

Mantle cell lymphoma FAQs

Frequently asked questions from patients

Am I at risk of developing MCL?

The causes of MCL are mostly unknown;¹ however, there are certain risk factors that are associated with the disease. These include²:

- Infection with certain viruses or bacteria
- Weakened immune system
- Autoimmune disease
- Previous cancer
- Having a close blood relative with MCL

It's important to remember that having these risk factors does not mean that you will develop MCL.¹

What symptoms should I look out for?

The most common sign of MCL is painless swelling in the neck, armpit or groin. Some people also experience what are known as B symptoms: drenching night sweats, fevers with no obvious cause and unexplained weight loss.¹

What sort of tests will I need to get a diagnosis?

Testing for MCL is most commonly done by removing part, or all, of an enlarged lymph node (a biopsy). The biopsy is then sent to a laboratory to be checked for lymphoma cells. You may also have biopsies taken from other areas of your body. Biopsies can be performed under general or local anaesthetic. In addition, you may have^{1,2}:

A scan (CT scan, PET-CT scan or MRI scan) to see whether the cancer has spread to other parts of the body

A lumbar puncture (a needle is inserted between the bones of the lower back to take a sample of the cerebrospinal fluid that surrounds the brain and spinal cord – in some types of non-Hodgkin lymphoma, the lymphoma cells may get into this fluid)

A bone marrow test (to check for abnormal cells)

How invasive is a bone marrow test?

During a bone marrow test, a doctor or nurse takes a small sample of bone marrow from the back of the hip bone (pelvis). The area is numbed with local anaesthetic – you may receive a mild sedative or remain awake.^{1,3}

How long does it take for the results to come through?

It can take a few days to a few weeks for test results to be ready.⁴

Will I be referred to a specialist?

Yes. If you are diagnosed with MCL, a team of specialists will meet to discuss the best possible treatment for you. This is called a multidisciplinary team (MDT).¹

What types of treatment are available to me?

Chemotherapy¹

This treatment uses anti-cancer drugs to destroy cancer cells. It can be given intravenously or as tablets. As there are several chemotherapy drugs available, the right one will be selected for you based on your general fitness and possible side effects. Chemotherapy can be used in a combination with other treatments.

Steroids¹

Frequently given with chemotherapy to treat lymphomas. They can help you to feel better and make you feel less sick.

Stem cell transplant¹

This is an intensive treatment which isn't suitable for everyone. If the decision is made for you to have a stem cell transplant, it will be performed using your own stem cells (autologous stem cell transplant).

Radiotherapy¹

This treatment uses high-energy rays to destroy cancer cells, while doing as little harm as possible to nearby healthy cells. It can either be used to treat stage 1 or 2 MCL or to relieve symptoms such as pain.

Targeted therapies^{1,5}

Targeted therapies are therapies that target specific molecules involved in cancer growth and survival, such receptors or signalling molecules.

What are the potential side effects of treatment?

All treatments have the potential to cause side effects, which can either develop during treatment or may continue to develop months or years later.^{1,6}

Side effects include⁶:

- Tiredness
- Weakened immune system
- Peripheral neuropathy
- Early menopause
- Thyroid changes
- Second cancer
- Effects on the heart
- Effects on the lungs

Not everyone has long-term effects, and many side effects get better over time.⁶

CT=computed tomography; MCL=mantle cell lymphoma; MDT= multidisciplinary team; MRI=magnetic resonance imaging; PET-CT=positron emission tomography and computed tomography.

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References

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