Non-Hodgkin Lymphoma: Treatment Choices



There are many treatment choices for non-Hodgkin lymphoma. The one that's best for you depends on things such as:

- The type of non-Hodgkin lymphoma
- The stage (extent) of the lymphoma
- Where the lymphoma is in your body
- How fast the lymphoma is growing
- · Results of lab tests
- Your age
- · Your overall health
- · Your personal concerns and preferences

Learning about your treatment options

You may have questions and concerns about your treatment options. You may want to know how you'll feel and how your body will work after treatment. You may wonder if you'll have to change your normal activities.

Your healthcare provider is the best person to answer your questions. They can tell you what your treatment choices are and how well they're expected to work. They can also tell you what the risks and side effects may be, and how much it's likely to cost.

Your healthcare provider may advise a certain treatment. Or they may offer more than one and ask you to decide which one you'd like to use. It can be hard to make this decision. It's important to take the time you need to make the best decision.

Deciding on the best plan may take some time. Talk with your healthcare provider about how much time you can take to explore your options. You may want to get a second opinion before deciding on your treatment plan. You may also want to include your family and friends in this process.

Types of treatment for non-Hodgkin lymphoma

Treatment for cancer is either local or systemic. Systemic treatment is most often used for lymphoma, but you may have both.

- Local treatments. These remove, destroy, or control cancer cells in a certain place in the body. Surgery
 and radiation are local treatments.
- Systemic treatments. These destroy or control cancer cells throughout the body. Chemotherapy, immunotherapy, and targeted therapy are examples.

Goals of treatment for non-Hodgkin lymphoma

Treatment may control or cure the lymphoma. It can also improve your quality of life by helping to control symptoms of the disease. The goal of non-Hodgkin lymphoma treatment is to do one or more of these things:

· Try to cure the lymphoma

- · Keep the lymphoma under control for as long as possible
- · Treat symptoms of the lymphoma, such as pain or pressure on organs

Each type of treatment has a different goal. Talk with your healthcare provider about treatment goals so you know what to expect.

Commonly used treatments for non-Hodgkin lymphoma

Here's a list of common non-Hodgkin lymphoma treatments:

- Watchful waiting. In some cases, a healthcare provider may advise not starting treatment right away.
 This is called watchful waiting. It might be an option for certain types of slow-growing lymphomas that aren't causing symptoms.
- Chemotherapy (chemo). This is the use of strong medicines to treat cancer. It's often the main treatment for non-Hodgkin lymphoma. One or more medicines might be used to kill lymphoma cells all over your body. Chemo might be given along with other types of treatment.
- Immunotherapy. These medicines help your immune system find and kill lymphoma cells.
 Immunotherapy medicines can also be attached to a radioactive molecule, called radioimmunotherapy.
 The immunotherapy medicine then binds the radiation right to the lymphoma cell. This limits radiation damage to other cells.
- Targeted therapy. This treatment uses medicines that target parts of cancer cells that make them different from normal cells. This can damage the lymphoma cells to control their growth and spread. But it limits the harm to healthy cells.
- Radiation therapy. This treatment kills lymphoma cells with strong rays of energy. It's often given with
 chemotherapy. It might be the main treatment for certain lymphomas if they're found early (when they're
 small and haven't spread). It's also used as part of stem cell transplant. Radiation can also be used to
 ease symptoms caused by non-Hodgkin lymphoma. For instance, it can help shrink tumors that are
 pressing on nerves and causing pain.
- Stem cell transplant. This can be used after treatment with very high doses of chemo, which may be given along with radiation. The high doses kill the stem cells in the bone marrow. (Stem cells help make new blood cells.) With a stem cell transplant, healthy stem cells are put back in your body after treatment. The cells may come from another person. This is called an allogeneic transplant. Or you can have stem cells in your own blood collected before the high-dose treatment, called an autologous transplant. You get the stem cells in a process that's a lot like a blood transfusion. It's done a few days after the chemo. Transplant can be a risky treatment, and it's used only in certain cases.
- Surgery. In rare cases, a surgeon may take out an organ, such as your spleen, if it has lymphoma in it.

Clinical trials for new treatments

Researchers are always finding new ways to treat cancer. These new methods are tested in clinical trials. Taking part in a clinical trial means you get the best treatment available today, and you might also get new treatments that are thought to be even better. Before starting treatment, talk with your healthcare provider to find out if there are any clinical trials you should think about.

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