

Non-Hodgkin Lymphoma

■ What is non-Hodgkin lymphoma?

Non-Hodgkin lymphoma (NHL) is a group of cancers of the lymphatic system in which B cells, T cells, or NK cells in the lymphatic system change and grow out of control, sometimes forming a tumor. B-cell lymphoma is the most common type of NHL. T-cell lymphoma is less common, and NK-cell lymphoma is rare. Because of the many types and subtypes of NHL, it is important to know the exact diagnosis to choose the best treatment plan.

■ What is the function of the lymphatic system?

The lymphatic system is made up of thin tubes and groups of small, bean-shaped organs called lymph nodes that are located throughout the body. The lymphatic system carries lymph, a clear fluid containing a type of white blood cell called lymphocytes that help fight infection. Because lymphatic tissue is found in most parts of the body, NHL can start almost anywhere.

■ What does stage mean?

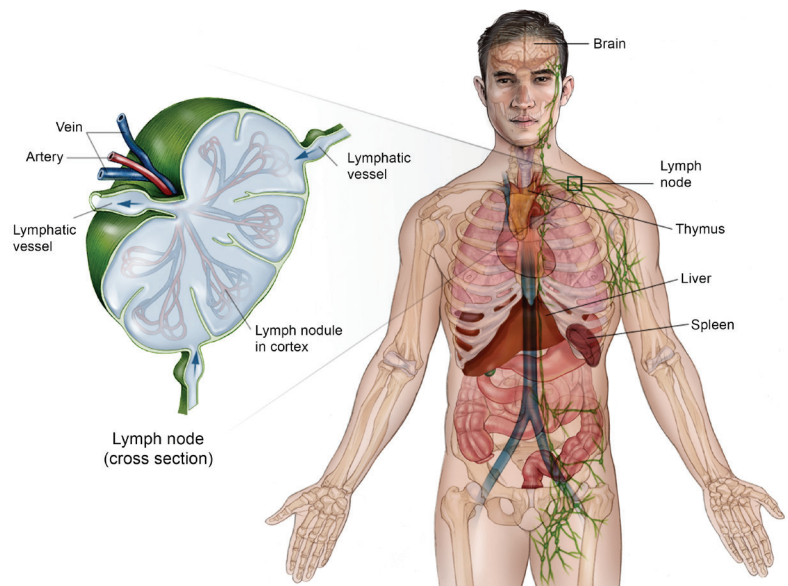
Staging is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. There are 4 stages for NHL: stages I through IV (1 through 4). NHL is also described by how quickly the cancer is growing: indolent (slower growing) or aggressive (faster growing). A scale called the International Prognostic Index (IPI) is used to help predict the success of treatment for aggressive lymphomas. Find more information about NHL at www.cancer.net/nhl.

■ How is non-Hodgkin lymphoma treated?

The treatment of NHL depends on the type, subtype, and stage of NHL; possible side effects; and the person's overall health. Watchful waiting may be an option for some patients with slow-growing or indolent lymphoma who are otherwise healthy and do not have any symptoms. Chemotherapy is the main treatment for NHL. Radiation therapy is sometimes given after or during chemotherapy, depending on the subtype. Treatment may include immunotherapy/targeted therapy, such as monoclonal antibodies with or without chemotherapy, antibody drug conjugates, radioimmunotherapy, or chimeric antigen receptor (CAR) T-cell therapy. Bone marrow/stem cell transplantation may also be considered. Clinical trials are an option to consider for treatment and care for all stages of lymphoma, whether for initial treatment or for disease that has come back, or recurred. Talk with your doctor about all treatment options. The side effects of NHL treatment can often be prevented or managed with the help of your health care team. This is called supportive care or palliative care and is an important part of the overall treatment plan.

■ How can I cope with non-Hodgkin lymphoma?

Absorbing the news of a cancer diagnosis and communicating with your health care team are key parts of the coping process. Seeking support, organizing your health information, making sure all of your questions are answered, and participating in the decision-making process are other steps. Talk with your health care team about any concerns. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.



Questions to ask the health care team

Regular communication is important in making informed decisions about your health care. It can be helpful to bring someone along to your appointments to take notes. Consider asking your health care team the following questions:

- ▶ What type and subtype of NHL do I have?
- ▶ Can you explain my pathology report (laboratory test results) to me?
- ▶ What stage is the lymphoma? What does this mean?
- ▶ Would you explain my treatment options?
- ▶ What clinical trials are available for me? Where are they located, and how do I find out more about them?
- ▶ Do I need to begin treatment right away?
- ▶ What treatment plan do you recommend? Why?
- ▶ What is the goal of each treatment? Is it to eliminate the lymphoma, help me feel better, or both?
- ▶ Who will be part of my treatment team, and what does each member do?
- ▶ How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- ▶ Will this treatment affect my fertility, such as my ability to become pregnant or father children?
- ▶ What other long-term side effects may be associated with my cancer treatment?
- ▶ What follow-up tests will I need, and how often will I need them?
- ▶ If I'm worried about managing the costs of cancer care, who can help me?
- ▶ Where can I find emotional support for me and my family?
- ▶ If I have questions or problems, who should I call?

Find more questions to ask the health care team at www.cancer.net/nhl. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

Words to know

B cell: A white blood cell that makes antibodies to fight disease.

Bone marrow/stem cell transplant: A procedure in which highly specialized cells, called hematopoietic stem cells, are used to treat cancer.

Biopsy: Removal of a tissue sample that is then examined under a microscope to check for cancer cells.

Chemotherapy: The use of drugs to destroy cancer cells.

Hematologist: A doctor who specializes in treating blood problems.

Immunotherapy: Treatment designed to boost the body's natural defenses to fight the cancer.

NK cell: A white blood cell that destroys viruses, infected cells, and some cancer cells.

Oncologist: A doctor who specializes in treating cancer.

Radiation therapy: The use of high-energy x-rays to destroy cancer cells.

Targeted therapy: Treatment that targets specific genes or proteins that influence cancer growth and survival.

T cell: A white blood cell that directly fights disease.

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AMERICAN SOCIETY OF CLINICAL ONCOLOGY
2318 Mill Road, Suite 800, Alexandria, VA 22314
Toll Free: 888-651-3038 | Phone: 571-483-1300
www.asco.org | www.cancer.net | www.conquer.org
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