

Relapsed or Refractory Lymphoma



OVERVIEW

Unfortunately, sometimes cancer can come back after successful treatment (relapses). This can occur days, weeks, months or years after successful treatment. Sometimes lymphoma doesn't respond to treatment (refractory). Coping with a relapse or refractory lymphoma can be just as hard as coping with your original diagnosis, and sometimes even harder.

WHAT IS 'RELAPSED' LYMPHOMA?

Relapse means that the lymphoma has come back after going into complete remission (no evidence of lymphoma). A relapse of lymphoma or CLL usually occurs when a small number of malignant cells remain active in the body after treatment is completed. This does not mean that you received the wrong treatment, or the incorrect doses. Unfortunately, some cancer cells are extremely efficient at avoiding death or damage.

A common treatment for lymphoma is chemotherapy, which targets and kills all rapidly dividing cells in the body, including cancer cells. Some cancer cells are slow growing, such as in follicular lymphoma and CLL, therefore making them less likely to be targeted by chemotherapy drugs. This is why some indolent lymphomas are more likely to relapse and can be more difficult to treat. A relapse can be a very distressing, although many people are treated successfully again.

WHAT HAPPENS WHEN LYMPHOMA RELAPSES?

Unfortunately, there are not always distinct signs or symptoms which indicate the lymphoma has returned. Many people may not realise that their lymphoma or CLL has relapsed until they undergo routine post treatment scanning and/or a physical examination by your doctor. This is why attending all your follow up appointments, tests and scans is so important.

For some people, the symptoms which led to the initial lymphoma diagnosis may reappear, or new, distressing symptoms may arise. It is essential that you report any new symptoms or concerns to your GP and treating team as soon as possible.

If your treating team suspects the lymphoma or CLL has relapsed, you will likely undergo more diagnostic and staging tests. These may include:

- Blood tests
- Lymph node biopsy
- Bone marrow biopsy
- Computed tomography scan (CT)
- Positron emission tomography scan (PET)
- Lumbar puncture and MRI if lymphoma is expected in the brain or spinal cord.

WHAT IS 'REFRACTORY' LYMPHOMA?

Refractory lymphoma is the term given to cancer that does not go into remission after cancer treatment. The lymphoma continues to grow during treatment and either doesn't respond or only partially responds to cancer treatment. A small number of people with lymphoma are refractory and are generally treated similarly to relapsed lymphoma.

Sometimes a scan part-way through treatment shows that the treatment is not working as well as hoped. If this occurs, your treating team might switch to a more intensive treatment as part of your first line of treatment.

HOW IS RELAPSED & REFRACTORY LYMPHOMA TREATED?

It is important to note that treatment for relapsed or refractory lymphoma can be very successful. The type of treatment your treating team will advise you to have depends on a range of factors including:

- Your lymphoma subtype
- Your symptoms and your test results
- What treatment you had previously
- Your age, general fitness and other conditions you may have
- How you coped with your previous treatment
- How long have you been in remission

There are many options, with no standard treatment for relapsed lymphoma or CLL in Australia, that all vary in intensity and side effects.

TREATMENT FOR RELAPSED OR REFRACTORY AGGRESSIVE LYMPHOMA

The treatment for lymphoma often involves chemotherapy which we know targets and kills rapidly dividing cells. Aggressive non-Hodgkin lymphoma (B-cell & T-cell) and Hodgkin lymphoma are fast growing, and therefore generally respond extremely well to chemotherapy.

Treatment is therefore intended to 'cure' the person of their lymphoma. For this patient group, relapse is most likely in the first two years after treatment, with likelihood reducing as time goes on. Refractory lymphoma is generally treated the same way as relapsed lymphoma.

Some treatment options may include:

- A different, more intense chemotherapy protocol (some examples include R-DHAP or ICE)
- If suitable, a stem cell transplant (for more information, see the 'Transplants in Lymphoma' fact sheet on the Lymphoma Australia website: <https://bit.ly/2MTluOb>)
- Targeted therapies (some examples include Brentuximab Vedotin, Pralatrexate & Ibrutinib)
- Immune checkpoint inhibitors (Nivolumab or Pembrolizumab)
- Radiotherapy

It is always worth discussing what clinical trials are available for your lymphoma with your haematologist. For more information see the fact sheet "Understanding Clinical Trials" on the Lymphoma Australia website: [engonetlymaus.blob.core.windows.net/assets/uploads/files/Fact%20Sheets/LYA084_CT_FactSheet_FA\(web\).pdf](https://engonetlymaus.blob.core.windows.net/assets/uploads/files/Fact%20Sheets/LYA084_CT_FactSheet_FA(web).pdf)

TREATMENT FOR RELAPSED OR REFRACTORY LOW-GRADE NON-HODGKIN LYMPHOMA

In some subtypes of lymphoma or chronic lymphocytic leukaemia (CLL), multiple relapses are common and even expected by the treating team. For people with indolent (slow growing) lymphomas & CLL, a relapse may occur when the cancer "flares up" and requires treatment after sometimes years of being stable on active surveillance (watch & wait). For more information on this, see the "Understanding Watch and Wait" fact sheet on the Lymphoma Australia: [engonetlymaus.blob.core.windows.net/assets/uploads/files/Fact%20Sheets/LYA084_WandW_FactSheet_FA\(web\)%20\(2\).pdf](https://engonetlymaus.blob.core.windows.net/assets/uploads/files/Fact%20Sheets/LYA084_WandW_FactSheet_FA(web)%20(2).pdf)

It can be very distressing to be told your lymphoma or CLL has relapsed, even if you have been told it is likely. It is important to know that there are many effective treatment options available. These include:

- Further 'watch and wait' if the lymphoma or CLL is not causing any symptoms
- Radiotherapy to treat localised disease
- Targeted therapies such as Ibrutinib or Venetoclax
- Chemotherapy and immunotherapy such as Rituxumab or Obinutuzumab
- New treatments available through clinical trials

WHAT IF LYMPHOMA RELAPSES AGAIN?

Sometimes lymphoma can relapse multiple times. It is important to know that even if your lymphoma relapses a second, third or fourth time, it can still be successfully treated. Options for treatment include an allogeneic stem cell transplant, targeted therapy, or you may be eligible for a clinical trial. New treatments for lymphoma are regularly being made available to patients in Australia.

RESOURCES AND SUPPORT

Organisation	How can they help?
Lymphoma Australia	<ul style="list-style-type: none"> • Lymphoma Australia offers a wide variety of resources and support for people with lymphoma or CLL and their carers. Please visit our website lymphoma.org.au for further information • Lymphoma Australia Fact sheets: <ul style="list-style-type: none"> • Emotional Impact of Relapsed or Refractory Lymphoma • Lymphoma subtypes • Understanding Watch and Wait • Oral Therapies in Lymphoma • Transplant in Lymphoma • Understanding Clinical Trials • Fear of Cancer Recurrence & Scan Anxiety • lymphoma.org.au/page/1218/fact-sheets • Lymphoma Australia YouTube Channel to watch presentations about a variety of topics including lymphoma subtypes, management and supportive care: youtube.com/user/LymphomaAustralia • Lymphoma Nurse Support Line: 1800 953 081 or email: nurse@lymphoma.org.au • Online private Facebook group: 'Lymphoma Down Under' a group that you can connect with other patients and carers. http://bit.ly/2mrPA1k

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