

About Non Hodgkin's Lymphoma (NHL) - A Quick Guide

Contents

This is a brief summary of the information on 'About non Hodgkin's lymphoma (NHL)' from CancerHelp UK. You will find more detailed information on the website.

In this information there are sections on

- What is lymphoma?
- Definite risk factors for NHL
- Possible risk factors for NHL
- Symptoms of NHL
- Screening for NHL
- Types of NHL
- Should I see a specialist?
- Questions for your doctor

liver or spleen. But it can occur in other body organs as well.

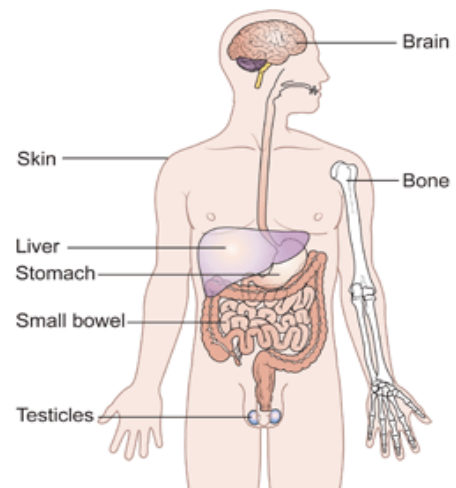


Diagram showing where lymphoma can spread to in the body
Copyright © CancerHelp UK

What is lymphoma?

Lymphoma means a cancer of the lymphatic system. There are two main types of lymphoma, called Hodgkin's lymphoma and Non Hodgkin's lymphoma (NHL).

Where in the body do you get non Hodgkin's lymphoma (NHL)?

Because the lymphatic system runs all through the body, you can get non Hodgkin's lymphoma just about anywhere. The most common place for it to be noticed first is in the lymph nodes in the neck. It is quite common to find it in the

What happens to your body when you get lymphoma?

If you have lymphoma, some of your white blood cells (lymphocytes) start to divide abnormally. And they do not naturally die off as they usually do. These cells start to divide before they are fully mature. So they can't fight infection as normal white blood cells do. These abnormal lymphocytes start to collect in the lymph nodes. They can then grow into tumours and begin to cause



problems within the lymphatic system or the organ in which they are growing.

Non Hodgkin's lymphoma in children is treated a little differently than in adults.

Risks and causes of non Hodgkin's lymphoma

Definite risk factors for non Hodgkin's lymphoma

In the UK, non Hodgkin's lymphoma is the 5th most common type of cancer in adults. The majority of people who get non Hodgkin's lymphoma do not have any of the known risk factors. Doctors just don't know why most people get this disease.

Having a weakened immune system

Anyone whose immune system is not working as well as it should may be more likely to develop a lymphoma. This includes people taking drugs to stop organ rejection after a transplant, and people who have AIDS or autoimmune diseases.

Past cancer treatment

Some chemotherapy drugs can increase your risk of developing NHL, 10 to 15 years after treatment. Having had radiotherapy in the past also increases your risk.

Other risks

Infection with some viruses and bacteria can increase the risk of developing NHL. People with coeliac disease have an increased risk of some types of NHL. If you have a parent, brother or sister diagnosed with NHL, you have about 2 to 3 times the average risk. But remember that the general risk of NHL is small so 2 or 3 times the risk is also a small risk. If you've had a melanoma, you

have an increased risk of NHL and vice versa. We don't know why this is.

Possible risk factors for non Hodgkin's lymphoma

These are possible risk factors for NHL. We have included information on these because we are sometimes asked about them. But we must stress that there is not enough evidence for these to be thought of as definite risk factors. They include

- Weedkillers and pesticides
- Hair dye
- Simian virus 40 (SV40)
- Recreational drugs
- Levels of chemicals in drinking water
- Sunlight
- Smoking or chewing tobacco
- Obesity
- Medicines
- Alcohol

CancerHelp UK has information about the research into these possible risk factors.

Symptoms of non Hodgkin's lymphoma

The most common symptom of non Hodgkin's lymphoma is one or more painless swellings in the neck, armpit or groin. Each swelling is an enlarged lymph node. If you have a swollen lymph node that does not go away after 6 weeks, you should see your GP.

B symptoms

You may have other general symptoms such as heavy sweating at night, temperatures that come and go with no obvious cause, losing a lot of weight, or unexplained itching. Doctors call these 'B symptoms'. Some people with NHL have them but most don't. It is important to tell



your doctor about any symptoms like this. It helps them to decide which type of NHL you have and what treatment you need.

Other symptoms

Some people have NHL in the bone marrow. This can cause anaemia, increased risk of infection or bleeding problems. NHL can also cause enlarged tonsils, liver or spleen. Or you may feel breathless if the lymph nodes in your chest are affected.

Lymphomas that start in the brain are very rare. They can cause headaches, difficulty thinking, personality changes, difficulty moving parts of the body, and seizures (fits).

Types of non Hodgkin's lymphoma

The most common types of non Hodgkin's lymphoma

There are many different types of NHL. Doctors put non Hodgkin's lymphomas into two main groups depending on how quickly they are likely to grow and spread

- Low grade (slow growing)
- High grade (faster growing)

Your doctor will be able to give your type of non Hodgkin's lymphoma a name depending on the appearance of the lymphoma cells. CancerHelp UK lists the different types, and whether they are high grade or low grade.

Transforming from low grade to high grade

Over time, low grade lymphomas may change into a more aggressive high grade type lymphoma. This happens to between 15 and 30 out of every 100 people

diagnosed with NHL, depending on the type they have. So it doesn't always happen. If it does, it may be several years after you were first diagnosed.

After a low grade NHL has transformed, it has to be treated as high grade. Unfortunately, a transformed NHL is harder to control than it was when low grade. And the treatment is more intense.

Cutaneous T cell lymphoma (CTCL)

CTCL is a rare type of lymphoma that affects the skin. The most common types are called mycosis fungoides, reticulum cell sarcoma of the skin and Sezary syndrome.

The stages and outlook for CTCL

There are 4 main stages of this condition

- Stage 1 – the disease only affects the skin
- Stage 2 – lymph nodes are enlarged, but show no sign of cancer
- Stage 3 – there are lymphoma cells in the lymph nodes
- Stage 4 – the lymphoma has spread to body organs

If less than 10% of your skin is affected, there is a good chance of controlling the disease long term, or of curing it completely. If more than 10% of your skin is involved, or if you have lymphoma spread to the lymph nodes or a body organ, then this disease is unlikely to be cured. But it can often be controlled for a long time with treatment.

Treatment

Treatments include chemotherapy to the skin (topical chemotherapy), treatment with ultraviolet light (PUVA), radiotherapy,



electron beam therapy, and oral or injected chemotherapy. CancerHelp UK has details about all these treatments.

Mucosa-associated lymphoid tissue (MALT) lymphoma

MALT stands for mucosa-associated lymphoid tissue. This means that the lymphoma starts in the mucosa. The mucosa is a moist tissue that lines body organs and cavities including your nose, mouth, lungs, and digestive tract. So, MALT lymphoma starts in the body organs and not in the lymph nodes. These low grade lymphomas are most often diagnosed in the stomach. But they can also develop in the lung, thyroid, salivary glands, eye, skin or soft tissues.

Treatment

MALT is a low grade form of lymphoma and usually responds well to treatment. It is usually treated with low doses of radiotherapy or it can be removed with surgery, depending on where it is in the body and on how widespread it is.

In 1 in 3 people, when it is diagnosed the MALT has spread to nearby lymph nodes or, less often, to another body organ. It is then usually treated with chemotherapy tablets.

Gastric MALT lymphoma

Most cases of MALT lymphoma are associated with a chronic stomach infection called *Helicobacter pylori*. This infection causes symptoms of indigestion and stomach pain. Gastric MALT lymphoma is treated with antibiotics.

Mantle cell lymphoma

Mantle cell lymphoma is a rare type of non Hodgkin's lymphoma (NHL). Only about 5

out of every 100 people (5%) diagnosed with NHL have mantle cell lymphoma. It mainly affects men who are over 50. The symptoms of mantle cell lymphoma are similar to those of most other types of NHL.

The grade of an NHL (the appearance of the cells under the microscope) helps doctors to decide on the most appropriate treatment. Mantle cell lymphoma looks like a low grade lymphoma under the microscope. But it often behaves aggressively, like a high grade lymphoma. Unfortunately it is often widespread when it is diagnosed, involving lymph nodes, bone marrow, and, very often, the spleen.

Treating mantle cell lymphoma

Treatment for mantle cell lymphoma is similar to treatment for other types of NHL. But it is difficult to cure. It is an aggressive type of NHL and people are often diagnosed in the later stages of the disease. Aggressive means that the lymphoma grows very quickly. Unfortunately, it often comes back relatively soon after you get it into remission. There is more about the different possible treatments for mantle cell lymphoma on CancerHelp UK.

Should I see a specialist in non Hodgkin's lymphoma?

It can be very difficult for GPs to decide who may have a suspected cancer and who may have something much more minor. The National Institute for Health and Clinical Excellence (NICE) has produced guidelines for GPs to help them decide which patients need to be seen urgently by a specialist.



Guidelines for urgent referral

You should ideally get an appointment within 2 weeks for an urgent referral. You should have an urgent referral to a specialist (usually a haematologist) if you have an enlarged spleen that isn't getting better and your doctor can't explain the cause. You might also need further investigations or a referral if you have a swollen lymph node that is

- Larger than 2 cm wide
- More than 6 weeks old
- Getting bigger
- Accompanied by night sweats, weight loss and an enlarged spleen
- One of several swollen lymph nodes

The guidelines also say that a GP should do tests and possibly refer anyone with a combination of symptoms that includes tiredness (fatigue), weight loss, a high temperature (fever), night sweats, itching, breathlessness, bruising or bleeding easily, infections that keep coming back or pain.

There are separate guidelines for children, which are on CancerHelp UK.

What to ask your doctor about non Hodgkin's lymphoma

- The glands in my neck swell up and go down again. Does this mean I have non Hodgkin's lymphoma?
- How can you tell if I have non Hodgkin's lymphoma?
- Am I more likely to get non Hodgkin's lymphoma than anyone else?
- How common is non Hodgkin's lymphoma?
- What are the different types of non Hodgkin's lymphoma?

- What does low grade and high grade lymphoma mean?
- Can I catch non Hodgkin's lymphoma from someone?



Notes

More information

For more information about non Hodgkin's lymphoma (NHL), visit our website <http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in May 2011. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2011. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).