

INDOLENT LYMPHOMAS - WATCH AND WAIT

Why Should We 'Watch and Wait'?

Indolent lymphomas progress slowly allowing treatment for many people to be delayed for months or even years. 'Watch and wait' management of lymphoma involves regular monitoring of the condition and identifies if/when treatment should start. It is still the best long-term strategy for managing some indolent lymphomas as it delays potential chemotherapy-induced side-effects and minimises chemotherapy drug resistance in lymphoma cells.

When to 'Watch and Wait'

A haematologist or oncologist should determine if 'watch and wait' is the best strategy for a patient's lymphoma. Some people may not require treatment for 20 years or more, while others may need treatment much earlier, usually within 1-3 years. Early treatment of low bulk, non-symptomatic, clinically stable low grade Non-Hodgkin lymphoma (NHL) does not provide a survival advantage compared with observation alone.

Indolent or low grade lymphomas using 'watch and wait' include:

- follicular lymphomas
- small lymphocytic lymphoma (the lymphoma equivalent of CLL)
- some forms of mantle cell lymphoma
- marginal zone lymphoma (often involving extra-nodal organs and/or the marrow).

Monitoring Indolent Lymphomas

A 'watch and wait' regimen involves regular review, typically 1-2 monthly for the first 6 months and then 3-6 monthly thereafter. (Refer to flowchart over page)

The most important aspects of clinically based follow up are:

- direct examination (palpation for lymph nodes and organomegaly)
- assessment of patient-reported symptoms
- laboratory tests such as FBE and LDH (which may be useful in some circumstances)

Regular screening with investigations such as CT scans, MRIs and/or PET scans are not recommended routinely in the absence of clinical suspicion of progression. They may however, be useful if there is no other way of assessing disease bulk.

Psychosocial Considerations of 'Watch and Wait'

Common experiences of people diagnosed with an indolent lymphoma commencing 'watch and wait':

- Often refer to 'watch and worry' due to anxiety about what the future holds.
- Sense of security or control in life is challenged, raising concerns about their ability to care for themselves, their home, family and work.
- May attempt to cope by regularly assessing their physical health, and may become preoccupied with health related issues.
- May seek additional reassurance and support, including complementary or alternate therapies.
- Anxiety and worry will fluctuate over time, with heightened distress at times of suspicious symptoms requiring examination, or external triggers such as friends/family being diagnosed with illness
- Some may get caught in a cycle of worry, and continue to seek reassurance from other sources
- Factors that may make it harder for people to adjust to the changes include: limited social support, pre-existing mental health concerns, social stressors or isolation, substance use, loss history (including deaths from cancer), lack of practical or financial assistance, inflexible or pessimistic coping style.

Psychosocial Interventions

Individuals may benefit from therapeutic approaches that:

- encourage acceptance of change
- focus on continued engagement in valued activities and positive behavior change, despite the difficult thoughts and emotions they experience. For example, encouraging the patient to be present in the moment and directing their attention toward activities they enjoy and are meaningful to them rather than being carried away by future orientated worry.

INDOLENT LYMPHOMAS- WATCH AND WAIT

INDOLENT LYMPHOMAS

- Follicular Lymphoma
- Waldenström's Macroglobulinaemia
- Marginal zone lymphoma
- Small lymphocytic lymphoma

MONITORING THE LYMPHOMA

- Regular reviews typically 1-2 monthly for first 6 months, the 3-6 monthly thereafter (as long as the lymphoma is stable)
- Direct examination (palpation for lymph nodes and organomegaly)
- FBE and LDH levels
- Patient-reported symptoms: encourage patient to keep a diary to record any changes or concerns. Educate patient to inform medical team of these immediately

DEVIATIONS FROM BASELINE CLINICAL PICTURE IDENTIFIED

'NEED TO TREAT' TO BE CONSIDERED

GELF CRITERIA

- 3 nodes > 3cm
- Single node > 7cm
- Systemic symptoms or any symptoms
- Compression or risk of compression of vital organ
- Leukaemic phase
- Cytopenias due to marrow infiltration
- Splenomegaly > 16cm

OTHER CONSIDERATIONS

- Goal of therapy
- Expected toxicity profile
- Psychological state of patient
- Age of patient

LIVING WELL WITH 'WATCH & WAIT'

- Referral to Leukaemia Foundation
- Referral to psychologist or counsellor
- Keeping fit; maintain healthy diet; maintain daily activities
- Reducing alcohol; ceasing smoking
- Relaxation techniques
- Referral to specialist/hematology nurse/care coordinator
- Consider financial impact- refer to appropriate avenue of financial support/advice whether this be Centrelink, a financial advisor or other source of financial support
- Complementary therapies (including Immunoboosters)
- Normalise the process- provide some statistics e.g. % of people with indolent lymphoma; % who are 'watch & wait'

NCCN GUIDELINES

- Symptoms (fatigue, pain, fever, etc.)
- Threatened end organ function
- Cytopenia
- Bulky disease using Gelf Criteria
- Mass (except spleen) > 7cm diameter²
- Steady progression
- Elevated serum LDH or BZ-microglobulin
- Patient Preference
- Multiple nodal sites, each > 3cm diameter²

REFERRAL TO SPECIALIST

Refer patient to their clinical haematologist or medical oncologist or GP (if appropriate i.e. in regional/rural areas) who works in association with a multidisciplinary team and has appropriate expertise in the treatment of lymphoma.