



Understanding Relapsed or Refractory Diffuse Large B-cell Lymphoma

Information about the condition and management options for you and your caregivers

Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your condition.

morphosys



How can this booklet help?

Diffuse large B-cell lymphoma (DLBCL) is a fast-growing cancer of the white blood cells. Your treatment team gave you this booklet to help answer questions you may have if your DLBCL comes back or remains unchanged. It is natural to have fears or concerns about DLBCL.

This booklet is meant to help you understand more about DLBCL so you can feel more confident when talking with your treatment team about your condition.

DLBCL affects your immune cells

You may already know that lymphoma is a type of cancer that affects your white blood cells, specifically the lymphocytes (lym-pho-cytes). Lymphocytes begin growing in the bone marrow and lymph nodes. They help your body fight infections. Normally, your immune system uses these cells to defend against infections caused by bacteria or viruses. DLBCL affects a type of lymphocytes called B cells. As cancerous B cells develop, they multiply uncontrollably and live longer than normal cells.





Who is affected by DLBCL?

Certain characteristics may put people at higher risk to develop DLBCL, including:

Age

While DLBCL has been found in all age groups, its occurrence increases with age.

- More than half of new cases are diagnosed in people older than age 65
- DLBCL is most frequently diagnosed in people aged 65 to 74
- Approximately 20% of new cases occur in people aged 55 to 64

Sex

Men are nearly 1.5 times more likely than women to develop DLBCL.

Race/Ethnicity

Most new cases of DLBCL are seen in people who are Hispanic or white, regardless of gender.

Weakened immunity

Having one or more medical conditions that weaken your immune system may increase the risk of developing lymphomas like DLBCL. These conditions include HIV/AIDS, autoimmune diseases like rheumatoid arthritis or psoriasis, human T-lymphotropic virus type I or Epstein-Barr virus infection, bacterial infections like *Helicobacter pylori*, and inherited immune disorders.

Taking other medications

Medications that suppress the immune system, such as those given after an organ transplant, can increase someone's chance of developing DLBCL.

DLBCL seems to run in families. Siblings and children of people with DLBCL are 10 times more likely to get the disease.

What are the signs and symptoms of DLBCL?

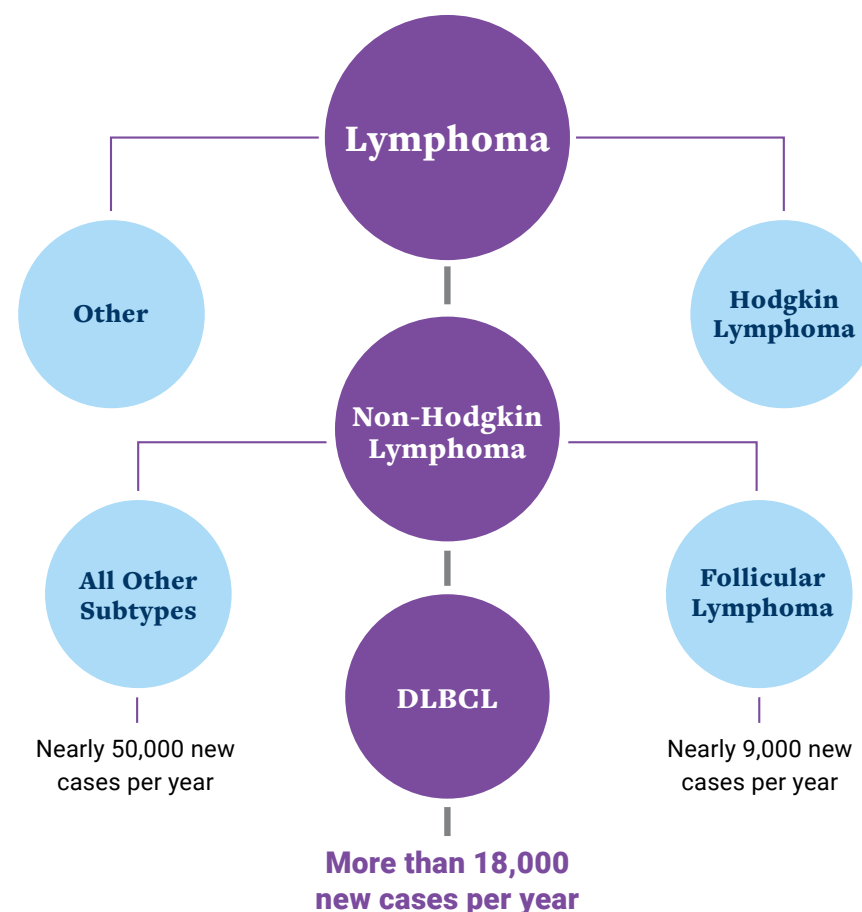
Often, the first sign of lymphoma like DLBCL is an enlarged lymph node (small bean-shaped structures in the body that help your immunity) in the neck, underarm, groin, or stomach. These masses tend to be fast-growing and painful for some people. Other common signs and symptoms include:

- Fever for no known reason
- Drenching night sweats
- Feeling very tired
- Weight loss for no known reason
- Skin rash or itchy skin
- Pain in the chest, abdomen, or bones for no known reason
- B symptoms (when fever, drenching night sweats, and weight loss occur together)

DLBCL is the most common type of NHL

The 2 main types of lymphoma are Hodgkin lymphoma and non-Hodgkin lymphoma (NHL).

What you may not know is that DLBCL is the most common form of lymphoma. DLBCL makes up about 30% of NHL in the United States.





What is relapsed or refractory (R/R) DLBCL?

In up to 40% of people, DLBCL comes back or does not respond after their first treatment. This is known as relapsed or refractory (R/R) DLBCL.

Relapsed

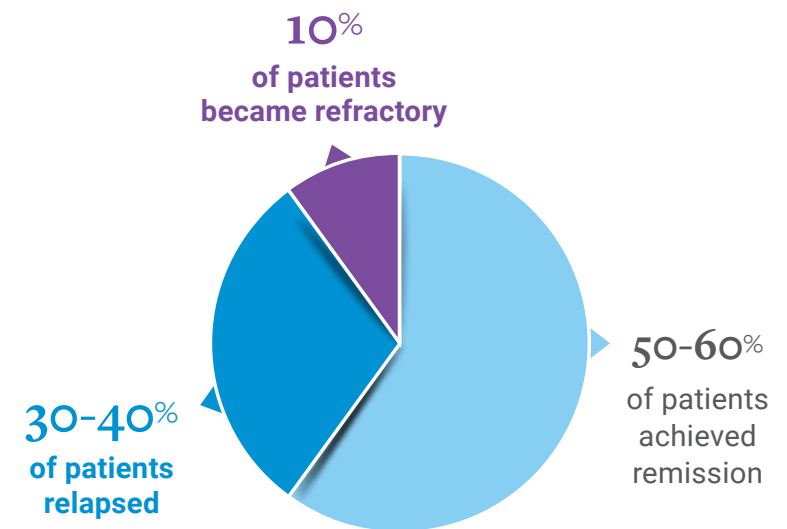
Your DLBCL has returned after at least one previous treatment. This means that after a period of showing fewer symptoms, your DLBCL came back.

Refractory

Your DLBCL did not respond to prior treatment.

Over the past 20 years, studies of patients with DLBCL have found that after achieving remission with first-line treatment of DLBCL, 30% to 40% of patients relapsed. Also, 10% of patients became refractory to treatment.

After first-line treatment



What are treatment options for R/R DLBCL?

There are different treatment options for people who have R/R DLBCL:



Targeted therapy

Targeted therapy is a cancer treatment that uses drugs designed to “target” cancer cells. A targeted therapy can be used alone or in combination with other treatments, such as traditional or standard chemotherapy, surgery, or radiation therapy.

Targeted therapy is less likely to harm normal cells than chemotherapy.



Chemotherapy

Chemotherapy uses drugs that disrupt the life cycle of cancer cells. Different types of chemotherapy work in different ways. Some kill cancer cells by damaging DNA or disrupting its reproduction. Others prevent new cells from being made to replace dying cells. Chemotherapy can affect both cancer and normal cells.

In the first round of treatment, chemotherapy is often combined with rituximab. If further treatments are needed, high-dose chemotherapy, followed by stem cell transplantation, is typically used to treat DLBCL. Several chemotherapy regimens include different medicines to treat DLBCL.

Your healthcare team is the single best source of medical advice. Talk to your healthcare team about available treatment options for relapsed or refractory DLBCL.





What are treatment options for R/R DLBCL? (continued)

There are different treatment options for people who have R/R DLBCL:



Stem cell transplant

All blood cells are formed from blood stem cells, which can be damaged or destroyed by cancer or cancer treatments. Stem cells are special human cells that have the ability to develop into many different cell types.

A transplant can replace damaged or destroyed cells with healthy stem cells, and it will often follow high-dose chemotherapy.



CAR-T

Chimeric Antigen Receptor T-Cell (CAR-T) therapy is an immunotherapy that uses your body's own T cells (immune cells) to treat your DLBCL. A few days before your therapy, you will receive a short course of chemotherapy to reduce some of your own immune cells, which helps your CAR-T cells grow and fight your DLBCL.

Your healthcare team is the single best source of medical advice. Talk to your healthcare team about available treatment options for relapsed or refractory DLBCL.

Resources

The patient organizations and websites below provide helpful and reliable information about DLBCL. These organizations may be able to help you locate national and local support groups.

Ask your healthcare team about any of these options, or for information from these organizations that you want to know more about.

Organization	Website & Phone Number
American Cancer Society	www.cancer.org 1-800-227-2345
CancerCare	www.cancercare.org 1-800-813-HOPE (1-800-813-4673)
Cancer Hope Network	www.cancerhopenetwork.org 1-877-HOPENET (1-877-467-3638)
Cancer Support Community	www.cancersupportcommunity.org 1-888-793-WELL (1-888-793-9355)
Leukemia and Lymphoma Society	www.lls.org 1-800-955-4572

Organization	Website & Phone Number
Lymphoma Research Foundation	www.lymphoma.org/DLBCL 1-800-500-9976
Medline Plus	www.medlineplus.gov
National Comprehensive Cancer Network	www.nccn.org/patients 215-690-0300
National Library of Medicine	www.nlm.nih.gov
NIH/National Cancer Institute	www.cancer.gov 1-800-4-CANCER (1-800-422-6237)
Patient Advocate Foundation	www.patientadvocate.org 1-800-532-5274

MorphoSys and Incyte are not affiliated with these organizations but have provided funding for some of their educational programs. This is not a complete list of organizations within the DLBCL community.



Remember that your healthcare team is the single best source of medical advice regarding your health. Please consult your healthcare team if you have any questions about your condition.



© 2020 August 2020 RC-US-TAF-00263

MorphoSys is a registered trademark of MorphoSys AG.
Incyte and the Incyte logo are registered trademarks of Incyte Corp.