

NHL terminology explained

One of the most difficult aspects of understanding NHL is making sense of all the medical terms you will hear and read. The following is a list of terms that you may come across, with explanations and definitions.

More can be found at www.lymphomalife.com

Aggressive: One of the two main grades of non-Hodgkin's lymphoma (also known as high-grade or fast-growing).

Antibody: A protein produced by the body to help fight infections. Antibodies are created by cells in the body and are designed to attach directly to specific structures carried by objects that are, usually, not from the body itself or are not normally made by the body, such as on tumour cells.

Antibody therapy: Treatment of a disease using antibodies, designed to target disease-causing cells.

Antigen: Structures on the surface of bacteria, viruses or other infectious organisms, as well as on tumour cells or foreign cells such as from transplanted organs, that are recognised by the immune system. Antigens can also be chemicals not naturally found in the body.

B cell: A type of white blood cell involved in fighting disease. One of the two main types of lymphocytes, B cells (or B lymphocytes) are involved in producing antibodies in response to antigens. Most non-Hodgkin's lymphomas involve the B cells.

Chemotherapy: Chemotherapy literally means 'treatment with drugs', but is used mainly to mean treatment with anti-cancer or 'cytotoxic' drugs. The aim of chemotherapy in non-Hodgkin's lymphoma is to damage and kill the growing lymphoma cells throughout the body.

Clinical nurse specialist: A nurse who has specialised in one particular area of medicine. In a lymphoma clinic, the clinical nurse specialist is likely to be one of the main points of contact for patients.

Complete response: When all signs of the non-Hodgkin's lymphoma have disappeared and a patient may enter remission or be cured.

Cure: In the treatment of diseases such as non-Hodgkin's lymphoma, a cure means there is no sign of the disease being present in the body and enough time has passed to suggest that the chances of recurrence are extremely small.

Diffuse large B-cell lymphoma: A type of lymphoma where the lymph nodes have an abnormal arrangement of cells when viewed under the microscope. Diffuse lymphomas are more likely to be aggressive.

Follicular lymphoma: A type of indolent lymphoma where abnormal follicles are seen under the microscope. Follicular lymphomas are more likely to be slow growing.

Grade: One of the main ways of characterising a non-Hodgkin's lymphoma, it allows doctors to classify non-Hodgkin's lymphoma as indolent or aggressive.

Haematologist: A doctor who specialises in the study and treatment of diseases of the blood and bone marrow.

Immunotherapy: The prevention or treatment of disease using agents that may modify the immune system, e.g. monoclonal antibodies.

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Indolent: One of the two main grades of non-Hodgkin's lymphoma (also known as low-grade or slow-growing).

Lymphatic system: Part of the body's immune system. The system includes the lymphatic vessels, through which lymph flows, the lymph nodes, and some other organs of the body, such as the spleen and thymus.

Lymphocyte: A type of white blood cell involved in fighting infection and disease. There are two types of lymphocytes – B cells and T cells – and both are involved in the body's immune system.

Lymphoma: Cancer of the cells of the lymphatic system that includes Hodgkin's lymphoma and non-Hodgkin's lymphoma.

Maintenance therapy: Therapy for patients who are in remission, in which medicine is given over a relatively long period of time, to try and extend the remission for as long as possible.

Monoclonal antibody: A single pure type of antibody. They can be used in the treatment of non-Hodgkin's lymphoma. In this case, the monoclonal antibody is designed to recognise a specific target on the surface of the cancer cells. It then 'locks' onto this protein on the cell surface, causing the cell to be destroyed.

Non-Hodgkin's lymphoma: A cancer of lymphocytes, a type of white blood cell. Non-Hodgkin's lymphoma is one of the two main groups of lymphoma (the other being Hodgkin's lymphoma). There are many forms of non-Hodgkin's lymphoma, the majority of which involve B cells. It is often abbreviated as NHL.

Oncologist: A doctor who specialises in the study and treatment of cancer.

Partial remission: The shrinking, but not complete disappearance, of swollen lymph nodes in response to therapy. Also called partial response.

Recurrence: The return of a cancer, such as non-Hodgkin's lymphoma, after a disease-free period, or remission.

Regression: A reduction in the symptoms experienced by a patient or a slowing of the progress of a disease.

Relapse: When signs or symptoms associated with tumour growth are seen after having a disease-free period, or remission.

Remission: A disease-free period after successful treatment, when patients no longer experience symptoms. Remission may be followed by a relapse or, ultimately, if no relapse occurs for a significant time, can be called a cure.

Stage: One of the main ways of characterising a non-Hodgkin's lymphoma. It is a way of describing how many groups of lymph nodes are affected, whether the lymphoma is only in the lymph nodes or whether it is in other organs as well, and whether the lymphoma has crossed the diaphragm. Staging can also be used to describe the presence of certain symptoms, such as B symptoms.

T cell: A type of white blood cell involved in fighting infection and disease. T cells are one of the two main types of lymphocyte. Unlike B cells, they directly kill tumour cells and cells infected with a virus.

Watch-and-wait: An approach to disease management in which no active treatment is given but patients are seen regularly in the outpatients' clinic for monitoring.