

Peripheral T-cell
Lymphoma
PTCL

WHAT YOU NEED TO KNOW

You or your loved one has been diagnosed with peripheral T-cell lymphoma (PTCL). What does it mean and how will it affect you?

This fact sheet will help you:

Learn about PTCL
and how it is
diagnosed

Get an overview
of treatment
options

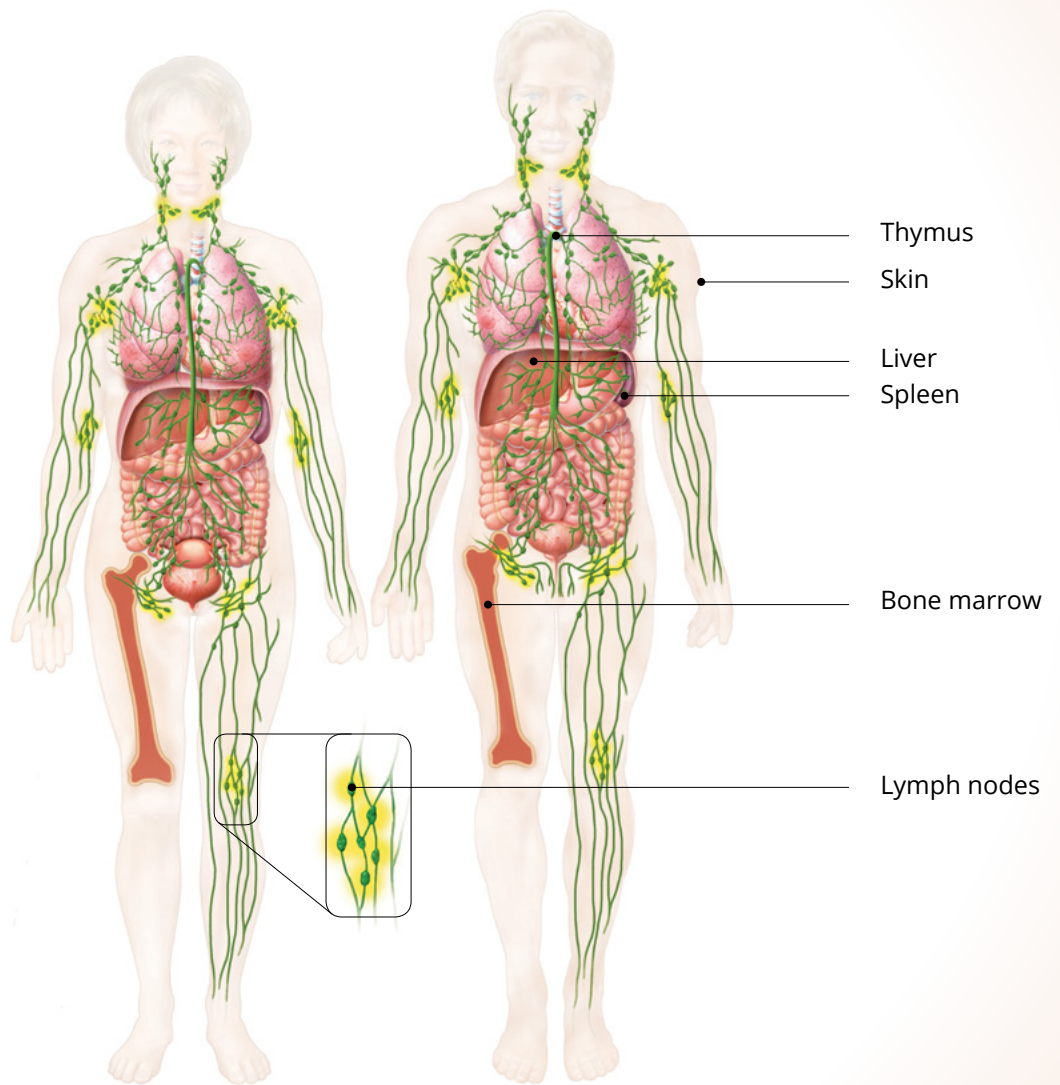
Understand
what happens
next



About lymphoma

Lymphoma is cancer of the lymphatic system. This includes your bone marrow, lymph nodes, thymus, liver, skin, and spleen.

Your lymphatic system defends your body against infection by creating white blood cells called **lymphocytes**. If these cells become abnormal, you may develop lymphoma.



What is lymphoma?

Lymphoma is the name for a group of blood cancers that develop in your lymphatic system. The two main types are Hodgkin lymphoma and non-Hodgkin lymphoma. PTCL is a group of non-Hodgkin lymphomas.

About PTCL

- Rare and aggressive (fast-growing) group of non-Hodgkin lymphomas
- 10-15% of all non-Hodgkin lymphoma cases are PTCL
- Develops into a type of white blood cell called lymphocytes
- Involves lymphocytes called T-cells and natural killer (NK) cells
- PTCL can happen at any age, but usually appear in adults over age 60
- More common in men
- A possible cause is exposure to specific viruses

Signs and symptoms

The most common early sign of PTCL is an enlarged, painless lymph node in the neck, armpit, or groin. Enlarged nodes can also appear near the ears or elbows. They can affect different organs, like the bone marrow, liver, spleen, stomach, and skin. You may experience:

- Large masses in the neck, armpit, or groin and/or painless swelling in one or more lymph nodes
 - When your lymph nodes are enlarged or swollen
- Weight loss
 - When you are eating less or using more energy
- Fever and night sweats
 - Possibly a response from your immune system
- Rash
 - A response from your immune system

After your diagnosis

With your diagnosis, your doctor can determine the right treatment for you. Your test results help your doctor predict how PTCL will likely progress and how you may respond to treatment.

Name of test	Description
Medical history and physical exam	The doctor reviews past illnesses, injuries, and symptoms. They examine your lungs, heart, and other organs.
Lymph node biopsy	A biopsy draws out a sample of the tumour or lymph node. This is used to look at the size, shape, and arrangement of the lymphoma cells.
Blood tests	Blood tests help determine your need for treatment and the extent of your disease. They also help identify several non-Hodgkin lymphoma subtypes.
Bone marrow biopsy	A bone marrow biopsy will confirm whether the lymphoma has spread to your bone marrow. It will help your doctor determine the benefits of specific therapies.
Imaging tests	<p>A computed tomography (CT) scan uses a computer linked to an x-ray machine to make a series of detailed pictures of areas inside your body.</p> <p>Magnetic resonance imaging (MRI) uses magnetic fields and radio waves to create images of the body's organs and tissues.</p> <p>The positron emission tomography (PET) scan uses radioactive material to create a 3D image of your cells to look for changes in the bone marrow and pockets of lymphoma cells.</p>

Stages of PTCL

Identifying the stage of your disease is an important step in planning your treatment. The stage of PTCL refers to how your disease has progressed. It does not determine how well you will respond to treatment.

Your doctor will determine the stage of your disease using imaging, lab tests, and a physical exam of your body. This helps them find out:

- Which lymph nodes are larger than normal
- Whether your disease affects organs other than your lymph nodes
- If you have large masses of tumours

Stages


Stage I	involves one group of lymph nodes or an organ or area other than a lymph node (the term for this is 'extranodal').
Stage II	involves two or more groups of lymph nodes on the same side of your diaphragm.
Stage III	involves groups of lymph nodes on both sides of your diaphragm. It may also involve an organ other than a lymph node.
Stage IV	involves one or more organs that are not part of a lymphatic area and/or your lymph nodes. Or it may involve the liver, bone marrow, cerebrospinal fluid, or lungs.

PTCL treatment

Your treatment is focused on destroying as many lymphoma cells as possible. When you no longer have evidence of lymphoma cells in your body, this is called remission. Your treatment may result in partial remission, meaning that your tests still show evidence of PTCL, but that it is under control.

Your treatment is based on the stage of your disease and certain treatment factors. The chance of curing most cases of PTCL is low, except for two subtypes with a higher chance of cure:

- ALK-positive anaplastic large cell lymphoma
- Localized extranodal natural killer/T-cell lymphoma



Types of treatment	Chemotherapy are medications that kill cancer cells. A combination chemotherapy procedure uses two or more chemotherapy drugs.
Factors that affect treatment	Discuss your treatment options with your doctor to make sure you understand the benefits and risks of each approach. Your treatment plan is based on: <ul style="list-style-type: none">• Your age and overall health• Your prognosis (the likely outcome of the disease)• The stage of your disease• The number of lymph nodes involved• The level of lactate dehydrogenase (LDH) serum in your blood, an enzyme that can be released when cells are damaged or destroyed• Your ability to do daily activities without help

Treatment side effects

When you begin your treatment for PTCL, you may experience mild to severe side effects, depending on your age, your overall health, and your treatment plan. Most side effects disappear once your treatment ends. New drugs and therapies can help control most side effects. Speak to your doctor if you are having side effects.

Common side effects

Depending on the type of therapy, you may experience side effects such as:

- Nausea, diarrhea, vomiting, and temporary hair loss from chemotherapy treatments
- Infection due to a decrease in white blood cells from chemotherapy treatments
- Neuropathy, which is nerve damage from treatment that can make your fingers and toes feel numb or tingle
- Tumour Lysis Syndrome (TLS) when many cancer cells die quickly; TLS changes your metabolism and can lead to other health complications

Long-term or late effects of treatment

Medical follow-up is important after treatment for PTCL. You may need blood tests, bone marrow tests, or molecular tests to determine if you need more treatment. Your medical team should provide you with a care plan listing how often you will need follow-up visits and the tests you will have at those visits.

- **Long-term side effects** are common and can last for months or years after treatment ends. Examples include chronic fatigue and problems concentrating (known as chemo brain).
- **Late effects** are medical problems that do not show up until years after treatment ends. Be sure to go to follow-up visits. Schedule an appointment with your doctor if you have concerns. This can help with early detection of heart disease and secondary cancers.



Living with PTCL can be overwhelming. Seek medical help if you are feeling “down” or “blue” or don’t want to do anything and your mood does not improve over time. These could be signs of depression, an illness that should be treated even when you’re undergoing treatment for PTCL. Treatment for depression has important benefits for people living with cancer. Remember, you are not alone.

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This publication was made possible thanks to the support of:



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