

IS LYMPHOMA ON YOUR RADAR?



Leukaemia
Foundation

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Lymphoma is one of the most rapidly increasing cancers in Australia and the average GP may encounter six to seven lymphoma patients during their career*. Diagnosing lymphoma is often challenging as patients may present with a varied range of clinical features.

A patient's survival is enhanced by early diagnosis, accurate staging of the disease and immediate commencement of appropriate treatments 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 the Medical and Scientific Advisory Committee of the Leukaemia Foundation and can be downloaded from www.leukaemia.org.au/web/professionals.php

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

SYMPTOMS & SIGNS 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 has a range of non-specific symptoms, but most commonly presents as **lymphadenopathy** or a **lump**, sometimes accompanied by **systemic symptoms** such as **fevers** or **night sweats**. Possible presenting symptoms are diverse, can be bizarre, and some patients don't experience any symptoms. Refer to the flow chart 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, weight loss and malaise - then this is an obvious group of symptoms to suspect lymphoma, although there may be other causes.

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?
- ❖ Have you been losing weight without trying?
- ❖ 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?

FOR MORE DETAILED INFORMATION ON DIAGNOSING LYMPHOMA

www.leukaemia.org.au Leukaemia Foundation

www.cancer.org.au Cancer Council Australia

www.cancer.org.au/HealthProfessionals/clinicalguidelines/Lymphoma.htm Clinical guidelines for the diagnosis and management of lymphoma, produced by specialist working parties under the auspices of the Australian Cancer Network and approved by the National Health and Medical Research Council.

www.cancer.org.au/File/HealthProfessionals/LymphomaGPcardOct2007.pdf A summary of the main recommendations from the clinical practice guidelines (see above) to update GPs on the diagnosis and management of lymphoma and assist them guide patients with lymphoma through the evolving and complex forms of investigation and treatment they may have with their specialist team.

REFERENCES

Clinical practice guidelines for the diagnosis and management of lymphoma
(December 2005)

Clinical practice guidelines for the diagnosis and management of lymphoma. A guide for general practitioners.
(Edition 1 October 2007)

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

Contact the Leukaemia Foundation for further advice or information about your local multidisciplinary treatment centre.

LEUKAEMIA FOUNDATION

Ph: 1800 620 420 info@leukaemia.org.au www.leukaemia.org.au

DIAGNOSING LYMPHOMA

SUSPECT LYMPHOMA

PREDOMINANT 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

INITIAL INVESTIGATIONS

- Full medical history (include fevers, sweats, weight loss, malaise)
- Physical examination (particularly of lymph nodes and spleen)
- Full blood count, EUC/LFTs, serological studies
- Chest X-ray (to image the mediastinum)
- CT scan (of chest, abdomen, pelvis, as clinically indicated)

ELIMINATE DIFFERENTIAL DIAGNOSES

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

STILL SUSPECT LYMPHOMA

PERSISTENT LYMPHADENOPATHY

SYSTEMIC PRESENTATIONS

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

INDICATORS FOR URGENT EXCISIONAL 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 BIOPSY

- Aged 40 years and over
- Supraclavicular location
- Lymph node >2cm diameter
- Firm-hard texture, mobile, not tender
- Present several weeks
- Abnormal CXR / CT scan
- Significant constitutional symptoms

DIFFERENTIAL DIAGNOSES

- Thymoma; metastatic carcinoma; TB; sarcoidosis
- 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
- Flow cytometry (if lymphocytosis is present)
- Ultrasound of lymph node(s)

REFERRAL

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

Footnote:

Not all the factors listed above need to be present before further investigation or referral.