

# TRANSPLANT AND NON-HODGKIN LYMPHOMA (NHL)

Learning more about treatment options for non-Hodgkin lymphoma (NHL) can help you make decisions that are best for you. Be The Match® can help you understand how transplant may be used to treat NHL.

## READ ON TO **LEARN ABOUT:**

- Transplant as a treatment option
- Questions to ask your doctor

### ABOUT **NON-HODGKIN LYMPHOMA (NHL)**

NHL is a group of blood cancers. In NHL, the body makes unhealthy lymphocytes. Lymphocytes are a type of white blood cell. They help your body fight infections. In NHL, the lymphocytes don't fight infections very well. These unhealthy lymphocytes form tumors in the lymph nodes and other places in the body. The tumors can make lymph nodes in your body get bigger, usually around the neck, under the armpits and in the groin. The unhealthy lymphocytes may also collect in different parts of the body, including the liver, spleen and bone marrow.

There are more than 30 different types of NHL. The different types are based on how quickly the unhealthy lymphocytes grow and the type of lymphocytes affected. Lymphomas that tend to grow slowly are called **indolent lymphomas**. Aggressive lymphomas are ones that grow quickly. The unhealthy lymphocytes may be B cells, T cells or NK cells. Most NHLs are B-cell lymphomas.

The most common types of NHL are:

- Follicular lymphoma—an indolent B-cell lymphoma
- Diffuse large B-cell lymphoma (DLBCL)—an aggressive B-cell lymphoma
- Mantle cell lymphoma—an aggressive B-cell lymphoma

### **Key points:**

- There are many different types of NHL.
- NHL can be slow-growing (indolent) or fast-growing (aggressive).
- Most NHLs affect B cells.

### ABOUT **BLOOD OR MARROW TRANSPLANT (BMT)**

BMT, also known as a bone marrow transplant, can be used to treat patients who have NHL. It replaces blood forming cells (stem cells) that become unhealthy lymphocytes with healthy ones. For some people transplant can cure NHL. For others, it may delay **relapse** (the disease coming back).

For NHL, there are 2 types of transplant:

- **Autologous transplant** uses the patient's own blood-forming cells, which are collected and stored.
- **Allogeneic transplant** uses healthy blood-forming cells donated by someone else.

Both types of transplant are used to treat NHL, but autologous is more common. For aggressive NHLs, allogeneic transplant is used if chemotherapy doesn't work or if the lymphoma returns after an autologous transplant.

For both types of transplant, first you get chemotherapy, with or without radiation, to kill the unhealthy cells. Then, the replacement cells are put into your bloodstream through an intravenous (IV) catheter. The cells travel to the inside of your bones and begin to make healthy blood cells.

The entire transplant process, from the start of chemotherapy or radiation, until hospital discharge, can last weeks to months. This is followed by many months of recovery near the transplant center and at home. Doctors, nurses and social workers closely care for you to prevent and treat any side effects or complications.

### Key point:

- Chemotherapy alone may be the best treatment for some patients with NHL. For others, transplant is the best treatment.

### WHEN TO **SEE A TRANSPLANT DOCTOR**

If you have **follicular lymphoma**, you should see a transplant doctor if:

- It doesn't get better with initial treatment
- The initial remission (no signs of disease) lasts less than 1 year
- It comes back a 2nd time
- It turns into a more aggressive lymphoma

If you have **DLBCL**, you should see a transplant doctor if:

- It comes back
- You have high or high-intermediate risk DLBCL and it's in remission (no signs of disease)
- The initial chemotherapy doesn't lead to remission

If you have **mantle cell lymphoma** or **other high-risk lymphomas**, you should see a transplant doctor soon after you start treatment.

### **YOUR FIRST APPOINTMENT** WITH A TRANSPLANT DOCTOR

At your first appointment, the transplant doctor will:

- Review your medical history.
- Talk with you about your treatment options.
- Discuss the risks and benefits of transplant.
- Make recommendations for you and your referring doctor.



### AT EVERY STEP, WE'RE **HERE TO HELP**

LEARN: **BeTheMatch.org/patient**      EMAIL: **patientinfo@nmdp.org**  
ORDER: **BeTheMatch.org/request**      CALL: **1 (888) 999-6743**  
TRANSLATED RESOURCES: **BeTheMatch.org/translations**

### **QUESTIONS TO ASK** YOUR DOCTOR

It's important to ask questions so that you can make informed decisions about your treatment plan. Questions you may want to ask include:

- What are my chances of a cure or long-term remission if I get a transplant? If I don't get a transplant?
- What are the risks of waiting or trying other treatments before a transplant?
- Does my current health or age affect how well transplant might work for me?
- What are the possible side effects of transplant? How can they be reduced?
- How might my quality of life change over time, with or without transplant?

### **OTHER RESOURCES**

#### TO HELP YOU LEARN MORE

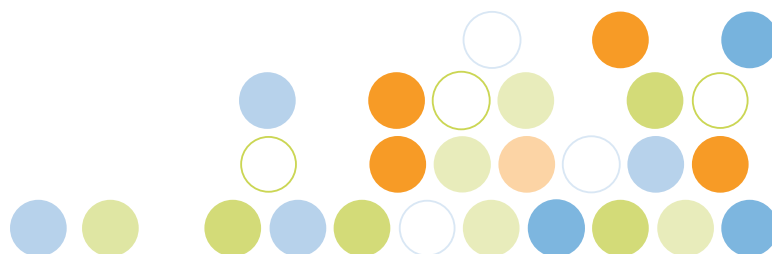
Be The Match has free resources to help you learn about transplant.

Visit **BeTheMatch.org/patient-before**

Here are just a few that you might find helpful:

- Videos: *BeTheMatch.org/LearnTheBasics*
- Booklet: *Transplant Basics*
- Brochure: *Transplant Outcomes and Treatment Decisions*

Most recent medical review completed March 2016.



Every individual's medical situation, transplant experience and recovery is unique. You should always consult with your own transplant team or family doctor regarding your situation. This information is not intended to replace, and should not replace, a doctor's medical judgment or advice.