

B-CLEAR

Blood Cancer Literacy Education
And Resources



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Bringing Clarity to Blood Cancer

Understanding Diffuse Large B-Cell Lymphoma (DLBCL)

A guide to diagnosis and treatment

You've Been Diagnosed With Diffuse Large B-Cell Lymphoma (DLBCL). Now What?

Knowledge is power when navigating a DLBCL diagnosis

Learning all you can about DLBCL will help you move forward. This brochure provides information you need to guide discussions with your healthcare team. Informed conversations will help you get the most out of your care.

The information in this brochure is provided by AstraZeneca for educational purposes only and should not take the place of talking with your doctor or healthcare professional.



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Every patient's journey is different, but here is what yours may look like:



Step 1

Understand your diagnosis

- Know your main diagnosis and subtype
- Ask what types of tests are needed to better understand your disease, including genetic tests
- Understand the different stages of your disease
- Ask when you can begin treatment



Step 2

Discuss treatment options with your doctor

- Find out what treatment options are available
- Consider how different treatments may impact your daily life
- Ask if a clinical trial is appropriate



Step 3

Actively participate in your treatment

- Understand how your treatment will fit into your daily routine
- Learn what you can do to get the most out of your care
- Seek support throughout your treatment journey to maintain your mental and emotional well-being

Understanding a Diagnosis of DLBCL

Step 1

Understand your diagnosis

Step 2

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What is DLBCL?

DLBCL is a type of **lymphoma, a cancer that is found in the blood**. It develops when a **change, or mutation, occurs within B cells, a type of white blood cell (lymphocyte)**. This mutation causes the abnormal cells to grow and replicate more than normal lymphocytes. These abnormal cells may originate anywhere in the body, including the lymph nodes.

DLBCL can arise on its own or, in certain cases, it may occur in individuals who were previously diagnosed with a slow-growing lymphoma.

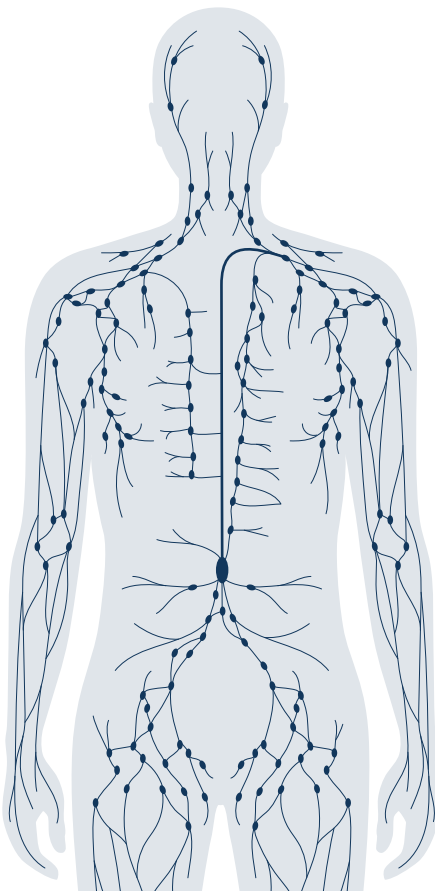
There are many types of non-Hodgkin lymphomas, and **DLBCL is the most common type**. It is **fast-growing**, meaning cancer cells multiply and spread rapidly.

DLBCL treatment is determined by **stage of disease**, age, and overall health. Because DLBCL is fast-growing, **treatment normally begins shortly after diagnosis**. The goal of DLBCL treatment is **sustained remission or cure**.

What are the common symptoms* of DLBCL?

Common symptoms, known as B symptoms, are listed below. People may experience painless, rapid swelling in their neck, underarms, abdomen or groin. This is caused by enlarged lymph nodes. For some patients, swelling in these areas may be painful.

Diagram of the Lymphatic System



! B symptoms may include:

- Night sweats
- Fever
- Unexplained weight loss (>10% of body weight over 6 months)
- Fatigue (extreme tiredness)
- Loss of appetite
- Shortness of breath
- Pain in the affected organs or tissues

! DLBCL occurs slightly more often in males and in individuals over 60 years of age.

*Symptoms are non-specific and could arise from other less serious conditions.

Understanding a Diagnosis of DLBCL (cont'd)

Step 1
Understand your
diagnosis

Step 2
Discuss treatment
options with your doctor

Step 3
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your treatment



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Questions you may have at diagnosis:

- Which cells did my disease originate from, and how does that affect my prognosis?
- What stage is my disease?
- When do I need to begin treatment?
- How will DLBCL affect my daily life?
- What is my subtype of DLBCL?
- Do I need any additional tests?
- Based on the location and stage of my DLBCL, will I need to see another specialist?

Understanding DLBCL

Your doctor will determine your subtype of DLBCL by analyzing the cancer cells. They will also assess your symptoms, including which parts of your body are affected. Knowing the subtype of DLBCL you have will help your doctor understand what the trajectory of your disease could be and discuss which treatments might be right for you.

The most common subtypes are named for their cell of origin: activated B-cell-like (ABC) DLBCL and germinal center B-cell-like (GCB) DLBCL. Another less frequent subtype is high-grade B-cell lymphoma (also known as double-hit and triple-hit lymphoma).

GCB is the most common subtype of DLBCL. It generally appears in the lymph node but may appear in other parts of the body. Patients with GCB DLBCL may have a better response to standard chemotherapy than patients with other subtypes.

ABC DLBCL can be less responsive to therapies than the GCB subtype and is associated with more challenging treatment options.

Understanding a Diagnosis of DLBCL (cont'd)

Step 1

Understand your diagnosis

Step 2

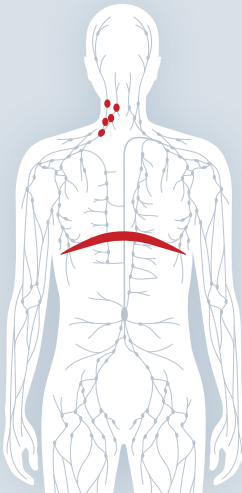
Discuss treatment options with your doctor

Step 3

Actively participate in your treatment

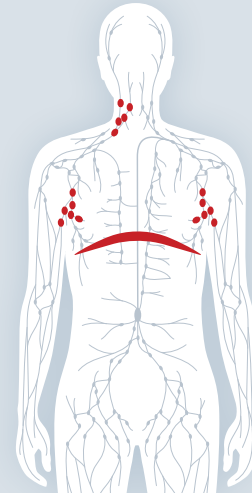
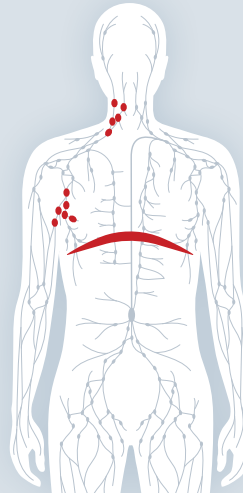
Understanding the stages of DLBCL that are used in guiding treatment decisions

Your treatment for DLBCL will largely depend on the stage of your disease. The different stages of DLBCL are illustrated below. Note: Sustained remission or cure can be achieved, independent of your stage of DLBCL.



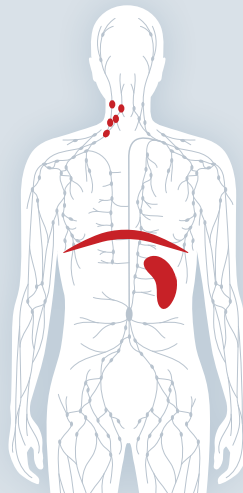
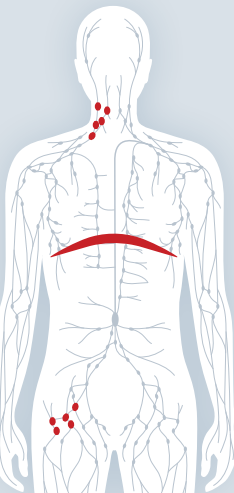
Stage I:

- Involvement of a single lymph node or a group of adjacent nodes



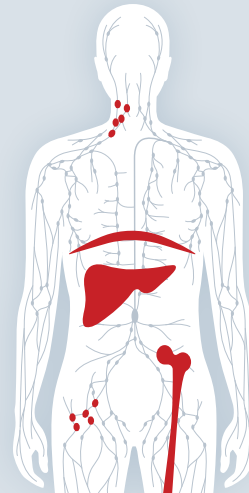
Stage II:

- Involvement of two or more groups of lymph nodes on the same side of the diaphragm (muscle that separates the chest from the abdomen)



Stage III:

- Involvement of lymph nodes on both sides of the diaphragm, or
- Involvement of lymph nodes above the diaphragm plus spleen involvement



Stage IV:

- Widespread disease in lymph nodes, bone marrow, and organ involvement, such as the liver or lungs

Ask your care team how the stage of your disease influences the choice of treatment.

Understanding a Diagnosis of DLBCL (cont'd)

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Your doctor may use some of these terms at diagnosis:

Activated B-cell (ABC) DLBCL: One of the main subtypes of DLBCL. ABC DLBCL is generally associated with poorer treatment outcomes.

Aggressive: A term used to describe a cancer that spreads, grows, or forms quickly.

B cell: A type of white blood cell, also called a B lymphocyte. B cells are part of the immune system and develop from stem cells in the bone marrow.

B-cell lymphoma 2 (BCL2): A protein made from a gene on chromosome 18. If this gene moves to another chromosome (called a “*BCL2* rearrangement”), too much BCL2 protein can be made, which keeps cancer cells from dying.

B-cell lymphoma 6 (BCL6): A protein made from a gene on chromosome 3. Rearrangement of *BCL6* is the most common chromosome abnormality in people with DLBCL and can affect treatment.

Bone marrow: Soft tissue at the center of most bones where blood cells are made.

Cell of origin: The normal cell that changed and originated the cancer. Cell of origin is an important factor in your treatment considerations and blood cancer prognosis.

Diffuse large B-cell lymphoma: A typically aggressive type of B-cell non-Hodgkin lymphoma that is most often seen in men and people over 60. It can appear in lymph nodes anywhere in the body. It can also affect the spleen, liver, and bone marrow.

Double-hit lymphoma (DHL): A rare, fast-growing form of DLBCL with changes in 2 genes (“double-hit”). DHL is more difficult to treat than other types of DLBCL.

Germinal center B-cell-like (GCB) DLBCL: A common subtype of DLBCL. Studies suggest that the GCB DLBCL subtype is associated with significantly better treatment outcomes.

Lymph node: A small structure that is part of the immune system. Lymph nodes contain immune cells that help the body fight infections and disease.

Lymphatic system: Removes excess fluids from your body and produces immune cells.

Lymphocyte: A type of immune cell that is made in the bone marrow and is found in the blood and in lymph tissue. B cells and T cells are the two types of lymphocytes that can develop into lymphomas.

Lymphoma: Cancer that affects the lymphatic system. The two main types of lymphoma are Hodgkin lymphoma (HL) and non-Hodgkin lymphoma (NHL).

Continued on next page

Understanding a Diagnosis of DLBCL (cont'd)

Step 1

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Your doctor may use some of these terms at diagnosis (cont'd):

MYC gene: A family of genes that makes proteins involved in cell growth, cell maturation, and cell death.

Neutrophil: A type of white blood cell that is an important part of the immune system and helps the body fight infection.

Platelet: A part of the cell that helps to stop bleeding. Platelets are also called thrombocytes.

Red blood cells: Cells that carry oxygen to other cells in your body.

T cell: A type of white blood cell that is part of the immune system. It develops from stem cells in the bone marrow. T cells help protect the body from infection and may help fight cancer.

Triple-hit lymphoma (THL): A rare, fast-growing form of DLBCL with changes in 3 genes ("triple-hit"). THL is more difficult to treat than other types of DLBCL.

White blood cells: Blood cells that help the body fight infection and other diseases.

[Click here for additional terms >](#)

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Understanding a Diagnosis of DLBCL (cont'd)

Step 1

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Step 2

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Your doctor may use some of these terms when discussing testing:

Biomarker: A molecule found in blood, other body fluids, or tissues that may be used as a sign of a normal or abnormal bodily process, or of a disease. Biomarker testing may be used to help plan treatment, find out how well treatment is working, or predict whether cancer will come back or spread to other parts of the body.

Biopsy: A procedure where a piece of tissue or a sample of cells is removed from the body so it can be tested in a laboratory.

Complete blood count (CBC): A measure of the number of red blood cells, white blood cells, and platelets in the blood. A CBC is used to help diagnose and monitor many conditions. Also called blood cell count or full blood count.

Computerized tomography (CT) scan: A 3-dimensional (3D) view of tissues and organs. It's also commonly referred to as a CAT scan, computed tomography scan, or computerized axial tomography scan.

Lactate dehydrogenase (LDH): An enzyme found in blood cells and in other body tissues. Fast-growing cells, like tumor cells, release LDH into the blood. Also called lactic acid dehydrogenase.

Magnetic resonance imaging (MRI): A noninvasive procedure that takes detailed pictures of areas inside the body. This may be used to help plan treatment, diagnose disease, or determine how well your treatment is working. Also called nuclear magnetic resonance imaging (NMRI).

Metabolic panel: Blood tests that measure liver and kidney function, electrolytes, acid/base balance, and the levels of blood sugar and blood proteins. They can help people and their doctors choose between different treatments. Blood tests may be repeated several times during the course of treatment to ensure no complications of treatment are developing.

Mutation testing: Tests that look at blood, tumor, or bone marrow to see if your cancer cells contain specific mutations. Some mutations can be targeted with specific therapies. Testing may continue during treatment to detect any mutations that are resistant to targeted therapy.

Positron emission tomography (PET) scan: A type of 3D-image scan that usually uses radioactive sugar to identify cancer cells. Different cells in your body can take in different amounts of sugar. Because cancer cells grow more quickly than others, they are more likely to absorb more radioactive sugar and thus be more easily identified during your scan.

[Click here for additional terms >](#)

Discussing Treatment Options

Step 1

Understand your diagnosis

Step 2

Discuss treatment options with your doctor

Step 3

Actively participate in your treatment

There are many factors to consider when choosing a treatment for DLBCL. Treatment choice may be influenced by your age, health status, stage of DLBCL, and molecular features (such as cell of origin and gene rearrangements).



Questions you may have when discussing treatment options:

- What types of treatments are available to me?
- Why are you recommending this treatment?
- How long will I be receiving this treatment?
- How will you monitor my progress on treatment?
- How would my age or my other health conditions impact treatment decisions?
- What side effects might I experience with this treatment?
- What is a clinical trial, and could this approach be right for me?
- Will I take one type of medication on its own or multiple treatments together?

Testing should be repeated throughout your journey with DLBCL. This is to see how well your treatment is working. These tests might include an updated medical history, physical exam, bloodwork, and imaging.



Here are some terms you may hear during treatment discussions:

Bone marrow/stem cell transplant: A procedure in which healthy blood-forming stem cells are infused into the body to replace bone marrow that isn't producing enough healthy blood cells. This may be an option if your initial treatment does not work as intended.

CAR T-cell therapy: A treatment that uses T cells from your blood. The T cells are changed in the laboratory so they will attack cancer cells when they are put back in your system. This may be used in later lines of treatment.

Chemoimmunotherapy: A treatment that uses chemotherapy and immunotherapy drugs to treat cancer.

Chemotherapy: A treatment that uses certain drugs to stop cancer cells from multiplying, either by killing the cells or stopping them from dividing.

Clinical trial: Also known as a clinical study, this is a type of research study that tests the risks and benefits of new medical approaches in people.

Immunotherapy: Therapy that uses the immune system to help your body fight cancer. Monoclonal antibodies and T-cell engagers are types of immunotherapy that may be used in DLBCL treatment.

[Click here for additional terms >](#)

Your Treatment Team

Step 1

Understand your diagnosis

Step 2

Discuss treatment options with your doctor

Step 3

Actively participate in your treatment



Here are some terms you may hear during treatment discussions (cont'd):

Oral anticancer therapy: Treatment given by mouth to help kill specific cancer cells or stop them from dividing.

Radiation therapy: Use of high-energy radiation to kill cancer cells and shrink tumors.

Stem cell: A type of cell that develops other cells; for example, blood-forming stem cells create blood cells.

Targeted cancer therapy: A type of treatment that targets specific proteins that control how cancer cells grow, divide, and spread.

These specialists may be part of your treatment team:

Hematologists are physicians who specialize in treating blood disorders. Hematologic oncologists (sometimes referred to as a “heme-onc”) focus on treating blood cancers.

Infusion Nurses specialize in giving medicine and fluids to patients. Specifically, they give these through an intravenous (IV) line, central line, or access port.

Nurse Practitioners/Physician Assistants have advanced training in diagnosing and treating illnesses and support physicians in their practice. In some states, these advanced practitioners can prescribe treatments and medicine.

Oncology Nurses specialize in treating people who have cancer.

Oncology Nurse Navigators offer individualized assistance to patients, families, and caregivers to help with decision-making and overcoming barriers in the healthcare system.

Pathologists are physicians who specialize in identifying different types of cancer by studying cells and tissues. Pathology results can inform oncologists about the type of cancer and how fast it is likely to grow and can guide treatment decisions.

Pharmacists are healthcare providers who are medication experts. They work with your doctor to ensure you’re receiving the correct medicines and the right dosage strengths.

Radiologists are physicians who use imaging tests to help make an accurate diagnosis for many types of cancer. Imaging tests include things like X-rays, CT, MRI, and ultrasound that examine organs and other structures inside the body.

Radiotherapists administer therapeutic radiation to treat cancer.

Surgeons will be involved during your cancer biopsy.



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Starting and Continuing Your Treatment for DLBCL

Step 1

Understand your diagnosis

Step 2

Discuss treatment options with your doctor

Step 3

Actively participate in your treatment

During treatment for DLBCL, it's important to communicate with your healthcare team. Ask questions to stay informed and actively participate in your treatment.

Knowing what to expect as you begin treatment can help you manage your schedule.



Questions to ask as you begin treatment:

- How will treatment affect my daily life?
- Where will I receive my treatment?
- How often should I receive treatment?
- Will I be able to work while receiving treatment?
- How can my caregivers and family be involved?
- When I'm on treatment, can I drink alcohol or take over-the-counter medicines?

It is important to support your mental and emotional well-being throughout your treatment. Ask your healthcare team what resources are available.



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Questions to ask as you continue treatment:

- Is my treatment working as intended?
- How can I manage side effects?
- When should I alert my healthcare team about a side effect?
- Are there any diet or supplement recommendations while on treatment?
- Can you recommend a safe exercise program for me?
- Are there limits to the types of physical activities I can pursue?
- How do I care for my mental health and manage stress?
- Where can I turn for help with financial concerns?
- What additional support resources are available to me?

Starting and Continuing Your Treatment for DLBCL (cont'd)

Step 1

Understand your diagnosis

Step 2

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Terms your doctor may use during treatment discussions:

Blood cell counts: The number of red and white blood cells and platelets in the blood.

Complete response: When all signs of cancer disappear as a response to treatment. Also known as a complete remission.

Induction: The first phase of treatment. The goal of the induction phase is achieving complete response (complete remission).

Infusion: Also known as intravenous infusion, this is a method of receiving fluids through your veins, which could include medication.

Infusion center: A medical center where infusion/injectable medications are administered.

Partial response: A decrease in the overall size of a tumor or the extent of cancer in the body. This is also known as a partial remission.

Refractory: A condition or disease that has not responded to treatment.

Relapse (recurrence): The return of a disease or the signs and symptoms of a disease after a period of improvement.

Remission: If you are considered to be in complete remission for more than five years, some doctors may say that you are cured. But there could still be undetected cancer cells that may cause a recurrence years later.

Stable disease: Cancer that is neither decreasing in size nor getting worse in severity.

[Click here for additional terms >](#)

Support Organizations for People Living With DLBCL

You may feel you need support as you move through treatment. Fortunately, patient advocacy groups are available to you and your loved ones. Advocacy groups offer:

- Support
- The latest news
- Links to co-pay assistance foundations, if you are eligible



American Cancer Society

www.cancer.org



Blood Cancer United
(formerly The Leukemia & Lymphoma Society)

www.bloodcancerunited.org



CancerCare

www.CancerCare.org



Lymphoma Research Foundation

www.lymphoma.org



National Comprehensive Cancer Network (NCCN) Foundation

www.nccn.org/patientresources/patient-resources

Additional Resources



If you have been prescribed a treatment, you may have questions about your financial options.

Health insurance coverage can help make treatment more affordable. Medicare and Medicaid can also offer assistance for those who qualify.

Talk to your doctor if you have questions about financing medication. There are support programs from pharmaceutical manufacturers, like AstraZeneca, that can help.



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If you would like to learn more about other blood cancers:



Download Bringing Clarity to Blood Cancer for a comprehensive overview of blood cancer and a list of additional terms you may encounter.



You may also visit
www.cancer.gov/publications/dictionaries/cancer-terms
for definitions of terms that do not appear in this brochure.

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