What is follicular lymphoma?

- Lymphoma is a cancer of white blood cells called lymphocytes that are within the lymphatic system. This system transports fluids to the bloodstream and fights germs. Follicular lymphoma is a cancer of B-cells that are found in germinal centers of lymphatic organs.

Do I have follicular lymphoma?

- Tissue from the tumor must be removed with an incisional or excisional biopsy. A doctor will test the tissue to see if cells are growing in a circle-like (follicular) pattern. He or she will also look for a "signature" of proteins on the cells' surface that is common to follicular lymphoma. Follicular lymphoma is graded based on the type and number of B-cells. Grade 1–2 has 15 or fewer B-cells called centroblasts, and Grade 3 has more than 15.

What health care do I need before treatment?

- A medical history that includes questions about symptoms of follicular lymphoma
- An exam of your body to look for signs of disease and to rate your ability to do activities
- Blood tests to count blood cells, assess levels of chemicals, and check for viruses
- CT, PET/CT, or both scans to look inside your body for cancer sites
- Removal of bone and marrow by biopsy and aspiration to test for cancer if needed
- A heart test if you will be taking certain cancer treatments
- Talk to a fertility specialist if you may want to have babies after treatment
- A pregnancy test if you are a woman who can have babies since some treatments can harm unborn babies
How do doctors decide what my options are?

- Doctors take into account many factors. The cancer stage is one factor and another is the treatment process. You will likely go through repeated periods of cancer treatment and follow-up care for many years. You may also receive supportive care for other health conditions. Ask your doctor the reasons for his or her recommendations.

What options do NCCN experts recommend?

| Stage I and limited stage II cancers | The preferred treatment is involved-site radiation therapy for cancer confined to a small area. Other options include rituximab with or without chemotherapy. |  
| Extensive stage II and all stage III–IV cancers | You may start follow-up care if the cancer is fully or partly treated. If treatment didn’t work, the options listed below are advised. |  
|                                   | You may not have to treat the cancer right away. Your doctor will look for signs that treatment is needed. |  
|                                   | Chemoimmunotherapy has been shown to work well for first-time treatment. This type of treatment includes bendamustine with rituximab, R-CHOP, and R-CVP. |  
|                                   | You may start follow-up care if the cancer is fully or partly treated. |  
|                                   | If the cancer grows again, options include clinical trials, first-time treatments, idelalisib, lenalidomide, ibrutinib, fludarabine-containing regimens, and others. |  
|                                   | For partly or fully treated cancer, you may receive more treatment for better results. Options include rituximab alone, stem cell transplant, or obinutuzumab. |  

How do I decide between options?

- Ask your doctors many questions. Also, you could get a second opinion, attend support groups, and compare pros and cons.