

Lymphoma: Higher rates of survival on the horizon

When detected in time, the right plan can
improve treatment outcomes

To keep you healthy from day to day, your body has its own in-built, germ-fighting network.

This network is also known as the lymphatic system, made up of different vessels and organs in your body, from the lymph nodes to the bone marrow. Lymphoma is the name of the cancer that affects this system.

There are many types of lymphoma but Diffuse Large B-Cell Lymphoma (DLBCL) is the most common aggressive type of non-Hodgkin lymphoma, affecting the B-lymphocytes that produce antibodies which help your body fight infections.

According to the World Health Organization's guidance on classifying tumours, DLBCL accounts for 30 to 40 per cent of newly diagnosed cases of non-Hodgkin lymphoma globally.¹

In Singapore, Dr Daryl Tan Chen Lung, who specialises in haematology and practises at Mount Elizabeth Hospitals, estimates that lymphoma is the fifth most common cancer in Singapore.²

Keeping an eye out for symptoms

Unlike other cancer patients, DLBCL patients hardly have any contributing factors to the development of the condition — not even hereditary ones — though people with existing HIV infections are more prone to getting DLBCL.

As a result of this, and also because lymphoma is less common than other cancers like breast or lung cancer, regular medical check-ups do not test for its genetic indicators. Instead, patients seek medical help only when they spot early symptoms, says Dr Tan. A growing awareness of lymphoma — World Lymphoma Awareness Day takes place on Sept 15 each year — and better diagnostics measures have led to much earlier detection of the cancer today, compared to a decade ago.



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Dr Daryl Tan Chen Lung,
Haematologist

Dr Tan says that early symptoms of DLBCL include lumps in the neck or groin. Sometimes, other organs like the spleen and bone marrow can be affected. However, some patients show no obvious symptoms beyond abdominal pain, fever and loss of weight. It is thus especially important to seek medical attention should you display any of the common symptoms of lymphoma — including swollen lymph nodes in the neck, armpit or groin, a persistent fever, excessive night sweats and unexplained weight loss.

Dr Tan adds that the median age of DLBCL patients in Singapore is 60 to 65, though a very small number of patients in their 20s are diagnosed with a subtype of the cancer known as primary mediastinal B-cell lymphoma.

More treatment options available

While DLBCL is an aggressive cancer, the good news is that it is highly treatable in the early stages.

Current therapies for treating first-line DLBCL include chemotherapy, chemo-immunotherapy — a combination use of chemotherapy and immunotherapy — and stem cell transplant in certain groups of patients. About six in 10 of these patients will respond to their treatment³ and not suffer a relapse within the next five years.

This has a huge impact on younger patients who are then able to resume their daily life and go back to work, for example.

Dr Tan remembers a female patient in her early 20s whose career was just taking off. She was admitted with fever and breathlessness. After performing scans on her, it was discovered that there was fluid surrounding her heart and lungs, and she had a tumour in her chest the size of a rugby ball.

Fortunately, because the cure rate for DLBCL is high, the patient's condition has since gone into remission.

A combination of chemo-immunotherapy drugs is commonly recommended as a first-line treatment in DLBCL. Radiation therapy or stem cell transplant can also be included as part of the treatment.

However, about four in 10 patients may not eventually respond to these therapies or suffer from a relapse.³ When this happens, treatment

options are limited. Some patients can undergo a stem cell transplant, but about half of them are not eligible.⁴ This group includes older patients with compromised immune systems.

Promising times ahead

While affected patients can consider continuing with chemotherapy and chemo-immunotherapy, there are new promising treatment options on the horizon, including targeted therapies such as CAR T-cell therapy. These targeted therapies involve using the patient's own immune cells — also known as T cells — or molecules that bind a chemotherapy agent to an antibody to fight cancerous blood cells.

Beyond that, there are also treatment options known as combination therapy. Previously, patients suffering a relapse have had to rely on existing, first-line treatment, which may or may not be effective in combating the cancer. Combination therapy uses the collective effect of different medications to target different areas of cancerous B-cells and destroy them.

Says Dr Tan: “[The medical community is] seeing progress in DLBCL immunotherapy. The current cure rate is about 70 per cent. Hopefully, we can increase the number to 80 per cent or more. But we mustn't rest on our laurels as we hope to focus on the 20 per cent of patients who still don't respond to any treatments.”

For more information on lymphoma and treatment options, please speak to your healthcare specialist.

1. Lyon, France. World Health Organization Classification of Tumors of Haematopoietic and Lymphoid Tissues. IARC Press; 2008.

2. SingHealth. (n.d). Lymphoma. Retrieved on 30 Sept 2020. (<https://www.singhealth.com.sg/patient-care/conditions-treatments/lymphoma>)

3. Maurer, MJ et al. Event-free survival at 24 months is a robust end point for disease-related outcome in diffuse large B-cell lymphoma treated with immunochemotherapy. *J Clin Oncol*. 2014; 32: 1066-73.

4. Gisselbrecht C, Van Den Neste E. How I manage patients with relapsed/refractory diffuse large B cell lymphoma. *Br J Haematol*. 2018;182:633-643.