What is Lymphoplasmacytic Lymphoma?

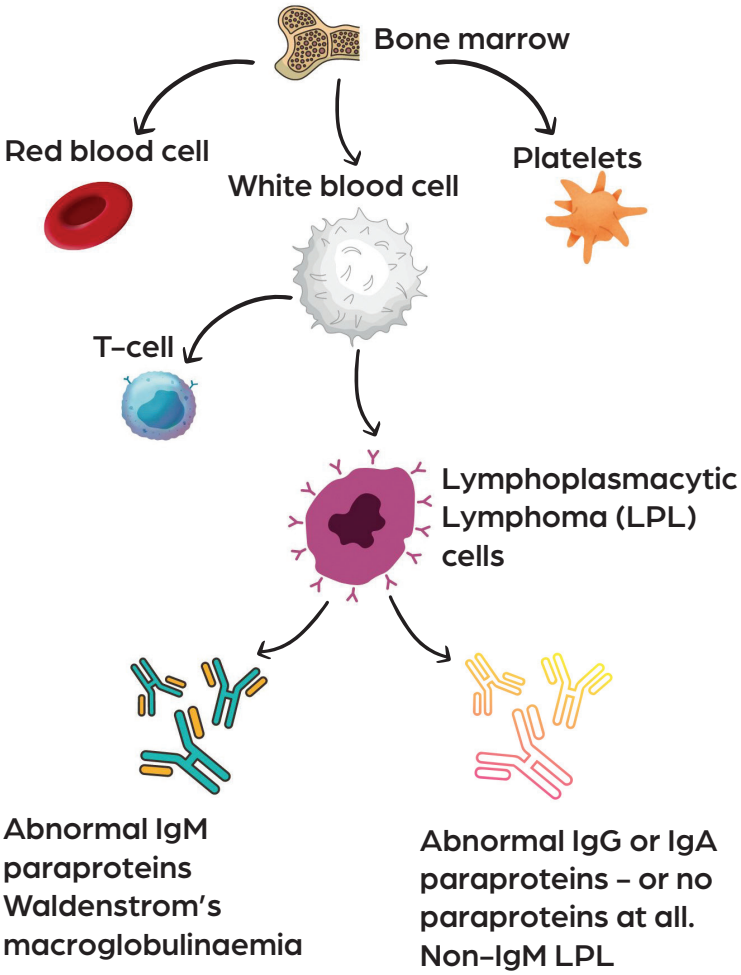
Lymphoplasmacytic Lymphoma (LPL) is a rare, slow-growing blood cancer. It happens when some white blood cells, called B-cells, don't mature normally.

Normal B-cells help your body fight infections. They grow in your bone marrow and can turn into plasma cells that make antibodies — special proteins that find and block germs like viruses and bacteria.

In LPL, the B-cells become abnormal lymphoplasmacytic cells that live longer than they should and slowly build up over time. As these cells accumulate alongside healthy blood cells, they begin to crowd them out, making it harder for your body to work as it should.

In people with LPL the lymphoplasmacytic cells often produce large amounts of abnormal antibodies (called paraproteins), or sometimes none at all. As the abnormal lymphoplasmacytic cells crowd out the bone marrow it can affect the normal production of B-cells. This in turn can lead to a reduction in the production of normal antibodies, weakening the immune system making you more likely to get infections.

Lymphoplasmacytic Lymphoma vs Waldenstrom's Macroglobulinaemia



Waldenstrom's macroglobulinaemia (WM) is a type of LPL.

If you have WM, your B-cells make too much of a certain protein called IgM. This can make your blood thicker than normal, which may cause symptoms like headaches or vision problems.

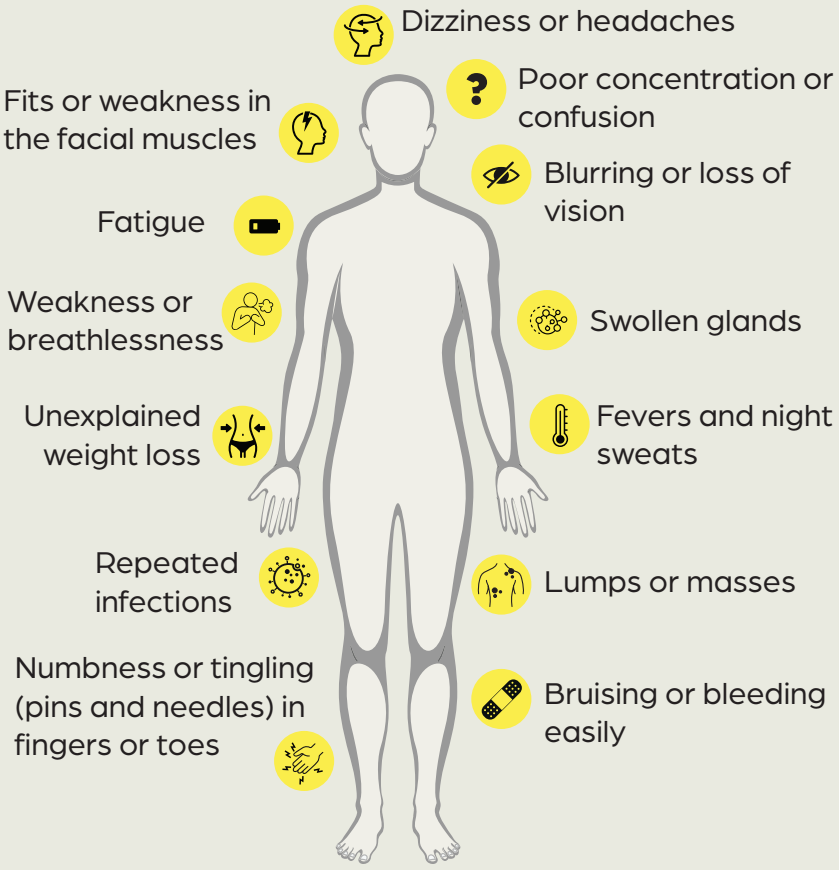
Not everyone with LPL has WM. For those who have LPL that is not WM, their abnormal B-cells produce large amounts of a different abnormal protein (usually IgG or IgA) or no proteins at all and is often referred to as non-IgM LPL.

19 out of 20 people with LPL have WM.

Symptoms

People with non-IgM LPL may experience similar symptoms to those with WM, including headaches, fatigue, increased infections, bruising, bleeding, blurred vision, numbness or tingling and swollen glands.

People with WM may also have additional symptoms including hyperviscosity, which is when the blood becomes too thick.



Treatment

There's no cure yet for LPL or WM, but treatments can help manage the condition and lead to long periods of remission. Whether you have WM or non-IgM LPL, treatment is the same but will depend on your indvidual circumstances.

You may not need treatment right away and will have regular check-ups with your medical team (this is called "active monitoring") where your blood levels and symptoms are monitored.

Active monitoring can cause some people to feel anxious, but there is no evidence to show that being treated earlier has any benefits. In fact, treatment itself can have some harsh side effects, which is why medical teams delay treatment until it will have the maximum impact.

If treatment is needed, it may include:

- **Chemotherapy**
  Drugs that kill the abnormal B-cells (cancer cell). This is often combined with a type of drug called a monoclonal antibody.
- **Monoclonal antibodies**
  Drugs like rituximab 'stick' to the proteins, which can trigger your body's immune system to help destroy the cancer cells.
- **Steroids**
  You may be offered steroids, as they can help other drugs to destroy the cancer cells and make chemotherapy more effective.
- **Targeted therapies**
  Drugs that block signals in cancer cells, stopping their growth. Common ones include BTK inhibitors like Zanubrutinib and ibrutinib.
- **Stem cell transplant**
  A more intensive treatment that replaces damaged cells with healthy ones. Usually offered only if other treatments haven't worked.

Research and Clinical Trials

Scientists are studying the role of gene changes in LPL and WM to find new, personalised treatments. One potential future treatment is CAR T-cell therapy, which involves modifying a person's immune cells to better fight cancer. This is not yet available for LPL or WM but may be included in future trials.

To learn more about clinical trials, visit the WM Clinical Trials Hub.

Support and Information

If you have questions about symptoms, treatment, or support:

Visit: wmuk.org.uk

Speak to a WM-expert on: 0300 373 8500

Email: support@wmuk.org.uk

We're here for **you.**