



*Low Grade Non-Hodgkins
Lymphoma – A Case Study*

Ger Walpole

CNS

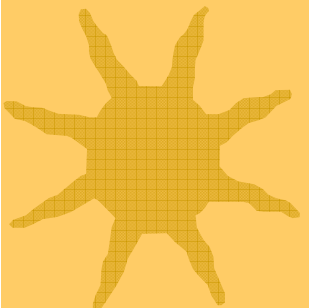
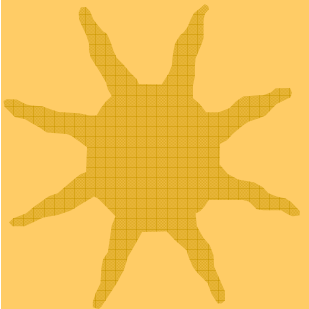
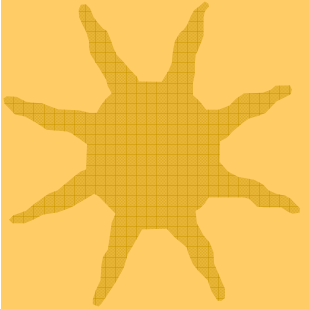
Haematology

Sligo General Hospital



Social History

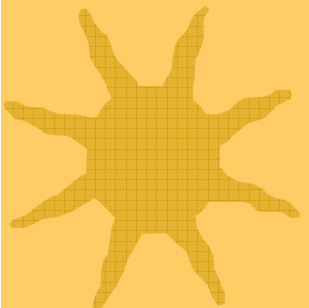
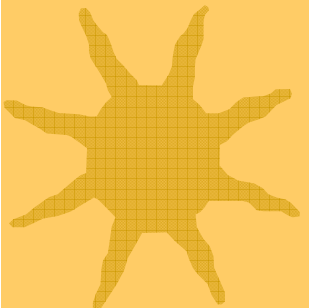
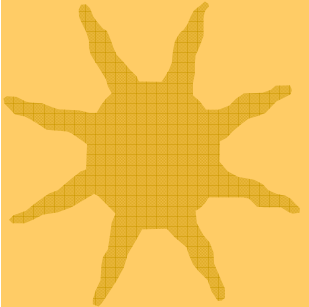
★ 42 Year Old Lady





Presenting History

- ★ A&E referral with acute abdominal pain
- ★ Vomiting by 3 days
- ★ Ultra sound of abdomen revealed multiple gallstones and large abdominal mass
- ★ Admitted for laproscopic cholecystectomy and further investigation
- ★ Subsequent biopsy of abdominal mass under radiological guidance





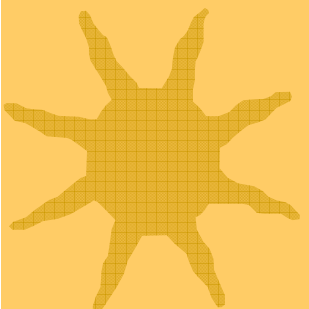
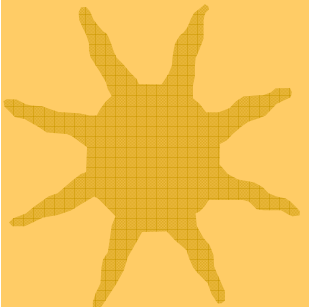
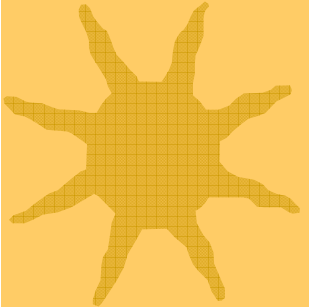
Investigations

★ Clinical

- Clinical history including B Symptoms
- Physical examination with particular attention to node bearing areas, liver and spleen
- Performance status- ECOG 0

★ Radiology

- CXR
- Cat scan





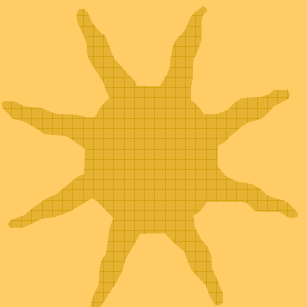
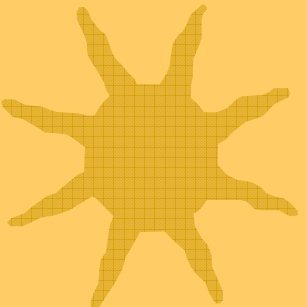
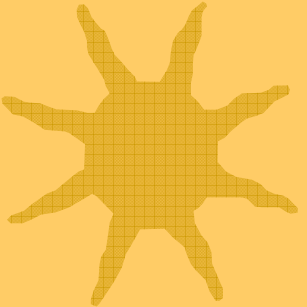
Investigations

★ Haematology

- FBC-differential and film
- Bone marrow aspirate and trephine
- Immunophenotyping - blood and marrow

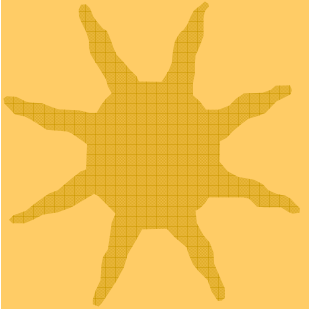
★ Biochemistry

- LDH, urea and electrolyte, liver and bone profile, B2M and ESR
- Immunoglobulins and electrophoresis
- Pregnancy test

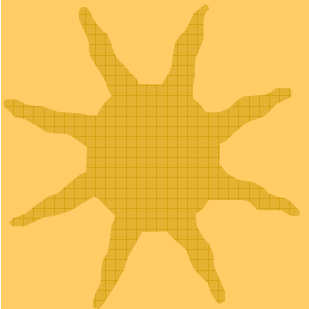




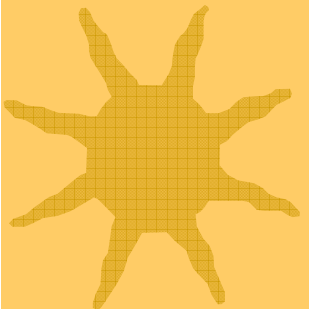
Cat scan at Diagnosis



★ Bulky lymphadenopathy – retrocrural, retroperitoneal and mesenteric



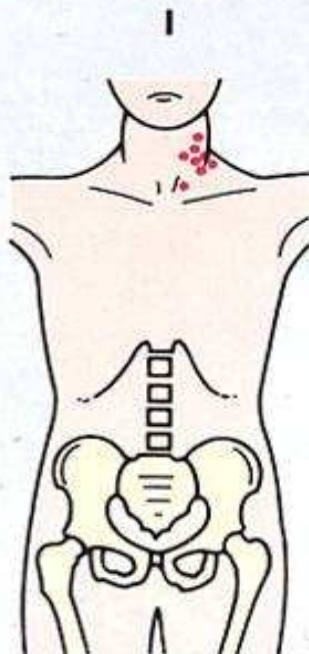
★ Large mesenteric mass infiltrating 3rd and 4th part of the duodenum



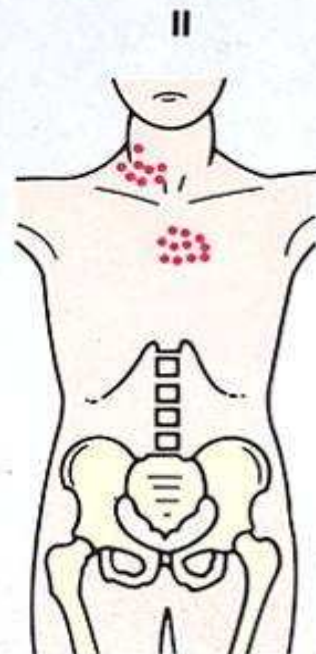
★ Mass encasing the superior mesenteric vein

★ Bilateral pleural effusions

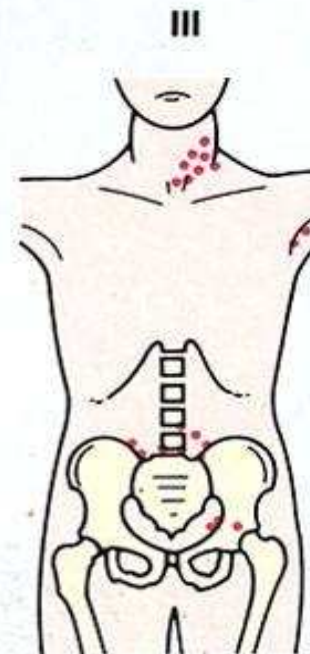
Staging of Hodgkin's Disease



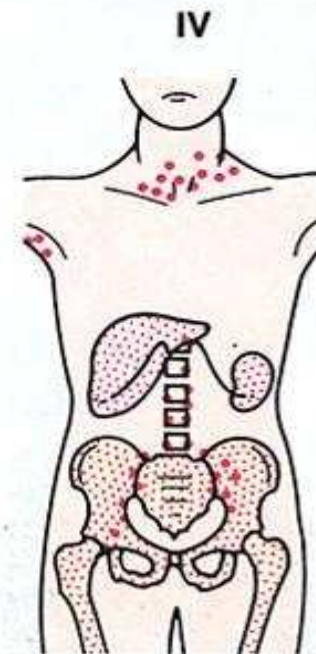
Stage I:
involvement of single lymph node region or single extralymphatic site (I_E)



Stage II:
involvement of two or more lymph node regions on same side of diaphragm; may include localized extralymphatic involvement on same side of diaphragm (II_E)

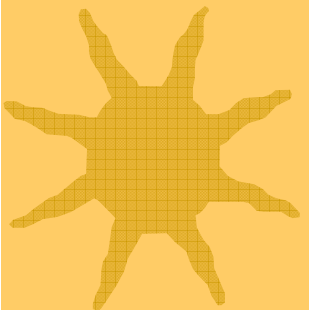
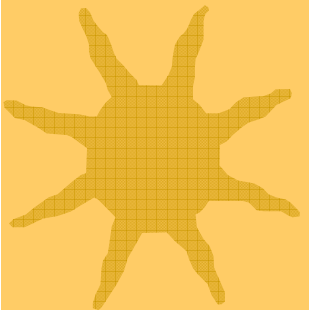
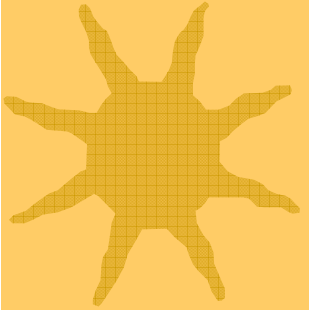


Stage III:
involvement of lymph node regions on both sides of diaphragm; may include spleen (III_S) or localized extranodal disease (III_E)



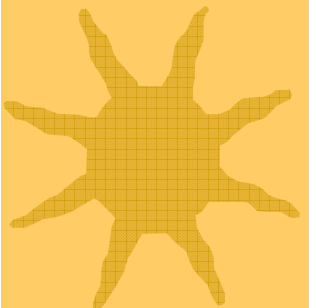
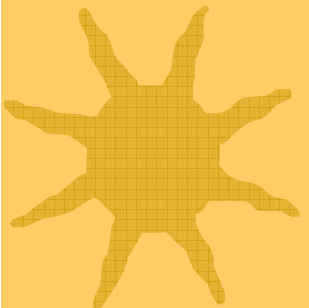
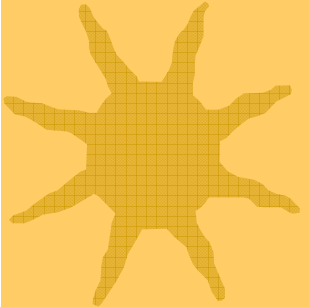
Stage IV:
diffuse extra-lymphatic disease (e.g. in liver, bone marrow, lung, skin)

NB: if unexplained weight loss of >10% body weight in preceding 6 months and/or fevers of >38°C and night sweats, classified as 'B'; if absent, 'A'.



Follicular Lymphoma

- ★ Neoplasm of follicle centre B cells
- ★ World wide F.L. is the second most frequent subtype of nodal lymphoid malignancies
- ★ 15 / 100,000 / year
- ★ 22% of NHL Worldwide
- ★ Median age 59 years
- ★ M:F 1:1.7

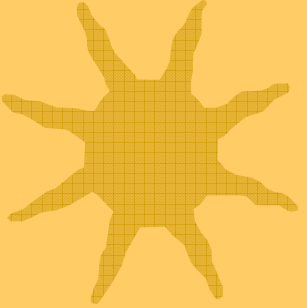


Reasons to Treat

- ★ Local symptoms due to progressive or bulky nodal disease
- ★ Compromise of normal organ function due to disease
- ★ Presence of B symptoms
- ★ Presence of symptomatic extranodal disease e.g. Pleural effusions
- ★ Patients insistence



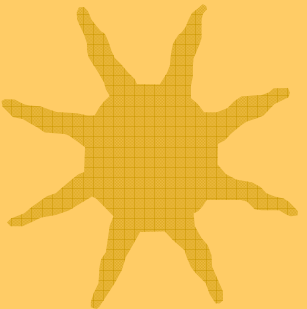
International Prognostic Index



★ Age (<60 vs >60yrs)

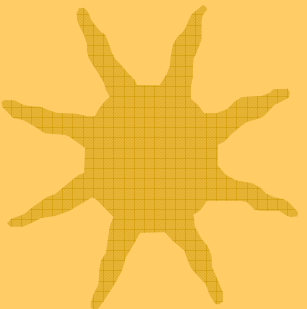
★ Ann Arbour stage (1/11 vs 111/1V)

★ Serum LDH (normal vs elevated)



★ Extra nodal involvement (0-1 vs >1 site)

★ Performance status (0-1 vs 2-4)



★ Haemoglobin ≥ 12 g/dL vs <12g/dL



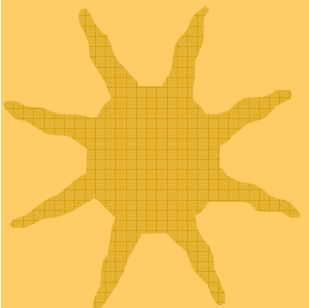
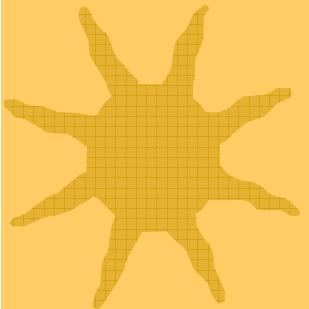
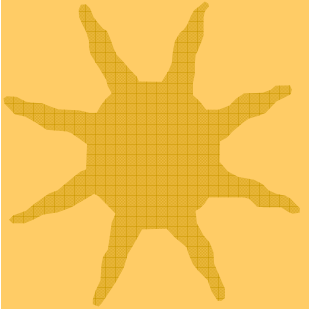
Treatment Plan

★ R/CVP x 6 cycles

- Rituximab 375 mg/m²
- Cyclophosphamide 750 mg/m²
- Vincristine 1.4 mg/m²
- Prednisolone 100 mg o.d. x 5 days

★ Concomitant medications

- Septrin 960 mg b.d. Mon/Wed/Fri
- Valtrex 500 mg o.d.
- Zoton 30 mg o.d



Treatment Plan

★ Anti- emetics

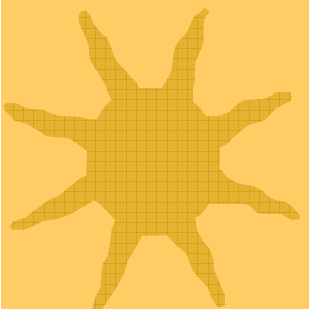
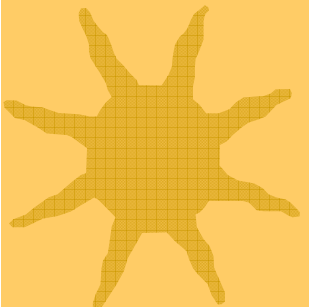
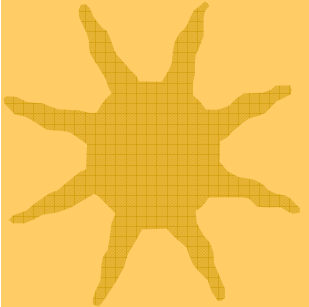
– Kytril 2 mg o.d. x 3 days

– Motilium 20 mg t.d.s x 7 days

★ Mouth washes

– Chlorhexidine q.d.s.

– Mycostatin 1 ml q.d.s

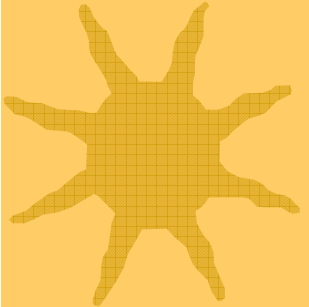


Side Effects

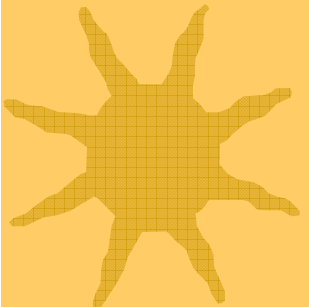
- ★ Nausea and vomiting
- ★ Fatigue
- ★ Weight gain
- ★ Vincristine associated neuropathy post cycle 1



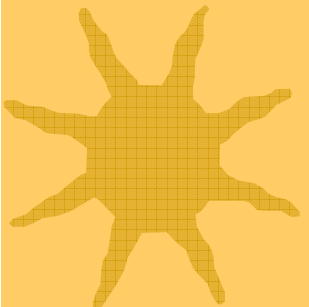
Cat Scan Post Cycle 3



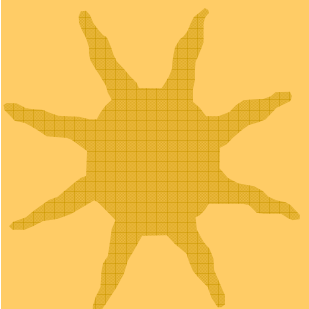
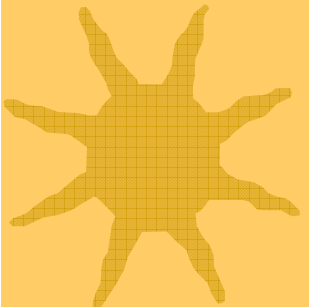
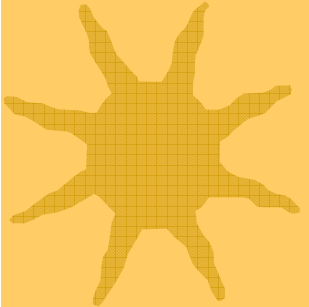
★ Significant reduction in mass



★ Enlargement of uterus with free fluid content



★ Needs further assessment



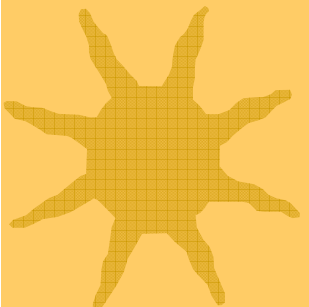
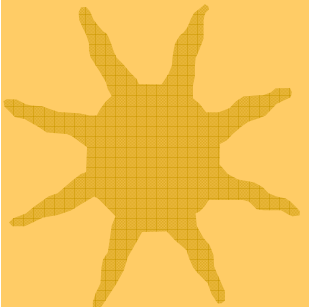
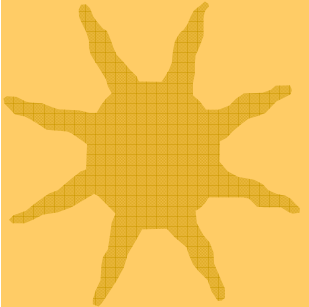
Cycle 3 - 6

- ★ Uneventful
- ★ Erythropoietin support
- ★ Weekly counselling
- ★ Vincristine at 50% dose
- ★ No nausea



Where's Mary Now?

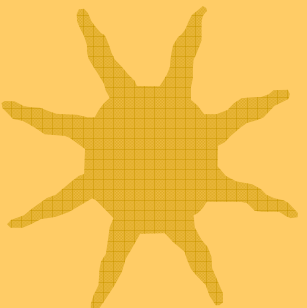
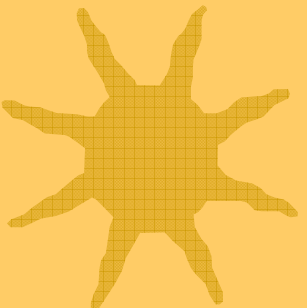
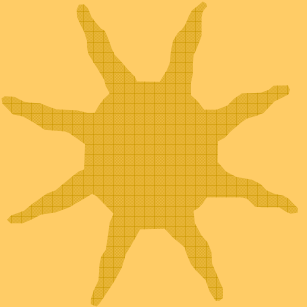
- ★ Received radiation therapy post Cycle 6.
- ★ Continues with regular counselling
- ★ Home supports continue
- ★ Counselling for the children





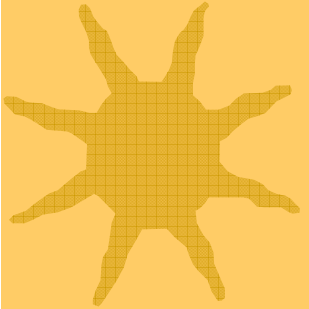
Follow Up

- ★ History and physical exam
 - every 3 months for 2 years
 - every 6 months for 3 years
 - Yearly with attention to disease progression
- ★ Laboratory
 - FBC and biochemistry at 3, 6, 12, and 24 months and then as required
- ★ CT scanning
 - Role unclear

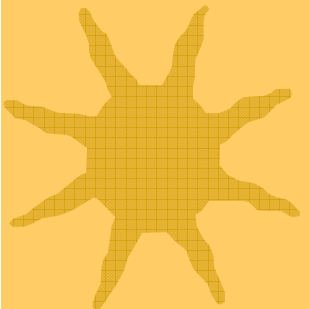
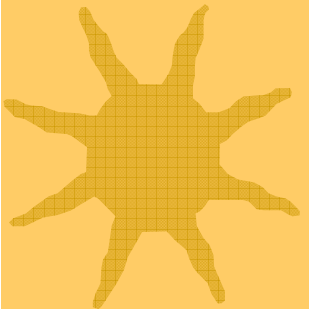


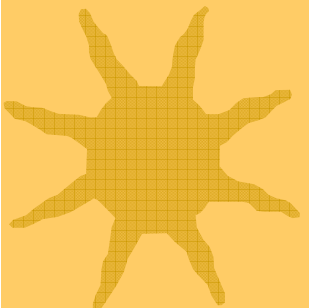
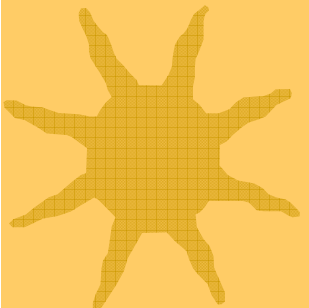
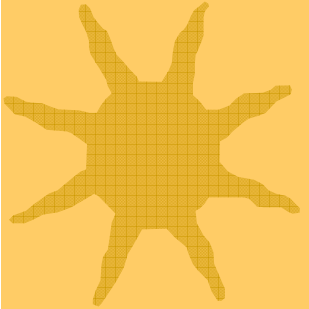


Treatment Options for the Future



- ★ R - CVP
- ★ R - CHOP
- ★ FCR
- ★ Radioimmunoconjugates (Zevalin)
- ★ Stem cell transplantation
- ★ ? Maintenance Rituximab.





Learning outcomes

- ★ Symptom management
- ★ Consent
- ★ Holistic care.