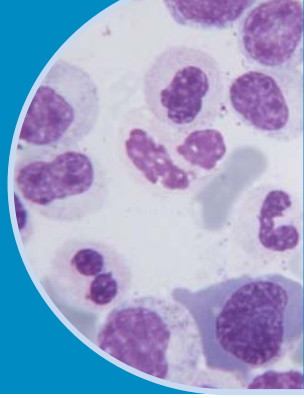
Leukaemia Foundation
VISION TO CURE
MISSION TO CARE

FACT SHEET

Peripheral T-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.

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Peripheral T-cell lymphoma is a rare type of non-Hodgkin lymphoma. It develops from mature T-cells and accounts for approximately 7% of all non-Hodgkin lymphoma cases.

Researchers are classifying new subtypes of peripheral T-cell lymphoma all the time, making understanding of this rare type of non-Hodgkin lymphoma somewhat confusing. Better identification of subtypes however, creates a better overall understanding of peripheral T-cell lymphoma, which will eventually lead to a more favourable general prognosis for this complex disease.

How does Peripheral T-cell lymphoma affect the body?

Peripheral T-cell lymphoma is a lymphoma of the T-cells (also referred to as T-lymphocytes) - a type of white blood cell that play a central role in the immune response of the body. T-cells mature in the thymus (a specialised organ of the immune system which sits in the upper chest region under the breastbone)- which is how they get their name, and circulate within the lymphatic system. Although there are many different subtypes of peripheral T-cell lymphoma, they often present in a similar way, being widespread, enlarged, painless lymph nodes in the neck, armpit or groin. Other symptoms may include enlargement of the liver and spleen, night sweats, fever, weight loss and a skin rash.

Who does Peripheral T-cell lymphoma commonly affect?

Peripheral T-cell lymphoma usually affects people aged over 60 years, but can occur anytime in adulthood. It is slightly more common in men than it is in women.

Do we know what causes Peripheral T-cell lymphoma?

Whilst the exact cause of peripheral T-cell lymphoma is unknown, it can be associated with the exposure to Epstein-Barr virus (EBV) or to the human T-cell leukaemia virus-1 (HTLV-1). The Epstein-Barr virus is also called human herpesvirus 4 (HHV-4), and is one of the most common viruses in humans. Infection with EBV occurs by the oral transfer of saliva.

The HTLV-1 virus is a retrovirus, and is in the same class of virus as the HIV/AIDS virus. It is believed that the HTLV-1 virus is transmitted through sexual contact, exposure to contaminated blood and breastfeeding.

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TERMS
CHOP = *cyclophosphamide, doxorubicin, vincristine and prednisolone*
EPOCH = *etoposide, vincristine, doxorubicin, cyclophosphamide and prednisolone)*

How is Peripheral T-cell lymphoma treated?
Treatment for peripheral T-cell lymphoma aims to cure and includes the use of combination chemotherapy regimens- typically CHOP based chemotherapy or EPOCH (please refer to terms on previous page), localised radiotherapy, stem cell transplants and steroid therapy. Just as individuals vary in terms of their medical condition, age and other factors; so too does the exact treatment one will receive for PTCL. It is vital that all treatment options be discussed with your specialist, including the possibility of a clinical trial as initial treatment where appropriate.

Types of Peripheral T-cell lymphoma

- **Subcutaneous panniculitis-like T-cell lymphoma** – Extranodal. Rare. Commonly involving nodules under the skin (subcutaneous) which can progress to open inflamed sores.
- **Hepatosplenic (Gamma-Delta) T-cell lymphoma** – Extranodal. Systemic (affects whole body). Infiltration of liver, spleen and bone marrow by malignant T-cells. Usually without tumours. Difficult to diagnose.
- **Enteropathy-associated T-cell lymphoma** – Extranodal. Very rare. Can occur in some people who have the integrated gluten-sensitive intestinal disease *Coeliac Disease*, often referred to as simply *'Coeliac's'.*
- **Extranodal NK (natural killer) / T-cell lymphoma, nasal type** – Extranodal. Previously referred to as ***angiocentric lymphoma*** and is more common in Asia and South America. Frequently occurs in the nose and nasal passages as the name suggests, but can also involve other organs. Has an aggressive course and can cause the serious condition- *haemophagocytic syndrome.*
- **Angioimmunoblastic T-cell lymphoma** – Nodal. One of the most common subtypes of peripheral T-cell lymphoma, accounting for approximately 20% of all T-cell lymphomas. Common symptoms include generalised lymphadenopathy (swollen/enlarged lymph nodes), fever, weight loss and skin rash.
- **Peripheral T-cell lymphoma, not otherwise specified** – Nodal and/or Extranodal. Most common subtype of PTCL representing a diverse group of diseases for which evidence is lacking a clearer definition. Extranodal sites which may be involved include the liver, bone marrow, intestinal tract and the skin.

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