

Introduction: Non-Hodgkin lymphoma (NHL) is one of the most feared complications of primary Sjogren's syndrome (pSS). The most frequent is MALT type lymphoma, with localization in the parotid glands being usual. There are no multicentric data in the Argentine population regarding the frequency of appearance of this type of cancer in patients with pSS and the possible predictors for this outcome.

Objectives: To describe the prevalence and incidence rate of lymphoma in patients with pSS in nine centers in Argentina. To determine the frequency of commitment of the domains of the baseline clinical ESSDAI in the patients who developed lymphoma in the course of their follow-up and compare it with the rest of the sample.

Materials and methods: To respond to the primary objective, the design was observational, descriptive and retrospective. To evaluate the predictors of lymphoma development, the design was observational, analytical, retrospective cohort. We included patients older than 18 years with a diagnosis of pSS according to ACR / EULAR 2002 criteria, included in a multi-center Argentine database. Patients diagnosed with another associated autoimmune rheumatic disease were excluded.

Results: We included 708 patients, 95% female, with a mean age of 54.44 years (SD +/- 13.67), mean age at diagnosis of 49.72 years (SD +/- 13.32) and mean age of onset of symptoms 47.19 (SD +/- 13.03). Fifteen patients presented lymphoma (prevalence: 2.12%). Six hundred thirty-six patients provided information for the survival analysis. The average follow-up time was 5 years (SD +/- 6.5). The incidence rate of lymphoma was 0.47 per 100 patient-years. The median time from the diagnosis of pSS to the development of lymphoma was 4 years (IQR: 1-6). The most frequently lymphoma type was MALT. The main predictor of lymphoma development was recurrent parotidomegaly (H.R: 4.17, 95% CI: 1.42-12.22). Table 1 reports the results regarding the clinical ESSDAI.

Conclusion: The prevalence of lymphoma was 2.12% and the incidence rate of 0.47 lymphomas per 100 patients per year. Patients who developed lymphoma had a higher frequency of involvement of most of the domains of the baseline clinical ESSDAI compared to patients who did not present this complication. We found recurrent parotidomegaly as the main predictor of the development of this cancer.

ESSDAI DOMAIN	LYMPHOMA n=15 (%)	NO LYMPHOMA n= 693 (%)	NO LYMPHOMA n= 621 (%)	P VALUE
Glandular	66,67	29,42	23,02	<0,01/<0,01
Joint	80,00	60,17	63,99	0,27/0,39
Cutaneous	26,67	9,39	10,14	0,050/0,170
Lung	40,00	16,62	17,55	0,2/0,148
Kidney	0	3,03	3,38	1/1
PNS	0	8,51	9	1/0,62
CNS	0	5,77	6,27	1/1
Muscle	9,09	1,91	3,54	0,21/0,406
Hematological	42,86	22,87	24,03	0,08/0,066