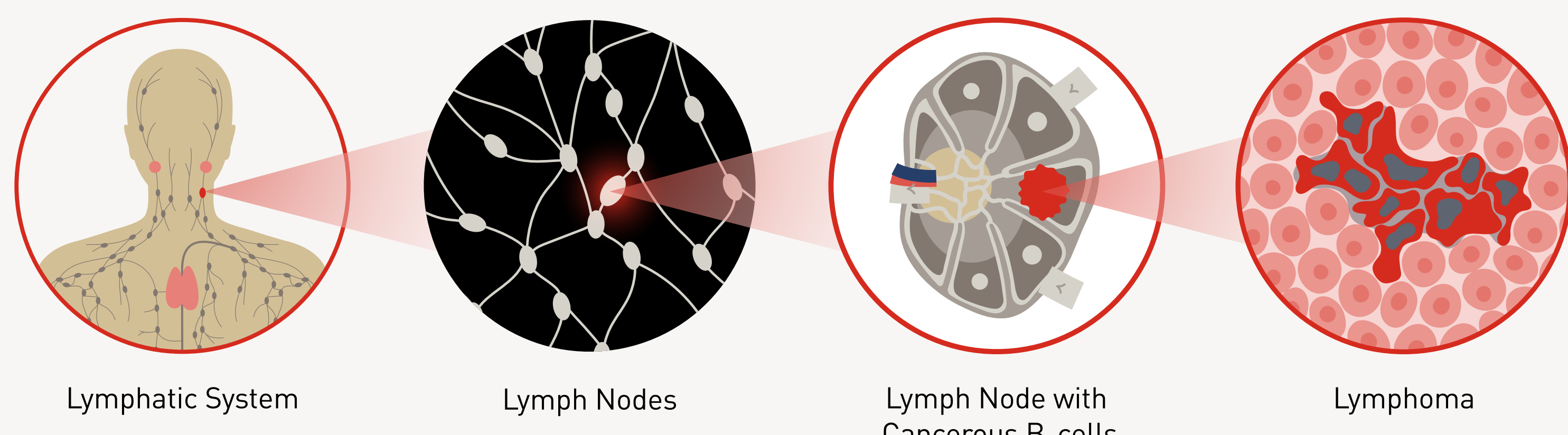


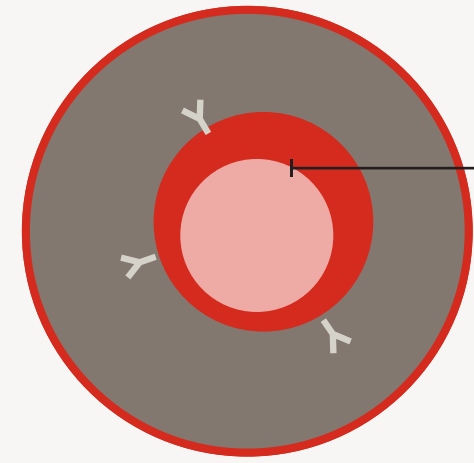
# UNDERSTANDING MANTLE CELL LYMPHOMA

## ABOUT MANTLE CELL LYMPHOMA (MCL)

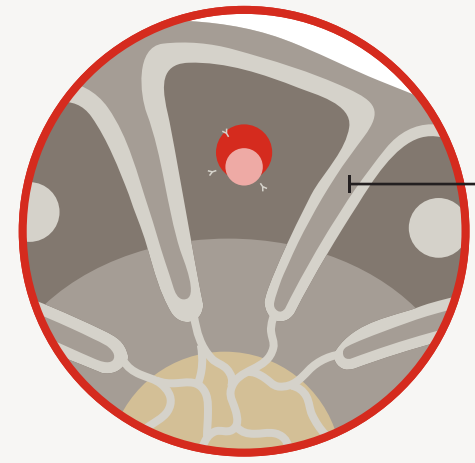


Lymphoma is a type of cancer that affects the lymphatic system. It arises from white blood cells called “lymphocytes” and is divided into two major categories: Hodgkin lymphoma (HL) and non-Hodgkin lymphoma (NHL).<sup>1</sup>

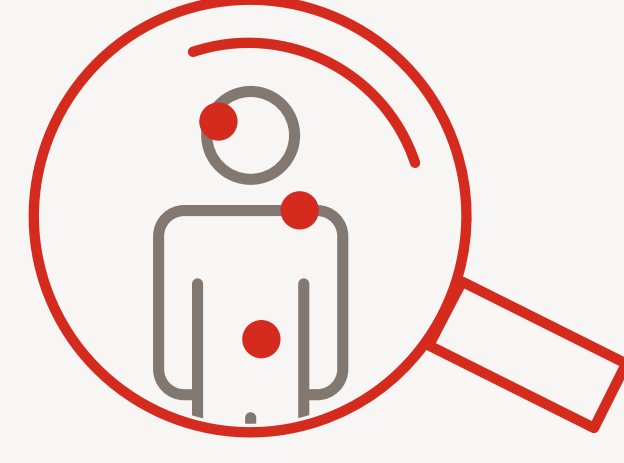
The lymphatic system helps to protect the body against infection and disease.<sup>1</sup>



Mantle cell lymphoma (MCL) is one of several subtypes of non-Hodgkin lymphoma— a lymphoma that arises from cancerous B lymphocytes (B-cells).<sup>1</sup>



MCL results from an aggressive B-cell cancer that originates in a region of the lymph node known as the mantle zone and can spread to other sites including the spleen, bone marrow, liver, and digestive tract.<sup>1</sup>



Symptoms can vary based on the extent and involved sites of the disease. Symptoms may include: swollen lymph nodes, unexplained fevers, night sweats, decreased appetite, unintentional weight loss, headaches, weakness/fatigue, and others.<sup>1</sup>



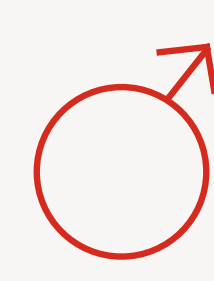
About 6% of non-Hodgkin lymphomas are mantle cell lymphomas.<sup>2</sup>



1 out of 200,000 individuals are diagnosed with MCL a year globally<sup>1</sup>



The US accounts for approximately 4,500 of MCL cases<sup>2</sup>



MCL is 3x more common in males<sup>3</sup>



People 60 years of age and older are most likely to present with MCL<sup>1</sup>



The median overall survival for patients with MCL is between 4 and 5 years<sup>4</sup>

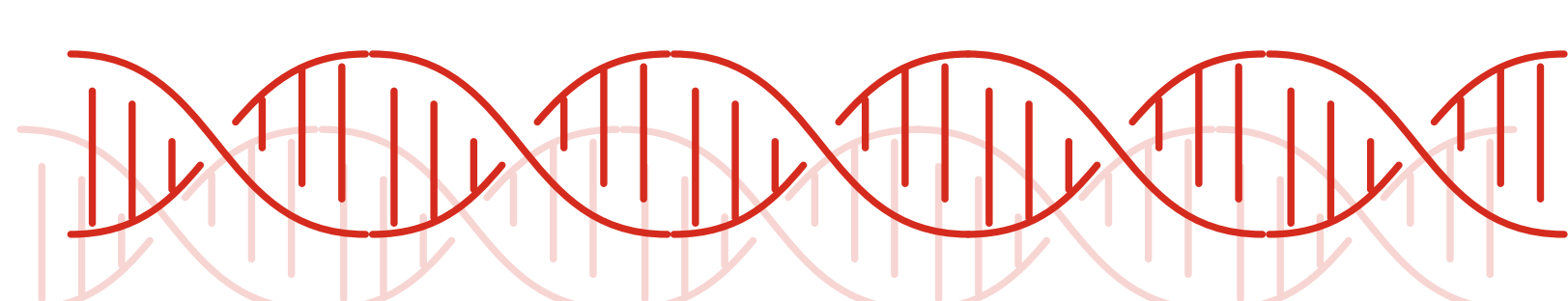
## THE IMPORTANT ROLE OF T(11;14)

MCL is distinguished by overexpression of a protein that stimulates cell proliferation known as **cyclin D1**. This can lead to a large accumulation of MCL cells and the development of a tumor.<sup>1</sup>

t(11;14)



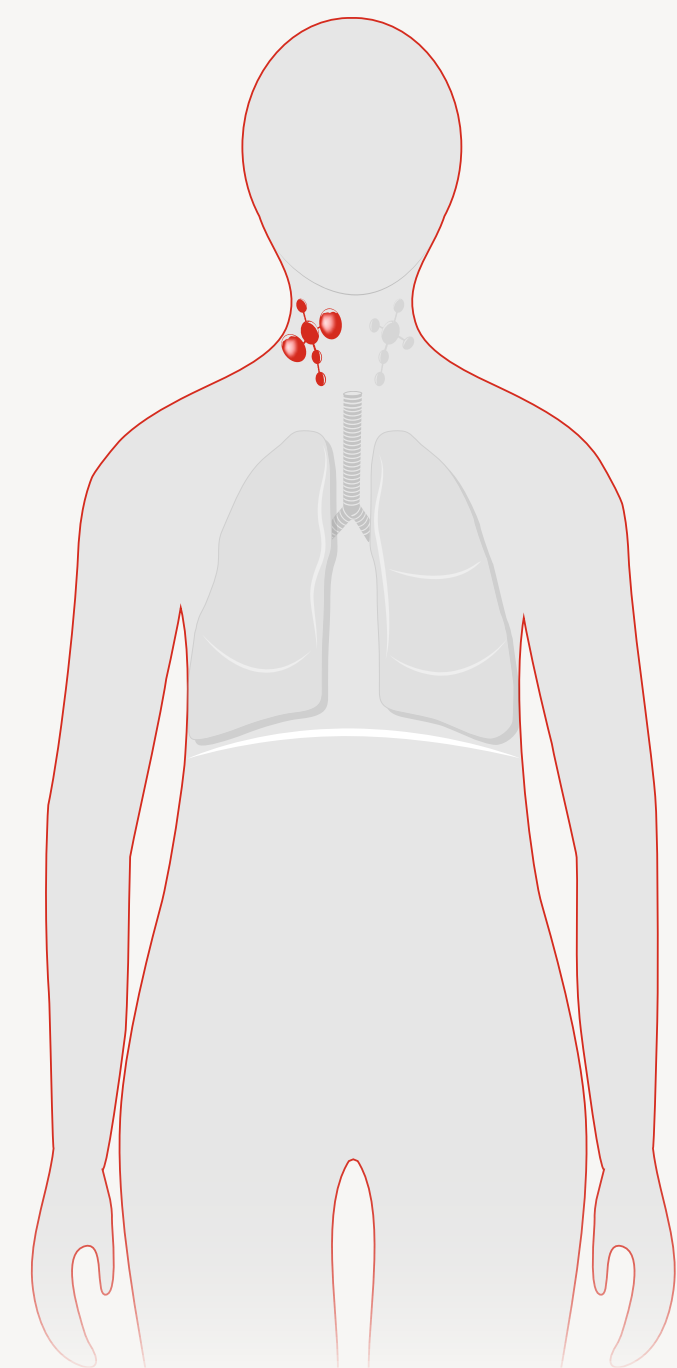
Overexpression of cyclin D1 is caused by a translocation that involves chromosomes 11 and 14, or **t(11;14)**. This is present in over **90% of people living with MCL**.<sup>1</sup>



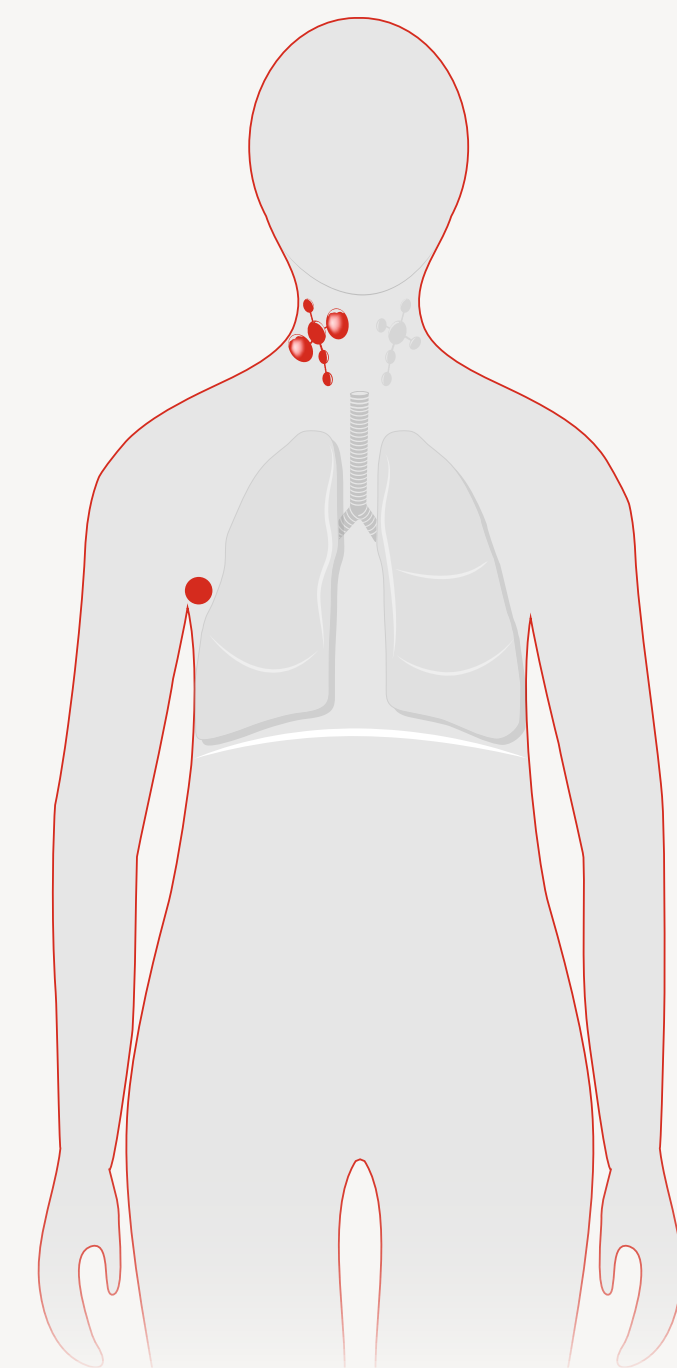
This important **translocation** occurs when chromosomes 11 and 14 exchange genetic material between them, resulting in two abnormal chromosomes.<sup>1</sup>

## MCL STAGING<sup>5</sup>

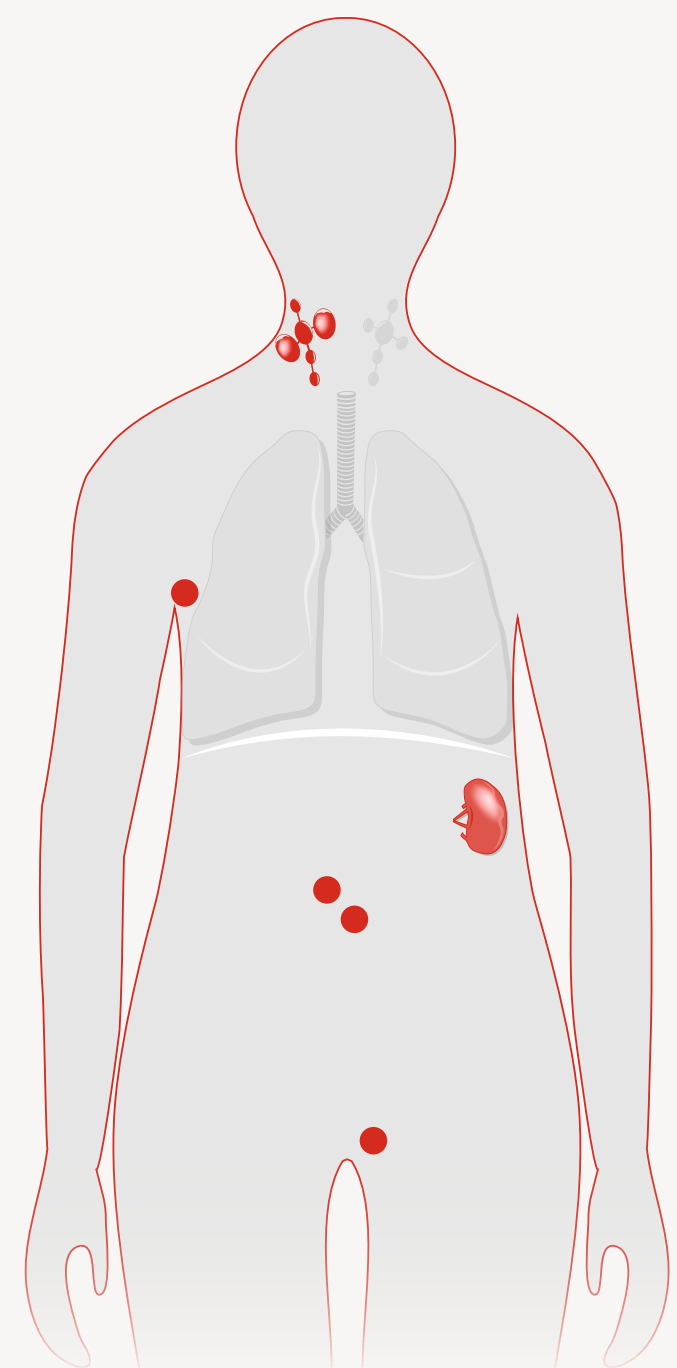
The Lugano Modification of the Ann Arbor Staging System is the most common classification for the staging of lymphomas.



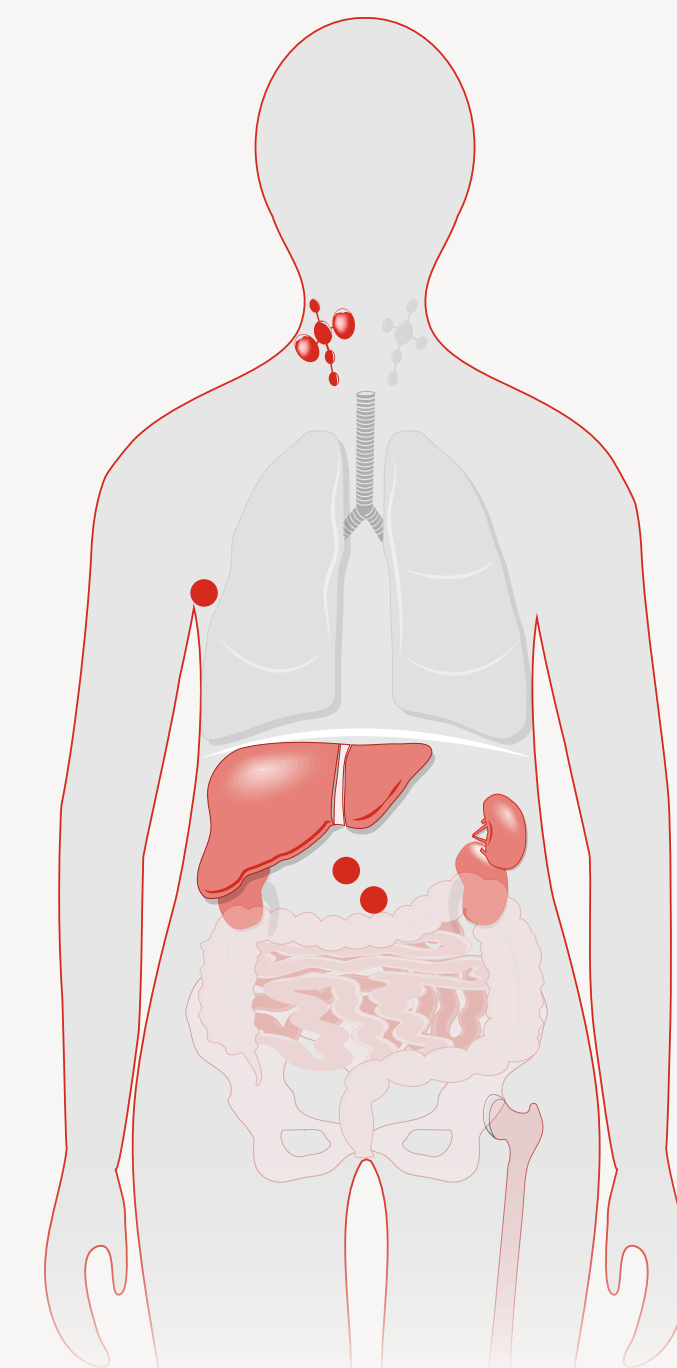
**STAGE I:**  
Involving one single lymphatic site or node; Single extranodal lesions without nodal involvement



**STAGE II:**  
Two or more nodal groups on same side of diaphragm; Limited contiguous extranodal involvement



**STAGE III:**  
Nodes on both sides of diaphragm; Above diaphragm with spleen involvement



**STAGE IV:**  
Additional non-contiguous extra lymphatic involvement

## TREATING MCL

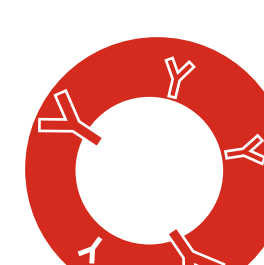
The diagnosis and management of MCL generally involves a collective effort of medical professionals, including medical oncologists and hematologists, who specialize in blood disorders and blood cancers.<sup>1</sup>



People living with MCL receive **treatment based on a variety of factors** including **disease stage, tumor size, subtype of MCL, symptoms, as well as their age and fitness**.<sup>1</sup>



There is **no standard treatment** for patients whose MCL returns after initial therapy.<sup>1</sup>



The **most common** initial treatments for MCL are regimens of **chemoimmunotherapy**.<sup>1</sup>



People living with MCL who **experience relapsed disease** may receive treatment with chemoimmunotherapy, immunomodulatory agents, Bruton tyrosine kinase (BTK) inhibitors, B-cell lymphoma 2 (BCL-2) inhibitors, and cellular therapies.<sup>6</sup>

Lilly

### REFERENCES:

1. National Organization for Rare Disorders (NORD). Mantle cell lymphoma. [RareDiseases.org](https://rarediseases.org). June 5, 2024. Accessed September 26, 2024.
2. Thandra KC. *Med Sci (Basel)*. 2021;9(1):5
3. Dreyling M, et al. *Ann Oncol*. 2017;28(suppl\_4):iv62-iv71.
4. Jose JM. *Am J Hematol*. 2017;92(8):806-813.
5. Cheson BD, et al. *J Clin Oncol*. 2014;32(27):3059-3068
6. Bond DA, Martin P, Maddocks KJ. Relapsed Mantle Cell Lymphoma: Current Management, Recent Progress, and Future Directions. *J Clin Med*. 2021;10(6):1207. Published 2021 Mar 14. doi:10.3390/jcm10061207