71. Ocular Adnexal Lymphoma

Emerging Prognostic Factors for Clinical Care

- History of rheumatoid arthritis
- History of Sjögren syndrome
- History of connective tissue disease
- History of recurrent dry eye (sicca) syndrome
- History of IgG4 ocular adnexal disease
- Any evidence of previous or current hepatitis B, hepatitis C, or HIV infection
- Any evidence of *Helicobacter pylori* gastritis
- Any evidence of an infection caused by *Chlamydia psittaci*
- IGH-locus translocation or somatic mutation pattern (EMZL)\(^1\)
- Presence or absence of an A20 deletion\(^2-4\)
- Presence of B symptoms\(^5,6\) (fever, night sweats, weight loss)
- Concordant/discordant bone marrow involvement (DLBCL)\(^7,8\)
- Centroblastic/immunoblastic (DLBCL)\(^7,8\)

Risk Assessment Models

The AJCC recently established guidelines that will be used to evaluate published statistical prediction models for the purpose of granting endorsement for clinical use.\(^9\) Although this is a monumental step toward the goal of precision medicine, this work was published only very recently. Therefore, the existing models that have been published or may be in clinical use have not yet been evaluated for this cancer site by the Precision Medicine Core of the AJCC. In the future, the statistical prediction models for this cancer site will be evaluated, and those that meet all AJCC criteria will be endorsed.

Recommendations for Clinical Trial Stratification

The authors have not provided any recommendations for clinical trial stratification at this time.

Bibliography

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