

Scheduled imaging studies provide little help detecting relapse of aggressive lymphoma

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Imaging scans following treatment for diffuse large B-cell lymphoma do little to help detect a relapse, a Mayo Clinic study has found. The overwhelming majority of patients with this aggressive lymphoma already have symptoms, an abnormal physical exam or an abnormal blood test at the time of relapse, the researchers say. The findings will be presented at the American Society of Clinical Oncology annual meeting May 31-June 4 in Chicago.

"Our results were surprising because the current standard-of-care is to include scans for the follow-up of this disease," says lead author Carrie Thompson, M.D., a Mayo Clinic hematologist. "We found that scans detected [relapse](#) in only a handful of patients who didn't have any of those other signs or symptoms. I think our study suggests that we are getting closer to understanding how to optimize follow-up in this patient population."

Diffuse large B-cell lymphoma is the most common type of [non-Hodgkin lymphoma](#), with nearly 20,000 new cases diagnosed in the United States each year. The aggressive [lymphoma](#) can be cured if treated in its early stages. The cancer will come back in 20 to 30 percent of cases, and the best strategy for catching that relapse is unclear. In this study, Dr. Thompson and her colleagues looked at patients in remission to identify how relapses were detected.

Researchers followed 537 patients treated with anthracycline-based immunochemotherapy and enrolled in the Mayo Clinic/University of

Iowa Special Program of [Research Excellence](#) (SPORE) Molecular Epidemiology Resource. Of the 109 patients who relapsed, 62 percent went to the doctor earlier than a planned follow-up visit due to the re-emergence of symptoms such as enlarged lymph nodes, fever, night sweats, pain or weight loss. At the time of relapse, 68 percent had symptoms, 42 percent had an abnormal [physical exam](#), and 55 percent had an abnormal [blood test](#). Performing surveillance scans detected relapse in only eight patients whose symptoms had not yet started to reappear.

Dr. Thompson is now interested in surveying physicians and patients to assess their attitudes and beliefs surrounding the use of scans during remission. Her previous work suggested that patients experience a significant amount of anxiety waiting for a follow-up scan.

"Sometimes scans can provide reassurance, but, at the same time, the anticipation of a scan can provoke quite a bit of anxiety," Dr. Thompson says. "And we know from this data that scans detected relapses only in a minority of patients. So we need to think about how we can individualize care to particular [patients](#), keeping in mind their disease, their experience and their fears. Further studies are necessary to determine the optimal follow-up strategy."

More information: www.asco.org/

Provided by Mayo Clinic

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