

WebMD[®]

LIVING WITH

FOLLICULAR LYMPHOMA

TREATMENT SMARTS

Explore your options

page 10

FIRST PERSON

My follicular lymphoma journey

page 12

CARING FOR YOU

Caregiver resources

page 14

WINTER 2025/2026



SCAN HERE

with your
smartphone camera
to read this guide.

INSIDE THE ISSUE

3

NEWS

The latest research

8

ASK THE EXPERT

Two follicular lymphoma oncologists provide questions you should ask your doctor

10

TREATMENT SMARTS

Explore your options

12

FIRST PERSON

My follicular lymphoma journey

14

CARING FOR YOU

Caregiver resources

16

BY THE NUMBERS

Stats and facts



14

WebMD Living With is not responsible for advertising claims. WebMD Living With (ISSN 1553-9946) is published by WebMD LLC and may not be reproduced in whole or in part without written permission of WebMD LLC. All rights reserved. All editorial content is reviewed by our board-certified physicians, is for informational purposes only, and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. WebMD does not endorse any specific product, service, or treatment. Always seek the advice of your health care provider with any questions regarding a medical condition and never disregard professional medical advice or delay seeking it because of something you have read in a WebMD publication. If you think you have a medical emergency, call your doctor or 911 immediately. 2025 WebMD LLC. All rights reserved.

THE LATEST ON FOLLICULAR LYMPHOMA

SUPPORT BEYOND TREATMENT

Mental health is a real and pressing concern for people living with follicular lymphoma. While treatments are improving, the burden on patients' mental well-being is still often overlooked. A study of 9,715 people newly diagnosed with follicular lymphoma in the U.S. found that many go through feelings of constant worry, deep sadness, or other mental health issues within the first year of diagnosis. These struggles not only affect their quality of life but also result in more hospital visits and higher medical costs compared to those without mental health conditions. This research reminds us that taking care of our emotional health is just as important as treating the disease itself.

SOURCE: *Clinical Lymphoma, Myeloma & Leukemia*

65 to 74

Most common ages at which follicular lymphoma is diagnosed.

SOURCE: National Cancer Institute

1 in 5

Number of lymphoma cases in the U.S. that are diagnosed as follicular lymphoma.

SOURCE: Lymphoma Research Foundation

EARLY CARE IS KEY

Living with follicular lymphoma can be challenging as we age, but there is good news. A recent study analyzed the data of more than 13,000 adults age 65 and over across the U.S. Researchers found that survival improved over time, thanks to advances in treatment. Many people did not need aggressive or complex therapies right away, and those who began treatment early and stayed consistent tended to live longer. In contrast, those with an advanced disease stage, additional health issues, or who required multiple treatments faced more difficulties. These findings emphasize the value of early, personalized care and the continued need for a wider selection of treatment options.

SOURCE: *Blood Neoplasia*

LIVING WELL WITH LYMPHOMA

What would you choose, more time or more comfort? Many older adults with follicular lymphoma face this dilemma. In a survey of 200 patients (most in their 60s) and 151 doctors in the U.S., patients said that they preferred daily pills over medicine through a drip, even if the treatment did not control the cancer for long. Why? Because fewer side effects, reduced hospital visits, and control over daily life mattered more. Doctors, however, focused more on how long a treatment could delay cancer. These differences show why it is important to talk openly with your doctor about what matters most to you. Choosing the right treatment should be a team decision.

SOURCE: *Cancer Medicine*



This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.



“For me, finding a treatment that fit into my daily activities was important.”

– Keith, community pastor and avid gardener, living with relapsed/refractory follicular lymphoma

Keith is living with relapsed/refractory follicular lymphoma (FL) and taking TAZVERIK. He was compensated for his time. Individual results may vary. Talk with your doctor about a treatment plan that fits your needs.

INDICATIONS

What is TAZVERIK (tazemetostat)?

TAZVERIK is a prescription medicine used to treat:

- Adults with follicular lymphoma when the disease has come back or did not respond to treatment, whose tumors have an abnormal *EZH2* gene, **and** who have been treated with at least two prior medicines. Your healthcare provider will perform a test to make sure TAZVERIK is right for you.
- Adults with follicular lymphoma when the disease has come back or did not respond to treatment, who have no other satisfactory treatment options.

The approval of TAZVERIK in these patients is based on a study that measured the percentage of patients whose tumor shrank or disappeared after treatment and how long that response lasted. TAZVERIK is still being studied to confirm these benefits.

It is not known if TAZVERIK is safe and effective in children less than 16 years of age.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about TAZVERIK?

TAZVERIK can cause serious side effects, including:

- **Risk of new cancers.** An increase in new (second) cancers has happened in people who were treated with TAZVERIK. Talk with your healthcare provider about your risk of developing new cancers. Your healthcare provider will monitor you for new cancers after your treatment with TAZVERIK. Tell your healthcare provider if you are more tired than usual, or have easy bruising, fever, bone pain, or paleness.

Please see additional Important Safety Information for TAZVERIK and the Brief Summary of the Prescribing Information on the next pages.



TAZVERIK
(tazemetostat) tablets
200 mg

“

I find hope in the everyday things that bring me joy.



IMPORTANT SAFETY INFORMATION (continued)

Before taking TAZVERIK, tell your healthcare provider about all of your medical conditions, including if you:

- Are pregnant or plan to become pregnant. TAZVERIK can harm your unborn baby. Your healthcare provider will give you a pregnancy test before you start treatment with TAZVERIK. Tell your healthcare provider right away if you become pregnant or think you may be pregnant.
 - **Females** who are able to become pregnant should use effective non-hormonal birth control (such as condoms) during treatment and for 6 months after the final dose of TAZVERIK. Birth control pills (oral contraceptives) and other hormonal forms of birth control may not be effective if used during treatment with TAZVERIK. Talk to your healthcare provider about birth control options that are right for you.
 - **Males** with female partners who are able to become pregnant should use effective birth control during treatment and for 3 months after the final dose of TAZVERIK.
- Are breastfeeding or plan to breastfeed. It is not known if TAZVERIK passes into your breast milk. Do not breastfeed during treatment and for 1 week after the final dose of TAZVERIK.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. TAZVERIK may affect the way other medicines work and other medicines may affect how TAZVERIK works.

What should I avoid while taking TAZVERIK?

- Avoid eating grapefruit or drinking grapefruit juice during treatment with TAZVERIK.
- Avoid taking St. John's wort during treatment with TAZVERIK.

Talk to your healthcare provider before starting any new medications, vitamins, or herbal supplements.

Please see additional Important Safety Information for TAZVERIK and the Brief Summary of the Prescribing Information on the next pages.



TAZVERIK
(tazemetostat) tablets
200 mg

IMPORTANT SAFETY INFORMATION (continued)

The most common side effects of TAZVERIK in people with follicular lymphoma include:

- Tiredness
- Cold-like symptoms (upper respiratory infection)
- Bone and muscle pain
- Nausea
- Stomach (abdominal) pain

These are not all the possible side effects of TAZVERIK.

Call your doctor for medical advice about side effects. You may report side effects to Ipsen Biopharmaceuticals, Inc. at 1-855-463-5127 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

The risk information provided here is not comprehensive. To learn more, talk with your health care provider or pharmacist. The FDA-approved product labeling can be found at www.TAZVERIK.com.

“I want to spread positivity and help others find purpose along their journey with relapsed/refractory follicular lymphoma.”

LEARN MORE
AND WATCH
KEITH'S STORY



Keith is living with relapsed/refractory FL and taking TAZVERIK. He was compensated for his time. Individual results may vary. Talk with your doctor about a treatment plan that fits your needs.

TAZVERIK
(tazemetostat) tablets
200 mg

Brief Summary of the Prescribing Information

PATIENT INFORMATION

**TAZVERIK® (taz vayr' ik)
(tazemetostat) tablets**

This Patient Information does not include all the information needed to use TAZVERIK safely and effectively. Talk to your healthcare provider and visit www.TAZVERIK.com to obtain the FDA-approved **Full Prescribing Information** including **Medication Guide**.

What is the most important information I should know about TAZVERIK?

TAZVERIK can cause serious side effects, including:

- **Risk of new cancers.** An increase in new (second) cancers has happened in people who were treated with TAZVERIK. Talk with your healthcare provider about your risk of developing new cancers. Your healthcare provider will monitor you for new cancers after your treatment with TAZVERIK. Tell your healthcare provider if you are more tired than usual, or have easy bruising, fever, bone pain, or paleness.

See “**What are the possible side effects of TAZVERIK**” for more information about side effects.

What is TAZVERIK?

TAZVERIK is a prescription medicine used to treat:

- adults with follicular lymphoma when the disease has come back or did not respond to treatment, whose tumors have an abnormal EZH2 gene, **and** who have been treated with at least two prior medicines. Your healthcare provider will perform a test to make sure TAZVERIK is right for you.
- adults with follicular lymphoma when the disease has come back or did not respond to treatment, who have no other satisfactory treatment options.

It is not known if TAZVERIK is safe and effective in children less than 16 years of age.

Before taking TAZVERIK, tell your healthcare provider about all of your medical conditions, including if you:

- Are pregnant or plan to become pregnant. TAZVERIK can harm your unborn baby. Your healthcare provider will give you a pregnancy test before you start treatment with TAZVERIK. Tell your healthcare provider right away if you become pregnant or think you may be pregnant.
 - **Females** who are able to become pregnant should use effective non-hormonal birth control (such as condoms) during treatment and for 6 months after the final dose of TAZVERIK. Birth control pills (oral contraceptives) and other hormonal forms of birth control may not be effective if used during treatment with TAZVERIK. Talk to your healthcare provider about birth control options that are right for you.
 - **Males** with female partners who are able to become pregnant should use effective birth control during treatment and for 3 months after the final dose of TAZVERIK.

- are breastfeeding or plan to breastfeed. It is not known if TAZVERIK passes into your breast milk. Do not breastfeed during treatment and for 1 week after the final dose of TAZVERIK.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. TAZVERIK may affect the way other medicines work and other medicines may affect how TAZVERIK works.

How should I take TAZVERIK?

- Take TAZVERIK exactly as your healthcare provider tells you.
- Take TAZVERIK 2 times each day.
- Take TAZVERIK with or without food.
- Swallow TAZVERIK tablets whole. Do not cut, crush, or chew tablets.
- If you miss a dose or vomit after taking your dose, just skip that dose and take the next dose at your regular time.
- Your healthcare provider may change your dose, temporarily stop, or completely stop treatment with TAZVERIK if you get certain side effects.

What should I avoid while taking TAZVERIK?

- Avoid eating grapefruit or drinking grapefruit juice during treatment with TAZVERIK.
- Avoid taking St. John's wort during treatment with TAZVERIK.

What are the possible side effects of TAZVERIK?

TAZVERIK can cause serious side effects. See “What is the most important information I should know about TAZVERIK?”

The most common side effects of TAZVERIK in people with follicular lymphoma include:

- tiredness
- bone and muscle pain
- cold-like symptoms (upper respiratory infection)
- nausea
- stomach (abdominal) pain

These are not all the possible side effects of TAZVERIK.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.



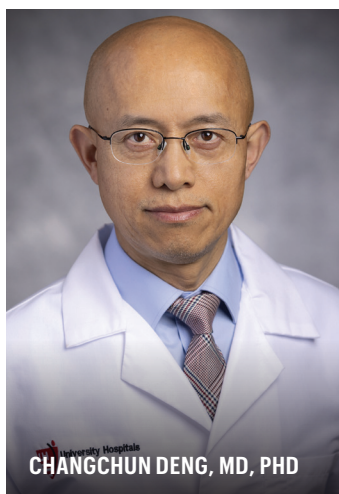
TAZVERIK
(tazemetostat) tablets
200 mg

TAZVERIK is a registered trademark of Epizyme, Inc., an Ipsen company.
©2025 Ipsen Biopharmaceuticals, Inc. All rights reserved.
TAZ-US-004674 August 2025

BE PREPARED

Two follicular lymphoma oncologists guide you through the questions you should ask at your next visit

By Sonya Collins Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs



It's time to get informed about your follicular lymphoma. Here, two experts provide questions you should ask your doctor on your next visit and explain why each one matters. Changchun Deng, MD, PhD, is a hematologist-oncologist at UH Seidman Cancer Center in Cleveland. Christine Ryan, MD, is a medical oncologist at Dana-Farber Cancer Institute in Boston.

Q: What is follicular lymphoma?

CHANGCHUN DENG, MD, PHD: There are many different types of lymphoma. It's important to know exactly which subtype you have so you can know what to expect. Follicular lymphoma belongs to a subgroup called indolent B-cell non-Hodgkin lymphoma. These lymphomas are slow growing but can transform into more aggressive disease. It's important to evaluate this possibility at the time of your diagnosis.

Q: What is the stage of my follicular lymphoma?

DENG: Stage significantly impacts treatment decisions. It will dictate how often you'll need monitoring visits and scans and when and which treatment

may be needed. Stage I disease may be curable with surgery and radiation, while more advanced diseases will typically require systemic treatments at some point.

Q: Where are the lymphoma disease sites and what is the biggest?

DENG: Sizes and locations of tumors are also important treatment considerations. Stage II disease without other risk factors may be safely monitored or years without requiring treatment. In contrast, stage II disease with a 5-centimeter tumor next to the trachea will likely need treatment much sooner. Similarly, a large 10-centimeter mass in the abdominal cavity will typically require treatment even if it is not near a vital organ.

Q: Do I need treatment now?

CHRISTINE RYAN, MD: When follicular lymphoma is diagnosed, treatment isn't always needed right away. Active observation is often the initial management approach for patients with newly diagnosed follicular lymphoma who have low-burden disease and no symptoms. Treatment isn't initiated until certain criteria are met.





Q: What will monitoring entail?

RYAN: If your initial plan is close monitoring, it's a good idea to know what to expect from this process. You'll have regular clinic visits, physical exams, blood work, and scans. You'll also be monitored for signs and symptoms of disease transformation, such as fever, night sweats, unintentional weight loss, and rapidly growing lymph nodes.

Q: If I need treatment today, what are the options and expected outcomes?

DENG: If your doctor recommends treatment for a newly diagnosed follicular lymphoma, you should have a thorough discussion about your treatment options. You may want to ask about the pros and cons of conventional chemotherapy

versus antibody or targeted therapy. You should understand the pros and cons of some of the commonly used drugs. It's also important to understand the common and serious side effects, such as infections, and how to prevent them. Finally, ask if you're eligible for any clinical trials where newer drugs are being evaluated.

EXPLORE YOUR OPTIONS

There are many approved treatments for follicular lymphoma and more in the pipeline

By Sonya Collins

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

If you have follicular lymphoma, your doctor may have suggested that you “watch and wait” rather than start treatment. Whenever treatment is needed, you have options.

WATCH AND WAIT

Follicular lymphoma, described as an “indolent” disease, typically progresses slowly and causes few or no symptoms.

“You don’t necessarily have to jump into treatment,” says Cole H. Sterling, MD, an assistant professor of oncology in the Division of Hematologic Malignancies at Johns Hopkins Sidney Kimmel Comprehensive Cancer Center in Baltimore, MD.

Research suggests, he adds, that starting treatment right away, when you don’t have any symptoms, doesn’t extend your lifespan. You’d get all the risk of side effects without any real benefits.

If your doctor recommends watching and waiting,



also called active observation, you’ll have routine exams, tests, and scans to make sure the cancer hasn’t progressed and isn’t showing signs of transforming into a more aggressive type.

SURGERY AND RADIATION






It’s less common, but when follicular lymphoma is caught early enough, doctors may be able to cure it with surgery and radiation. It could be as simple as removing the affected lymph nodes and following up with radiation to the area.

SYSTEMIC TREATMENT

More than half of follicular lymphoma cases are diagnosed at



ASK YOUR DOCTOR

-  Do I need to start treatment now?
-  What are my options?
-  What is the goal of treatment?
-  What are the expected side effects?
-  Are there clinical trials appropriate for me?

an advanced stage, which means it has spread to various parts of the body. In these cases, doctors will prescribe medications, such as targeted therapy, chemotherapy, and immunotherapy, to keep the disease under control.

TARGETED THERAPY

Targeted drugs take aim at specific features of the cancer cell type. As a result, these drugs are often more tolerable than chemotherapy and may come with fewer side effects.

Several targeted drugs are used to treat follicular lymphoma. Drugs called anti-CD20 monoclonal antibodies, given by IV infusion, attack a protein called CD20 on the surface of cancer cells.

Some anti-CD20 drugs “can shrink the disease and prevent patients from needing another treatment in some cases for years,” says Michael Jain, MD, PhD, medical director, Moffitt Cancer Center Department of Blood and Marrow Transplant and Cellular Immunotherapy in Tampa, FL.

In follicular lymphoma that comes back or that doesn’t respond to other treatments, doctors might prescribe a pill that attacks a different protein, EZH2, that helps follicular lymphoma grow and spread.

CHEMOTHERAPY

Your doctor may recommend adding conventional chemotherapy to a targeted drug to get the best results.

IMMUNOTHERAPY

There are several different approaches, including drugs called bispecific antibodies and a treatment called CAR T-cell therapy, that coax your body’s immune system into helping fight the cancer. Doctors may recommend these in people whose follicular lymphoma has relapsed.

“Patients have a lot of options,” Jain says. “There are new clinical trials and new drugs being approved. Things are improving and there’s lots of hope.”

MY FOLLICULAR LYMPHOMA STORY

Reflections after over a decade of remission

By Kim Taylor Hull

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

My cancer journey started long before I ever heard the word “lymphoma.” In 2011, I was feeling less energetic, and by 2012, I was always tired, sleeping long hours on the weekends, and barely making it through my days. By 2013, I was dozing off during my train ride to work.

My blood work was normal. Doctors guessed it might be low vitamin D or stress. One even said middle age was the cause (a response women hear a lot). But I kept thinking, “This is not normal for me.” I felt awful, and nobody had answers.

Then in 2014, a lymph node popped out in my groin, and I had a burning nerve pain in my arm. I went back to my chiropractor, who I honestly believe saved my life. He sent me for an MRI on what I call “the last best day” because it was before I knew I had cancer.

NO WAY BUT THROUGH

The MRI showed cancer in my spine, pelvic bones, and thigh bones. It was in my bone marrow. At first, we didn’t know what kind of cancer it was. Eventually, I was diagnosed with follicular lymphoma.

Luckily, I got connected with Abdulraheem Yacoub, MD, at The University of Kansas Cancer Center. He started me on chemotherapy, which knocked the cancer down but also took me out. I lost my hair and dealt with mouth sores, numbness in my hands and feet, nausea, brain fog, bone pain—you name it.

My husband, Kerry, was an amazing caregiver. He made sure I ate and stayed hydrated, even if all I could stomach was mashed potatoes and cream of wheat. Then in December of 2014, my doctor told me I showed no evidence of disease! I wasn’t cured, but I was in remission. It was an incredible relief.

LIFE AFTER TREATMENT

After chemo, I stayed on treatment with a maintenance monoclonal antibody for two years, which caused some brain fog and fatigue. But what really threw me was the emotional shift.

Seeing doctors so often gives you a feeling of a safety net. After chemo, those visits stretch to every three months, then six, then one year. I wasn’t

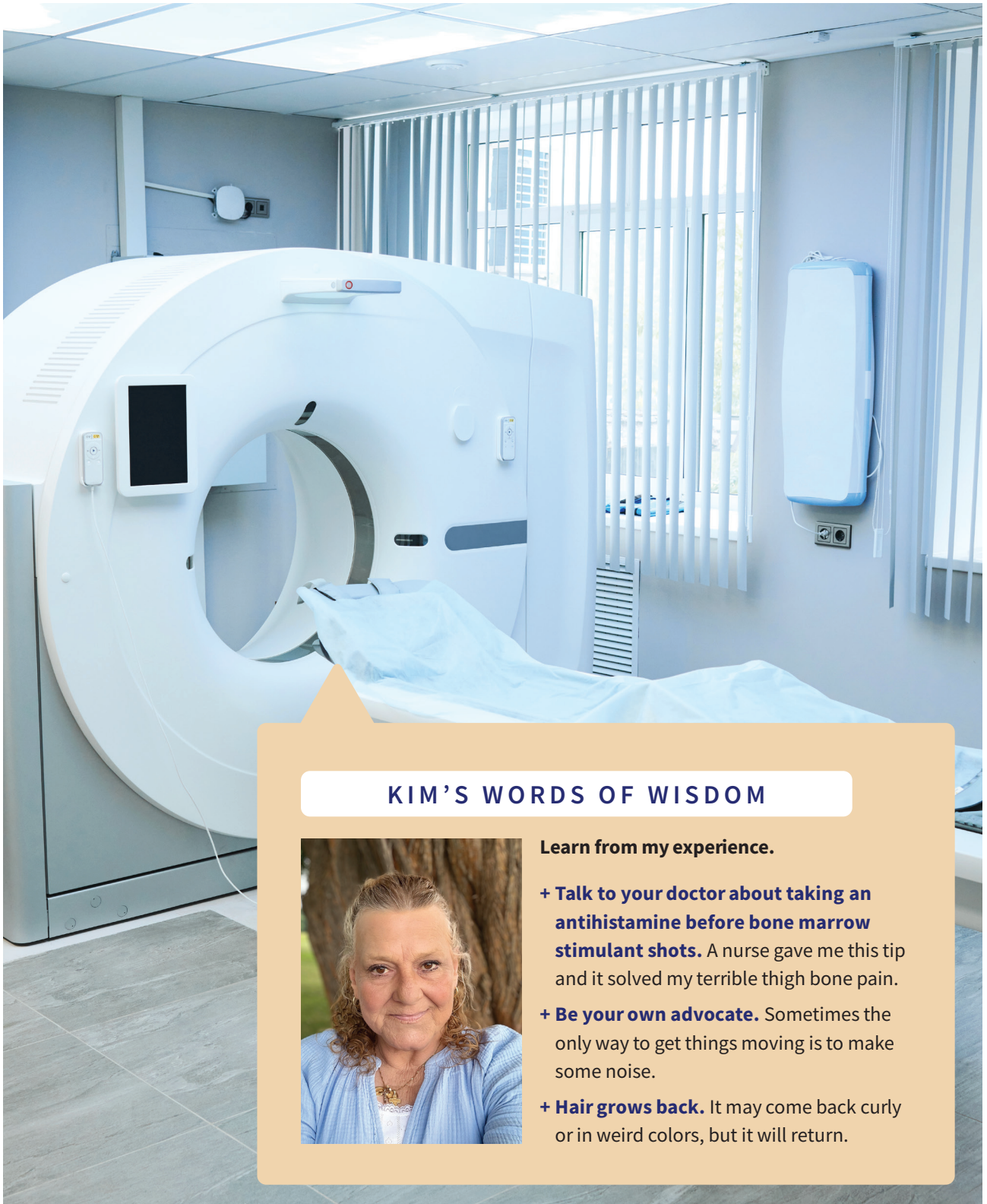


Milestone Moment: Kim Taylor Hull celebrates a birthday with her Belgian Tervuren, Cesare, in Kansas City, Missouri, in February 2020.

prepared for the untethered feeling that created. The phrase “It’s coming back” played in my mind. It was loud at first, but over time it has quieted. It’s all a normal part of healing.

I’m now over 10 years into remission. And I’m thriving, even with long-term effects like occasional fatigue and numb fingers and toes. You never know how strong you are until you’re sitting in the middle of a big storm, trying to survive. And I did.

MEDIA PHOTOS/VIA GETTY IMAGES; CESARE AND HEADSHOT INSET PHOTOGRAPHY COURTESY OF KIM TAYLOR HULL



KIM'S WORDS OF WISDOM



Learn from my experience.

- + **Talk to your doctor about taking an antihistamine before bone marrow stimulant shots.** A nurse gave me this tip and it solved my terrible thigh bone pain.
- + **Be your own advocate.** Sometimes the only way to get things moving is to make some noise.
- + **Hair grows back.** It may come back curly or in weird colors, but it will return.

CAREGIVER RESOURCES

How to find support, education, and community

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

When someone you love has follicular lymphoma, it can become a significant part of your daily life. A National Alliance for Caregiving study shows that cancer caregivers spend an average of 32.9 hours per week providing that care.

Caregivers need support, too. It's a role that requires education, organization, and also self-care so that you can effectively take care of your loved one.

WHO TO TURN TO

Blood cancers are rare compared to other cancers, so it's important to find specialists for disease-specific support. The Leukemia & Lymphoma Society, now Blood Cancer United ([BloodCancerUnited.org](https://www.bloodcancerunited.org)), is an important hub of lymphoma information and connection for people living with follicular lymphoma and their caregivers.

"Blood Cancer United's information specialists and clinical trial nurse navigators provide one-to-one support based on each caregiver's unique experience," says Kristina Lopez, a licensed clinical social worker and information specialist for Blood Cancer United in Rye Brook, NY. "This helps patients, caregivers, and family members address their specific questions and concerns, receive accurate, up-to-date information about follicular lymphoma and its treatment options, prepare them for discussions with their health care teams, and more."

Blood Cancer United also offers the Patti Robinson Kaufmann First Connection Program, which connects trained peer volunteers with patients, caregivers, and family members to provide support and community resource information, nutrition services for help providing healthy food for people with cancer, and financial assistance for help navigating medical bills.

CAREGIVING TIPS

Kristina Lopez, a licensed clinical social worker, offers some general guidelines for effective caregiving.

- + Have a pre-appointment check-in.**
Find out their goals and questions and write them down.
- + Stay active behind the scenes.**
Step in where you see a need: laundry, errands, etc.
- + Note treatment or disease effects.** Your observations help give the doctor a fuller picture.





PERSONAL CONNECTIONS

Supportive touchpoints for caregivers.

- + **Personal connections.** Set up a weekly check-in over coffee or the phone with close friends and family.
- + **Caregiver support groups.** Getting to know others in similar situations helps you feel seen and less alone.
- + **Therapists.** Mental health professionals can focus on you and your own emotional well-being.

The Lymphoma Research Foundation (Lymphoma.org) is another lymphoma-focused organization. Other groups are valuable for cancer-related caregiving, too, such as Gilda's Club, the Cancer Support Community, and Imerman Angels (ImermanAngels.org), a peer mentorship group.

"These organizations provide all types of group activities, such as support groups, cooking classes, exercise classes, and activities for children who are facing cancer or who have loved ones diagnosed with cancer," says Timothy P. Pearman, PhD, director of supportive oncology at Robert H. Lurie Comprehensive Cancer Center and professor of medical social sciences and psychiatry and behavioral sciences at Northwestern University Feinberg School of Medicine in Chicago.

IT'S OK TO FOCUS ON YOU

You may feel like nothing compares to what your loved one is facing with their follicular lymphoma diagnosis, but your mental and physical health are also important and deserve care.

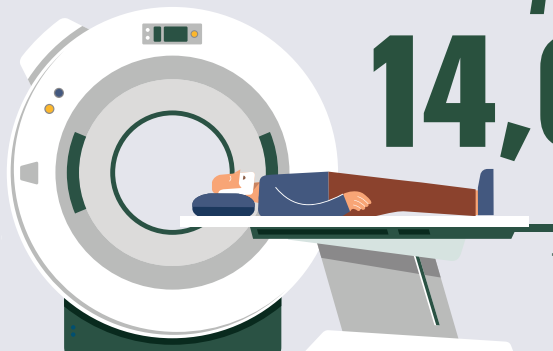
"Think of it like being on an airplane when flight attendants instruct passengers to secure their own oxygen masks before helping others in case of an emergency," Lopez says. "Caregivers play an important role, so it's important they take care of themselves—because they matter."

Stepping away from time to time is also OK. Take breaks and take care of your mental and physical well-being. And communicate with your loved one—you don't want to make your stress their problem, but you shouldn't hide it completely, either.

"In my practice, I very commonly see families where no one wants to 'burden' the person diagnosed with cancer with their concerns," Pearman says. "But believe me, the person diagnosed with the disease is having many of the same worries, and communication can truly help everyone to feel less alone in the journey."

STATS & FACTS

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor,
Medical Affairs



ABOUT 14,000

Number of people diagnosed with follicular lymphoma each year in the U.S.

38%

Amount of older adults diagnosed with follicular lymphoma who did not start treatment right away due to slow disease progression, based on one study.



2x to 3x

Rate at which White people get follicular lymphoma compared to Black people in the U.S.



84%

Amount of adults age 65-plus who survive five years or more after being diagnosed with follicular lymphoma.

ABOUT 2% to 3%

Amount of people with follicular lymphoma whose slow-growing cancer may turn into a fast-growing type each year.

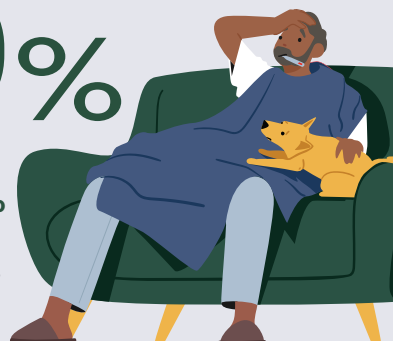
EVERY 3

Number of months in which scheduled follow-up visits should take place in the first year after the cancer is under control.



20%

Amount of people with follicular lymphoma who experience symptoms such as weight loss, fever, and night sweats.



SOURCES: National Cancer Institute, Lymphoma Research Foundation, National Library of Medicine, *Blood Neoplasia*, Medscape
This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.