WHAT IS NON-HODGKIN LYMPHOMA?
Non-Hodgkin lymphoma (NHL) is a cancer of the lymphatic system in which lymphatic cells change, grow uncontrollably, and may form a tumor. NHL can be indolent (slower growing), aggressive (faster growing), or have features of both. B-cell lymphoma is the most common type of NHL. T-cell lymphoma is less common, and NK-cell lymphoma is relatively rare. Because of the many types and subtypes of NHL, it is important to know the precise diagnosis.

WHAT IS THE FUNCTION OF THE LYMPHATIC SYSTEM?
The lymphatic system is made up of thin tubes that branch out to all parts of the body. It carries lymph, a clear fluid containing lymphocytes (white blood cells) that help fight infection and disease. Lymph collects in lymph nodes. Because lymphatic tissue is found in most parts of the body, NHL can start almost anywhere.

WHAT DOES STAGE MEAN?
Staging is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. There are four stages for NHL: stages I through IV (one through four). A scale called the International Prognostic Index (IPI) is used to help predict the success of treatment for aggressive lymphoma. More information about NHL can be found at www.cancer.net/nhl.

HOW IS NON-HODGKIN LYMPHOMA TREATED?
The treatment of NHL depends on the type, subtype, and stage of NHL; possible side effects; and the person’s overall health. Active surveillance (watchful waiting) may be an option for some patients with indolent lymphoma who are otherwise healthy and do not have any symptoms. Chemotherapy is often the primary treatment for NHL. Radiation therapy is sometimes given after or during chemotherapy for patients with an early-stage tumor, a particularly large lymph node, or to manage symptoms, such as pain. Other treatment options include a monoclonal antibody called rituximab (Rituxan), which may be given with chemotherapy to treat many types of B-cell lymphoma, and radiolabeled antibodies (also called radioimmunotherapy). Stem cell/bone marrow transplantation may also be an option. When making treatment decisions, people may consider a clinical trial; talk with your doctor about all treatment options. The side effects of NHL treatment can often be prevented or managed with the help of your health care team.

HOW CAN I COPE WITH NON-HODGKIN LYMPHOMA?
Absorbing the news of a cancer diagnosis and communicating with your doctor are key parts of the coping process. Seeking support, becoming organized, and considering a second opinion are other steps. Take care of yourself during this time. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.
QUESTIONS TO ASK THE DOCTOR
Regular communication is important in making informed decisions about your health care. Consider asking the following questions of your health care team:

• What type and subtype of NHL do I have?
• Can you explain my pathology report (laboratory test results) to me?
• What stage is the lymphoma? What does this mean?
• Would you explain my treatment options? What clinical trials are open to me?
• What treatment plan do you recommend? Why?
• What is the goal of each treatment? Is it to eliminate the lymphoma, help me feel better, or both?
• Who will be part of my treatment team, and what does each member do?
• Do I need to begin treatment right away?
• How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
• What long-term side effects may be associated with my cancer treatment?
• What follow-up tests will I need, and how often will I need them?
• If I’m worried about managing the costs related to my cancer care, who can help me with this concern?
• Where can I find emotional support for me and my family?
• Whom should I call for questions or problems?

Additional questions to ask the doctor can be found at www.cancer.net/nhl.