

Secondary Immunodeficiency in Marginal Zone Lymphoma and Impact of Bruton Tyrosine Kinase Inhibitor

Tarandeep Singh MSc DO¹, Alan Urdabayev¹, MIchael R Cook MD, Lee Hartner MD, Priya J Patel MD¹, Timothy M Buckey MD MBE¹ 1 - Hospital of the University of Pennsylvania, Section of Allergy and Immunology 2 - Hospital of the University of Pennsylvania, Section of Hematology and Oncology

BACKGROUND

- Secondary immunodeficiencies are clinically challenging and emphasize the need for a multidisciplinary approach
- Marginal zone lymphoma is typically treated with B cell depleting agents such as rituximab, a chimeric CD20 targeting monoclonal antibody. Rituximab depletes circulating and tissue residing B cells¹
- Bruton Tyrosine Kinase (BTK) is a critical enzyme in the development and function of B cells²
- Autoimmune conditions such as systemic lupus erythematosus (SLE) can also contribute to immune dysregulation³

CASE

A 55-year-old male PMH SLE on hydroxychloroquine, antiphospholipid antibody syndrome on warfarin, anal cancer s/p resection, longstanding splenomegaly and lymphadenopathy with unremarkable core needle biopsy in 2018 was diagnosed with marginal zone lymphoma via excisional lymph node biopsy in 2023

His clinical course was complicated by a hospitalization for septic shock secondary to *Streptococcus agalactiae* bacteremia

•Work up revealed significant immunodeficiency

CD3+141 cells/uLCD4+65 cells/uLCD8+65 cells/uLIgG510 mg/dl

Of note, he had persistent lymphopenia (0.06 to 0.49 cells/uL) and intermittent neutropenia (1.26-1.72 cells/uL) since 2009

• After starting rituximab for lymphoma, he developed severe neutropenia (0.47 cells/uL), candidal esophagitis (requiring transient PEG tube placement), and a left ethmoid and sphenoid sinus abscess and orbital cellulitis due to *Aspergillus fumigatus*

MANAGEMENT

•Given the severe side effects and disease progression after rituximab, he was transitioned to a selective BTK inhibitor, zanubrutinib.

•For *Pneumocystis jiroveci* (PCP), antiviral and antifungal prophylaxis, he receives dapsone, acyclovir, and voriconazole respectively. Bactrim was discontinued due to neutropenia

• He has remained infection-free since initiating zanubrutinib despite persistent lymphopenia (in cells/uL: CD3+ 147-183, CD4+ 74-108, CD8+ 48-62, CD19+ 8).

•His IgG levels improved to 700-800 mg/dL

•Notably, genetic testing was non-diagnostic

•His most recent PET scan showed stable disease

DISCUSSION

- Our patient's secondary immunodeficiency is multifactorial from SLE, lymphoma, and rituximab
- Impact of selective BTK inhibitors on immune function is not well studied. Ibrutinib, a first generation BTK inhibitor, improves T cell exhaustion with treatment of B cell lymphomas⁴; similar findings were not observed for zanubrutinib, although studies are limited⁵
- Recommendations for opportunistic infection prophylaxis often rely on data from HIV patients, yet it is unclear if the immune dysfunction is similar in individuals with non-HIV immunodeficiencies
- Our case underscores the importance of understanding the potential impact of B cell targeting therapies, such as BTK inhibitors and rituximab, on immune function, opportunistic infection prophylaxis and clinical management

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