Understanding Lymphoma and Maintenance Therapy

**Maintenance therapy** refers to the ongoing treatment of patients whose disease has responded well to **frontline or firstline** (initial) treatment. Maintenance therapy is used to keep the cancer in **remission** (disappearance of signs and symptoms of lymphoma), by removing any lymphoma cells that are not detected in routine analyses after frontline treatment.

Maintenance therapy typically consists of nonchemotherapy drugs given at lower doses and longer intervals than those used during induction therapy (initial treatment). Depending on the type of lymphoma and the medications used, maintenance therapy may last for weeks, months, or even years. Rituximab IV (Rituxan) or SQ (Rituxan Hycela) are treatments used as maintenance therapy in lymphoma. As new effective treatments with limited toxicity are developed, more drugs are likely to be used as maintenance therapies.

Although the medications used for maintenance treatments generally have fewer side effects than chemotherapy, patients may still experience adverse events. Doctors consider all of a patient’s clinical circumstances before determining the best induction therapy. After induction therapy is completed, the doctor then decides whether the patient would benefit from maintenance therapy, retreatment, or the active surveillance (also known as “watchful waiting” or “careful observation”) approach. With the active surveillance strategy, patients’ overall health and disease are monitored through regular checkups and various evaluating procedures, such as laboratory and imaging tests. Active treatment is started if the patient begins to develop lymphoma-related symptoms or there are signs that the disease is progressing based on testing performed during follow-up visits.

Maintenance therapy has traditionally been used for indolent (slow growing) non-Hodgkin lymphoma subtypes such as follicular lymphoma; however, researchers are currently studying the value of using maintenance therapies in many other subtypes of lymphoma.

Questions that patients can ask their oncologist to help them better understand the role of maintenance therapy in their treatment course include:

- Is maintenance therapy an option for me?
- Why are you recommending maintenance therapy?
- What are the benefits and risks?
- How often and for how long will I receive this treatment?
- What side effects might I experience? Are the side effects expected to increase as I continue on maintenance therapy?
- Does my insurance cover this treatment?
- Is maintenance therapy better for me than active surveillance followed by this same therapy if the lymphoma returns?
- Will the use of maintenance therapy have any impact on any future therapies I may need?

**TREATMENTS UNDER INVESTIGATION**

Many agents are being studied in clinical trials as maintenance therapy for different subtypes of lymphoma, either alone or as part of a combination therapy regimen, including:

- Ibrutinib (Imbruvica)
- Lenalidomide (Revlimid)
- Obinutuzumab (Gazyva)
- Panobinostat (Farydak)
- Ponatinib (Iclusig)
- Tislelizumab
- Temozolomide (Temodar)

It is critical to remember that today’s scientific research is continuously evolving. Treatment options may change as new treatments are discovered and current treatments are improved. Therefore, it is important that patients check with the Lymphoma Research Foundation (LRF) or with their physician for any treatment updates that may have recently emerged.
Clinical trials are crucial in identifying effective drugs and determining optimal doses for patients with lymphoma. Patients interested in participating in a clinical trial should view the Understanding Clinical Trials fact sheet on LRF’s website at www.lymphoma.org/publications, talk to their physician, or contact the LRF Helpline for an individualized clinical trial search by calling (800) 500-9976 or emailing helpline@lymphoma.org.

Patients with lymphoma should have regular visits with a physician who is familiar with their medical history and the treatments they have received. Medical tests [such as blood tests, computed tomography [CT] scans, and positron emission tomography [PET] scans] may be required at various times during remission to evaluate the need for additional treatment. Some treatments can cause long-term side effects or late side effects, which can vary based on duration and frequency of treatments, age, gender, and the overall health of each patient at the time of treatment. A physician will check for these effects during follow-up care.

Patients and their caregivers are encouraged to keep copies of all medical records and test results as well as information on the types, amounts, and duration of all treatments received. This documentation will be important for keeping track of any side effects resulting from treatment or potential disease recurrences. LRF’s award-winning Focus On Lymphoma mobile app (see below) can help patients manage this documentation.

Focus on Lymphoma is the first app to provide patients and their caregivers with tailored content based on lymphoma subtype, and actionable tools to better manage diagnosis and treatment. Comprehensive lymphoma management, conveniently in one secure and easy-to-navigate app, no matter where you are on the care continuum. Get the right information, first, with resources from the entire Lymphoma Research Foundation content library, use unique tracking and reminder tools, and connect with a community of specialists and patients. To learn more this resource, visit our website at lymphoma.org/mobileapp, or contact the LRF Helpline at 800-500-9976 or helpline@lymphoma.org.

The Understanding Lymphoma fact sheet series is published by the Lymphoma Research Foundation (LRF) for the purpose of informing and educating readers. Facts and statistics were obtained using published information, including data from the Surveillance, Epidemiology, and End Results (SEER) Program. Because each person’s body and response to treatment is different, no individual should self-diagnose or embark upon any course of medical treatment without first consulting with his or her physician. The medical reviewer, the medical reviewer’s institution, and LRF are not responsible for the medical care or treatment of any individual.

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