START HERE | FOLLICULAR LYMPHOMA

RESOURCE GUIDE | FEATURING DR. BRAD KAHL

Patient Empowerment Network

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FOLLICULAR LYMPHOMA 101

- Follicular lymphoma is a subtype of non-Hodgkin lymphoma (NHL) that originates from B-cell lymphocytes.
- This condition arises when a B cell undergoes a mutation, transforming it from a normal, healthy cell into a follicular lymphoma cell. [Source]
- This lymphoma subtype accounts for 20% to 30% of all NHL cases.
- Follicular lymphoma is marked by a specific mutation that prevents the cells from undergoing apoptosis (programmed cell death), resulting in a slow-growing cancer rather than one characterized by rapid cell proliferation.
- At the time of diagnosis, patients often have had the lymphoma for an extended period without noticeable symptoms.
  - Occasionally, patients may present with pain from a large lymph node pressing on an organ, fevers, night sweats, or unexplained weight loss.
- After diagnosis, PET scans are done to determine stage of lymphoma. Then, initial treatment strategy or the watch-and-wait approach will be discussed.

LYMPHOMA EXPERT TIPS

"Usually, when we get a patient with newly diagnosed follicular lymphoma, the disease is very widespread. That obviously makes people fearful. We spend a lot of time reassuring them that's not a problem that's typical for follicular lymphoma. Everybody wants to know their stage, of course, but the stage doesn't matter that much in follicular lymphoma. Don't worry so much about the stage, focus more about the disease burden." - Dr. Brad Kahl

"If we have a patient who comes to us with a new diagnosis of follicular lymphoma and they have no symptoms and their tumor burden is very low, we often will recommend an initial approach of no treatment, which is a strange thing for patients to hear." - Dr. Brad Kahl

"About 2 out of every 10 newly diagnosed patients can go 10 years without needing any treatment. That's why we'll start with a watch-and-wait strategy for some patients. If the disease starts to grow, or if the patient starts to get symptoms, we can start treatment at that time. Studies show that treatment is going to work just as well as it would have had if we started it at initial diagnosis." - Dr. Brad Kahl

"When I have patients who far away from our center, I give them a card with our phone number and tell them, if you feel like something's going wrong, call us. I don't care if it's 2 in the morning, you call us.It's not your job to figure out what's going wrong. That's our job. It's just your job to describe to us what you're experiencing, and then we'll figure out what to do." - Dr. Brad Kahl

TREATMENT OPTIONS FOR NEWLY DIAGNOSED FOLLICULAR LYMPHOMA

- The most common treatment in newly diagnosed follicular lymphoma is a combination of chemotherapy and immunotherapy. [Source]
  - Most commonly used regimen in the United States is a two drug regimen, bendamustine (Treanda) (chemotherapy) and a rituximab (Rituxan) (immunotherapy drug).
  - Treatment schedule: Administered every 28 days for six months.
  - Effectiveness: 90% of patients achieve remission, lasting five plus years.

TREATMENT OPTIONS FOR RELAPSED/REFRACTORY FOLLICULAR LYMPHOMA

- The most commonly used treatment for relapsed and refractory follicular lymphoma is a combination of lenalidomide (Revlimid) (pill) and rituximab (Rituxan) (immunotherapy drug).
  - Effectiveness: 80% of patients achieve remission, lasting two to three years.
- Bispecific monoclonal antibodies are also an option. two have been FDA-approved in the past year-and-a-half.
  - They are mosunetuzumab-axgb (Lunsumio) and epcoritamab-bysp (Epkinly). The bispecific antibodies coat the tumor cells and trick the patient's healthy T cells to attack the cancer.
  - Effectiveness: 80% of patients get some sort of response; about 60% go into complete remission, lasting two to three years.
- CAR T-cell therapies are an additional option. three products have been FDA-approved.
  - They are tisagenlecleucel (Kymriah), lisocabtagene maraleucel (Breyanzi) and axicabtagene ciloleucel (Yescarta).
  - Effectiveness: Very high response rate, about 50% of patients still in remission in 3-4 year follow-up
  - More toxicity and risk than bispecifics; most doctors recommend trying bispecific before CAR-T but there are certain patients where CAR T may be more appropriate to use before bispecifics.
- Lastly, small molecule inhibitors can be used.
  - Zanubrutinib (Brukinsa) (pill) targets the BTK enzyme. It's given in combination with obinutuzumab (Gazyva) (immunotherapy).
  - Tazemetostat (Tazverik) (pill) targets the mutated protein in follicular lymphoma.
- Clinical trials: Ask your doctor if a clinical trial might be right for you.
- When discussing treatment options with your doctor, be sure to consider the pros and cons of each, how active the treatment is, any side effects to be concerned about, and cost.

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