

Getting the Facts

Mantle Cell Lymphoma: Relapsed/Refractory

Overview

Lymphoma is the most common blood cancer. The two main forms of lymphoma are Hodgkin lymphoma and non-Hodgkin lymphoma (NHL). Lymphoma occurs when cells of the immune system called lymphocytes, a type of white blood cell, grow and multiply uncontrollably. Cancerous lymphocytes can travel to many parts of the body, including the lymph nodes, spleen, bone marrow, blood, or other organs, and form a mass called a tumor. The body has two main types of lymphocytes that can develop into lymphomas: B-lymphocytes (B-cells) and T-lymphocytes (T-cells).

Mantle cell lymphoma (MCL) is an unusual type of B-cell NHL that may be either fast- or slow-growing. It most often affects men over the age of 60. The disease is called “mantle cell lymphoma” because the tumor cells originally come from the “mantle zone” of the lymph node. MCL is usually diagnosed at an advanced stage when it may have already spread to the spleen and lymph nodes as well as the gastrointestinal tract and bone marrow.

Although MCL usually responds well to initial treatment, patients often relapse within a few years. For patients who relapse (disease returns after treatment) or become refractory (disease does not respond to treatment), secondary therapies may be successful in providing another remission.

Treatment Options

Like other forms of NHL, there is no consensus on the best treatment for relapsed or refractory MCL; however, there are an increasing number of treatment options available for these patients. The type of treatment recommended for any individual patient depends on several factors, including the timing of the relapse, the patient's age, extent of disease, overall health, and prior therapies received.

Several therapeutics are currently used as single agents or as part of a combination therapy regimen

- Bendamustine (Treanda) ± rituximab
- Bortezomib (Velcade) ± rituximab

- Cladribine + rituximab
- FCR (fludarabine, cyclophosphamide, rituximab)
- FCMR (fludarabine, cyclophosphamide, mitoxantrone, rituximab)
- FMR (fludarabine, mitoxantrone, rituximab)
- Lenalidomide (Revlimid) ± rituximab
- PCR (pentostatin, cyclophosphamide, rituximab)
- PEPC (prednisone, etoposide, procarbazine, cyclophosphamide) ± rituximab or thalidomide
- Radioimmunotherapy (⁹⁰Y-ibritumomab tiuxetan [Zevalin] or ¹³¹I-tositumomab [Bexxar])

Stem cell transplant (SCT) can be effective in patients with relapsed or refractory MCL. There are two types of SCTs: allogeneic (in which patients receive stem cells from another person) and autologous (in which patients receive their own stem cells). SCT is generally considered for medically fit patients who have shown a good response to treatment of their relapsed MCL.

Treatments Under Investigation

There are several clinical trials investigating the effectiveness of various new agents to be used in combination with current or new combination therapies, for relapsed or refractory MCL:

- Ibrutinib
- Idelalisib (GS-1101, formerly CAL-101)
- Panobinostat
- RAD001 (everolimus) [Afinitor]
- Romidepsin (Istodax)
- Temsirolimus (Torisel)
- Vorinostat (Zolinza)

National Headquarters

115 Broadway, Suite 1301
New York, NY 10006
(212) 349-2910
(212) 349-2886 fax

Helpline: (800) 500-9976
helpline@lymphoma.org

Website: www.lymphoma.org

Email: LRF@lymphoma.org

Medical reviewer:

Michael E. Williams, MD, ScM
University of Virginia Cancer Center

Supported through grants from:



Genentech

biogen idec



©2013 Lymphoma Research Foundation

Getting the Facts is published by the Lymphoma Research Foundation (LRF) for the purpose of informing and educating readers. Because each person's body and response to treatment is different, no individual should self-diagnose or embark upon any course of medical treatment without first consulting with his or her physician. LRF is not responsible for the medical care or treatment of any individual.

Last Updated January 2013

Stay Connected through our social media



Some of the agents are being used in combination (bendamustine, lenalidomide, rituximab) or in combination with chemotherapy (bortezomib, temsirolimus). Others are being assessed in head-to-head trials (ibrutinib vs. temsirolimus) to determine new treatment courses. Another trial is investigating the use of chemotherapy followed by radioimmunotherapy with ibritumomab tiuxetan (Zevalin). Treatment options are changing as new therapeutics are becoming available and current treatments are improved. Because today's scientific research is continuously evolving, it is important that patients check with LRF or with their physician for any treatment updates that may have recently emerged.

Clinical Trials

Clinical trials are crucial in identifying effective drugs and determining optimal doses for lymphoma patients. Patients interested in participating in a clinical trial should talk to their physician or contact LRF's Helpline for an individualized clinical trial search by calling (800) 500-9976 or emailing helpline@lymphoma.org.

Follow-up

Some treatments can cause long-term effects or late effects, which will vary based on the type, duration and frequency of treatments, age, gender, and overall health of the patient at the time of treatment. The doctor will also check for these effects during follow-up visits. Visits may become less frequent the longer the disease remains in remission.

Support

A lymphoma diagnosis often triggers a range of feelings and concerns. In addition, cancer treatment can cause physical discomfort. Support groups and online message boards can help patients connect with other people who have lymphoma. One-to-one peer support programs, such as the LRF's Lymphoma Support Network, match lymphoma patients (or caregivers) with volunteers who have gone through similar experiences.

Resources

LRF offers a wide range of resources that address treatment options, the latest research advances, and ways to cope with all aspects of lymphoma. LRF also provides many educational activities, from in-person meetings to teleconferences and webcasts. For more information about any of these resources, visit the website at www.lymphoma.org or www.FocusOnMCL.org. You can also contact the Helpline at (800) 500-9976 or helpline@lymphoma.org.