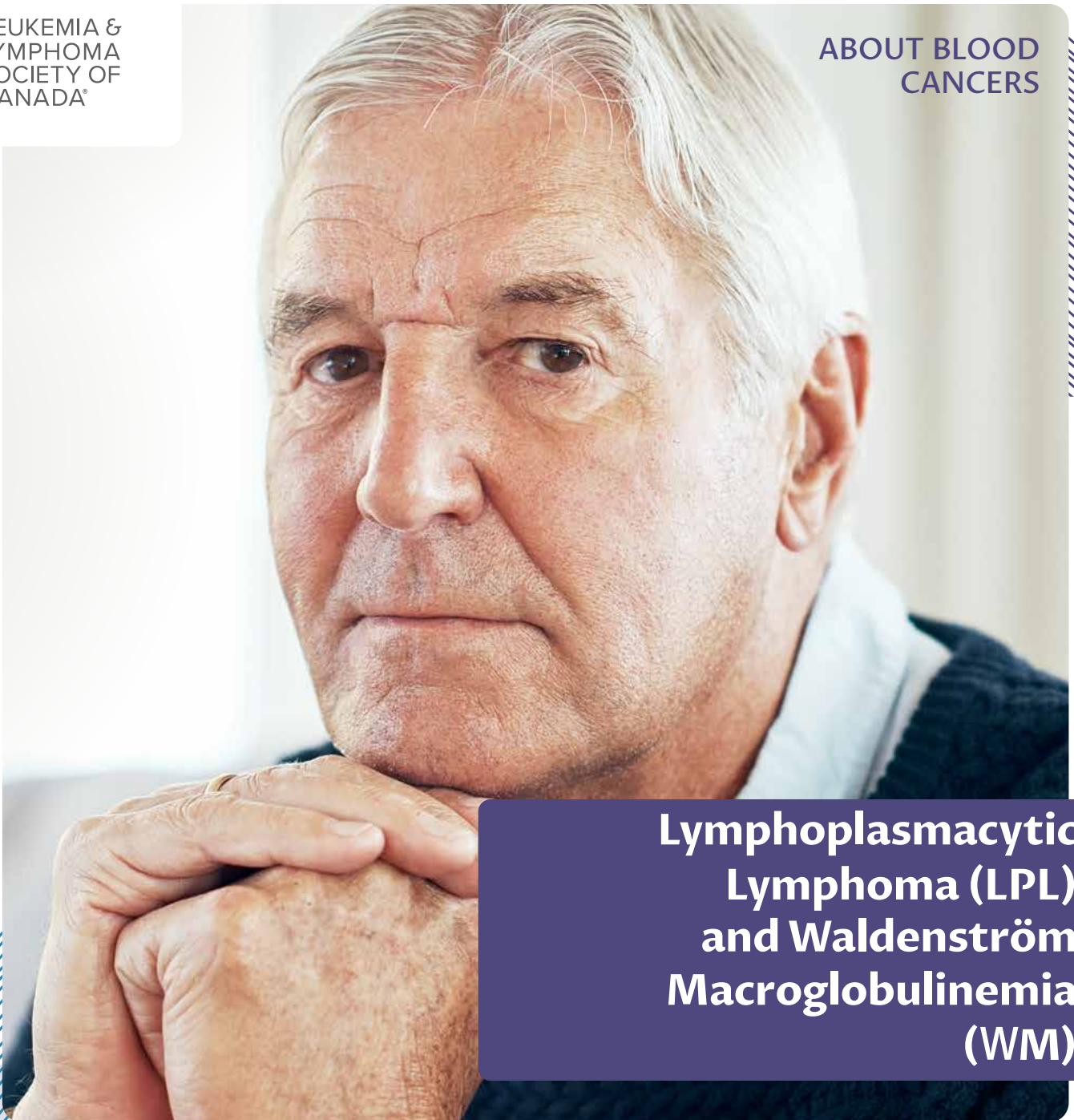




Lymphoplasmacytic Lymphoma (LPL) and Waldenström Macroglobulinemia (WM)

WHAT YOU NEED TO KNOW

You or your loved one has been diagnosed with lymphoplasmacytic lymphoma (LPL) or its related condition, Waldenström macroglobulinemia (WM). These are slow-growing subtypes of non-Hodgkin lymphoma. What does it mean and how will it affect you?

This fact sheet will help you:

Learn about LPL and WM
and how they are diagnosed

Get an overview of
treatment options

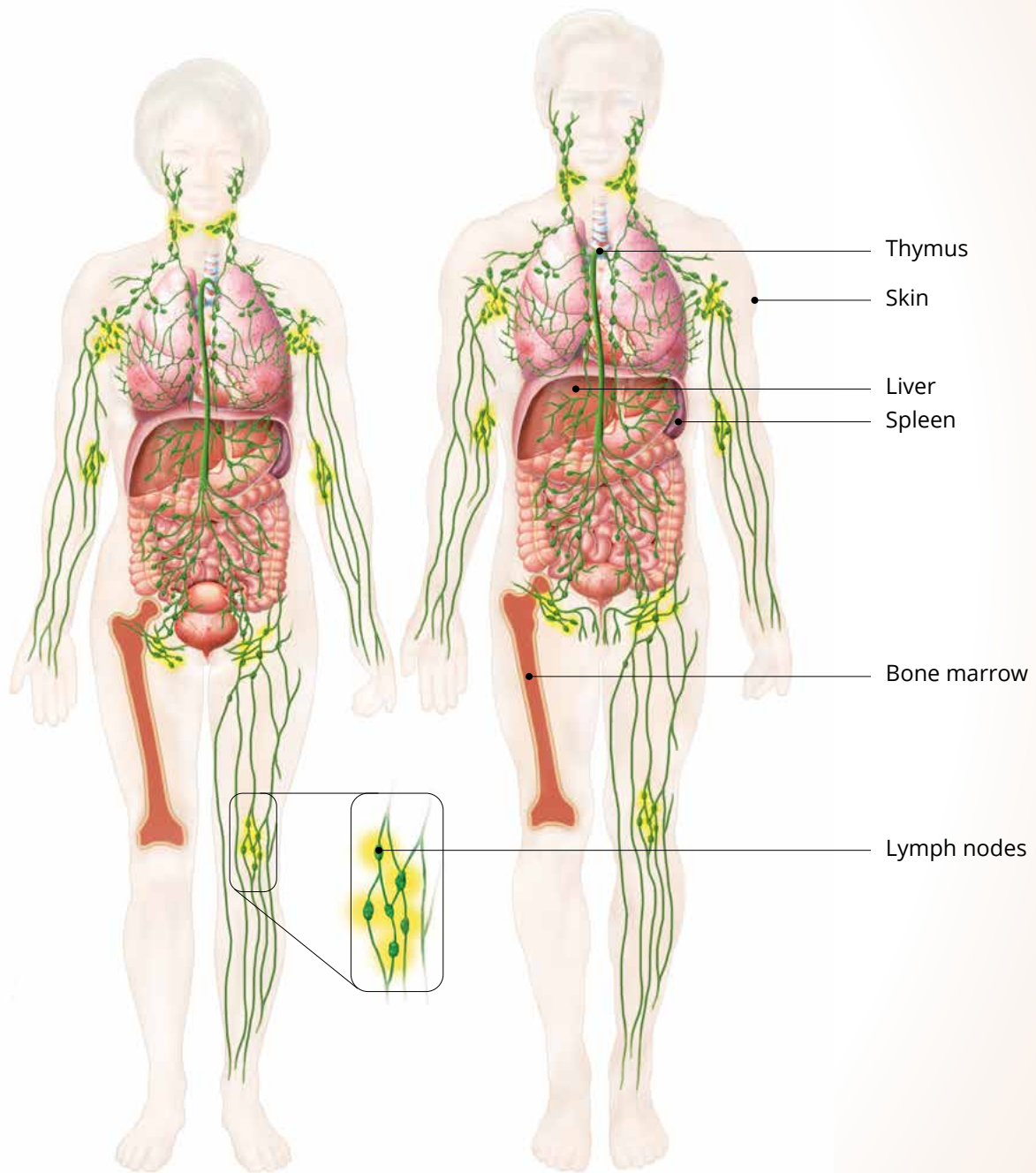
Understand what
happens next



About lymphoma

Lymphoma is cancer of the lymphatic system, which includes your bone marrow, lymph nodes, thymus, liver, skin, and spleen.

Your lymphatic system defends your body against infection by creating white blood cells called **lymphocytes**. If these cells become abnormal, you may develop lymphoma.



What is lymphoma?

Lymphoma is the name for a group of blood cancers that develop in your lymphatic system. The two main types are Hodgkin lymphoma and non-Hodgkin lymphoma. LPL and WM are subtypes of non-Hodgkin lymphoma.

About lymphoplasmacytic lymphoma

- LPL is a rare, slow-growing (indolent) B-cell subtype of non-Hodgkin lymphoma
- It is often found in the bone marrow, lymph nodes, and spleen
- It develops from B lymphocytes (type of white blood cell that fights infection) that grow out of control
- It can change into a different, more aggressive form of lymphoma
- It most often appears in older adults (average age is 60)

Waldenström macroglobulinemia (WM)

Waldenström macroglobulinemia is a related condition and is the most common type of LPL. Up to 25% of people with WM have no symptoms; however, tests will show higher than normal amounts of a protein called immunoglobulin M (IgM). While there is no cure, the condition is treatable.

Symptoms of LPL and WM

Often, people with LPL or WM have no symptoms when they are diagnosed. If you do have symptoms, they may include:

- Fatigue and weakness
 - When your red blood cell count is low (anemia)
- Infections
 - When your neutrophil count is low (neutropenia)
- Bruising and bleeding easily
 - When your platelet count is low (thrombocytopenia)
- Swelling in one or more lymph nodes

Most people with LPL or WM don't experience fever, night sweats, and weight loss.

Your diagnosis

Once you have a diagnosis, your doctor can determine the right treatment for you. Your test results help your doctor predict how LPL or WM will likely progress and how you may respond to treatment. Here are some possible tests you may do:

Name of test	Description
Medical history and physical exam	The doctor will review past illnesses, injuries, and symptoms, examining your lungs, heart, and other organs.
Complete blood count	This test measures the number of red blood cells, white blood cells, and platelets in a sample of your blood to find out if the counts are high or low.
Serum protein electrophoresis	This test measures the amount of all five types of immunoglobulins in your blood. When you have a very high level of IgM, it's a sign of WM.
Serum viscosity	This test measures how thick your blood is. High levels of IgM will cause the blood to thicken. This leads to abnormal blood flow.
Beta ₂ microglobulin (β ₂ -M)	This test looks for elevated levels of (β ₂ -M) (a protein found on the surface of many cells, including lymphocytes).
Bone marrow aspiration and biopsy	These two tests look at bone marrow cells for anything unusual in your chromosomes. They are usually done at the same time.
Immunophenotyping	This test helps find specific types of cells in a blood sample to confirm a diagnosis. It identifies the lymphoma cells as B-cells, T-cells, or natural killer cells.
Imaging tests	A computed tomography (CT) scan uses a computer linked to an x-ray machine to make a series of detailed pictures of areas inside your body. Magnetic resonance imaging (MRI) uses magnetic fields and radio waves to create images of the body's organs and tissues. The positron emission tomography (PET) scan uses radioactive material to create a 3D image of your cells to look for changes in the bone marrow and pockets of lymphoma cells.

LPL and WM treatment

Name of treatment	Description
Active surveillance	Often people with LPL or WM may not require treatment for years. Active treatment begins when symptoms develop. Several treatment options are available to prevent or control symptoms and improve quality of life. There is no standard treatment for LPL or WM. Active surveillance (watch and wait) delays treatment until the possibility exists that the disease will progress. This type of treatment is often used for slow-growing diseases such as LPL and WM.
Chemotherapy	uses medicine to kill cancer cells. A combination chemotherapy procedure uses two or more chemotherapy drugs.
Targeted therapies	include a type of drug therapy to target specific substances on the cancer cell. The drug therapy is often given in pill form and is more commonly used for high-risk people.
Immunotherapy	boosts or pauses the immune system to help the body fight cancer. This therapy is done in combination with chemotherapy.
Radiation therapy	uses X-rays or other high-energy rays that can kill cancer cells.
Stem cell transplant	transfers a healthy person's stem cells to your body to slow the growth of the disease. This is an option for some people with LPL or WM who relapse and/or do not respond to therapy.

Factors that affect treatment

Discuss your treatment options with your doctor to make sure you understand the benefits and risks of each approach. Your treatment plan is based on:

- Your age and overall health
- The type and extent of symptoms
- How quickly the cancer needs to be controlled
- The potential need for a stem cell transplant in the future

Treatment side effects

When you begin treatment for LPL or WM, you may have mild to severe side effects. This will depend on your age, your overall health, and your treatment plan. Side effects can affect people in different ways. Most side effects disappear once your treatment ends. New drugs and therapies can help control most side effects. Speak to your doctor if you are having side effects.

Common side effects

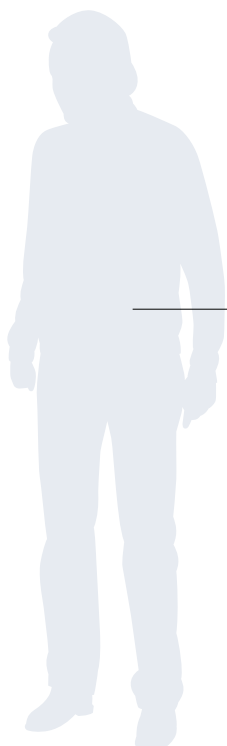
You may experience side effects such as:

- Nausea, diarrhea, vomiting, loss of appetite, and temporary hair loss from chemotherapy or radiation treatments
- Fever, chills, coughing, sore throat, frequent and loose bowel movements, and mouth sores
- Peripheral neuropathy (nerve damage) from treatment that can make your fingers and toes feel numb or tingly
- Tumour lysis syndrome (TLS), which can happen when many cancer cells die quickly: this changes your metabolism and can lead to other health complications

Long-term or late effects of treatment

Medical follow-up is important after treatment for LPL and WM. You may need blood tests or bone marrow tests to determine if you need further treatment. Your medical team should provide you with a care plan listing how often you will need follow-up visits, and which tests you will have at those visits.

- **Long-term side effects** are common and can last for months or years after treatment ends. Examples include chronic fatigue and problems concentrating (known as chemo brain).
- **Late effects** are medical problems that do not show up until years after treatment ends. See your doctor to get follow-up care for possible early detection of secondary cancers and fertility problems.





Living with LPL or WM can be overwhelming. Seek medical help if you feel “down” or “blue” or don’t want to do anything and your mood does not improve over time. These could be signs of depression, an illness that should be treated. Treatment for depression has important benefits for people living with cancer. Remember, you are not alone.

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