

# IS LYMPHOMA ON YOUR RADAR?

## Lymphoma

Lymphoma incidence is rapidly increasing in New Zealand. GPs may encounter seven to eight lymphoma patients during their career\*. Diagnosing lymphoma is often challenging as patients may present with a range of clinical features. A patient's survival is enhanced by early diagnosis, accurate staging of the disease and immediate commencement of appropriate treatments (if indicated) by an expert multidisciplinary team. To assist in raising awareness among GPs of lymphoma as a possible diagnosis, this decision support tool has been prepared by members of the Lymphoma Network of New Zealand and the Leukaemia & Blood Foundation and can be downloaded from [www.leukaemia.org.nz](http://www.leukaemia.org.nz).

**GPs who think a patient may have lymphoma are urged to refer to a haematologist or a medical oncologist with expertise in lymphoma without delay.**

## Signs & symptoms of lymphoma

There are no screening tests for lymphoma and it is usually not evident in the blood. This complex group of related but biologically discrete diseases most commonly present as lymphadenopathy or a lump, sometimes accompanied by systemic symptoms such as fevers, night sweats or unexplained weight loss. Possible presenting symptoms are diverse, and some patients don't experience any symptoms. Please refer to the flowchart overleaf.

## Why would you suspect someone has lymphoma?

If a patient does not have a lump but does have a combination of constitutional symptoms – unexplained fever, night sweats, unintentional weight loss and malaise – they may have lymphoma, although there are also many other reasons for these symptoms.

## Key questions to ask a patient you suspect may have lymphoma

- Have you noticed your glands are swollen or you have a lump in your neck, under your arms, in your groin or anywhere else in your body?
- Have you experienced any swelling in your legs or other parts of your body?
- Have you felt any pain or bloating in your stomach area or intestinal tract, and when eating, do you feel full sooner than normal?
- Do you have a cough, feel any unusual shortness of breath or have any pain in your chest area?
- Have you been experiencing headaches, had any difficulty breathing or had problems with your vision?
- Have you felt any back pain or weakness in an arm or leg, or any numbness?
- Are you experiencing regular fevers or are you sweating at night and while sleeping?
- Have you been losing weight without trying to?
- Have you had any skin lesions or itchiness?

**For more information on lymphoma, contact the Leukaemia Blood Foundation.**

### Acknowledgements

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\* based on current diagnostic rates, the number of GPs in New Zealand, and an average career length of 30 years.



# DIAGNOSING LYMPHOMA

## SUSPECT LYMPHOMA

### COMMON PRESENTATIONS

- Enlarged, usually painless lymph nodes anywhere in the body (commonly in the neck, axilla or groin)
- Unexplained fever
- Night sweats
- Unintentional weight loss/anorexia

### LESS COMMON BUT POSSIBLE PRESENTATIONS

Persistent fatigue/lack of energy; flu-like illness; generalised itching; abdominal pain; recurrent infections; anaemia and other low blood counts; bone pain; back pain; shortness of breath/protracted cough; neurological symptoms, skin rash

### INITIAL INVESTIGATIONS

- Full medical history (include fevers, sweats, weight loss, malaise)
- Physical examination (particularly of lymph nodes and spleen)
- Full blood count, creatinine, urea and LFTs, serological studies
- Chest x-ray (to image the mediastinum)
- Ultrasound scan (if splenomegaly alone is suspected)
- CT scan (of chest, abdomen, pelvis, as clinically indicated)

### ELIMINATE DIFFERENTIAL DIAGNOSES

- Infectious mononucleosis
- Toxoplasmosis
- Cytomegalovirus
- HIV
- Rubella
- Viral hepatitis and other viral infections
- (Bartonella) Cat-scratch disease

### STILL SUSPECT LYMPHOMA

### PERSISTENT LYMPHADENOPATHY

#### INDICATORS FOR URGENT BIOPSY

- Spinal cord compression
- Pericardial tamponade
- Superior or inferior vena cava obstruction
- Airway obstruction
- Possible CNS mass lesions
- Intestinal obstruction
- Ureteric obstruction
- Severe hepatic dysfunction
- Patient is unwell

#### INDICATORS FOR FINE NEEDLE ASPIRATE

- Lymph node >2cm diameter
- Firm-hard texture, mobile, not tender
- Persistent for six weeks or more
- Abnormal CXR / CT scan if available
- Significant constitutional symptoms (weight loss, drenching sweats)

### SYSTEMIC PRESENTATIONS

- Specific organ involvement such as mediastinal enlargement on CXR
- Protracted cough
- Splenomegaly
- Fever or weight loss

### DIFFERENTIAL DIAGNOSES

- Abnormal mediastinum: thymoma; metastatic carcinoma; tuberculosis; sarcoidosis
- Splenomegaly: Portal hypertension; infiltrative disease of spleen; extramedullary haematopoiesis; myeloproliferative disease

### URGENT HOSPITAL REFERRAL

Rapidly progressive lymphomas may result in acute medical emergencies due to compression of vital internal structures (urethra, trachea or major blood vessels)

### FURTHER INVESTIGATIONS BY GP BEFORE REFERRAL FOR SURGICAL BIOPSY

- Coagulation screen
- Peripheral blood flow cytometry (if lymphocytosis is present)
- LDH, Hepatitis screen, HIV, protein electrophoresis

### REFERRAL

Refer all patients with suspected lymphoma to a clinical haematologist, medical oncologist, or general physician (if appropriate ie. in regional/rural areas) who works in association with a multidisciplinary team and has appropriate expertise in the management of lymphoma.