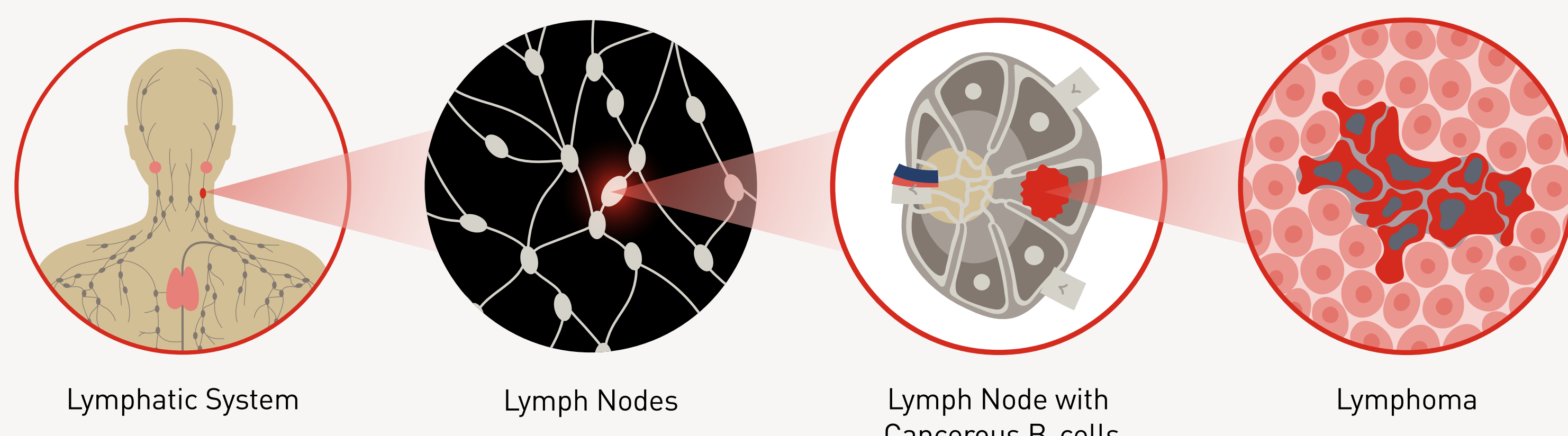


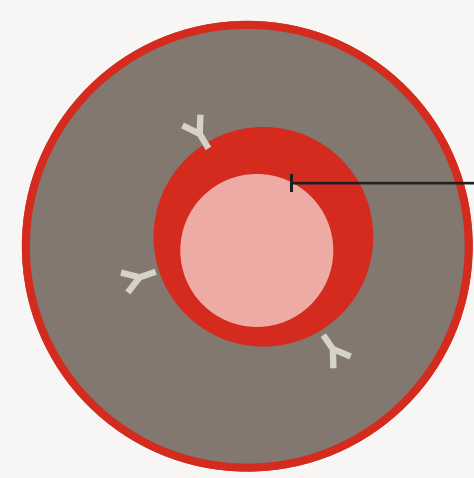
UNDERSTANDING MANTLE CELL LYMPHOMA

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).¹

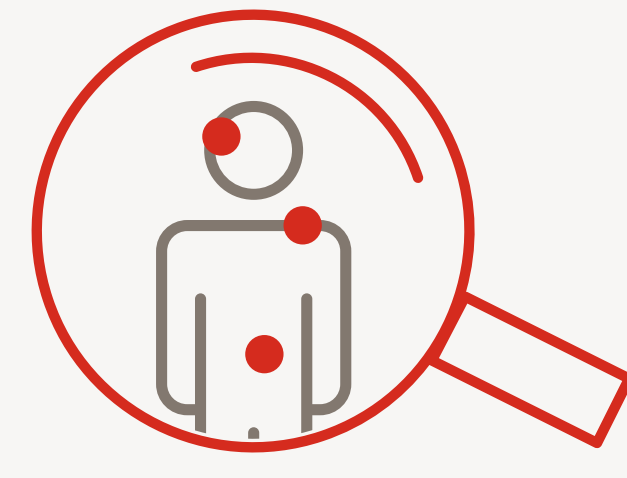
The lymphatic system helps to protect the body against infection and disease.¹



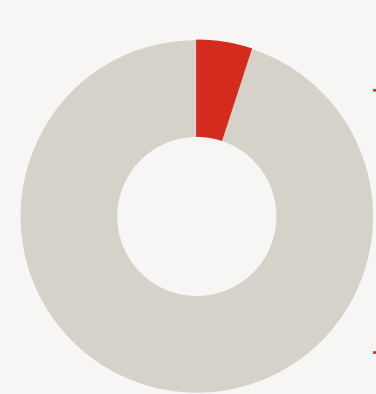
Mantle cell lymphoma (MCL) is one of several subtypes of non-Hodgkin lymphoma— a lymphoma that arises from cancerous B lymphocytes (B-cells).¹



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.¹



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.¹



About 6% of non-Hodgkin lymphomas are mantle cell lymphomas.²



1 out of 200,000 individuals are diagnosed with MCL a year globally¹



The US accounts for approximately 4,500 of MCL cases²



MCL is 3x more common in males³



People 60 years of age and older are most likely to present with MCL¹

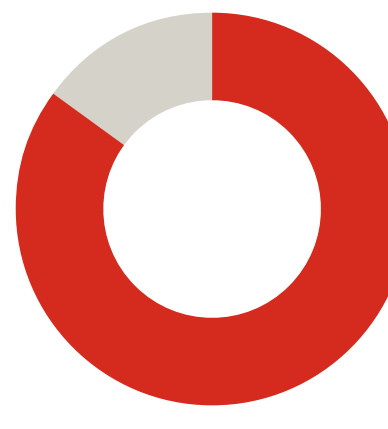


The median overall survival for patients with MCL is between 4 and 5 years⁴

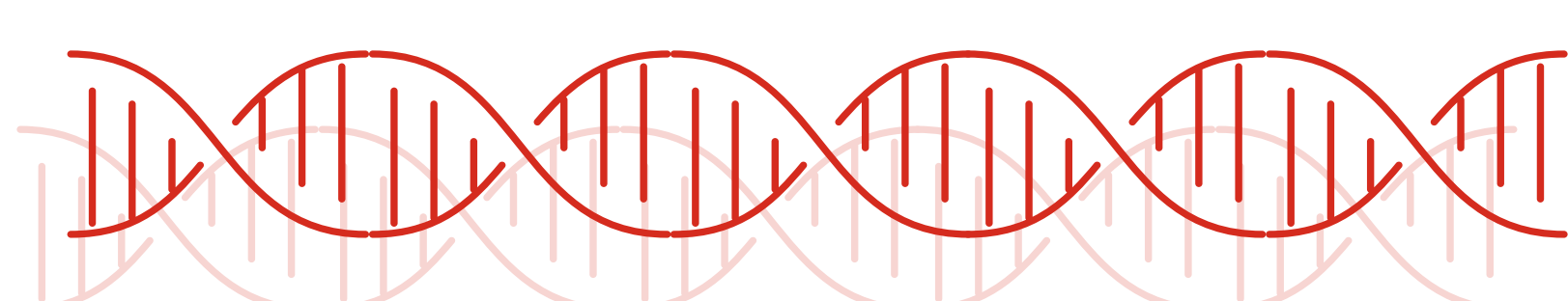
THE IMPORTANT ROLE OF T(11;14)

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.¹

t(11;14)



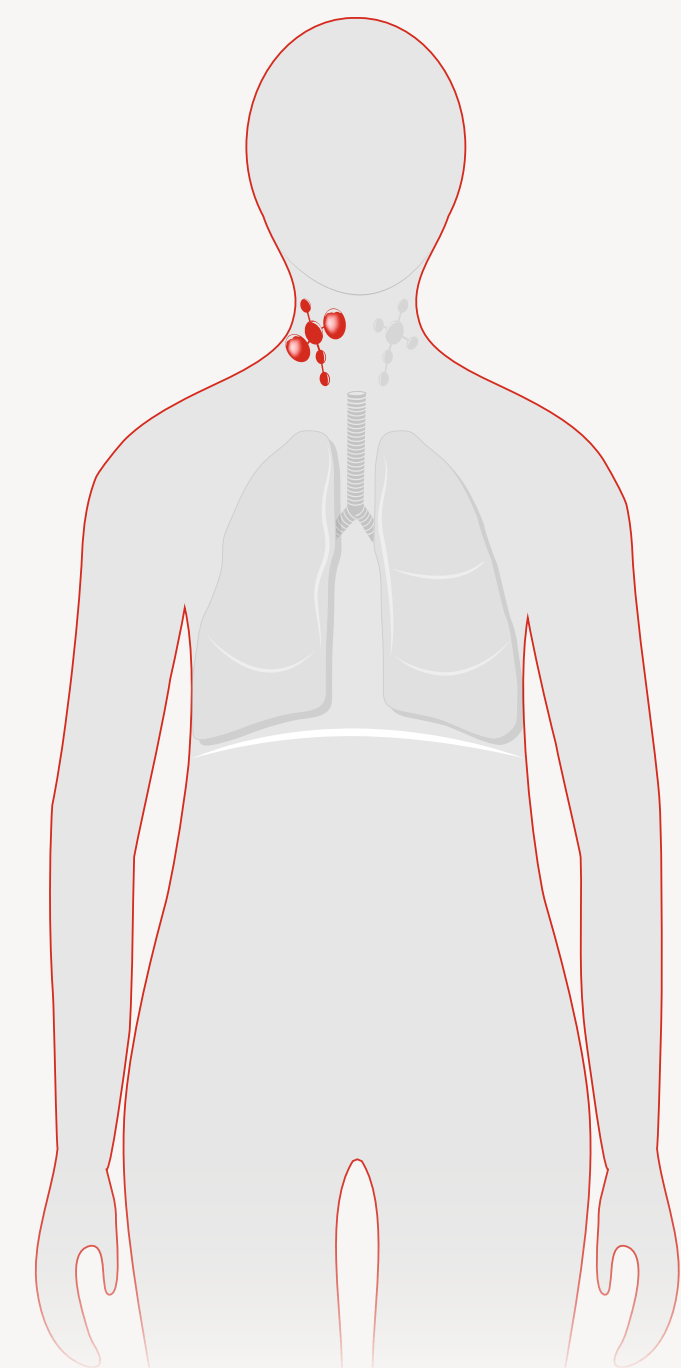
Overexpression of cyclin D1 is caused by a translocation that involves chromosomes 11 and 14, or **t(11;14)**. This is present in over **90% of people living with MCL**.¹



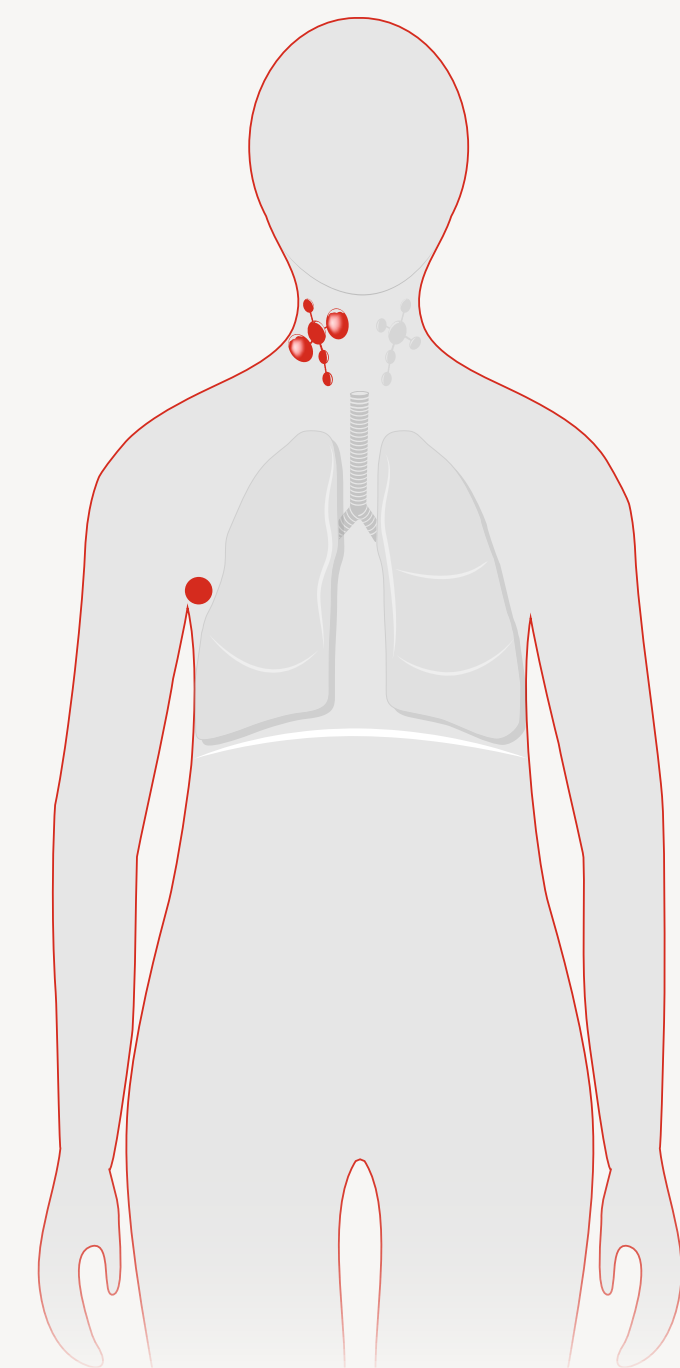
This important **translocation** occurs when chromosomes 11 and 14 exchange genetic material between them, resulting in two abnormal chromosomes.¹

MCL STAGING⁵

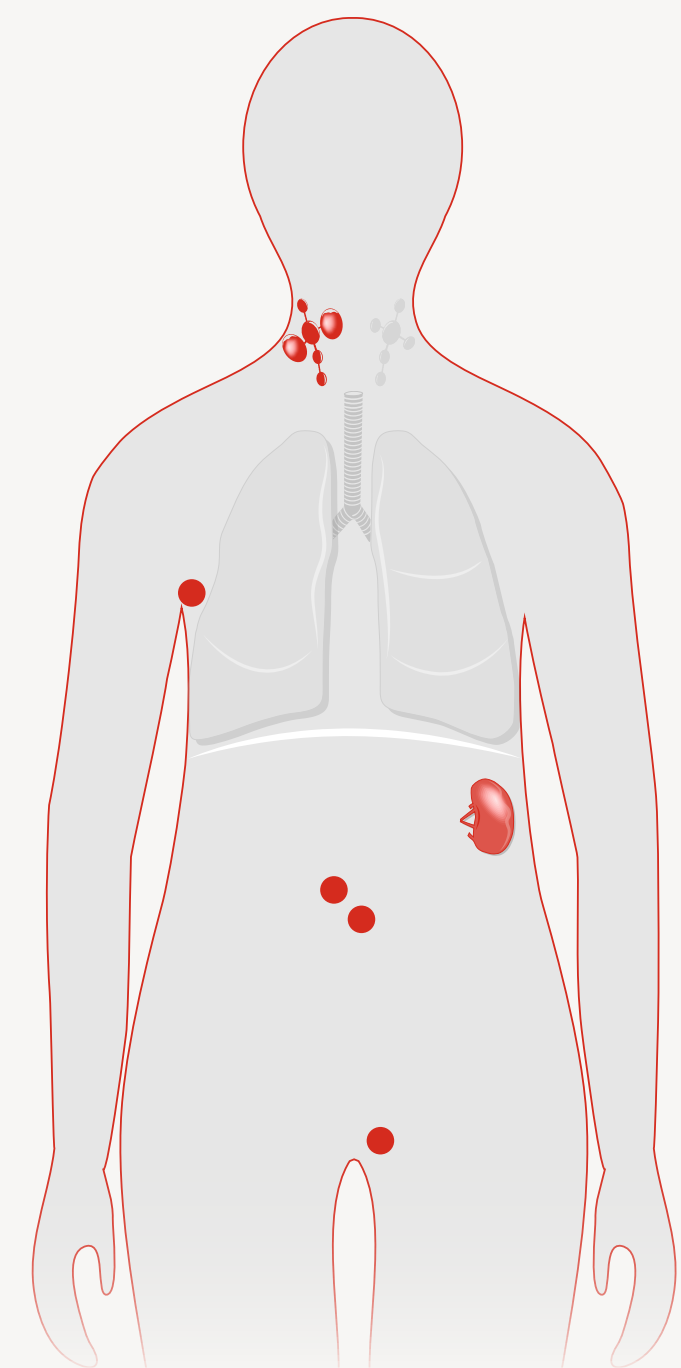
The Lugano Modification of the Ann Arbor Staging System is the most common classification for the staging of lymphomas.



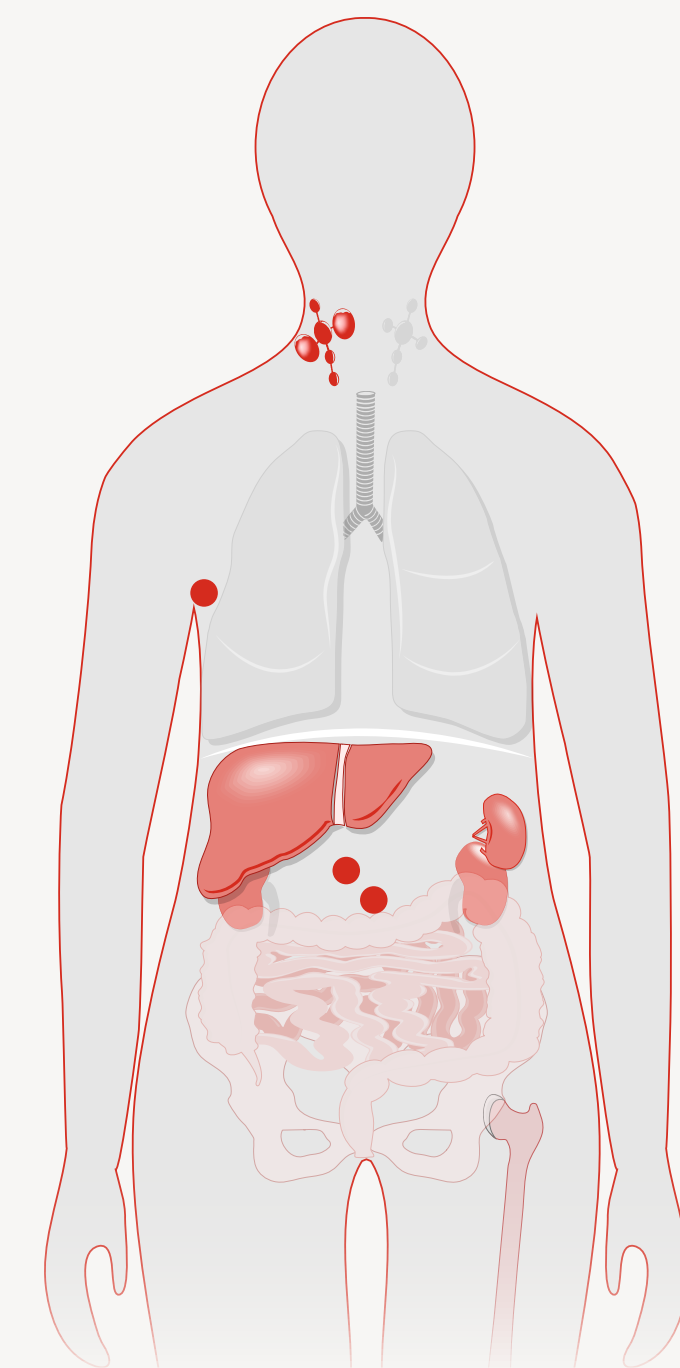
STAGE I:
Involving one single lymphatic site or node; Single extranodal lesions without nodal involvement



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

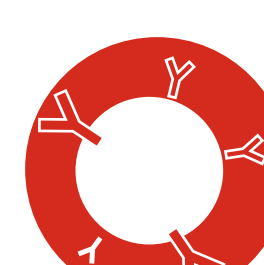
The diagnosis and management of MCL generally involves a collective effort of medical professionals, including medical oncologists and hematologists, who specialize in blood disorders and blood cancers.¹



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**.¹



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



The **most common** initial treatments for MCL are regimens of **chemoimmunotherapy**.¹



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.⁶



REFERENCES:

- NORD. Mantle Cell Lymphoma. <https://rarediseases.org/rare-diseases/mantle-cell-lymphoma/> Accessed July 20, 2022
- Thandra KC. Med Sci (Basel). 2021;9(1):5
- Dreyling M, et al. Ann Oncol. 2017;28(suppl_4):iv62-iv71.
- Vose JM. Am J Hematol. 2017;92(8):806-813.
- Cheson BD, et al. J Clin Oncol. 2014;32(27):3059-3068
- 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