

FEATURE ARTICLE

Treatment Approaches and Nursing Applications for Non-Hodgkin Lymphoma

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Non-Hodgkin lymphoma (NHL), a malignancy that manifests in the lymphatic system, is one of the most commonly occurring hematologic disease types in the United States and other Westernized countries. NHL is divided into a range of subtypes with differing clinical features and outcomes. Depending on the type of NHL and the patient’s overall clinical presentation, treatment varies from systemic combined chemotherapy regimens with or without immunotherapy, radioimmunotherapy, and transplants to investigational options. Oncology nurses play a vital role in implementing successful treatment and management of patients with NHL as oncology care moves into an era of novel targeted therapies.

Non-Hodgkin lymphoma (NHL) is the most commonly occurring hematologic malignancy. It is the sixth-leading cause of cancer death in the United States, and its incidence is on the rise (Fisher, 2003). NHLs are a heterogeneous group of diseases that can present with many commonly occurring symptoms, often making diagnosis difficult. Some patients may be symptomatic, whereas others are asymptomatic. Once NHL has been diagnosed, various treatment options may be offered. This article includes a comprehensive discussion of common NHL subtypes, available treatments, and nursing care of this patient population.

Range of Non-Hodgkin Lymphoma Disorders

More than 30 types of NHL exist, and they are categorized by B, T, or natural killer cells. B-cell lymphomas comprise approximately 85% of all lymphomas. NHL can be indolent or aggressive; the cell type and subtype are used to determine an overall prognosis and the most appropriate course of treatment (see Figure 1). This article will focus on the most common lymphomas within the two groups and their treatment options. In addition, less well-known subtypes and investigational agents that may hold some benefit for indolent and aggressive subtypes will be explored (Wahl, 2005).

NHL is classified according to the World Health Organization (WHO) Revised European-American Lymphoma (REAL) system, which encompasses all lymphoma malignancies, including NHL, Hodgkin disease, and lymphoid leukemias (Akpek, Seifter, & Borowitz, 2000) (see Figure 2). The system uses four variables to determine an NHL subtype: cell morphology, immunophenotype, genetic features, and clinical situation.

Because NHLs are classified as indolent or aggressive, the inherent cellular growth of the lymphoid malignancy is used to

At a Glance

- ◆ Non-Hodgkin lymphoma (NHL) is one of the most common hematologic malignancies.
- ◆ Various treatment options exist to treat each unique NHL subtype.
- ◆ Investigational opportunities should be considered at all stages of management.

define the particular classification. Figure 3 lists indolent and aggressive lymphomas. The Ann Arbor staging classification system is used to stage lymphomas and is based on the number of lymph nodes involved and organ involvement (Armitage, 2005) (see Table 1).

Indolent Lymphomas

Indolent or low-grade lymphomas are incurable with standard chemotherapy. The most common type of indolent lymphoma is follicular lymphoma, which accounts for approximately 22% of all NHLs worldwide and 35% of all NHLs in the United States. Median survival for patients with follicular lymphoma is 8–12 years (Peterson & Kahl, 2005).

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