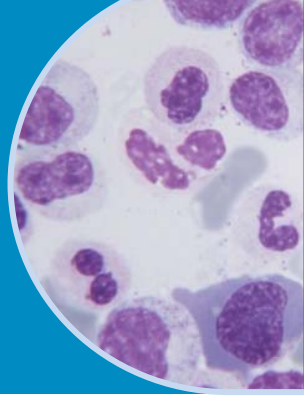
Leukaemia Foundation
VISION TO CURE
MISSION TO CARE

FACT SHEET

Burkitt 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.

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Burkitt lymphoma is an aggressive form of lymphoma that affects the B-lymphocytes and accounts for approximately 0.3-1.3% of all non-Hodgkin lymphomas. There are approximately 12 new cases of Burkitt lymphoma diagnosed in Australia each year.

Burkitt lymphoma is relatively rare in Western countries, but is quite common in Central Africa. It is named after Dennis Burkitt who first described this kind of tumour in children whilst working as a surgeon in the tropical regions of Africa in 1958. There are three types:

- endemic
- sporadic
- immunodeficiency-associated

How does Burkitt lymphoma affect the body?

Burkitt lymphoma presents with rapidly enlarging lymph node tumour masses involving the chest and/or the abdomen. It has a high tendency to spread to the central nervous system (brain and spinal cord), and can also involve the liver, spleen and bone marrow. Other symptoms that may be present include night sweats, unexplained weight loss and fevers.

Who does Burkitt lymphoma commonly affect?

Burkitt lymphoma accounts for only 1% of adult lymphoma, but up to 30% of childhood non-Hodgkin lymphomas. The average age of children diagnosed with Burkitt lymphoma is between 5 and 10 years of age, whilst adults are usually diagnosed between the ages of 30 and 50 years. It is 4 times more common in men than in women.

Do we know what causes Burkitt lymphoma?

Burkitt lymphoma, particularly the endemic form that is common in Africa, is associated with the Epstein-Barr Virus (EBV) in nearly 100% of cases. In the sporadic forms that occur in Western countries, EBV is present in approximately 30% of cases and in 40% of immunodeficiency-associated cases. The immunodeficiency-associated form occurs in people who are HIV positive, have AIDS, or are taking immunosuppressive drugs after having an organ transplant. Burkitt lymphoma is usually associated with a mutation involving chromosome 8, affecting a transcription factor known as 'c-MYC' which controls many aspects of cell growth. This mutation usually arises by way of a swapping of genes (translocation) between a part of chromosome 8 and a part of one of either chromosome 14, 2 or 22.

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TERMS

CODOX-M+/-IVAC: cyclophosphamide, doxorubicin, vincristine, methotrexate with or without alternating cycles of cytarabine, ifosfamide and etoposide
HyperCVAD: cyclophosphamide, vincristine, doxorubicin and dexamethasone alternating cycles with methotrexate and high dose cytarabine
EPOCH: etoposide, prednisolone, vincristine, cyclophosphamide and doxorubicin

How is Burkitt lymphoma treated?
Untreated Burkitt lymphoma has a very aggressive course; however with modern combination chemotherapy regimens, the response rate is very high.

The best and most lasting responses are produced by regimens such as CODOX-M+/-IVAC, HyperCVAD and dose adjusted EPOCH (please refer to previous page for terms). Intrathecal chemotherapy (usually methotrexate and/or cytarabine injected directly into the spine) is also given to prevent or treat Burkitt lymphoma in the central nervous system. The monoclonal antibody rituximab may also be given in combination with chemotherapy in selected situations. Preventing treatment related complications such as tumour lysis syndrome is also very important when treating Burkitt lymphoma.

When appropriate, people will be offered a stem cell transplant - either using their own stem cells (autologous) or those from a donor (allogeneic). New treatments for Burkitt lymphoma are being researched all the time and people may be invited to take part in a clinical trial to assess a new treatment option.

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