

# Wilmot scientists describe current, future challenges in lymphoma

April 14 2011

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(PhysOrg.com) -- A special edition of the highly regarded *Journal of Clinical Oncology*, placed online this week, spotlights James P. Wilmot Cancer Center physicians who write about progress and opportunities in caring for people with lymphoma.

Richard I. Fisher, M.D., director of the Wilmot Cancer Center at the University of Rochester Medical Center, served as guest editor of JCO and wrote an introduction that summarizes the newest scientific advances to fight the disease, as well as biological pathways that might provide avenues for future treatment.

Fisher also describes a few areas of clinical controversy, but ultimately sounds a note of optimism by stating: “In the treatment of patients with malignant lymphoma, there has never been a time when more novel therapeutics are being developed.”

In addition, a review article by Lois B. Travis, M.D., Sc.D., professor of Radiation Oncology at Wilmot, describes a great need to develop systematic follow-up plans for people who receive modern therapy for lymphoma, due to the highly variable disease subtypes and growing cure rates.

In general, the cumulative toxic affect of cancer treatment is a major concern for all oncologists, as they attempt to closely monitor the estimated 12 million cancer survivors in the United States today.

However, because lymphoma comes in two distinct types – Hodgkin’s (HL) and non-Hodgkin’s (NHL) – and because treatment has evolved significantly in the past few decades leading to a growing number of survivors, it will be important to study the latest generation of patients to carefully document and quantify long-term toxicities and other health issues, Travis said.

Lymphoma is a cancer involving cells of the immune system. Both HL and NHL may have the same symptoms and other similarities, but they are distinguishable under the microscope. More than 67,000 new cases are diagnosed annually and can occur at any age, although the most common ages are 16 to 34 and people older than 55.

Travis described many sobering statistics about the complications of lymphoma treatment. For instance, HL patients treated with higher doses of radiation and certain chemotherapy regimens have an increased risk of second malignancies (particularly in the breast, lung, and gastrointestinal tract, and leukemia), as well as a much higher risk of heart disease and stroke for years later.

A separate study led by Wilmot faculty member Michael T. Milano, M.D., Ph.D., associate professor of Radiation Oncology, looked particularly at women who survived HL and then developed a subsequent breast cancer. These women face significant risk of death from additional cancers and heart disease as they age, his study showed.

Therefore, Milano’s paper, which was also published in JCO last December, called for a greater awareness of these elevated risks.

“Our results underscore the importance of continuing to monitor lymphoma survivors, as well as the need to counsel patients on preventive health measures such as quitting smoking and other healthy lifestyle changes,” Milano said.

Aggressive NHL presents a more complex situation for researchers and physicians. Progress has been made in treating patients with certain types of NHL, yet 50 percent remain incurable. Fisher and colleagues from the University of Arizona report that several unexplored genetic hallmarks of NHL might provide good opportunities to design new treatments.

Meanwhile, Travis notes that there are fewer long-term data on complications from NHL treatment.

“Considerable differences exist in the ongoing medical concerns of a patient with aggressive NHL in remission after chemotherapy and radiation, and someone with indolent [lymphoma](#) whose disease is successfully managed with observation only,” Travis said.

A recent European study showed that many of the same late effects observed in survivors of HL may also apply to patients diagnosed with NHL: 46 percent of 757 patients experienced heart disease, infertility, kidney disease, lung fibrosis or other problems nine years after NHL treatment.

Provided by University of Rochester Medical Center

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