**Consolidation: Non-Hodgkin lymphoma (NHL) case study**

**Patient**

Elara, a 48-year-old female, went to her GP with persistent fatigue, unexplained weight loss of 5kg over three months and a painless, rubbery lump in her groin that she'd noticed a few weeks prior. She has no significant past medical history and is a non-smoker.

At the time of diagnosis, Elara was recently divorced (nine months ago) and had moved back in with her parents. She was highly stressed and was drinking an increased amount of alcohol. She had no children and had been using anti-anxiety medication since her divorce.

**Initial investigations**

* Physical examination: enlarged, non-tender, mobile lymph nodes were palpable in her groin and neck. Abdominal examination revealed no abnormal enlargement of organs.
* Blood tests: revealed slightly elevated Lactate dehydrogenase (LDH) and a normal full blood count.
* Lymph node biopsy: confirmed the diagnosis of follicular lymphoma, a type of non-Hodgkin lymphoma (NHL).
* CT scan of chest, abdomen and pelvis: staged the lymphoma as stage 3, indicating the involvement of lymph nodes above and below the diaphragm. No involvement of organs outside the lymphatic system was seen.
* Bone marrow biopsy: showed no evidence of lymphoma involvement.

**Treatment plan**

Given the stage and characteristics of Elara's lymphoma, a multifaceted treatment approach was recommended by the multidisciplinary team (MDT) in line with NICE (National Institute for Health and Care Excellence) guidelines. This involved a combination of:

1. Chemotherapy

Elara received six cycles of chemotherapy, administered intravenously every three weeks.

1. Radiotherapy

Following completion of chemotherapy, radiotherapy was delivered to the areas of bulky disease in her neck and groin. This consisted of daily treatments over several weeks.

1. Monoclonal antibody therapy

After completing chemotherapy and radiotherapy, Elara received intravenous infusions of Rituximab every two months for two years. This is a common strategy in follicular lymphoma to help maintain remission.

**Management and support**

Throughout her treatment, Elara received comprehensive support from the oncology team, including:

* nurse specialists who provided information about the treatment, potential side-effects and how to manage them;
* counselling services to help Elara cope with the emotional impact of her diagnosis and treatment;
* a physiotherapist who recommended exercises to help manage fatigue and maintain physical function.

**Follow-up and outcome**

Elara tolerated the treatment regimen relatively well, although she experienced fatigue, nausea and some hair loss during chemotherapy. Regular blood tests and scans were conducted throughout her treatment and during follow-up.

1. Post-treatment PET/CT scan

Showed a complete metabolic response, indicating that the lymphoma was no longer active.

2. Ongoing monitoring

Elara is now in remission and is being monitored regularly with follow-up appointments, including physical examinations and blood tests. She continues to receive Rituximab maintenance therapy.

**Discussion**

Elara's case highlights the complex nature of NHL and the importance of a personalised treatment approach. The combination of chemotherapy, radiotherapy and monoclonal antibody therapy resulted in a positive outcome. Long-term follow-up is crucial to monitor for any signs of recurrence and to provide ongoing support.

Reference: [www.nice.org.uk/guidance/ng52/chapter/Recommendations](http://www.nice.org.uk/guidance/ng52/chapter/Recommendations)

**Questions**

1. How does non-Hodgkin lymphoma (NHL) impact the systems of the body?
2. How does NHL impact physical health?
3. How does NHL impact mental health?
4. Explain the aims of each treatment offered (chemotherapy, radiotherapy, monoclonal antibody therapy).
5. What other support could be offered to this patient, considering her current and future needs?