# **DEMYSTIFYING LYMPHOMA (MAYBE)**

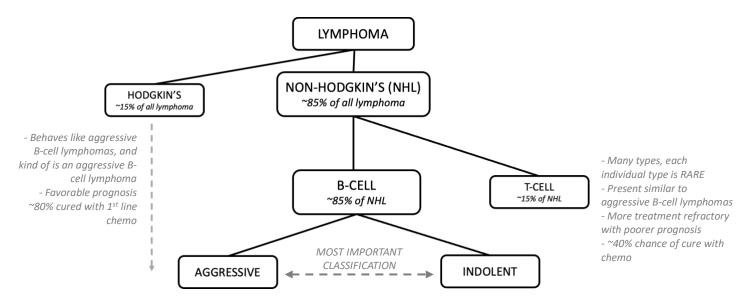
### What is it?

Lymphoma is a cancer of white blood cells called lymphocytes.

### What does it do?

Cancerous lymphocytes hone to lymph tissue, causing lymph nodal masses There is lymph tissues all over the body and in every organ, can show up anywhere!

 PEARL: cancer of blood cells, and blood goes everywhere - hence stage does NOT carry the same weight as for other solid tumor malignancies



Examples: Diffuse large B-cell lymphoma (DLBCL)

# **Presentation:**

- Sick patients!
- Rapidly growing nodes or compressive symptoms
- B-symptoms common rapid weight loss, DRENCHING night sweats, fevers
- Declining functional status \*\*\*\*

## Action:

- Need to be started on treatment (relatively) urgently
- BUT NEED A BIOPSY BEFORE TREATMENT! Send to IR for core LN biopsy or surgery for excisional biopsy
- \*\*FNA CANNOT DIAGNOSE LYMPHOMA\*\*
- Usually triaged within 2 weeks

**Treatment:** Chemoimmunotherapy (RCHOP)

**Prognosis:** 2/3 will be cured with chemo, 1/3 likely succumb to disease (a small portion cured with 2<sup>nd</sup> line treatments)

**Examples:** Follicular lymphoma, Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL), Marginal zone lymphoma, Waldenstrom's macroglobulinemia

## **Presentation:**

- Incidentally discovered lymphadenopathy or symptomatic lymphadenopathy/splenomegaly
- Can be very bulky before it is discovered!
- Usually no functional decline (or B symptoms)

Action: Need a biopsy, CT scan

- Usually triaged within 4-6 weeks (unless organ compromise, extreme cytopenias)

**Treatment:** Active surveillance, chemoimmunotherapy, targeted agents (pills)

\*Treatment only indicated for symptoms, bulky nodes, organ compromise, severe cytopenias – ie. If it is causing a problem!\*

**Prognosis:** Incurable, but prognosis favorable – life expectancy 15-20 years at diagnosis

- Often will get many lines of therapy with years of remission between each