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But Wait ... There's More On The Other Side!



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Lymphoma - Continued From Newsletter

It is important that anyone with persistent symptoms be examined by a doctor to make sure lymphoma is not present. To diagnose PTCL, physicians will need to conduct a number of tests to distinguish between T-cell and B-cell lymphoma and to determine the PTCL subtype. Confirmation of the diagnosis will require a tissue biopsy rather than a needle biopsy.

Lymphomas, including PTCLs, are divided according to how fast they grow: "indolent lymphomas" grow slowly and "aggressive lymphomas" grow quickly. When doctors describe lymphoma, they will often use these terms.

The Ann Arbor system is commonly used to identify a cancer's stage (the degree to which a cancer has spread). Knowing what stage your disease is will help you and your healthcare team plan for your future and determine the right treatment for you.

- **Stage I** disease in single lymph node or lymph node region.
- Stage II disease in two or more lymph node regions on same side of diaphragm.
- Note: Stage II contiguous means two or more lymph nodes in close proximity (side by side).
- **Stage III** disease in lymph node regions on both sides of the diaphragm are affected.
- Stage IV disease is wide spread, including multiple involvements at one or more extranodal (beyond the lymph • node) sites, such as the bone marrow.

The aggressive PTCL subtypes are more likely to present with late stage disease. Prognosis is typically poor with 25 percent to 40 percent of patients surviving for five years from diagnosis.

What is the first treatment given for PTCL?

Currently PTCL is treated similarly to B-cell lymphomas. However, in recent years, scientists have developed techniques to better recognize the different types of lymphomas, such as PTCL. It is now understood that PTCL behaves differently from B-cell lymphomas and therapies are being developed that specifically target these types of lymphoma.

Anthracycline-containing chemotherapy regimens are commonly offered as the initial therapy.

With the exception of ALK-positive ALCL, anthracyclinebased chemotherapies have not been shown to be as effective against most PTCL subtypes as they are for other types of lymphoma.

Therefore, National Comprehensive Cancer Network (**NCCN**) guidelines recommend that patients seek participation in a clinical trial for the initial treatment of PTCL. In a clinical trial, patients generally will receive either the current standard of treatment or an experimental drug. If a clinical trial is not available, the following is a list of treatment regimens that are often

Studies have shown that some patients who receive stem cell transplants as part of their first-line therapy for PTCL can experience prolonged remissions. However, in the population of PTCL patients, only a select few are eligible for stem cell transplants. It is also important to note that much of the data regarding stem cell transplants are generated from small, uncontrolled trials.

Patient Programs and Services

The Lymphoma Research Foundation (LRF) seeks to positively impact the future for everyone whose life has been affected by a lymphoma diagnosis. The Foundation is dedicated to providing support and services to people with peripheral T-cell lymphoma (PTCL) their families and caregivers.

Major online resources: www.FocusOnPTCL.org and www.Lymphoma.org ggd 🙂





recommended for PTCL in alphabetic order:

First-Line Therapy

- CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone)
- EPOCH (etoposide, prednisone, vincristine, • cyclophosphamide, doxorubicin)

HyperCVAD (cyclophosphamide, vincristine, doxorubicin, and dexamethasone) alternating with highdose methotrexate and cytarabine.

First-Line Consolidation

When patients enter remission following chemotherapy, it is recommended that consolidation therapy be considered. Treatments typically pursued include high -dose chemotherapy **plus** stem cell transplant. There are exceptions! Additionally, there are several new drugs under consideration for clinical trials.