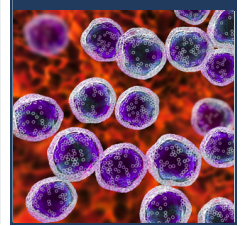


- Get information about choosing a lymphoma specialist or treatment center
- Talk with family and friends about how you feel and how they can help you
- Find out what your insurance covers
- Talk openly with your doctor about your fears or concerns
- Determine if financial assistance is available
- Learn about the most current tests and treatments for follicular lymphoma

Lymphoma cells



FOLLICULAR LYMPHOMA TREATMENTS

- Immunotherapy/antibody treatments
- Combination therapy (with chemotherapy)
- Non-chemotherapy options (lenalidomide and tazemetostat or radiation therapy)
- CAR T-cell therapy
- Bispecific antibody treatment
- Clinical trials

GLOSSARY OF TERMS

CAR T-cell therapies: CAR stands for chimeric antigen receptor. It is a biologic immune therapy where doctors take a patient's own T cells (lymphocytes in the blood) or use a donor's T cells, modify them with a new receptor, and then reintroduce them to the patient.

Bispecific antibodies (BisAbs): These are antibodies that have two arms. One of the arms is drawn to the cancer cells and also to the body's immune T or B cells, which are highly expressed on follicular lymphoma cancers. The dual targeting "handcuffs" the cells together to engage the body's T or B cells to eliminate the cancer. Can cause cytokine release syndrome and uncommonly neurological toxicity. Recently approved in 2022 for patients who have had two or more lines of previous therapies.

Watch and wait: Patients are monitored every three to six months through symptom tracking blood work, physical exams, and/or CT scans

POD24: Stands for progression of disease in 24 months; this is the best predictor of prognosis but is done retrospectively.

FOLLICULAR LYMPHOMA EXPERT TIPS

START HERE TIP: "I always tell my patients watch and wait does not mean ignore. Watch and wait means that we are monitoring the disease and looking for any signs of progression. It's important to walk through why watch and wait may be the best option for some patients to have shared decision-making process." - Dr. Sameh Gaballa

START HERE TIP: "The field of follicular lymphoma is changing rapidly. Sometimes the best treatment is actually on a clinical trial, because those are going to be the next generation of treatments that are going to get approved in the next few years." - Dr. Sameh Gaballa

START HERE TIP: "Patients should self-monitor to see if their lymph nodes, particularly in your neck, under the armpits or groin areas, are growing and tell their oncologist to be re-evaluated. These will grow over months and years, they don't grow over weeks. However, if you have any symptoms like extreme fatigue, drenching night sweats, persistent fevers, loss of appetite or weight and is not getting better in a few weeks, you should get checked out to see if there's any potential for transformed follicular lymphoma." - Dr. Sameh Gaballa

START HERE TIP: "To help reduce side effects during active treatment, I recommend to my patients that they stay hydrated and physically active. If you go into treatment with a healthy and hydrated body, eating fresh fruits and vegetables, walking 30-60 minutes per day, your body is going to handle any side effects much better." - Dr. Sameh Gaballa

FOLLICULAR LYMPHOMA FACTS

- Follicular lymphoma is the most common slow-growing indolent lymphoma and is often diagnosed by chance.
- Since FL is a slow-growing lymphoma, not all patients have to be treated. Some patients are initially safely observed through "watch and wait."

FOLLICULAR LYMPHOMA RESOURCES

- [ACCC](#)
- [CancerCare](#)
- [Cancer Grace](#)
- [Follicular Lymphoma Foundation](#)
- [Lymphoma Research Foundation](#)
- [Family Reach](#)
- [Cancer Support Community](#)
- [The Leukemia & Lymphoma Society \(LLS\)](#)
- [Triage Cancer](#)