

POSSIBLE  
with support



Lymphoma is a type of blood cancer that affects people's white blood cells (called lymphocytes) and is the most common type of blood cancer in Europe.<sup>1</sup> There are over 80 different forms of lymphoma that are categorised into two main groups: Hodgkin lymphoma, or non-Hodgkin lymphoma.<sup>1</sup>

Diffuse large B-cell lymphoma (DLBCL) is the most common subtype of non-Hodgkin lymphoma, representing around 30% of cases.<sup>2</sup> It is an aggressive (fast-growing) lymphoma, and around 30-40% of people will not respond to initial treatment (known as refractory disease) or will experience a relapse after a period of remission.<sup>3</sup>

Whilst no two people are the same, the emotional and physical toll for those with relapsed or refractory DLBCL is common due to the accumulating treatment burden and growing concern about the chances of survival.<sup>4,5</sup>

This infographic is based on a piece of market research commissioned by Kite, a Gilead Company, with healthcare professionals, patients and caregivers, to explore the emotional aspects and key touch points of the journey of patients with diffuse large B-cell lymphoma in five European countries: France, Germany, Italy, Spain and the United Kingdom. This has been produced to highlight some of the interactions between patients and their healthcare professionals in this challenging disease.

This is not intended to be a decision-making tool and does not replace clinical judgment and/or local/national treatment guidelines. This is only illustrative of a typical patient journey and individual patient journeys may differ across countries/regions.

### Diagnosis

Life may be different after a DLBCL diagnosis. This marks the start of an emotional and physical journey for the individual, their friends, family and other carers.<sup>4,5,6</sup>

'What's going to happen now?'

'I feel optimistic'

### Relapse

Relapse is unexpected, especially after being reassured by their physician about their chances of remission. Feelings of concern about the future and uncertainty about what comes next are heightened.<sup>4,5,8</sup>

'I am hopeful'

'What is my next treatment option?'

### DLBCL comes back

This stage is emotionally charged. Having invested a lot of trust in the treatment and healthcare system, people with relapsed or refractory DLBCL feel exhausted and depressed. The healthcare team is disheartened as options are running out and conversations change to length of survival rather than complete remission.<sup>4,8</sup>

'I still have options, but feel discouraged'

### Additional treatment

In recent years the number of treatment options available for people with relapsed or refractory DLBCL has increased.<sup>9</sup> These treatments offer a renewed sense of hope for long-term survival.<sup>4,10</sup> However, without a standard treatment pathway, individuals wonder if the physical and emotional toll is worth continuing with another therapy. This uncertainty fuels anxiety, and the need for emotional and physical support increases.<sup>4,11</sup>

#### This support can include:

- Information about additional treatments, such as the process and practicalities required<sup>4</sup>
- Reassurances associated with referral to different specialised healthcare teams<sup>4</sup>
- Additional psychological care to carry individuals through the treatment process and prepare for all potential outcomes<sup>4,11</sup>

This stage is also challenging for the closest carers, who may also benefit from emotional support.

### Initial treatment

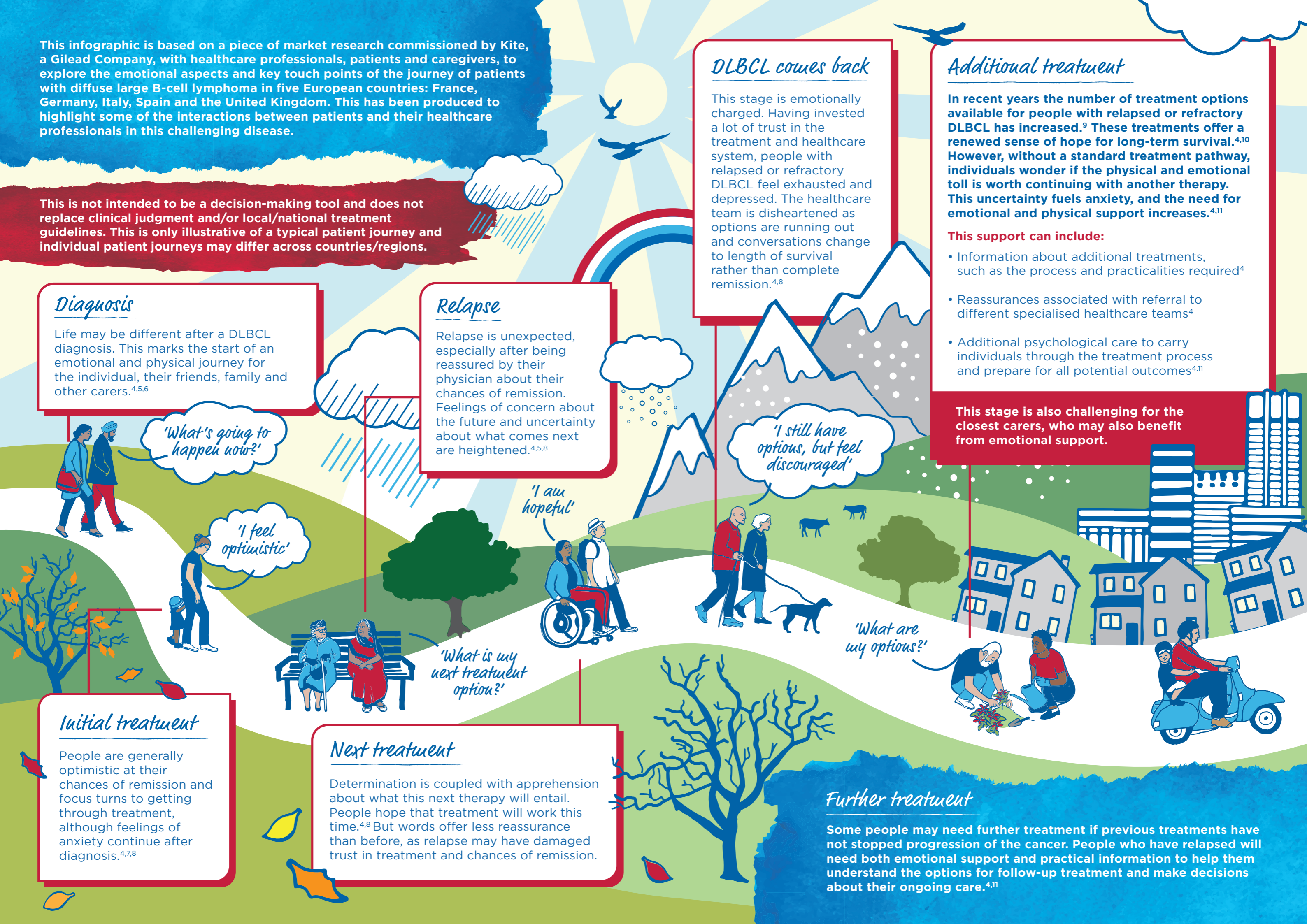
People are generally optimistic at their chances of remission and focus turns to getting through treatment, although feelings of anxiety continue after diagnosis.<sup>4,7,8</sup>

### Next treatment

Determination is coupled with apprehension about what this next therapy will entail. People hope that treatment will work this time.<sup>4,8</sup> But words offer less reassurance than before, as relapse may have damaged trust in treatment and chances of remission.

### Further treatment

Some people may need further treatment if previous treatments have not stopped progression of the cancer. People who have relapsed will need both emotional support and practical information to help them understand the options for follow-up treatment and make decisions about their ongoing care.<sup>4,11</sup>



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## After treatment

As scientific understanding of relapsed or refractory DLBCL has improved, so has the number of people that go on to experience complete or partial remission. This is not the end of the journey. Some people may experience feelings of guilt for surviving cancer while others did not – this is called survivors' guilt and it takes an emotional toll on the individual and their relationships.<sup>12</sup> In addition to the emotional impact, the lasting impact of cancer and its treatments means that support may continue to be required for physical and mental wellbeing.<sup>12,13,14</sup>

Waiting to find out if treatment has been effective or not may be stressful for everyone involved.<sup>4,11</sup>

The ongoing physical challenges for people who have lived through DLBCL can include extreme fatigue,<sup>15</sup> digestive issues,<sup>14</sup> and muscle weakness.<sup>14</sup> The emotional impact of cancer may cause changes in close relationships, symptoms of post-traumatic stress disorder, financial stress and ongoing fear of relapse.<sup>4,11</sup>

'Has it worked?'

No matter what approach is taken, treatment may not be successful for some people. During this time, it is important that information and support is available to patients and their friends and family members in order to help them navigate important decisions around palliative care and wishes for end of life.<sup>4,11</sup>

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