival data
- **Platform:** Illumina HumanHT-12 V4 BeadChip (29,372 probes)

## Section 2

### Methodology

# Analysis Pipeline

## Analysis Pipeline



# Statistical Methods

## Univariate Analysis:

$$h(t|x) = h_0(t) \cdot e^{\beta x}$$

- Cox proportional hazards
- Per-probe regression
- Z-score normalized expression

## Multiple Testing:

- Benjamini-Hochberg FDR
- Significance: FDR < 0.05

## IPI Adjustment:

$$h(t|x, IPI) = h_0(t) \cdot e^{\beta_1 x + \beta_2 IPI}$$

## Section 3

### Results: Global Analysis

# Volcano Plot - Global Survival Analysis

## Global Survival Analysis - Volcano Plot

n = 1,303 samples



# Key Findings - Global

## Significant Probes:

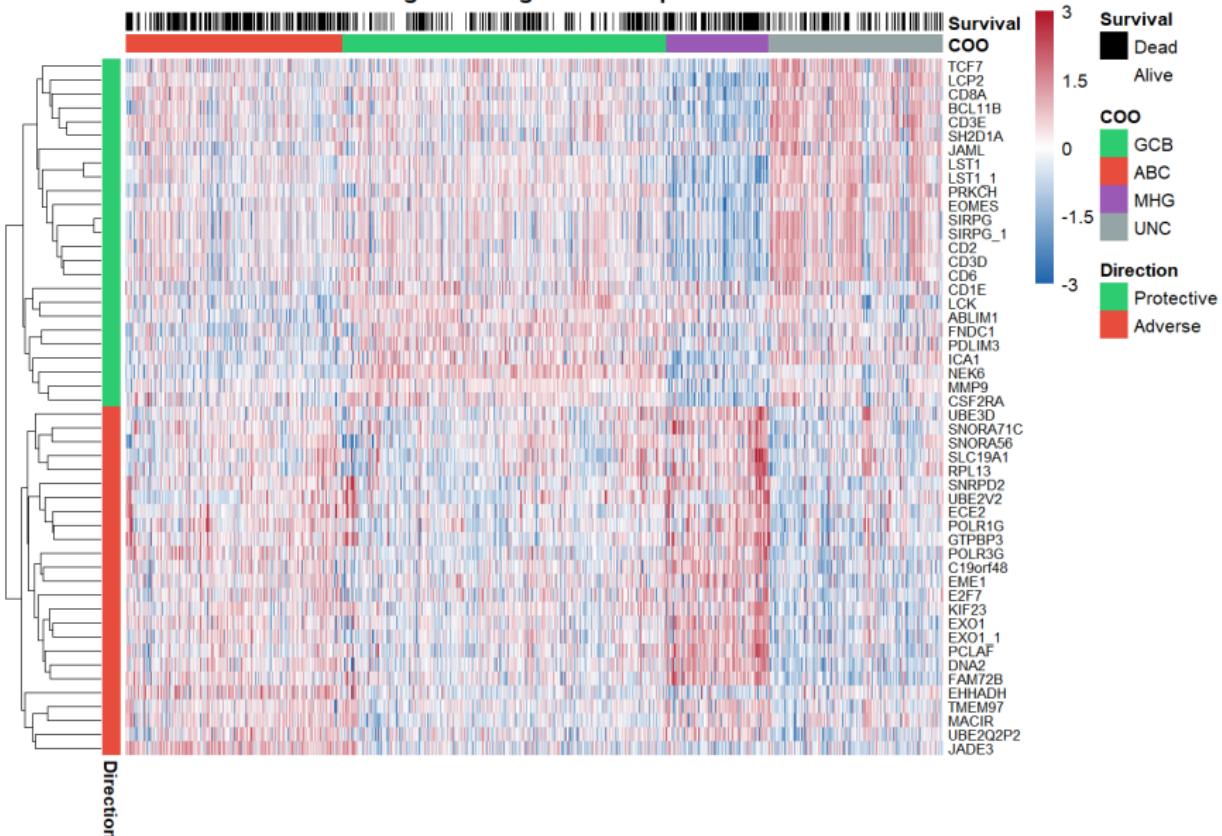
- **6,748** FDR < 0.05
- **3,243** Protective (HR < 1)
- **3,505** Adverse (HR > 1)

## Top Genes:

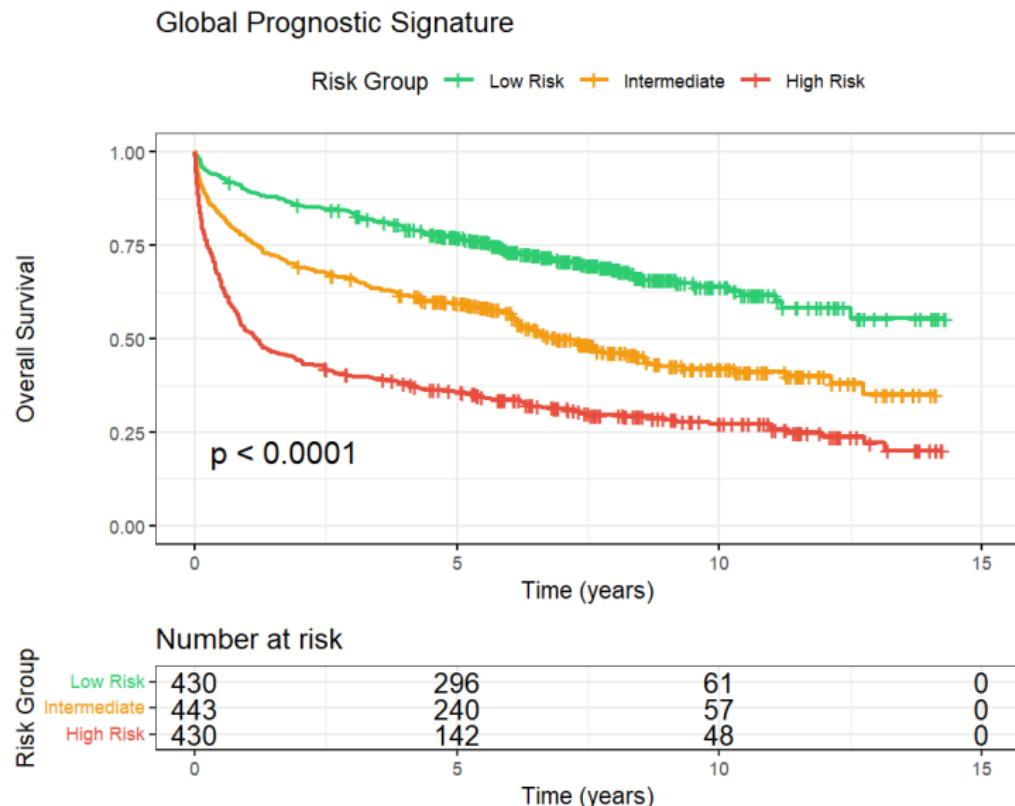
Protective	Adverse
SIRPG	POLR3G
CD3D, CD3E	EXO1
MMP9	C19orf48
BCL11B	UBE2Q2P2
LCK, CD2	SHCBP1

## Prognostic Signature Heatmap

## Global Prognostic Signature - Top 50 Genes



# Kaplan-Meier: Global Signature



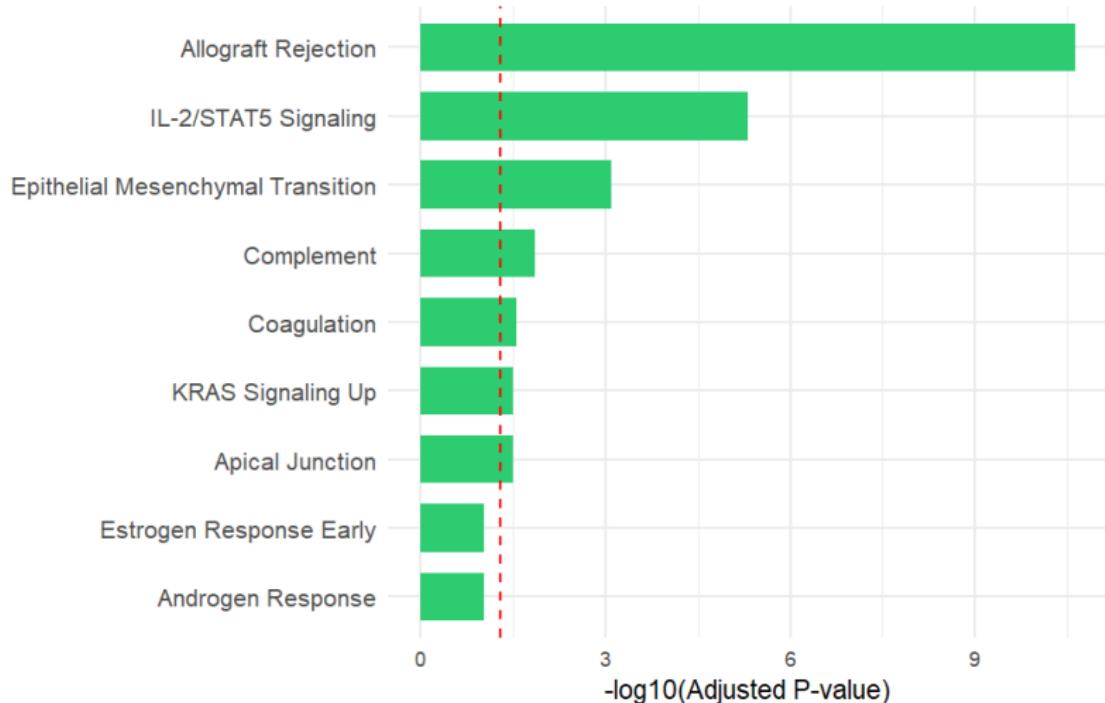
## Section 4

### Pathway Enrichment (GSEA)

# Protective Pathways

## Protective Signature - Pathway Enrichment

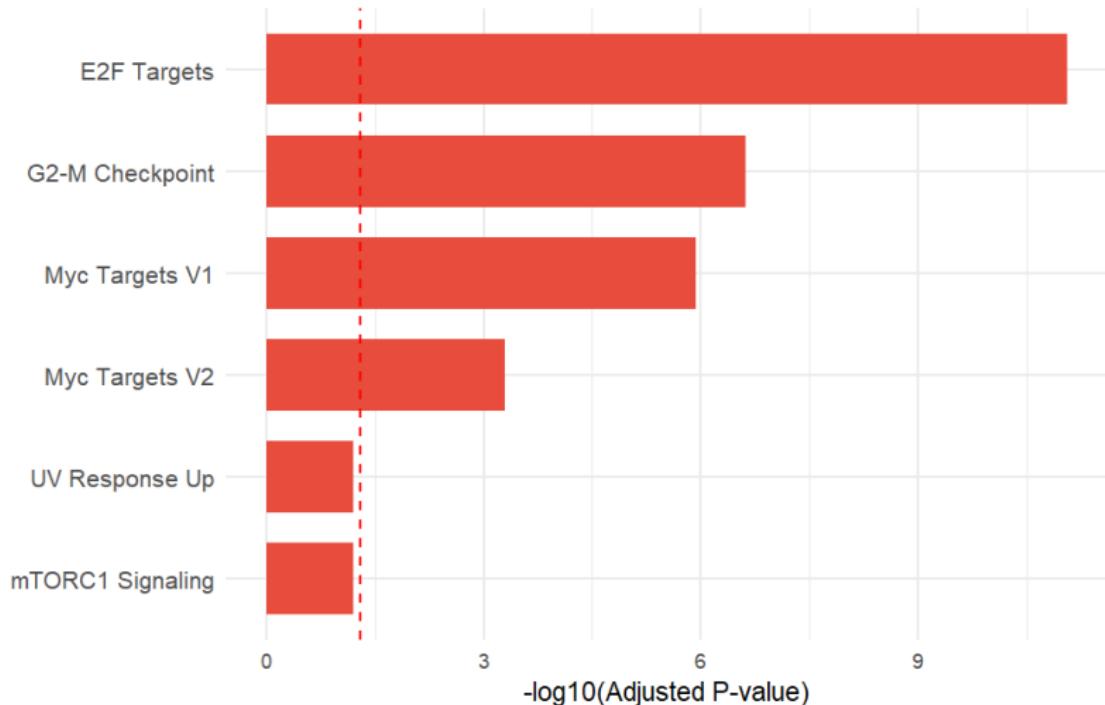
MSigDB Hallmark 2020



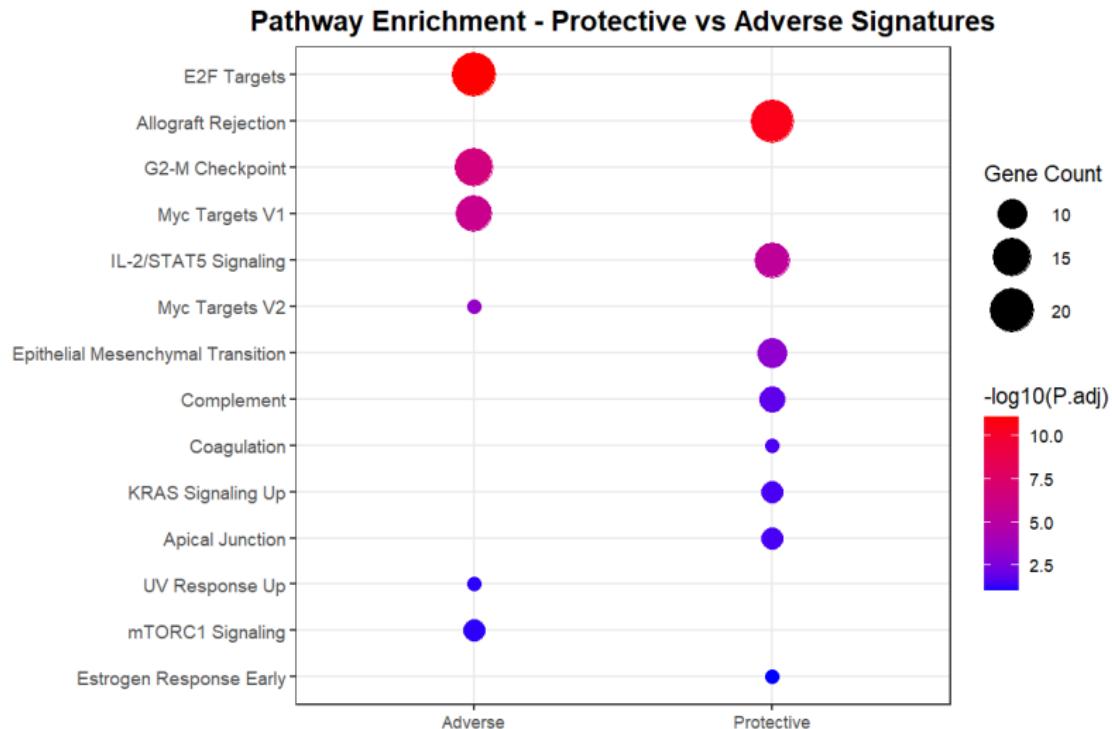
# Adverse Pathways

## Adverse Signature - Pathway Enrichment

MSigDB Hallmark 2020



# Combined Pathway Analysis



# Pathway Summary

## Protective Pathways:

- Allograft Rejection
- IL-2/STAT5 Signaling
- T-cell Activation
- Immune Surveillance

⇒ **T-cell infiltration = Good prognosis**

## Adverse Pathways:

- E2F Targets
- G2M Checkpoint
- DNA Repair/HDR
- MYC Targets

⇒ **Proliferation = Poor prognosis**

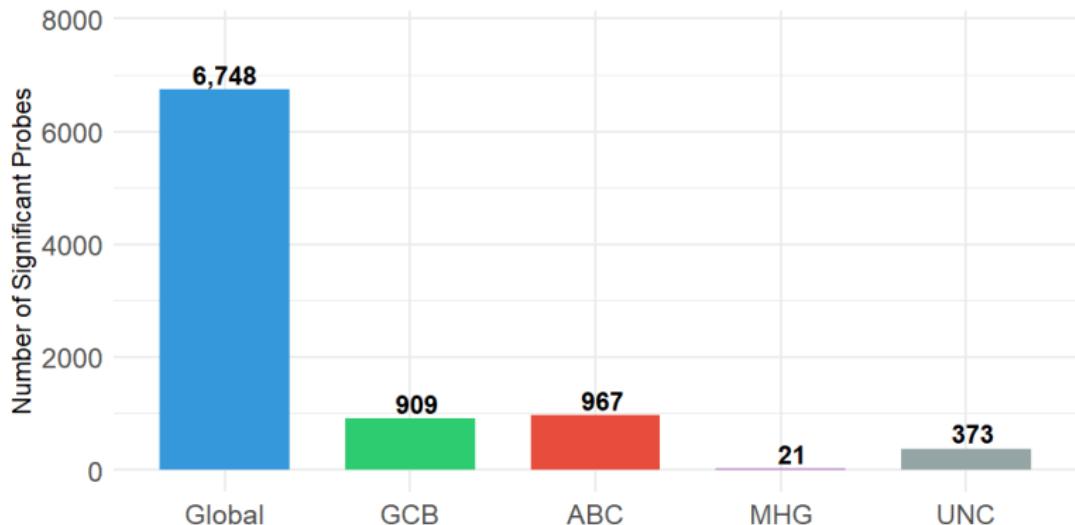
## Section 5

### COO-Specific Signatures

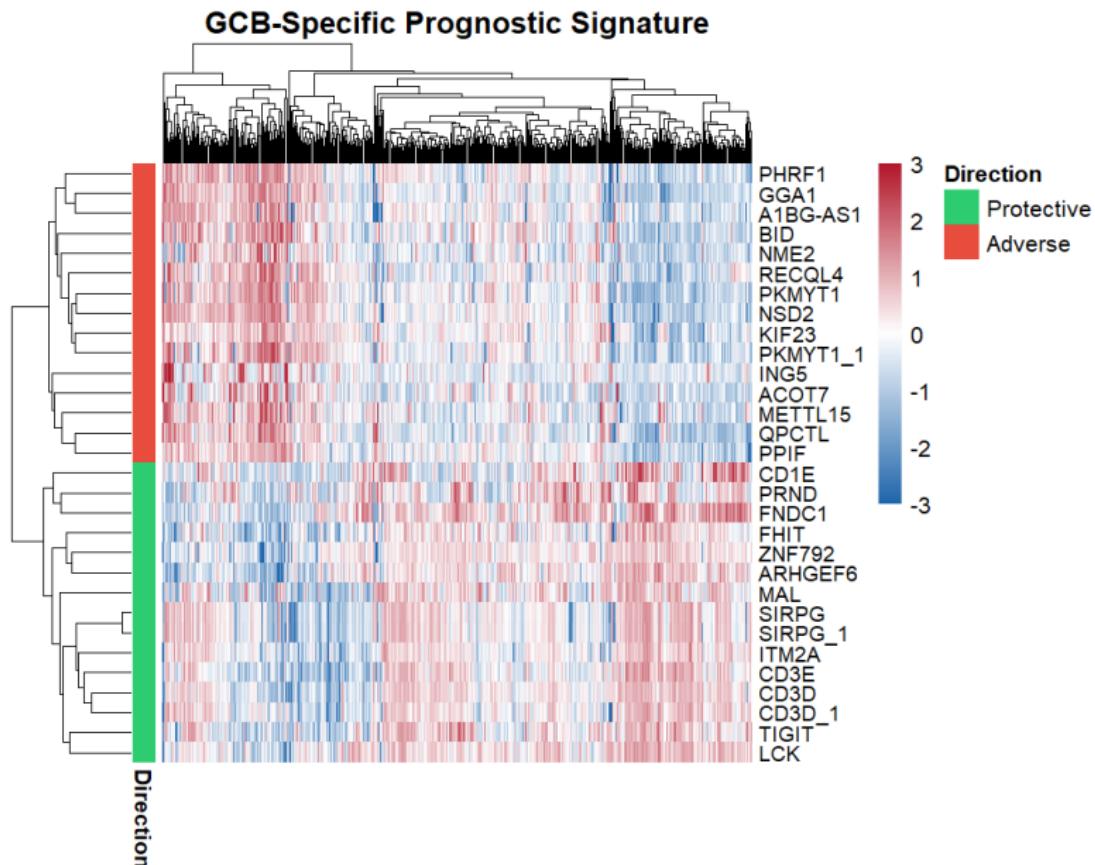
# Significant Genes by COO Subset

## Significant Prognostic Genes by COO Subset

FDR < 0.05

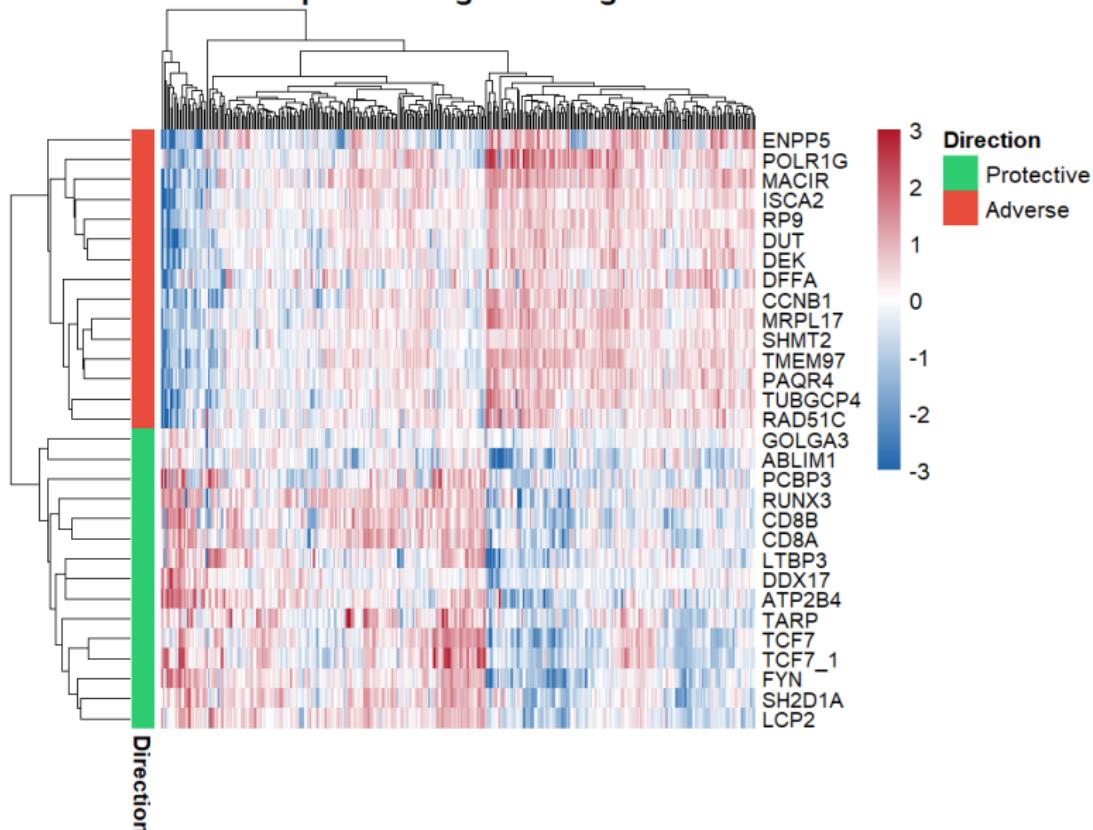


# GCB-Specific Signature

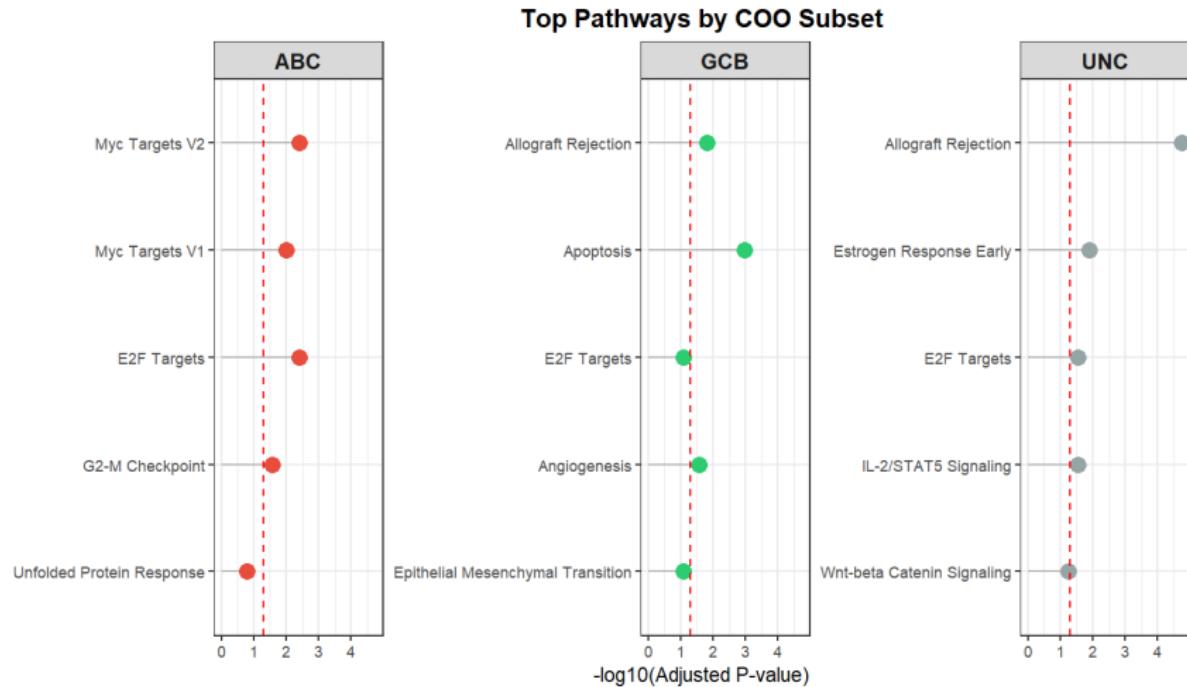


# ABC-Specific Signature

## ABC-Specific Prognostic Signature



# COO Pathway Comparison



## COO Signature Overlap

Minimal overlap between COO-specific signatures

$GCB \cap ABC$

4 genes

$GCB \cap MHG$

0 genes

$ABC \cap MHG$

0 genes

⇒ Each COO subtype has distinct prognostic biology

## Section 6

# IPI Independence Analysis

# IPI Independence - Methodology

## Analysis Design:

- 317 GCB samples with IPI data
- Compare univariate vs multivariate
- Test if genes remain significant after IPI adjustment

## Multivariate Model:

$$h(t) = h_0(t) \cdot e^{\beta_1 \cdot Gene + \beta_2 \cdot IPI}$$

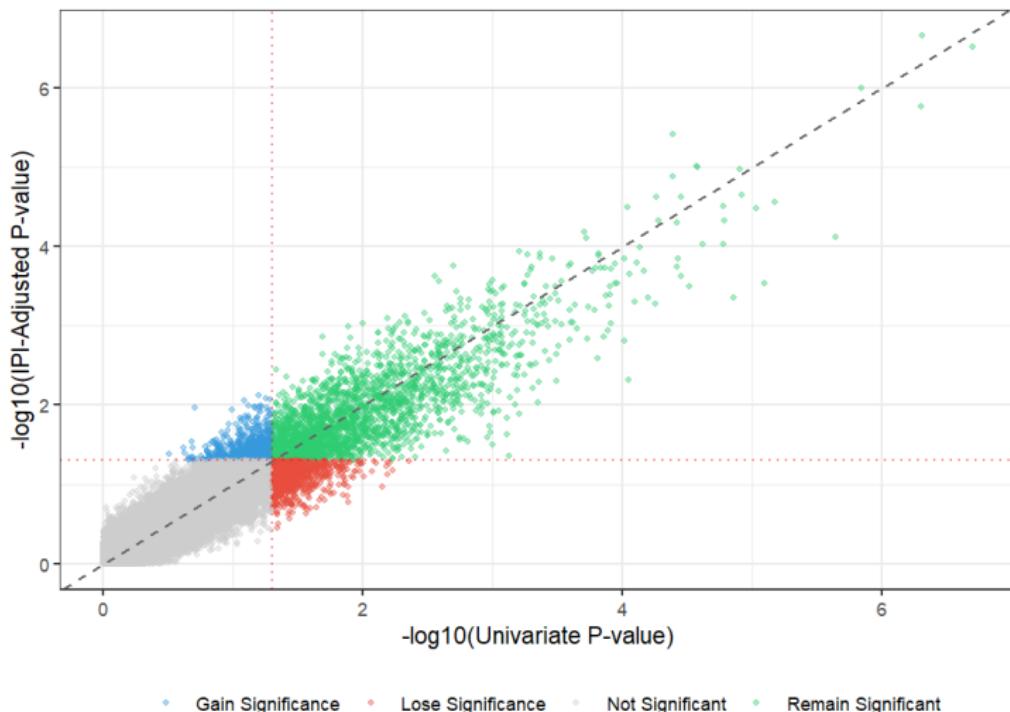
**IPI-independent if:**

$$p_{adjusted} < 0.05$$

# IPI Independence Results

## IPI Independence Analysis

GCB samples with IPI data (n=317)



## IPI Independence Summary

### The prognostic genes are largely IPI-INDEPENDENT

- **3,037** univariate significant
- **2,839** remain after IPI adjustment
- Only **701** lose significance
- **93%** of genes retain significance
- Gene expression adds prognostic value beyond IPI

## Section 7

# Conclusions

# Key Findings

## ① Strong Prognostic Signatures

- 6,748 significant probes ( $FDR < 0.05$ )
- Clear separation by risk score

## ② COO-Specific Biology

- Minimal overlap between subsets
- Each has distinct prognostic determinants

## ③ Biological Themes

- Protective: T-cell infiltration/immune activation
- Adverse: Proliferation/cell cycle

## ④ IPI Independence

- 93% genes remain significant after IPI adjustment
- Signatures provide additional prognostic information

# Clinical Implications

## Risk Stratification:

- Refine beyond IPI
- Identify high-risk patients within IPI groups
- COO-specific prognostication

## Therapeutic Targets:

- T-cell function enhancement
- Cell cycle inhibition
- Immunotherapy selection

**Gene expression signatures could complement clinical staging for personalized treatment decisions**

# Acknowledgments

## **Data Source**

HMRN/Lacy Cohort (GSE181063)

## **Methods**

R packages: survival, survminer, enrichR, pheatmap

## **Analysis Pipeline**

Cox regression → FDR correction → Pathway enrichment → IPI  
adjustment

Thank You

# Questions?

Analysis code and data available upon request