Understanding Follicular Lymphoma



Resource Center

Lymphoma Research Foundation

Overview

Follicular lymphoma (FL) is the most common indolent (slow-growing) form of B-cell non-Hodgkin Lymphoma (NHL), accounting for 1 out of 5 lymphomas in the US.

Common symptoms of FL include:

- Enlargement of the lymph nodes (bean-shaped structures that help the body fight infection, Figure 1) in the neck, underarms, abdomen, or groin.
- Fatigue (extreme tiredness).

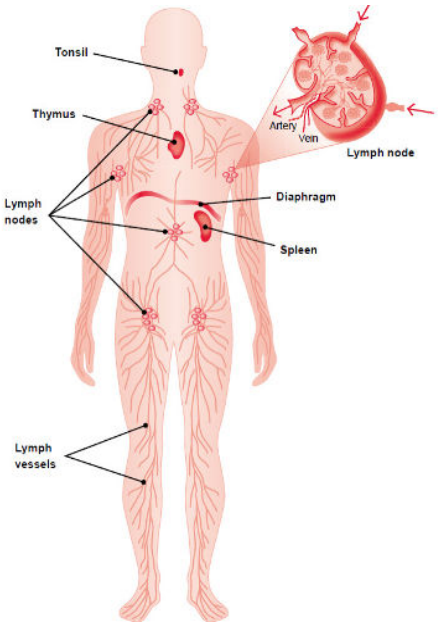


Figure 1. The lymphatic system (tissues and organs that produce, store, and carry white blood cells) and lymph nodes.



Symptoms, Staging, and Diagnostic Procedure

Symptoms

Typically, patients with FL have no obvious symptoms of the disease at diagnosis. Patients often only have an enlarged lymph node examined by their doctor or found by chance on an imaging scan. Most patients with FL are aged 55 years or older when they are diagnosed.

Diagnostic Procedure

To make a definite diagnosis of FL, doctors need to collect a sample of the affected lymph node. This procedure is called a biopsy. The biopsy is typically studied by a pathologist (doctor who specializes in the diagnosis of diseases by studying the cells from a patient's body fluids and tissue samples) and preferably a hematopathologist (pathologist who has undergone additional training in the diagnosis of blood cancers, including lymphoma) who is experienced in diagnosing lymphoma. Determining the grade (level of large lymphocytes present in the affected lymph nodes) and if and how far the lymphoma has spread (staging) is important to define the best treatment for each patient.

Staging

For staging, the results of the different tests (such as biopsies and scans) are used to determine the severity of the disease and the appropriate treatment. The Lugano staging system is used for FL and is depicted in Figure 2 below. This system categorizes FL from Stage I (limited disease) to IV (advanced disease), based on whether the disease is restricted to a single group of lymph nodes, has spread to other lymph nodes, or has reached the bone marrow (the spongy tissue inside the bones) and/or other organs (like the liver or lungs). Because FL is an indolent disease and might not cause any symptoms initially, it is often advanced (stage III or IV) when it is diagnosed.

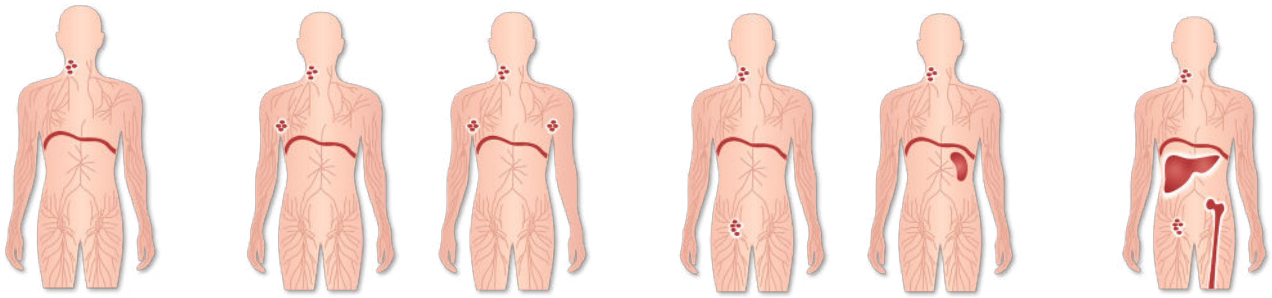


FL is graded as 1 or 2 (low grade), and 3A or 3B (high grade) depending on the number of abnormal lymphocytes found on the lymph node tissue examined under the microscope. Grades 1 to 3A FL are treated similarly. Grade 3B FL is usually fast-growing and looks like a high-grade diffuse large B-cell lymphoma (DLBCL), so it is treated the same way as DLBCL.

To predict the prognosis (how well the patient will do) of a patient with FL, physicians commonly use a score called the Follicular Lymphoma International Prognostic Index (FLIPI). The FLIPI score determines the risk level of each patient and predicts the chance of survival based on factors such as age and number of lymph nodes affected. Keep in mind that no two patients are alike and that statistics can only predict how a large group of patients will do (not what will happen to an individual patient). The doctor most familiar with the patient's situation is in the best position to interpret these statistics, understand how well they apply, and respond to any questions you might have.



The physician will use the results of these tests to assess the stage of the lymphoma. NHL is categorized as Stages I (limited disease) to IV (advanced disease), as shown in the figure below.



Stage I:
Involvement of a single lymph node or group of adjacent nodes

Stage II:
Involvement of two or more groups of lymph nodes on the same side of the ***diaphragm*** (muscle that separates the chest from the abdomen)

Stage III:
- Involvement of lymph nodes on both sides of the diaphragm, or
- Involvement of lymph nodes above the diaphragm plus spleen involvement

Stage IV:
Widespread disease in lymph nodes, bone marrow, and organ involvement, such as liver or lungs

Figure 2. Staging of NHL according to the Lugano system. The Lugano system categorizes NHL from Stage I (limited disease) to IV (advanced disease), based on whether the cancer is restricted to a single group of lymph nodes, has spread to other lymph nodes, or has reached the bone marrow (the spongy tissue inside the bones) and/or other organs (like the liver or lungs).

Subtypes

The most common subtypes of FL are:

Classic FL:
The classic FL is the most frequent (85%) subtype of FL, and includes FLs previously classified as grade 1, grade 2, or grade 3A. This type of FL is characterized by a genetic mutation (permanent change) in the DNA (deoxyribonucleic acid, the molecule that carries the genetic information) named translocation, where a chromosome (a structure made of DNA and proteins found inside the cell) breaks and part of it reattaches to another chromosome.

Follicular large B-cell lymphoma:
FL grade 3B is called follicular large B-cell lymphoma. This subtype is very rare among follicular lymphomas.

Pediatric-type follicular lymphoma:
Pediatric-type follicular lymphoma is an uncommon type of FL that occurs mainly in children and adolescents. It is indolent and almost always presents as a lowgrade (stage I-II) disease. This type of FL is often localized, often presenting as a painless and isolated enlarged lymph node in the head or neck. It has a high cure rate and negligible risk of relapse (return after treatment) or transformation (turn into a fast-growing type of lymphoma).

Transformed lymphoma:
In some patients (about 2-3% per year), FL may transform into a more aggressive type of lymphoma, most commonly DLBCL. This transformed lymphoma is often more aggressive and usually requires more intensive treatment. This change is characterized by an increase in the number of DLBCL cancer cells in the affected lymph node, which changes the follicular appearance of the cancer. The risk of developing a transformed lymphoma increases each year from the time of diagnosis until approximately 10 years afterwards, after which point transformations become rare. For more information on transformed lymphomas, view the Other Aggressive B-cell Lymphoma guide on the Lymphoma Research Foundation's (Foundation's) website (visit lymphoma.org/publications).



Treatment Options

If patients show no or very few symptoms (including those with advanced stage disease), physicians may recommend to not treat the disease right away. This approach is referred to as active surveillance (also known as "watchful waiting" or "observation"). Patients managed with active surveillance have survival outcomes similar to those treated early. In this case, patients' overall health and disease are monitored through regular physical exams (to check for any swollen lymph nodes) or periodic imaging tests (like computed tomography [CT] scans). For more information on active surveillance, view the Active Surveillance fact sheet on the Foundation's website (visit lymphoma.org/publications). If patients begin to have symptoms or signs of disease progression, treatment is initiated.

First Treatment after Diagnosis

There are various first line therapeutic options for FL based on how severe the symptoms are and how fast the cancer is growing. The treatments for FL include:

Radiation therapy (uses high-energy radiation to kill cancer cells). Radiation alone can provide long-lasting remission (disappearance of disease signs and symptoms of cancer) in some patients with early-stage disease.

Chemoimmunotherapy (a combination of chemotherapy [drugs that stop the growth of or kill cancer cells] with monoclonal antibodies [a protein made in the laboratory that binds to cancer cells and helps the immune system destroy them]). Commonly used monoclonal antibodies are obinutuzumab (Gazyva), rituximab (Rituxan), and rituximab hyaluronidase human (Rituxan Hycela), a rituximab product that is administered under the skin.

Common chemoimmunotherapy regimens used to treat FL include:

- Bendamustine (Treanda) and obinutuzumab (Gazyva).
- R-Bendamustine (rituximab [Rituxan] and bendamustine).
- R-CHOP (rituximab, cyclophosphamide, doxorubicin/hydroxydaunorubicin, vincristine [Oncovin], and prednisone).
- R-CVP (rituximab, cyclophosphamide, vincristine, and prednisone).
- R-Lenalidomide (rituximab and lenalidomide [Revlimid]), often referred to as R2 (R-squared).

Patients seeking information about monoclonal antibodies should view the Immunotherapy and Other Targeted Therapies fact sheet on The Foundation's website (lymphoma.org/publications).

Some monoclonal antibodies such as obinutuzumab (Gazyva) or rituximab (Rituxan), can also be used as maintenance therapy to prolong remission in patients with no signs of lymphoma after initial treatment. Patients seeking information about maintenance therapy should view the Understanding Lymphoma and Maintenance Therapy guide on The Foundation's website (visit lymphoma.org/publications)

Relapsed and Refractory FL

FL is generally very responsive to first-line therapies, and many patients go into long-lasting remission for a long time. However, the disease often relapses or becomes refractory (no longer responds to current treatment). In this case, additional therapies (second- and third-line treatment given when first-line or initial therapy does not work or stops working) are often successful in providing another remission.

For patients with relapsed or refractory FL, the same treatments listed above as first-line treatments for FL may be used, depending on the number and type of past treatments, duration of previous remission, age, health status, and patient preference. With newer therapeutic regimens, many patients can achieve remissions after second line or third line treatments. Although remissions in the range of one year or longer can be seen with some of the treatments, they may be shorter with each round of therapy. Common second or later line treatment options for relapsed/refractory FL include:

Chemotherapy

Radiation therapy

Chemoimmunotherapy.

- Bendamustine (Treanda) ± rituximab (Rituxan) or obinutuzumab (Gazyva), if not used for first line treatment.
- R-CHOP (rituximab [Rituxan], cyclophosphamide, doxorubicin, vincristine, and prednisone).
- R-CVP (rituximab [Rituxan], cyclophosphamide, vincristine, and prednisone).

Immunotherapy.

- Monoclonal antibodies.
  - Rituximab (Rituxan, given by injection).
  - Rituximab and hyaluronidase human (Rituxan Hycela).
  - Obinutuzumab (Gazyva).

- Bispecific antibodies (an antibody that recognizes two different antigens, which can be on the same cell [a cancer cell] or two different cells [a cancer cell and a healthy immune cell]).
  - Mosunetuzumab (Lunsumio) and Epcoritamab (Epkinly) are approved for the treatment of adult patients with relapsed or refractory FL after two or more lines of systemic therapy (treatment delivered throughout the body). These drugs are T-cell engagers, and work by binding to CD20 at the surface of cancer B-cells and to CD3 in healthy T-cells. To learn more about bispecific antibodies, view the Bispecific Antibodies fact sheet on the Foundation's website (visit lymphoma.org/publications).

- Antibody-drug conjugates (a chemotherapy drug attached to a monoclonal antibody) such as Loncastuximab tesirine (Zynlonta).

- Immunomodulatory drugs (drugs that work on the immune system directly by regulating [activating or slowing down] the activity of specific proteins).
  - Lenalidomide (Revlimid) ± rituximab (Rituxan).

- Chimeric antigen receptor (CAR) T-cell therapy is a special type of immunotherapy



that uses the patient's immune cells to fight cancer. Common CAR T-cell therapies are axicabtagene ciloleucel (Yescarta), lisocabtagene maraleucel (Breyanzi), and tisagenlecleucel (Kymriah). To learn more about CAR T-cell therapy, view the Understanding Cellular Therapy Guide on The Foundation website (visit lymphoma.org/publications).

Targeted Therapies (drugs that target molecules that cancer cells use to grow and spread).

- Tazemetostat (Tazverik), called an EZH2 inhibitor and interferes with growth of lymphoma cells
- Zanubrutinib (Brukinsa), called a Bruton's tyrosine kinase (BTK) inhibitor and blocks signals within the lymphoma cells, in combination with obinutuzumab

Other treatment options for relapsed/ refractory FL include:

Radiation therapy can be effective in some patients with relapsed/refractory FL who have localized disease. Often very low doses of radiation can be quite beneficial.

Stem cell transplantation (the patient is treated with high-dose chemotherapy or radiation to remove their blood-forming cells or stem cells and then receives healthy stem cells to restore the immune system and the bone marrow's ability to make new blood cells).

For more information on transplantation, view the Understanding Cellular Therapy Guide on The Foundation's website (visit lymphoma.org/publications).



Treatments Under Investigation

Many treatments (also referred to as investigational drugs) are currently being tested in clinical trials in patients who are previously untreated or newly diagnosed with FL and in patients with relapsed/refractory FL. Results from these clinical trials may improve or change the current standard of care (the proper treatment that is widely used by healthcare professionals and accepted by medical experts). Table 1 (below) lists some of these investigational drugs that can be accessed through a clinical trial.

Table 1. Selected Agents Under Investigation for Previously Untreated Follicular Lymphoma and/or Relapsed/Refractory Follicular Lymphoma

Agent(s) (Drug)	Class (type of treatment)	Under investigation for
Abexinostat (PCI-24781)	Targeted therapy; HDAC inhibitor	R/R FL
Acalabrutinib (Calquence)	Targeted therapy; BTK inhibitor	FL and R/R FL
AZD0486 (TNB-486)	Bispecific monoclonal antibody; anti-CD19	R/R FL
AZD5492	Trispecific monoclonal antibody; anti-CD20	R/R FL
BGB-16673	Targeted therapy; BTK degrader	FL
CTX112	Allogeneic CAR T-cell; anti-CD19	R/R FL
EO2463	Immunotherapy; vaccine	FL and R/R FL
GLPG5101 (19CP02)	Autologous CAR T-cell; anti-CD19	R/R FL
Glofitamab (RO7082859)	Bispecific monoclonal antibody; anti-CD20	FL and R/R FL

Agent (drug)	Class (type of treatment)	Under investigation for
Golcadomide (CC-99282)	Immunomodulatory therapy; Cereblon E3 ligase modulator	FL
MDX2003	Tetraspecific monoclonal antibody; anti-CD19, anti-CD20, anti-CD3, and anti-CD28	R/R FL
Nivolumab (Opdivo)	Immune checkpoint inhibitor; anti-PD-1 receptor	R/R FL
Odronextamab (REGN1979)	Bispecific monoclonal antibody; anti-CD20	FL and R/R FL
Pembrolizumab (Keytruda)	Immune checkpoint inhibitor; anti-PD-1 receptor	R/R FL
Pirtobrutinib	Targeted therapy; BTK inhibitor	R/R FL
Polatuzumab vedotin (Polivy)	Antibody-drug conjugate; anti-CD79b	FL and R/R FL
Relmacabtagene autoleucel	Allogeneic CAR T-cell; anti-CD19	R/R FL
Retifanlimab (Zynyz)	Immune checkpoint inhibitor; anti-PD-1 receptor	FL
Tafasitamab (Monjuvi)	Monoclonal antibody; anti-CD19	R/R FL
Valemetostat	Targeted therapy; EZH inhibitor	R/R FL
Venetoclax (Venclexta)	Targeted therapy; BCL-2 inhibitor	FL and R/R FL

BCL-2, B-cell lymphoma 2 protein; BTK, Bruton's tyrosine kinase; CAR, chimeric antigen receptor; CD, cluster of differentiation; EZH, enhancer of zeste homolog; FL, follicular lymphoma; HDAC, histone deacetylase; PD-1, programmed cell death protein 1; R/R, relapsed/refractory.

It is important to remember that scientific research is always evolving. Treatment options may change as new treatments are discovered, and current treatments are improved. Therefore, it is important that patients check with their physician or with The Foundation for any treatment updates that may have recently appeared. It is also very important that patients consult with a specialist to clear up any questions.

Clinical Trials



Clinical trials are crucial in identifying effective drugs and optimal treatment doses for patients with lymphoma. They are not a "last resort" for patients. Every drug available today had to be tested in clinical trials before it was approved for general use, and all new and emerging treatments. There are four main types or phases of clinical trials. The phase is based on the study's objective and the number of participants.

Phase I

- To identify a safe dose of a new drug
- To decide on a dosing schedule for the drug
- To see what side effects are related to the therapy

Phase II

- To see if a new treatment is effective against a certain type of cancer at the dose determined in Phase I
- To confirm and learn more about the side effects identified in Phase I



Phase III

- To compare the new treatment or new use of an existing treatment with the current standard treatments
- To obtain detailed information about how well the treatment works and the types and severity of side effects it causes

Phase IV

- To look at long-term safety and effectiveness that take place after a new treatment has been approved by the FDA and is available to the public.

Patients interested in participating in a clinical trial should view the Understanding Clinical Trials fact sheet on the Foundation's website (visit lymphoma.org/publications), and the Clinical Trials Search Request Form at lymphoma.org, talk to their physician, or contact the Foundation's Resource Center for an individualized clinical trial search by calling **(800) 500-9976** or emailing connect@lymphoma.org.

How to Be a Self-Advocate

Being a self-advocate and an active participant in healthcare decisions can be a positive experience. It may help patients regain a sense of control that they may have lost following the lymphoma diagnosis by making sure patients receive the best care. Patients and care partners should remember they are partners in their treatment plan.

- Do not be afraid to ask your doctors or nurses questions about your care. An educated patient asking questions is not 'being a challenge to your physician' (or 'being a difficult patient').
- Learn more about lymphoma by asking your doctor for information and visiting reliable websites, such as the Foundation's at www.lymphoma.org.
- Take advantage of counseling, support groups, nutritional counseling, fitness classes, expressive arts, and other services offered at your doctor's office, cancer center, or hospital.
- Consider joining the Foundation's Lymphoma Support Network, a nationwide peer support program that matches patients and care partners with people who have had similar experiences. For information about the program, call **(800) 500-9976** or email connect@lymphoma.org.
- Finally, it is important that patients not be afraid to talk with the healthcare team about nonmedical issues such as transportation, finances, insurance, working through treatment or taking time off, and childcare. There are nurses, social workers, and physician's assistants that are able to provide the support and resources to help.



Follow-Up

Survivorship

As a cancer survivor, it is important that you practice self-care regularly to reset your physical and emotional well-being. Adopting routines of self-care will help you recharge your batteries and stay healthy. Talk with your healthcare team about developing a wellness plan to help you stay physically and emotionally healthy and improve your mood. Consider the following suggestions:

- Watch your health. Stay up-to-date with your own medical appointments and take any medications as prescribed.
- Exercise. Stay active with short periods of daily exercise (30 minutes of power walking, jogging or biking). If not possible, take the stairs instead of the elevator or park farther away than usual.
- Eat well. Include fruits and vegetables in your meals and maintain a balanced diet.
- Cut down on risk factors. Quit smoking and reduce alcohol intake.
- Sleep. Try to get 7 hours of sleep per night, or take naps when needed.
- Rest. Meditation, deep breathing and stretching can help you relax and reduce stress.
- Write it down. Keeping a journal with thoughts and feelings may help to let go of worries and fears.

Long Term Follow-Up Care Plan

All lymphoma survivors should have a long term follow up plan (also called a "survivorship care plan") after treatment ends. This plan is arranged by your healthcare team and includes a summary of the treatments you received, recommendations for follow-up care based on your medical history, and schedules for medical exams to check if the lymphoma has come back (recurrence). This allows your healthcare team to monitor your overall health and look out for long-term effects or other problems that may occur at any point after treatment. Your doctor will let you know how often you need to return for checkup appointments and which physical exams and blood tests are necessary. These checkups usually include a review of your medical history, physical exam and bloodwork, as well as specific exams or screenings recommended by your doctor (see Health Screenings to Consider on next page).

A follow-up care plan may also provide information to help you meet any emotional, social, legal, and/or financial needs. Your health care team can help you decide which doctor to see for your follow-up care plan (the same doctor who treated your lymphoma, a health care provider specialized in caring or cancer survivors, or your primary care provider [PCP]). Some clinics specialized in follow-up cancer plans offer comprehensive support to cancer survivors (called "survivorship clinics"). You can visit oncolink.org/clinics/search to check for survivorship clinics in your area.

View the Foundation's Survivorship Series fact sheet on the Foundation's website at lymphoma.org/publication for more info.

Health Screenings To Consider

As a survivor, there are specific health screenings and exams that you may do at an earlier age than the general population. These will be adapted to the type of lymphoma you had and the treatment you received. For instance, due to the increased risk of secondary breast cancer from radiation therapy, women who received radiation therapy to the chest area during childhood, adolescence, or young adulthood should have clinical breast examinations yearly until age 25, then every six months thereafter. In addition, these women should receive yearly mammograms and breast magnetic resonance imaging (MRI) beginning at age 25 or eight years after completion of the radiation therapy, whichever comes last.

Other health screenings the physician may suggest include:

- Bone density scans
- Cardiovascular monitoring
- Chest or whole body imaging
- Screening for other cancers (e.g. colorectal or skin)
- Dental screenings
- Eye exams
- Lipid blood tests
- Thyroid function tests

Because everyone is different, survivors should talk with their physicians about which screenings are most appropriate and when they should be started.

Care Partners

There are many ways you can help a loved one with lymphoma, as follows:

- Be present. The most important thing that a care partner can do is to "just show up."
- Be prepared. Talk with the healthcare team so that you know what to expect throughout the treatment, how to manage symptoms and when to ask for help.
- Listen. Each person asks for help in different ways, verbally (through words) and nonverbally, and some may require more comfort while others are more action oriented.
- Avoid "cheerleading". Do not disregard your love one's negative feelings (sadness, anger or worry).
- Organize the help. A rush of sudden help upon diagnosis can make the situation harder to manage and create unproductive tension.
- Set up remote access with computer and/or phone access. This is helpful for regular communication with your loved one.
- Offer rides. This is important for people with decreased mobility or limited resources.
- Take notes. If you go into the appointments, write down notes with the doctor's plan, medications, potential side effects and other relevant information.

Patients and their care partner are encouraged to keep copies of all medical records. This includes test results as well as information on the types, amounts, and duration of all treatments received. Medical records are important for keeping track of any side effects resulting from treatment or potential disease recurrences. The Foundation can help patients manage this documentation.

View the Care Partners fact sheet on the Foundation's website at lymphoma.org/publication for more info.

Questions to Ask Your Healthcare Team

- What is my exact diagnosis? What subtype of lymphoma do I have? May I have a copy of the report from the pathologist?
- What is the stage of my disease? In what area of the body is it specifically located?
- What are my treatment choices? Which do you recommend for me and why? Would choosing one treatment prevent me from getting a different kind of treatment later on? How are the different treatments administered?
- Do I need more than one type of treatment?
- What is the goal of treatment? What are the expected benefits of each type of treatment?
- How will we know if the treatment is working? What tests will I need to determine if treatment is working, and how often will I need to be tested?
- How long will the treatment last?
- What are the chances the treatment will be successful?
- What is a clinical trial? Are there clinical trials studying new treatments for my type of lymphoma? Would a clinical trial be appropriate for me? How would I benefit? Are there any drawbacks of participating in a clinical trial?
- Will I be able to work during treatment? Will I be able to drive or take public transportation during my treatment?
- Should I take care of other medical or dental issues before I start treatment?
- How much will the treatment cost? Will my insurance cover some or all of it? What will my out-of-pocket costs be?



The Foundation's Programs and Services

Lymphoma Care Plan

Keeping your information in one location can help you feel more organized and in control. This also makes it easier to find information pertaining to your care and saves valuable time. The Foundation's Lymphoma Care Plans organize information on your health care team, treatment regimen, and follow-up care. The Foundation also provides a Lymphoma Care Plan for Aggressive Lymphomas, Chronic Lymphocytic Leukemia (CLL), and one dealing with Survivorship. You can also keep track of health screenings and any symptoms you experience to discuss with your health care provider during future appointments. The Lymphoma Care Plan document can be accessed by visiting **lymphoma.org/publications.**

Patient Education Programs

The Foundation also offers a variety of educational activities, including live meetings and webinars for individuals looking to learn directly from lymphoma experts. These programs provide the lymphoma community with important information about the diagnosis and treatment of lymphoma, as well as information about clinical trials, research advances and how to manage/cope with the disease. These programs are designed to meet the needs of a lymphoma patient from the point of diagnosis through long-term survivorship. To view our schedule of upcoming programs, please visit lymphoma.org/programs.

Lymphoma Resource Center

The Foundation's Lymphoma Resource Center staff are available to answer your general questions about lymphoma and treatment information, as well as provide individual support and referrals to you and your loved ones. Callers may request the services of a language interpreter. The Foundation also offers a one-to-one peer support program called the Lymphoma Support Network and clinical trials information through our Treatment Navigation Service. For more information about any of these resources, visit our website at lymphoma.org, or contact The Foundation's Lymphoma Resource Center at **(800) 500-9976** or **connect@lymphoma.org.**

Para información en español, por favor visite **lymphoma.org/es** (For Information in Spanish please visit **lymphoma.org/es**).

Lymphoma Support Network

The Foundation's one-to-one peer support program – Lymphoma Support Network – connects patients and care partners with volunteers who have experience with lymphomas, similar treatments, or challenges, for mutual emotional support and encouragement. You may find this useful whether you or a loved one is newly diagnosed, in treatment, or in remission.
For more information about this program, please contact the Foundation's Lymphoma Resource Center at **(800) 500-9976** or visit lymphoma.org/resources/supportservices/lsn.

Treatment Navigation Service

A lymphoma diagnosis can bring a lot of questions about your subtype, your treatment options, and what comes next. The Lymphoma Resource Center's Treatment Navigation Service is here to help you find answers. Through a one-on-one consultation with the Resource Center team, you'll receive personalized educational materials, a comprehensive overview of standard and emerging treatments, and a customized clinical trials search list tailored to your diagnosis. You'll walk into your next appointment feeling prepared and empowered to ask the right questions and take the next step in your journey. This free service is available to every member of our community, patients, survivors, and care partners alike. Reach out to the Lymphoma Resource Center to take your next step with confidence.

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For individuals outside of the U.S. seeking information, the Foundation recommends the Lymphoma Coalition. The Lymphoma Coalition is a global network of worldwide nonprofit/NGO lymphoma patient organizations with information appropriate for non-U.S.-based audiences. Additional information can be found by visiting their website at https://lymphomacoalition.org/.

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