ABOUT **FOLLICULAR** LYMPHOMA

JUST THE **FACTS**

Lymphoma is a cancer of the lymphatic system, which is a system of lymph nodes found throughout the body, including the neck, underarms, chest, abdomen and groin/pelvis.¹

The lymphatic system is part of the body's immune system, transporting white blood cells (T-cells and B-cells) to fight infection in the body.1



In some instances, the B-cells can be locked in a state of replication, which can become malignant over time.3

Of the estimated 74,000 individuals diagnosed with NHL in the United States each year, FL accounts for approximately

20% of cases, or about 14,800 individuals.4

One form of non-Hodgkin lymphoma (NHL) is follicular lymphoma (FL),2 which originates in B-cells (which make antibodies to fight infection).1

WHO IS DIAGNOSED WITH FL?



According to the National Cancer Institute, **FL is most** common among white men and women, ethnic groups.5



26% of patients have Stage 1 disease at diagnosis, meaning the



27% of patients present with Stage 4 disease, meaning spread throughout

55-64

is the age range of people most frequently diagnosed with FL

SYMPTOMS & DIAGNOSIS

Many patients are asymptomatic at diagnosis, 6 but some common symptoms they may experience include⁷:



Painless, swollen lymph nodes in the neck, armpit or groin



Persistent fatigue, abdominal or chest pain

Fever, night sweats or unexplained weight loss



A diagnosis of FL is made following a biopsy of a patient's lymph node tissue and may also include additional tests, including a CT scan to determine if the disease has spread to other parts of the body.

LIVING WITH FL

- The highest five-year relative survival rate occurs in patients and those diagnosed with Stage 1 disease. 5 The median overall survival is 13-14 years from diagnosis. 8.9
- While patients with FL may live for many years, FL remains an incurable disease; patients will often experience periods of remission before their disease returns (relapse).
- Patients may also become resistant to previous treatments they have received (refractory) as their disease becomes more aggressive and/or difficult to treat.
- · Given many will undergo multiple rounds of therapy; patients should work closely with their health care provider to develop long-term treatment plans that take into account severity of disease and lifestyle needs.



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