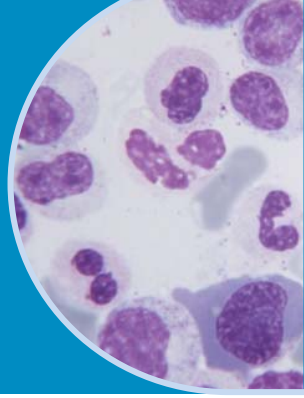
Leukaemia Foundation
VISION TO CURE
MISSION TO CARE

FACT SHEET

Anaplastic Large Cell Lymphoma



About us

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

We invest millions of dollars in the work of Australia's leading researchers to develop better treatments and cures and provide free services to support patients and their families.

We receive no ongoing government funding. We rely on the generosity of the community and corporate sector to further our Vision to Cure and Mission to Care.

We can help you

Our range of free services supports thousands of Australians, from diagnosis, through treatment and beyond. To learn more, please call 1800 620 420 to speak with one of our Support Services team.

You can help us

There are many ways that you can help us to improve the quality of life for people with blood cancer. From making a donation, to signing up for an event; from volunteering, or joining us as a corporate sponsor - please call 1800 500 088 or go to www.leukaemia.org.au to learn more.

Last updated: Sept 2012

Anaplastic large cell lymphoma (ALCL) is a rare type of non-Hodgkin lymphoma which is made up of either malignant T-lymphocytes (type of cells in the immune system), or 'Null-lymphocytes' (lack both B or T-cell lymphocyte markers).

The presence of the protein, 'CD30 antigen' on the surface of lymphoma cells is the hallmark of the disease. ALCL occurs in two forms: systemic ALCL which can affect all organs in the body and is aggressive; and primary cutaneous ALCL which is confined to the skin and tends to be slow-growing. There are two subtypes: ALK-negative and ALK-positive, depending on whether the lymphoma cells produce a protein called 'anaplastic large cell kinase' (ALK). People with ALK-positive ALCL are generally younger and respond better to treatment than those with ALK-negative ALCL.

How does Anaplastic large cell lymphoma affect the body?
Systemic ALCL usually presents with painless enlarged lymph nodes in the neck, armpit or groin. Other parts of the body commonly affected include bones, skin, bone marrow, lungs and the liver. Involvement of these organs is seen in approximately 70% of people at diagnosis and indicates advanced disease (stage 3 or 4). Night sweats, fevers and unexplained weight loss may also be present. In 50% of people with systemic ALCL, there will be elevated blood levels of the enzyme lactate dehydrogenase (LDH). Primary cutaneous ALCL usually presents as a solitary skin nodule. In 20% of cases there may be multiple nodules. Involvement of lymph nodes draining the affected region does not usually lead to more widespread disease. The nodules may regress spontaneously, but also tend to recur.

Who does Anaplastic large cell lymphoma commonly affect?
Primary cutaneous ALCL presents in older age groups (median age 55 years), and is rare in children. It is 2-3 times more common in men than in women. Systemic ALK-positive ALCL is more likely to affect children and young adults (median age 34), although there is a group who present later in life. People with systemic ALK-negative ALCL present at a later age (median age 58 years). Systemic ALCL is slightly more common in men than in women.

Do we know what causes Anaplastic large cell lymphoma?
The causes are unknown. It is not due to infection and cannot be passed on to others.

How is Anaplastic large cell lymphoma treated?
Systemic ALCL is treated with the chemotherapy regimen CHOP (cyclophosphamide, doxorubin, vincristine and prednisolone). Other therapies include radiotherapy, stem cell transplants and steroid therapy. People with ALK-positive ALCL generally respond well to chemotherapy. Primary cutaneous ALCL may go into spontaneous remission (the disease goes away without treatment). However this is inevitably followed bya relapse. If no spontaneous remission occurs, or if the lymphoma relapses, the most common treatments for this type of ALCL include radiation therapy and/or surgery to remove the affected area of skin. When there is extensive involvement that cannot be treated with these localised therapies, systemic chemotherapy may be required.

The Leukaemia Foundation publishes the guides: *'Understanding Non-Hodgkin Lymphoma. A guide for patients & families'; 'Understanding Autologous Transplants'* and *'Understanding Allogeneic Transplants'.*

For more information, freecall 1800 620 420
email info@leukaemia.org.au or visit www.leukaemia.org.au