

# Non-Hodgkin Lymphoma

Non-Hodgkin lymphoma is a cancer within the cells of the immune system, specifically the lymphocyte cells (a type of white blood cell) in lymph nodes, spleen, tonsils, digestive tract, thymus (a small organ behind the breastbone), and bone marrow. There are two categories of lymphoma: Hodgkin lymphoma and non-Hodgkin lymphoma. Non-Hodgkin lymphomas can be classified as aggressive (fast-growing) or indolent (slow-growing) cancers depending on the type. There are many different types of non-Hodgkin lymphoma, and researchers have yet to determine a direct cause for the disease. Individuals with severely suppressed immune systems have a higher risk. The survival rate depends on the type and stage of the lymphoma.

#### **Statistics**

- In 2023, **80,550 Americans** will be diagnosed with non-Hodgkin lymphoma, and **20,180 will die** from disease.
- In Texas in 2023, **5,540 diagnoses** of non-Hodgkin lymphoma are expected, with **1,440 deaths.**
- While non-Hodgkin lymphoma is a common cancer among children, teens, and young adults, about **half of the cases** occur in individuals **over 65 years of age.**

## **Risk Factors**

- Weak immune system: People with a weakened immune system as a result of an inherited immune disorder like ataxia-telangiectasia (AT), hypogammaglobulinemia, or Wiskott-Aldrich syndrome; or autoimmune diseases such as rheumatoid arthritis, psoriasis, Sjögren syndrome, lupus, or celiac disease have an increased risk of developing non-Hodgkin lymphoma. Some drugs used to modulate the immune system are also associated with an increased lymphoma risk.
- **Some long-term infections:** People who have had certain types of immune-compromising infections such as HIV/AIDS, Helicobacter pylori, Hepatitis C, Human T-cell lymphotropic virus type 1, Chlamydophila psittaci, human herpes virus 8, or Epstein-Barr virus are at a higher risk of developing the disease.
- **Organ transplant patients:** People who have received organ transplants are at risk, as anti-rejection medications often suppress the immune system.
- **Demographics:** Males and Caucasians are more likely to develop non-Hodgkin lymphoma.
- Body weight: Being overweight or obese may increase risk for non-Hodgkin lymphoma.
- **Exposure to certain chemicals and radiation:** Exposure to chemicals in some chemotherapy drugs, pesticides, herbicides, petrochemicals, and benzene, as well as exposure to high levels of radiation, may increase risk of non-Hodgkin lymphoma.
- **Breast implants:** Although it is rare, having breast implants can increase the risk of developing anaplastic large cell lymphoma (ALCL).

## **Symptoms and Signs**

The following may be symptoms of non-Hodgkin lymphoma but could be linked to other health conditions. If the following symptoms are present, individuals are encouraged to consult their physician:

- Swollen lymph nodes in the neck, underarms, or groin
- Unexplained weight loss
- Night sweats
- Fatigue
- Unexplained pain or discomfort in the abdomen, chest, or bones
- Fever

- Swollen abdomen
- Itchiness, skin rash or lumps
- Cough, shortness of breath
- Bruising or bleeding easily
- Frequent or severe infections
- Feeling full easily

#### **Prevention**

There is no known specific prevention for non-Hodgkin lymphoma. Prevention of a weakened immune system is the best way to reduce the risk of non-Hodgkin lymphoma, along with maintaining a healthy body weight.

# **Treatment Options**

Treatment options may be tailored based on the type of lymphoma, stage, the patient's overall health, and potential side effects of therapy. Treatment can include watchful waiting, surgery, chemotherapy, radiation therapy, proton therapy, immunotherapy, targeted therapy, stem cell transplant, and palliative medicine. Physicians including a hematologist, medical oncologist, radiation oncologist, and bone marrow transplant specialist may be part of the medical team, depending on the treatment.

## **About Texas Oncology**

With more than 530 physicians and 280 locations, Texas Oncology is an independent private practice that sees more than 71,000 new cancer patients each year. Founded in 1986, Texas Oncology provides comprehensive, multi-disciplinary care, and includes Texas Center for Proton Therapy, Texas Breast Specialists, Texas Colon & Rectal Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists, Texas Infusion and Imaging Center, and Texas Center for Interventional Surgery. Texas Oncology's robust community-based clinical trials and research program has contributed to the development of more than 100 FDA-approved cancer therapies. Learn more at <a href="mailto:TexasOncology.com">TexasOncology.com</a>.

Sources: American Cancer Society, American Society of Clinical Oncology, Leukemia and Lymphoma Society, and National Cancer Institute



