

# Follicular lymphoma remission for 2+ years indicates disease-free status could be lifelong

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People with follicular lymphoma, a slow-growing lymphatic-system cancer, who have been treated and are in remission for at least two years, may no longer have what has been considered an incurable disease based on highly sensitive testing; this means they no longer need therapy or active follow-up.

That is the finding of a new study from researchers at Georgetown Lombardi Comprehensive Cancer Center, by Maryam Sarraf Yazdy, MD, Bruce Cheson, MD, and colleagues, that will be presented in a poster session at the annual American Society of Hematology (ASH) meeting in Orlando, Fla., on December 8, 2019.

Follicular [lymphoma](#) accounts for about a third of all non-Hodgkin's lymphomas. Approximately 20,000 people are diagnosed with the disease annually in the United States.

"While [follicular lymphoma](#) is not one of the more aggressive types of cancer we treat, the majority of patients continue to experience disease recurrence over many years and have to receive different types of therapy," said Maryam Sarraf Yazdy, MD, a hematologist/ oncologist at MedStar Georgetown University Hospital and Georgetown Lombardi. "This disease has been considered incurable, but for some patients who have been disease-free for at least two years after remission, our [pilot study](#) gives hope that calling the disease incurable may no longer be accurate."

The study enrolled 68 people with follicular lymphoma at Georgetown. They had all undergone conventional treatments for their disease and had been in clinical remission for over two years. Twenty-five patients had [biopsy samples](#) that did not meet the study criteria, therefore only 43 patient samples were able to be fully assessed.

As a first step in the researcher's process, patients' biopsy samples from the time of their initial diagnoses were examined for changes in their lymphoma cells with next-generation sequencing tests. These tests now have the ability to detect minute genetic alterations that are specific to follicular lymphoma. For the second step, a current [sample](#) of each patient's blood was evaluated to detect possible remaining lymphoma cells by searching for the specific genetic changes which were identified in the original biopsy samples. Upon analysis of 43 patients with next-generation sequencing, 38 of them did not show any evidence of lymphoma in their blood.

The ability to detect which patients might be disease-free and might not need treatment anymore is important because many of these patients had undergone numerous therapies, often due to multiple relapses, and were always concerned about the possibility of their [disease](#) relapsing.

"More important than anything perhaps, is the lifting of the psychological burden these patients faced with a diagnosis of a presumed [incurable disease](#)," concluded Dr. Sarraf Yazdy. "This is a pilot study in a small number of patients with a short follow-up time. We need to do more work, study a larger number of patients, and monitor them for a longer time, but this is an important first step."

Provided by Georgetown University Medical Center

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