



Small Lymphocytic Lymphoma **SLL**



WHAT YOU NEED TO KNOW

You or your loved one has been diagnosed with small lymphocytic lymphoma (SLL). What does it mean and how will it affect you?

This fact sheet will help you:

Learn about SLL
and how it is
diagnosed

Get an overview
of treatment
options

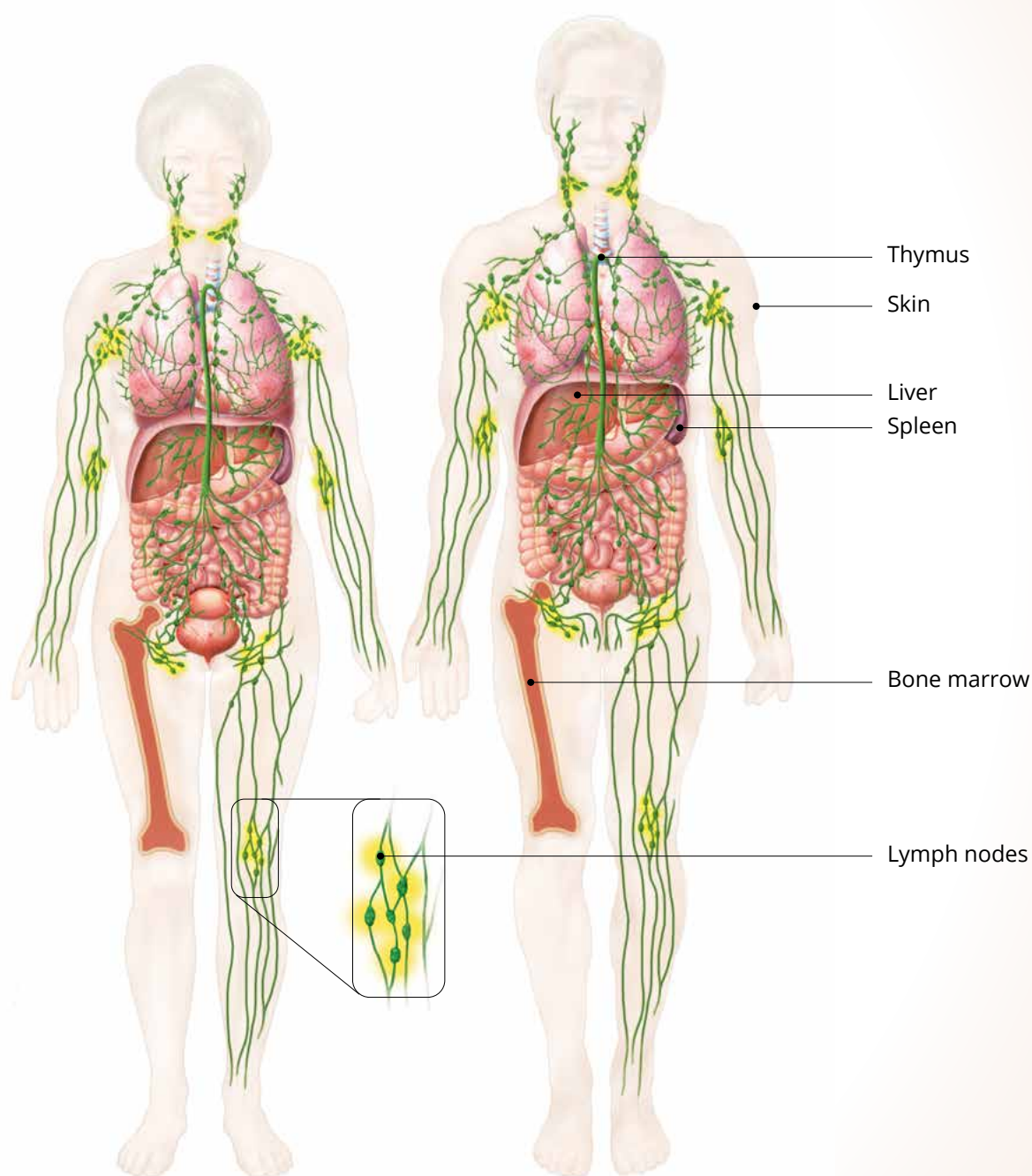
Understand what
happens next

About lymphoma

Lymphoma is the most common form of blood cancer.

Lymphoma is cancer of the lymphatic system, which includes the bone marrow, lymph nodes, thymus, liver, skin, and spleen.

Your lymphatic system defends your body against infection by creating white blood cells called lymphocytes. If these cells become abnormal, you may develop lymphoma.



What is lymphoma?

Lymphoma is the name of a group of blood cancers that develop in your lymphatic system. The two main types are Hodgkin lymphoma (HL) and non-Hodgkin lymphoma (NHL). SLL is a subtype of NHL.

About SLL

- It is a rare, slow-growing form of B-cell lymphoma (B-cells are important in fighting infections)
- Cancer cells form in the lymphatic system, most often in the lymph nodes and spleen
- It's a chronic blood cancer; it may not completely go away and can come back over time
- It typically affects adults over 60 and is more common in men
- It can be linked to autoimmune diseases, where the body mistakenly attacks its own cells

Symptoms of SLL

In some people with SLL, there are no obvious signs or symptoms until it is more advanced. The disease may be detected during a medical visit with a routine blood test.

You may experience:

- Painless swelling in your neck, armpits, or groin
 - When your lymph nodes are enlarged or swollen
- Feeling bloated or full
 - When your spleen or liver is enlarged
- Fever and drenching night sweats
 - Possibly a response from your immune system
- Weight loss
 - When you are eating less or using more energy
- Infections
 - When your white blood cell count is low (neutropenia)
- Headaches or blurred vision
 - When SLL is affecting the brain
- Bruising easily and ongoing bleeding from minor cuts
 - When your platelet count is low (thrombocytopenia)
- Cough, pain, or pressure in the chest with shortness of breath
 - When SLL is affecting the lungs
- Skin changes with red or purple areas (papules), nodules, or plaques
 - When SLL infiltrates the skin



Your diagnosis

With a diagnosis, your healthcare team can determine the right treatment for you. Your healthcare team includes an oncologist (the primary cancer doctor), who works with a range of professionals such as your family doctor, nurse practitioners, nurses, pharmacist, and social worker to manage your treatment and provide support. Depending on the type of cancer, other specialists like a pathologist, radiologist, or surgeon may also be involved in your care.

Your test results help them predict how SLL will likely progress and how you may respond to treatment.

Here are some possible tests you may undergo:

Name of test	Description
Medical history and physical exam	Your healthcare provider will review past illnesses, injuries, and symptoms. They will examine your lungs, heart, other organs, and any skin lesions.
Complete blood cell count (CBC)	This test measures the number of red blood cells, white blood cells, and platelets in a sample of your blood to find out if the counts are high or low.
Lactate dehydrogenase (LDH)	LDH is an enzyme in your blood. A high level may be a sign of tissue damage and a possible aggressive lymphoma.
Immunophenotyping	This test helps find specific types of cells within a blood sample to confirm a diagnosis. It identifies the lymphoma cells as B cells, T-cells, or natural killer cells.
Lymph node biopsy	A biopsy involves taking a sample of the tumour or lymph node and looking at the size, shape, and arrangement of the lymphoma cells.
Bone marrow biopsy	This test confirms whether the lymphoma has spread to the bone marrow. This will help your healthcare team determine the benefits of specific therapies.
Imaging tests	Computed tomography (CT) scan uses a computer linked to an X-ray machine to make a series of detailed pictures of areas inside your body. Magnetic resonance imaging (MRI) uses magnetic fields and radio waves to create images of the body's organs, including the brain and tissues. Positron emission tomography (PET) uses radioactive material to create a 3D image of your body. It can identify whether lymphoma cells are in the bone marrow and other parts of the body.
Ultrasound	Ultrasound uses high-frequency sound waves to create pictures of internal organs, tissues, and blood flow.
Molecular testing	These DNA tests identify specific changes (genetic mutations) in SLL cells.



Stages of SLL

Identifying the stage of the disease is an important step in planning your treatment. The stage of lymphoma refers to where the disease is located and how much of it is in your body.

Your healthcare team will use imaging, lab tests, and a physical exam to determine the stage of the disease, confirm whether it has spread, and monitor how it progresses.

The stage of the disease depends on:

- The extent of tumours present
- If lymph nodes are involved and if they contain cancer cells
- If the SLL has spread to other internal organs
- The amount of lymphoma cells in your blood

Stages I and II (1 and 2) are early stages. Stages III and IV (3 and 4) are advanced.

Stage I The lymphoma is in one group of lymph nodes or one extranodal site (outside the lymph nodes)

Stage II The lymphoma is in two or more groups of lymph nodes on the same side of the diaphragm

Stage III The lymphoma is in lymph nodes above and below the diaphragm

Stage IV The lymphoma is found in many areas of the body (in the lymph nodes and beyond)

SLL treatment

New treatment approaches will help manage your SLL symptoms and complications, including infections and fatigue. The types of treatment can vary widely and could include clinical trials.

You may experience mild to severe side effects during treatment, depending on your age, overall health, and treatment plan. If you do, let your healthcare team know.

Side effects can affect people in different ways. Most side effects improve or go away after treatment ends. New drugs and therapies can help control most side effects.

Types of treatment

Common SLL treatments and possible side effects include:

- **Watch and wait or active surveillance** delays treatment until the disease progresses. It is used for people with early-stage SLL who have no symptoms.
- **Chemotherapy** uses medicine (chemicals) to kill cancer cells. Chemotherapy is often given in combination with immunotherapy.
 - **Potential side effects:** low blood cell counts (white, red, and platelets), infection, bleeding, anemia, nausea, diarrhea, vomiting, loss of appetite, brain fog (chemo brain), fatigue, shortness of breath, diseases or disorders affecting the heart (cardiopathy), temporary hair loss, mouth sores, rashes, secondary cancers, and nerve damage (neuropathy)
- **Radiation therapy** uses high-energy X-rays or other types of radiation to kill cancer cells. It may be combined with other treatments, such as chemotherapy.
 - **Potential side effects:** redness, dryness, itching, blistering, nausea, diarrhea, vomiting, loss of appetite, headaches, swelling, fatigue, shortness of breath, cardiopathy, temporary hair loss, and secondary cancers
- **Targeted therapies** are a type of drug therapy that targets specific substances or markers on cancer cells. These drugs are often given in pill form. Some targeted therapies are available in Canada; others are available through a clinical trial.
 - **Potential side effects:** low blood cell counts (white, red, and platelets), infection, bleeding, anemia, skin problems, high blood pressure, fatigue, diarrhea, neuropathy, and slower healing time for wounds
- **Immunotherapy** uses an intravenous drug that can either boost or pause your immune system to help your body fight cancer. Immunotherapy is done in addition to or instead of chemotherapy. In Canada, it may be available in your province or territory or through a clinical trial.
 - **Potential side effects:** rashes, fatigue, diarrhea, nausea, vomiting, and decreased thyroid hormone levels
- **CAR T-Cell therapy** is a form of immunotherapy that helps the immune system attack cancer cells by modifying your own white blood cells (T cells) in a lab. They are then put back into your bloodstream.
 - **Potential side effects:** low white blood cell count (increased risk of infection), fever, fatigue, nausea, vomiting, diarrhea, low blood pressure, difficulty breathing, neurological changes, muscle or joint pain, rash or skin changes

Clinical trials are research studies that aim to improve the care and treatment of people living with cancer.

For some people with a blood cancer, a clinical trial may be the best treatment choice. Talk to your healthcare team for more information.

Types of treatment (cont'd)

- A **stem cell transplant (SCT)** gives you healthy stem cells to replace those damaged by cancer or intense chemotherapy and radiation treatments. Your body relies on stem cells to produce blood cells.

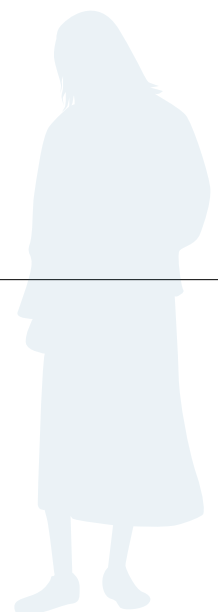
There are two main types of SCT used to treat blood cancers:

- **Autologous:** The stem cells are removed from your body before treatment and placed back into your body after treatment. This allows you to receive high doses of chemotherapy (sometimes with radiation). Using your own stem cells helps your bone marrow produce new blood cells and reset your immune system.
 - **Potential side effects:** low white blood cell count (increased risk of infection), low platelet count (increased risk of bleeding or bruising), low red blood cell count (causes fatigue, dizziness, shortness of breath, and feeling unwell), pain and issues with your digestive system, skin and hair problems, issues with your organs or central nervous system
- **Allogeneic:** The stem cells come from a donor. These donor cells replace the damaged ones in your bone marrow, potentially offering a long-term cure.
 - **Potential side effects:** low white blood cell count (increased risk of infection), low platelet count (increased risk of bleeding or bruising), low red blood cell count (causes fatigue, dizziness, shortness of breath, feeling unwell), pain and issues with your digestive system, skin and hair problems, issues with your organs or central nervous system, and possible graft-versus-host disease (GvHD) or veno-occlusive disease (affecting the small vessels leading to your liver)

Factors that affect treatment

Discuss your treatment options with your healthcare team to make sure you understand the benefits and risks of each approach. Your treatment plan is based on:

- Your age and overall health
- Your symptoms and blood counts
- The stage of SLL
- The status of the disease (first diagnosis or relapse, which is when the cancer returns after initial treatment)
- Any other health issues you may have
- Your lifestyle and preferences

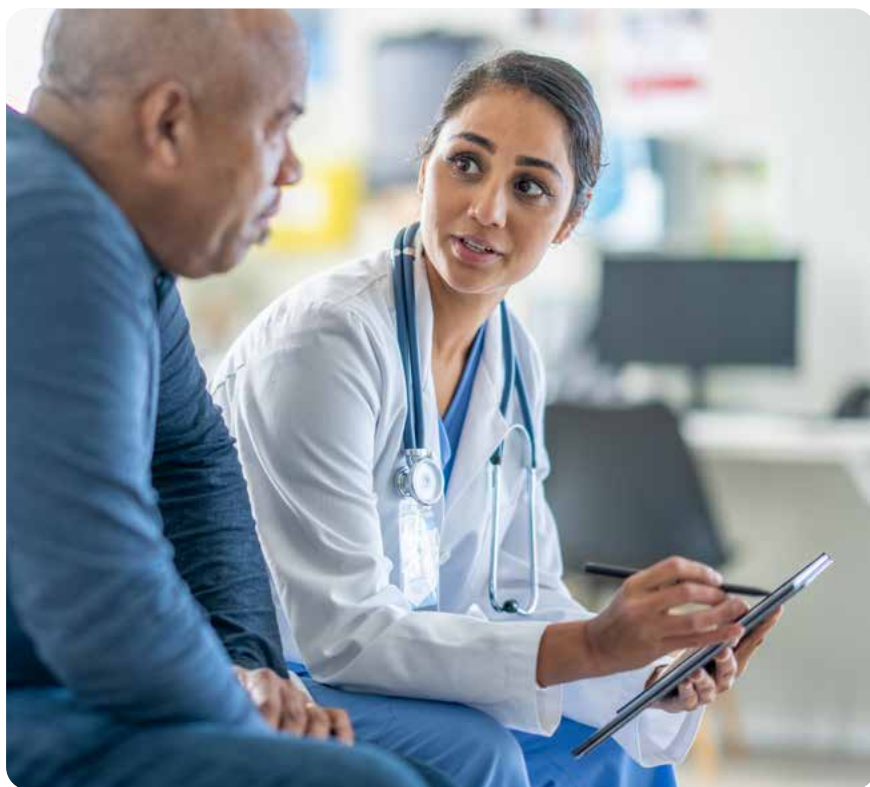


**Long-term
or late
effects of
treatment**

Medical follow-up is important after treatment for SLL. You may need blood, bone marrow, or imaging tests to determine if you need further treatment. Your healthcare team should provide a care plan listing how often you will need follow-up visits and which tests you will have at those visits.

You may experience long-term or late effects of your treatment:

- **Long-term side effects** can last for months or years after treatment ends. Examples include fatigue, fertility issues (the ability to conceive and have children), secondary cancers, and neuropathy.
- **Late effects** are medical problems that do not show up until years after treatment ends. See your healthcare team to get follow-up care for possible early detection of heart disease, secondary cancers, fertility issues, thyroid problems, trouble concentrating, or chronic fatigue.



Living with SLL can be overwhelming. Seek medical help if you feel “down” or “blue” or don’t want to do anything and your mood does not improve over time. These could be signs of depression, an illness that should be treated even when you’re undergoing treatment for SLL. Treatment for depression has important benefits for people living with cancer. Remember, you are not alone.

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