Denileukin Diftitox as Novel Targeted Therapy in Non-Hodgkin’s Lymphoma

Pamela L. Walker, RN, OCN® and Nam H. Dang, MD, PhD

H odgkin’s disease and non-Hodgkin’s lymphoma (NHL) are two distinct diseases that together account for 5% of all cancers in the United States. In 2003, almost 53,000 new cases of NHL were diagnosed. Although intensive research has shed light on some aspects of NHL, a detailed understanding of the disease biology remains relatively limited. Unfortunately, the incidence rate of NHL has doubled since the 1970s (American Cancer Society, 2003).

NHL rarely occurs before the age of 10; however, its incidence rises after age 25, with the steepest increase occurring after age 55. The survival rate of NHL is related to age and consistently is lower for individuals older than 65 (Ries et al., 2000). The rising incidence of NHL creates a need for oncology nurses to gain a better understanding of the complexity and treatment management of this diverse group of malignancies.

Classification, Staging, and Prognostic Factors

NHL encompasses a complex group of hematologic malignancies that have common and diverse features. Classification and staging of NHL subtypes are critical in determining disease prognosis and treatment. Key classification schemes currently used include a combination of the Working Formulation, Revised European American Classification Lymphoma, and World Health Organization classification system (Harris et al., 1994, 2000a, 2000b). The Ann Arbor staging system is the most widely used staging system (Rosenberg, 1977). Staging studies use different imaging techniques, including computed tomography (CT) scans, plain films, magnetic resonance imaging, and radionuclide imaging positron emission tomography and gallium scan, as well as bone marrow biopsy and aspiration. Hematologic laboratory studies such as complete blood count with differential and liver function tests, including lactic dehydrogenase (LDH) and ß2-microglobulin, are helpful with staging and prognostic factors. The International Prognostic Index (IPI) is used to classify patients by age (younger than 60 versus older than 60), performance status (0 or 1 versus 2–4), LDH (normal versus elevated), number of extra nodal sites (0 or 1 versus 2–4), and stage (I or II versus III or IV). The IPI score not only serves as a prognostic factor but also assists with treatment planning (Fisher, 2003).

Low-Grade B-Cell Non-Hodgkin’s Lymphoma

Several subtypes of NHL belong to the low-grade or indolent B-cell NHL classification; the most common is follicular lymphoma (FL), which comprises 25%–40% of all adult lymphomas (Seng & Peterson, 1997). Disease often presents with asymptomatic, chronically waxing and waning lymphadenopathy detected by patients or healthcare providers.

Submitted August 2003. Accepted for publication September 30, 2003. (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Clinical Journal of Oncology Nursing or the Oncology Nursing Society.)