Understanding Indolent B-cell Lymphomas



Resource Center

Lymphoma Research Foundation

Overview

Marginal zone lymphoma (MZL) and, Waldenström macroglobulinemia (WM) are indolent (slow-growing) B-cell non-Hodgkin lymphomas (NHLs). B-cells are a type of white blood cell that helps the body fight infection. are indolent (slow-growing) B-cell non-Hodgkin lymphomas (NHLs). B-cells are a type of white blood cell that helps the body fight infection.

Marginal Zone Lymphoma (MZL)

MZL develops in a part of the lymph node (small bean-shaped structures that help the body fight disease, Figure 1) tissue called the marginal zone. MZL is the third most common indolent lymphoma and accounts for approximately 5 to 10% of all NHLs. The number of new cases of MZL increases with age, but the average age at diagnosis depends on the type of MZL (see below).

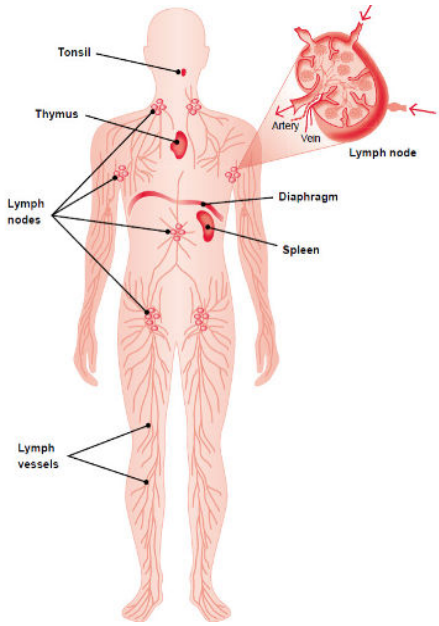

Figure 1. The lymphatic system (tissues and organs that produce, store, and carry white blood cells) and lymph nodes.



The most common MZL subtypes are:
Mucosa-associated lymphoid tissue (MALT) lymphoma or extranodal MZL is the most common form of MZL (61% of all MZL cases). This type of MZL affects tissues outside the lymph nodes (extranodal tissues) like the mucosa (inner lining) of some internal organs and body cavities. Listed below are the organs where MALT lymphomas are found:

- Small intestine, salivary glands, thyroid, breast, around the eye (ocular adnexa lymphoma [OAL]), lung, skin, parotid gland (the largest of the salivary glands) or thyroid (called non-gastric MALT).

- Stomach (called gastric MALT): MALT lymphomas often appear as a result of chronic inflammation (slow, long-term body response to infection lasting for prolonged periods of several months to years) caused by infection (with bacteria) or autoimmune conditions (where the body's immune system starts attacking its own healthy cells) such as Hashimoto's thyroiditis or Sjogren's syndrome. However, most patients with these autoimmune diseases will not develop MALT. The bacteria that are known to cause MALT lymphoma include: Helicobacter pylori (causes chronic inflammation of the stomach and gastritis), Chlamydia psittaci (can cause orbital MALT lymphoma), and Campylobacter jejuni, (causes Mediterranean a form of abdominal lymphoma or immunoproliferative small intestinal disease, often originated in the abdomen, and affects young adults in eastern Mediterranean countries).

Nodal MZL is a rare type of MZL (30% of all MZL cases) that occurs within the lymph nodes.

Splenic MZL is the rarest form of MZL (9% of all cases) and occurs most often in the spleen, blood, and bone marrow. It has been associated with hepatitis C virus (HCV) infection.



Lymphoplasmacytic Lymphoma (LPL)/ Waldenström Macroglobulinemia (WM)

WM is rare and represents only 2% of newly diagnosed NHLs in the United States. There are about 1,000 to 1,500 new cases of WM diagnosed each year in the United States. The disease usually affects older adults and is mainly found in the bone marrow (the spongy tissue inside the bones), although lymph nodes and the spleen may be involved. WM is a cancer that starts in the B-cells. In WM, the affected B-cells typically carry a mutation (permanent change) in their DNA (deoxyribonucleic acid, the molecule that carries genetic information inside the cells). This mutation is present in >90% of WM cases.

The abnormal lymphoma cells are called lymphoplasmacytic cells because they have features of both B-cells and plasma cells (another type of white blood cell). Therefore, WM can also be referred to as Lymphoplasmacytic Lymphoma (LPL). Lymphoplasmacytic cells can survive longer and multiply faster than normal B-cells (Figure 2). High numbers of these abnormal cells in the bone marrow can slow down its function and reduce the number of healthy blood cells and platelets. This can result in anemia (low levels of red blood cells), neutropenia (low levels of white blood cells called neutrophils), and thrombocytopenia (low levels of platelets). In some cases, the same abnormal cells can also be found in lymph nodes or the spleen, which might appear enlarged on a computed tomography (CT) scan (uses a computer linked to an X-ray machine to make pictures of areas inside the body).

The lymphoplasmacytic cells secrete a protein in the blood called IgM (a type of immunoglobulin, also called antibodies, which normally the body uses to fight viral infections). When the amount of IgM produced by the lymphoplasmacytic cells is very high, patients can experience a phenomenon called hyperviscosity, which happens when the blood is thickened and moves through the circulation slower than normal, due to high concentration of IgM.

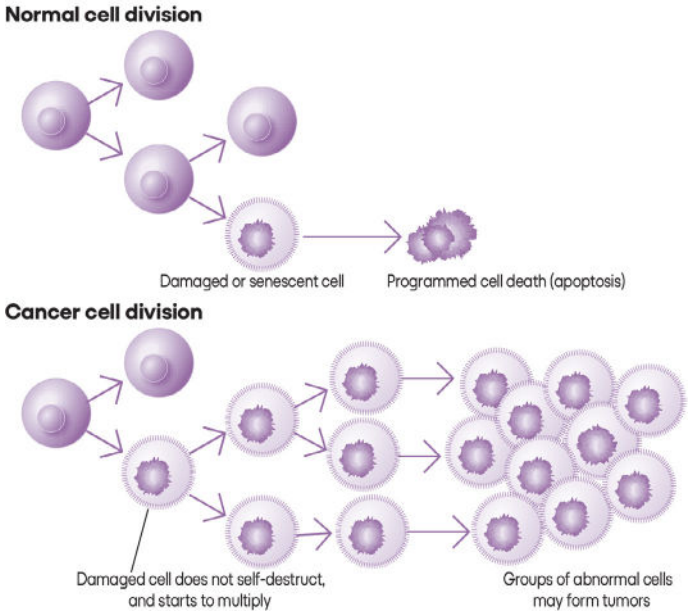

Figure 2. Normal and cancer cell division. In normal cell division, damaged (with mutations that lead to cancer) or senescent (old) cells are destroyed by apoptosis (a type of cell death the body uses to get rid of abnormal cells). In cancer, abnormal cells multiply uncontrollably.

Symptoms, Staging, and Diagnostic Procedure

MZL and, WM can present with similar general symptoms. Symptoms depend on the tumor location (where the tumor is located in the body) and the extent (cancer stage and how far it has spread) of the disease.

The most common symptoms include:

- Swollen lymph nodes – a lump that you can see or feel.
- Tiredness.
- Skin rash.
- Nodules (bumps).
- Plaques (raised or flat lesions).
- Chest or abdominal pain.

Other common symptoms may be:

- Bleeding (particularly from the nostrils and gums).
- Headaches.
- Dizziness.
- Double vision.
- Pain or tingling in the extremities.

Patients with WM have hyperviscosity which is produced by the abnormal lymphoplasmacytic cells. Very high levels of IgM can cause blood hyperviscosity (thickening of the blood). Thickened blood cannot flow easily through the body, which may lead to excess bleeding, vision or hearing problems, headache and/or lightheadedness. In some cases, the IgM in the blood can cause other issues, such as autoimmune hemolytic anemia (a condition where the body attacks and destroys its own red blood cells) or neuropathy (tingling, numbness or pain caused by damage to the nerves). However, some patients with hyperviscosity do not experience any symptoms.



To diagnose indolent B-cell lymphomas, blood tests and a bone marrow biopsy are usually performed. During the biopsy, a needle is inserted into a bone (usually the pelvic bone), to collect a small sample of the bone marrow. This sample is then examined to search for signs of cancer in the bones.

Treatment Options

When patients have stable disease (blood counts are normal or near normal and size of lymph nodes and/or spleen are not very big) or show no symptoms, doctors may decide to monitor the patient without treating the disease. This approach is called active surveillance, or watchful waiting. In this case, patients' overall health and disease are monitored through regular check-up visits that may include laboratory (like a complete blood cell count) and imaging tests (such as CT scans). To know more about active surveillance, view the Active Surveillance fact sheet on the Foundation's website at lymphoma.org/publication.

First Treatment after Diagnosis

Marginal Zone Lymphoma (MZL)

Treatment for MZL is started if the patient begins to develop lymphoma-related symptoms or there are signs that the disease is progressing (cancer is growing and/or spreading). Treatment selection for a patient with MZL depends on the MZL subtype, stage (the size of the cancer and whether it has spread), location, patient's age and overall health, and signs or symptoms.

Gastric MALT Lymphomas

Since gastric MALT lymphoma is often the result of an infection with Helicobacter pylori, the initial treatment combines therapy with two antibiotics and one proton pump inhibitor (PPI, drugs that reduce the amount of acid in the stomach), typically given for two weeks. PPIs help to prevent or heal stomach ulcers (sores on the walls of the stomach). In about 80% of cases, MALT lymphomas go away after antibiotic and PPI treatment, although this may take several months. Most gastric MALT lymphomas are low-grade lesions that grow slowly and do not commonly spread to other places in the body. For patients who do not have an infection with Helicobacter pylori, radiation therapy (uses high-energy radiation to kill cancer cells) is the standard of care approach.

Non-Gastric MALT Lymphomas

Non-gastric MALT lymphomas can appear throughout the body. Therefore, treatment is usually based on the exact location of the lymphoma and how far it has spread. For OAL, radiation therapy with or without antibiotic therapy is usually very effective, and patients may achieve durable remission (no signs or symptoms of disease for a long time). The antibiotic doxycycline has been shown to be effective in MALT that affects the area around the eye, especially in certain areas of the world where infection with Chlamydia psittaci is commonly associated with OAL. In localized cases, treatment usually includes radiation therapy, which is effective even at very low doses. In rare cases where radiation is not feasible, surgery can be used as an alternative. More advanced disease is usually treated with immunotherapy (drugs that use the body's immune system to fight cancer) such as the monoclonal antibody (a protein made in the laboratory that binds to cancer cells and helps the immune system destroy them) rituximab (Rituxan), with or without chemotherapy.

Nodal MZL Because nodal MZL is most often a slow-growing disease, physicians may recommend an active surveillance or watchful waiting approach until symptoms appear. When treatment is necessary, options include radiation therapy, chemotherapy, targeted therapy and/or immunotherapy, and other treatments commonly used in other types of slow growing lymphomas, such as follicular lymphoma.

Splenic MZL

Treatment is not always immediately necessary for splenic MZL, but when a treatment is needed, several options exist. In rare cases, patients may receive a surgery called splenectomy (removal of the spleen) while other patients may be given rituximab (Rituxan) with or without chemotherapy. When the splenic MZL is associated with hepatitis C virus (HCV) infection, treatment of the infection might cure the lymphoma.

The most common types of treatment for MZL include:

- Antibiotics (drugs that fight bacterial infections).
- Radiation therapy.
- Immunotherapy.
  - Monoclonal antibodies (proteins made in the laboratory that bind to cancer cells and help the immune system destroy them) such as rituximab (Rituxan).
  - Immunomodulatory drugs (drugs that work on the immune system directly by activating or slowing down the activity of specific proteins).
- Chemoimmunotherapy is a combination of chemotherapy (drugs that stop the growth of or kill cancer cells) with immunotherapy.
  - Bendamustine (Treanda) plus rituximab (BR).
  - R-CHOP (rituximab [Rituxan], cyclophosphamide, doxorubicin, vincristine, and prednisone)
  - R-CVP (rituximab [Rituxan], cyclophosphamide, vincristine, and prednisone).
- Surgery.

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

For all subtypes of MZL, biosimilar therapies (drugs that are similar to an existing biological therapy [reference drug] but may cost less than the reference drug) may be an option for patients who are taking rituximab. These include rituximab-abbs and rituximab-pvvr. For more information, patients should view the Biosimilars fact sheet on the Foundation's website at lymphoma.org/publications and talk to their physician.

Lymphoplasmacytic Lymphoma (LPL)/ Waldenström Macroglobulinemia (WM)

Treatment for WM is indicated (recommended) for patients with symptoms, evidence of decreased bone marrow function (low levels of blood cells and platelets, caused by the presence of lymphoplasmacytic, or lymphoma cells), and symptoms related with the excess of IgM protein, such as hyperviscosity syndrome, or autoimmune complications (when the body's immune system attacks its own healthy cells), such as autoimmune hemolytic anemia. Although WM is an incurable disease, it is treatable, and many patients have a durable remission to treatment. For patients who require treatment, many factors help determine the best type of treatment, such as:

- The type and severity of the symptoms.
- The level of IgM in the blood.
- Disease burden (includes how the cancer affects the patient clinically and in other areas of life, such as financial).
- The genetic characteristics of the disease.
- The patient's age and overall health.

Treatment choice is based on an individual patient's needs, as well as considerations for short-term (caused by treatment and usually goes away after treatment ends) and long-term (occurs during treatment and continue for months or years) side effects.

Patients with very high IgM and symptoms related to hyperviscosity undergo a procedure called plasmapheresis to temporarily reverse or prevent the symptoms associated with the excess of IgM protein. This procedure involves passing the patient's blood through a machine that separates the plasma (the liquid part of the blood that contains the IgM protein) from the blood cells. The thickened plasma is replaced with a fluid containing albumin (a natural component of plasma) before returning the blood to the patient, now thinner and clearer of IgM protein. Physicians often follow plasmapheresis with other treatments, such as immunotherapy or chemotherapy.

Treatment options for patients with WM include:

- Targeted therapy with Bruton's tyrosine kinase (BTK) inhibitors like ibrutinib (Imbruvica) and zanubrutinib (Brukinsa).

- Immunotherapy with the monoclonal antibody rituximab (Rituxan). Rituximab binds to a protein called CD20 located at the surface of WM cells and can be used in combination with ibrutinib (Imbruvica).

There are also many other drugs that can be used to manage WM, alone and/or in various combinations such as chemoimmunotherapy, including the following:

- Bendamustine (Treanda)
- Cyclophosphamide (Cytoxan)
- Bortezomib (Velcade)
- Corticosteroids

The standard (proper treatment that is widely used by healthcare professionals and accepted by medical experts) immunotherapy or chemoimmunotherapy combinations are used for a set period of time. Once the desired number of cycles (regular treatment schedule that consists of treatment periods followed by a rest period) are administered, patients will stop treatment and be monitored over time for disease progression (when cancer continues to grow or spread).



Relapsed and Refractory Indolent B-cell Lymphomas

Some patients with indolent B-cell lymphomas respond to initial treatment and go into remission (no signs or symptoms of disease). In other cases, the disease may relapse (return after treatment) or become refractory (does not respond to treatment). For these patients, different therapies may result in improved treatment outcomes.

Marginal Zone Lymphoma (MZL)

New treatments for all MZL subtypes have been recently approved for relapsed disease. Lenalidomide (Revlimid), is an immunomodulatory oral (taken by mouth such as pills) medication that has been approved by the FDA for the treatment of patients with MZL who have received at least one prior therapy, and it is used in combination with rituximab (Rituxan), often referred to as R2 (R-squared). Another BTK inhibitor called zanubrutinib (Brukinsa) was approved for use in adult patients with relapsed or refractory (does not respond to treatment) MZL after at least one prior monoclonal antibody based regimen. Lisocabtagene maraleucel (Breyanzi) is a new type of immunotherapy called CAR T-cells therapy (cells of the immune system called T- cells are extracted from the blood, modified in the laboratory and the re-infused in the patient) that was recently approved for patients with MZL who have relapsed after at least two prior therapies.

Although most gastric MALT lymphomas are indolent, if the lymphoma relapses or becomes refractory after antibiotic therapy, there are many additional treatment options available. This includes another round of antibiotic treatment, radiation, and immunotherapy with monoclonal antibodies such as rituximab (Rituxan), alone or in combination with chemotherapy (chemoimmunotherapy).



Lymphoplasmacytic Lymphoma (LPL)/ Waldenström Macroglobulinemia (WM)

For patients with WM, whose disease relapses or becomes refractory, changing therapies may help in providing additional remissions. Some of the previously described therapies for WM can be used or reused depending on a patient's age, how long they have been in remission, other medical problems, and previous experience of side effects.

Additional therapies to treat relapsed/refractory WM include:

- Venetoclax (Venclexta).
- Autologous (patient receives own stem cells) and allogeneic (patients receive stem cells from another donor) stem cell transplant (SCT), following high-dose chemotherapy.

For more information on stem cell transplantation, view the Understanding Cellular Therapy guide on the Foundation's website (visit lymphoma.org/lymphoma).

Treatments Under Investigation

Many new treatments (also referred to as investigational drugs) and treatment combinations (two or more treatments given at the same time) are currently being tested in clinical trials for patients with MZL and/or, WM. 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. For more information on clinical trials, view the Understanding Clinical Trials publication on the Foundation's website at lymphoma.org/publications (Table 1).

Table 1. Investigational Drugs for Marginal Zone Lymphoma, and Waldenström Macroglobulinemia

Agent (Drug)	Class (Type of treatment)	Type of Lymphoma
BGB-16673	Targeted therapy; BTK degrader	Untreated MZL and untreated WM
Loncastuximab Tesirine (Zynlonta)	Immunotherapy antibody-drug conjugate; anti-CD19	R/R MZL and R/R WM
Mosunetuzumab (Lunsumio)	Immunotherapy; bispecific antibody	Untreated MZL and R/R MZL
Nemtabrutinib (MK-1026)	Targeted therapy; BTK inhibitor	R/R MZL and R/R WM
Nivolumab (Opdivo)	Immune checkpoint inhibitor; anti-PD-1 receptor	R/R MZL and, R/R WM
Obinutuzumab (Gazyva)	Immunotherapy; monoclonal antibody, anti-CD20	Untreated MZL, R/R MZL and untreated WM
Pemigatinib (Pemazyre)	Targeted therapy; FGFR1, 2 and 3 inhibitor	R/R MZL
Pirtobrutinib (Loxo-305)	Targeted therapy; BTK inhibitor	Untreated MZL, R/R MZL, untreated WM and R/R WM

Agent (Drug)	Class (Type of treatment)	Type of Lymphoma
Tafasitamab (Monjuvi)	Immunotherapy; monoclonal antibody, anti-CD19	R/R MZL and R/R CBCL
Venetoclax (Venclexta)	Targeted therapy; BCL2 inhibitor	Untreated MZL, R/R MZL and untreated WM
VNX-101	Gene therapy; anti-CD19 and anti-CD3	R/R MZL
Sonrotoclax (BGB-11417)	Targeted therapy; BCL2 inhibitor	Untreated WM and R/R WM
Zanubrutinib (Brukinsa)	Targeted therapy, BTK inhibitor	Untreated MZ

BCL2, B-cell lymphoma 2 protein; BTK, Bruton's tyrosine kinase; CD, cluster of differentiate; FGFR, fibroblast growth factor receptor; MZL, marginal zone lymphoma; PD-1, programmed cell death protein 1; R/R, relapsed/refractory; WM, Waldenström macroglobulinemia.

It is critical to remember that today's 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 all 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), talk to their physician, or contact the Foundation's Lymphoma Resource Center for the Treatment Navigation Service 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.

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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