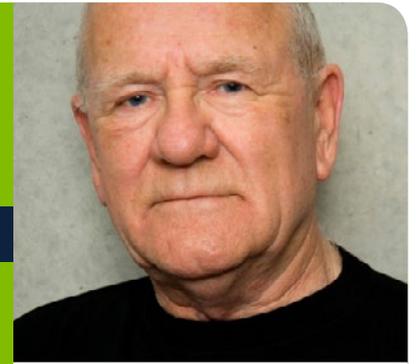




Mantle Cell Lymphoma



Version 1.2016

This NCCN QUICK GUIDE™ sheet summarizes key points from the complete *NCCN Guidelines for Patients®: Mantle Cell Lymphoma*. These guidelines explain which tests and treatments are recommended by experts in cancer. To view and download the guidelines, visit NCCN.org/patients or, to order printed copies, visit Amazon.com.

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What is mantle cell 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. Mantle cell lymphoma is a cancer of B-cells that are from the mantle zones of lymphatic organs.

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Do I have mantle cell lymphoma?

- Tissue from the tumor will likely be removed with an incisional or excisional biopsy. A doctor will test the tissue to look for a “signature” of proteins on the cells’ surface that is common to mantle cell lymphoma.

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What health care do I need before treatment?

- A medical history that includes questions about symptoms of mantle cell lymphoma [16](#)
- An exam of your body to look for signs of disease and to rate your ability to do activities [17](#)
- Blood tests to count blood cells, assess levels of chemicals, and check for viruses [18](#)
- Diagnostic CT or PET/CT to look inside your body for cancer sites [19](#)
- Endoscopy or colonoscopy, if needed, to look inside organs through which food passes [20](#)
- Removal of bone, marrow, and spinal fluid samples, if needed, to test for cancer [21](#)
- A heart test if you will be taking certain cancer treatments [23](#)
- Talk to a fertility specialist if you may want to have babies after treatment [23](#)
- A pregnancy test if you are a woman who can have babies since some treatments can harm unborn babies [23](#)



Do I need treatment now?

<ul style="list-style-type: none"> There are rare times when mantle cell lymphoma does not need to be treated right away. A “watch-and-wait” approach may be an option if the cancer is not causing symptoms or is slow growing. 	42
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What options do NCCN experts recommend?

Stage I and limited stage II cancers	<ul style="list-style-type: none"> These early stage cancers are rarely found. One treatment option is immunochemotherapy that may be followed by radiation therapy. A second option is radiation therapy alone. 	44
	<ul style="list-style-type: none"> You may start follow-up care if the cancer is fully treated. If not fully treated, options for advanced stage cancers are advised. 	44
Extensive stage II and all stage III–IV cancers	<ul style="list-style-type: none"> Joining a clinical trial is an option. Immunochemotherapy is another option. If you are fairly healthy and fit, a stem cell transplant may be received afterward to kill any remaining cancer cells. 	46
	<ul style="list-style-type: none"> You may start follow-up care if the cancer is fully or partly treated. 	46
	<ul style="list-style-type: none"> If immunochemotherapy doesn’t work or the cancer grows again, options include clinical trials, radiation therapy, chemotherapy with or without rituximab, ibrutinib, and lenalidomide. 	48

How do I decide between options?

<ul style="list-style-type: none"> Ask your doctors many questions. Also, you could get a second opinion, attend support groups, and compare pros and cons. 	54
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