Sistema Socio Sanitario
Regione Lombardia
ASST Sette Laghi

MANTLE CELL LYMPHOMA

Epidemiology

Mantle cell lymphoma (MCL) is an uncommon subtype of lymphoma and represents 5%–7% of lymphoma in Western Europe. The annual incidence of this is 1–2/100 000 recently. MCL is more common in males than in women.

Signs and symptoms

MCL is frequently discovered when a patient has a swollen, painless lymph node in neck, armpits, or groin. Patients with MCL may also experience other symptoms like loss of weight, fever, night sweats, abdominal bloating or pain, sense of fullness or discomfort from enlarged tonsils, liver, or spleen, fatigue.

Diagnosis and risk stratification

The diagnosis of MCL relies on a lymph node biopsy and/or a bone marrow biopsy. MCl is characterized by t(11;14) translocation that can be detected on peripheral blood cells, bone marrow blood cells or lymph node tissue. MCL is likely to involve the gastrointestinal tract, therefore colonoscopy and gastroscopy are required at diagnosis. To assess the illness extension, a CT and PET scan are performed. There are some variables that retain prognostic relevance: age, performance status, LDH levels and white blood cells count, TP53 mutation and presence or absence of SOX11 expression.

Treatment

Treatment of MCL is systemic and requires a combination of chemotherapy and monoclonal antibodies (Rituximab). Our treatment approach is based on International guidelines (i.e. ESMO doi.org/10.1093/annonc/mdx223). In young patients autologous stem cells transplantation is part of the front line treatment.

In case of relapsed or refractory disease, other treatment options include targeted therapies like Bruton tyrosin-kinase inhibitors (i.e. Ibrutinib). In our center, patients with unsatisfactory responses to standard therapy can be evaluated for clinical trials.