‘WATCH AND WAIT’ MANAGEMENT OF INDOLENT NON-HODGKIN LYMPHOMAS

WHY SHOULD WE ‘WATCH AND WAIT’?

Indolent lymphomas progress slowly allowing treatment for many people to be delayed for months or even years. ‘Watch and Wait’ management of lymphoma involves regular monitoring of the condition and identifies if/when treatment should start. It is still the best long-term strategy for managing some indolent lymphomas as it delays potential chemotherapy-induced side-effects and minimises chemotherapy drug resistance in lymphoma cells.

WHEN TO ‘WATCH AND WAIT’

A haematologist or oncologist will determine if ‘Watch and Wait’ is the best strategy for a patient’s lymphoma. Some people may not require treatment for 20 years or more, while others may need treatment much earlier - usually within one to three years. Early treatment of low bulk, non-symptomatic, clinically stable low grade non-Hodgkin lymphoma (NHL) does not provide a survival advantage compared with observation alone.

MONITORING INDOLENT NON-HODGKIN LYMPHOMAS

A ‘Watch and Wait’ regimen involves regular review, typically one to two monthly for the first six months and then three to six monthly thereafter. (Refer to flowchart over page)

The most important aspects of clinically-based follow up are:

• Physical examination (palpation for enlarged lymph nodes and organomegaly).
• Assessment of patient-reported symptoms.
• Laboratory tests such as FBE and LDH (may be useful in some circumstances).

Regular screening with investigations such as CT scans, MRIs and/or PET scans are not recommended routinely in the absence of clinical suspicion of progression. They may, however, be useful if there is no other way of assessing disease bulk.

PSYCHOSOCIAL CONSIDERATIONS OF ‘WATCH AND WAIT’

Common experiences of people diagnosed with an indolent lymphoma commencing ‘Watch and Wait’:

• Often refer to their situation as ‘watch and worry’ due to anxiety about what the future holds.
• Sense of security or control in life is challenged, raising concerns about their ability to care for themselves, their home, family and work.
• May attempt to cope by regularly assessing their physical health, and may become preoccupied with health related issues.
• May seek additional reassurance and support, including complementary or alternate therapies.
• Anxiety and worry will fluctuate over time, with heightened distress at times of suspicious symptoms requiring examination; or external triggers such as friends/family being diagnosed with illness.
• Some may get caught in a cycle of worry, and continue to seek reassurance from other sources.
• Factors that may make it more difficult for people to adjust to changes include: limited social support, pre-existing mental health concerns, social stressors or isolation, substance use, loss history (including deaths from cancer), lack of practical or financial assistance, inflexible or pessimistic coping style.

PSYCHOSOCIAL INTERVENTIONS

Individuals may benefit from therapeutic approaches that:

• Encourage acceptance of change.
• Focus on continued engagement in valued activities and positive behaviour change, despite the difficult thoughts and emotions they experience - for example, encouraging the patient to be present in the moment and directing their attention toward activities they enjoy and are meaningful to them, rather than being carried away by future orientated worry.

The Leukaemia Foundation is the only national not-for-profit organisation dedicated to the care and cure of patients and families living with leukaemias, lymphomas, myeloma and related blood disorders.

Our free services include emotional support, accommodation, transportation and practical assistance. We also fund research into cures and better treatments through our National Research Program.
‘WATCH AND WAIT’ FLOW CHART

INDOLENT NON-HODGKIN LYMPHOMAS

- Follicular Lymphoma
- Marginal Zone Lymphoma
- Waldenström’s Macroglobulinaemia
- Small Lymphocytic Lymphoma (lymphoma equivalent to CLL)

MONITORING THE LYMPHOMA

- Regular reviews one to two monthly for first six months, then three to six monthly thereafter (provided the lymphoma is stable and ‘Watch and Wait’ has been prescribed by haematologist/oncologist)
- Physical examination: palpation for enlarged lymph nodes and organomegaly
- FBE and LDH levels
- Patient-reported symptoms: encourage patient to keep a diary to record any changes or concerns they may have
- Educate patient to inform medical team immediately of any changes or concerns

NO DEVIATION FROM BASELINE CLINICAL PICTURE IDENTIFIED

LIVING WELL WITH ‘WATCH AND WAIT’

- Referral to Leukaemia Foundation
- Referral to Psychologist or Counsellor
- Referral to Specialist Haematology Nurse
- Keeping fit; maintain healthy diet; maintain daily activities
- Reducing alcohol; ceasing smoking
- Relaxation techniques
- Complementary therapies
- Consideration of financial impact: refer to appropriate avenue of financial support/advice e.g. Centrelink, financial advisor or other source of financial support
- Normalise the process by providing some statistics. For example: explain % of people with indolent lymphoma and % of people who are on ‘Watch and Wait’.

OTHER CONSIDERATIONS

Ideally treatment should be highly individualised according to other considerations including:

- Goal of therapy
- Expected toxicity profile
- Psychological state of patient
- Age of patient

DEVIAION FROM BASELINE CLINICAL PICTURE IDENTIFIED

REFERRAL TO CLINICAL HAEMATOLOGIST OR MEDICAL ONCOLOGIST

CONSIDER NEED TO TREAT USING GELF CRITERIA &/OR NCCN® GUIDELINES

The Groupe d’Etudes des Lymphomes Folliculaires (GELF) criteria are a set of guidelines designed to help physicians determine when to initiate treatment in indolent lymphomas.

The National Comprehensive Cancer Network® is an alliance of 21 of the world’s leading cancer centres that have developed evidence-based guidelines in oncology.

These criteria state that the presence of just one of the following justifies the commencement of active treatment:

- 3 nodes >3cm
- Single node >7cm
- Systemic symptoms or any symptoms (including fatigue, pain, fever)
- Compression or risk of compression of vital organ
- Leukaemic phase or cytopenia
- Elevated serum LDH or B2 microglobulin
- Splenomegaly >16cm

For a full list of GELF criteria visit: www.biooncology.com/research-education/bcell/types/fnhl/treatment/untreated/index.html

For a comprehensive list of NCCN® Guidelines relating to initiation of treatment in indolent lymphomas visit: www.nccn.org/professionals/physician_gls/f_guidelines.asp

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