

Follicular Lymphoma

Your doctor has just diagnosed that you have a "follicular lymphoma".

This is a non-Hodgkins type of lymphoma, an illness linked to malignant over-production of cells in the immuno-system. These cells are mainly found in the lymphatic ganglions, the lymph, the spleen and in the bone marrow.

In their normal state, these lymphoid cells help protect your organism against foreign agents - bacteria, viruses etc.

The occurrence of a follicular lymphoma is linked to uncontrolled reproduction of abnormal B lymphocytes. B lymphocytes are white cells involved in the immune defence system whose role is to produce antibodies. They circulate in the blood vessels and lymphatic vessels. When one of them becomes abnormal, it may proliferate as it reproduces more quickly and/or lives longer than normal cells. An accumulation of these malignant cells ends up forming one or several tumours. These tend to develop in the lymphatic ganglions, but may also affect the spleen, the bone marrow or other organs.

Follicular Lymphoma is one of the 30 or so types of non-Hodgkins Lymphomas (NHL) identified up to now. It is one of the most common NHLs as it represents 20-30% of all cases of this type of illness.

According to the latest available estimates, about 3000 to 4000 new cases of follicular lymphoma are diagnosed each year in France.

This illness may occur at any age, but it is very rare in children. The average age at present is between 55 and 60. It affects men a little more often than women. This illness is neither hereditary nor contagious.

The first symptoms

The most frequent sign of the outbreak of the illness is the increase in size of one or more ganglions. Seldom painful, even when they show themselves for the first time, these are often found in the neck or armpits, but they can appear in other parts of the body, especially the thorax and the abdomen. When they are large, they can lead to other problems. For instance, over-sized ganglions around the stomach can cause abdominal concerns, bloating or back pain. Other more general non-specific symptoms can also occur, especially a temperature, an unexplained loss of weight, abundant night-time perspiration, itching and fatigue.

Diagnosis

Increase in size of one or more ganglions along with the observation of the clinical signs are symptoms indicative of a lymphoma. Its diagnosis is formally confirmed by a biopsy involving the removal of one of the over-sized ganglions. The cells contained in the sample are examined under a microscope by an anatomo-pathologist, a doctor specialised in the study of tissue. The morphological and immunological aspects of the abnormal cells lead to a diagnosis of Follicular Lymphoma or another type of NHL.

Other tests are then carried out to determine the spread of the disease and its stage of development. Several scans or x-rays are taken especially in search of "deeper" effects, i.e. those that cannot be detected in the course of a clinical examination. As a general rule, the doctor will prescribe a chest X-ray, and an ultrasound scan of the neck, chest, abdomen and pelvis. Blood tests are also carried out, especially to measure the elements that mark the progress of the disease. Depending on the state of health of the individual patient, other tests may be requested to complete the assessment.

Follicular lymphoma is one of the NHLs called "indolent", meaning that they develop slowly, often with few or no symptoms in the early stages. This explains why, by the time it is diagnosed, the disease is discovered in a majority of cases (80) in an advanced stage, i.e. having already affected several areas of the Lymphatic system. This does not mean that the prognosis is not greatly affected by the spread of the disease.

Doctor's notes :

Certain treatments may lead to sterility, especially where men are concerned. So sperm conservation is offered after the diagnosis.

Root cell grafting: the procedure

High dose chemotherapy has the effect of destroying most if not all cancerous cells. The disadvantage of this treatment is that it leads to a significant reduction in the number of normal blood cells (called aplasia). Your organism finds itself without defences against infections.

To limit the length of time of the aplasia and speed up the reconstitution of the blood cells, an autograft is carried out. This involves removing root cells from the patient, before the intensive chemotherapy, which are capable of producing all the normal cells in the blood. These are harvested through a procedure called cytopheresis, which consists of running the blood through a machine that retains the root cells. Then they are frozen. Once the intensive chemotherapy is finished, they are defrosted and re-injected into the patient with a view to renewing the population of cells within the blood.

This procedure requires a stay in hospital of three to four weeks.

Any treatment is likely to produce unwanted side-effects and may present risks. Your doctor will inform you and will tell you which signs to look out for before you start the treatment suggested

Participating in a clinical trial

The best way to contribute to the improvement of disease management is to treat patients in the context of clinical trial. If your doctor suggests this could apply to you, he will explain its purpose, protocol, expected benefits, potential risks and will give you an information leaflet.

Participating in a trial of course means you will first have to give your written informed consent.

Useful contacts:

- Secretarial / appointment:
- Nursing consultation:
- Consulting psychologist:
- Social worker:
- In an emergency:

Treatment

The way in which follicular lymphomas are treated depends particularly on the stage of development of the disease and the risk factors for progression evaluated during the assessment.

When the disease is diagnosed at an early stage and/or if it presents little risk of developing further, it may be suggested that in the first instance it is just monitored, as this kind of lymphoma develops slowly.

If the lymphoma is localised, a course of radiotherapy may be suggested. This consists of subjecting the part of the body affected by the disease to rays that destroy the diseased cells. This is generally enough to send it into remission and often no further treatment is necessary.

When the lymphoma is at a more advanced stage or if it presents risks of getting more advanced, it is then recommended to treat it through immunotherapy, most often alongside chemotherapy. Immunotherapy consists of administering antibodies (called monoclonal antibodies) specifically aimed at the diseased cells. These medicines imitate natural antibodies and bring about the death of the cells they are targeting.

For its part, chemotherapy is based on the use of medicines that attack the diseased cells, either by destroying them or by blocking their growth. The choice of medication and the length of treatment (usually several months) are suited to the needs of each individual patient. In the case of the majority of patients, these treatments produce a remission, i.e. a significant reduction or even the complete disappearance of the biological signs of the disease. The length of the period of remission varies from one person to the next, but it can last several years.

However, a relapse, i.e. a reappearance of the disease, may occur.

In this instance, a new treatment is undertaken, the choice of which is determined by the state of advancement of the disease and the state of general health of the patient. When the patient is thought to be able to tolerate it, intensive chemotherapy may be envisaged in very strong doses, followed by a transplant of root cells (see box above left).

Follow-up

When treatment leads to remission of the disease, it is essential to consult a specialist doctor at regular intervals. This follow-up generally includes blood tests in addition to the clinical examination at the time of the appointment. This enables the doctor to check that the remission is continuing and in the event that signs of the disease reappear, any such relapse can be identified early on. In addition, as side effects of the treatment may still appear, the doctor can offer an adequate treatment for these.

The rhythm of the follow-up is matched to the needs of each individual patient.