

Non-Hodgkin lymphoma

This page gives you an overview of non-Hodgkin lymphoma (NHL). We have more detailed information on the most common types of NHL.

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What is non-Hodgkin lymphoma?

Non-Hodgkin lymphoma (NHL) is any lymphoma that is not [Hodgkin lymphoma](#). Hodgkin lymphomas contain abnormal cells called 'Reed–Sternberg cells'. NHL is any lymphoma that does not contain this type of cell.

[Lymphoma](#) is a type of cancer that develops when [lymphocytes](#) (a type of white blood cell) become out of control. They divide in an abnormal way or do not die when they should.

Lymphocytes normally fight infection as part of the body's [immune system](#). They are carried around the body in the [lymphatic system](#) and can collect in the lymph nodes (glands). There are two types of lymphocyte: B lymphocytes ([B cells](#)) and T lymphocytes ([T cells](#)). NHL can develop from either B cells or T cells.

Who gets non-Hodgkin lymphoma?

Around 13,700 people are diagnosed with NHL each year in the UK. A further 3,700 people each year are diagnosed with [chronic lymphocytic leukaemia \(CLL\)](#), which is sometimes considered a form of NHL. In total, around 48 people are diagnosed with NHL or CLL every day in the UK.

NHL can occur at any age but the risk of developing it increases sharply with age. Most people who are diagnosed are over 55, with the highest rate of diagnosis in people aged 80 to 84. However, some types of NHL are more common in children. We have separate pages on [lymphoma in children and young people](#) where you can find out more.

NHL affects slightly more men than women. It can develop in people of any ethnic background.

Types of non-Hodgkin lymphoma

There are over 60 different types of NHL, although some are very rare. We list some of the most common types on this page but if you have a type of lymphoma that we do not mention, please contact our Helpline Freephone on 0808 808 5555 for guidance on where to find information most suitable to your needs.

Different types of NHL are often grouped together depending on how they develop or how they behave. The two main ways to sort NHLs are:

- **How fast-growing they are:** Some types of NHL grow slowly (low-grade lymphomas) and others grow at a faster rate (high-grade lymphomas). Sometimes a lymphoma changes from a slow-growing type into a faster-growing type. This is known as '**transformation**'.
- **The type of lymphocyte they developed from:** NHL can develop from B cells (B-cell lymphoma) or T cells (T-cell lymphoma). Most cases of NHL are B-cell lymphomas. Only around 1 in 10 are T-cell lymphomas. T-cell lymphomas are usually **high-grade lymphomas**, although T-cell skin lymphomas can be **low-grade**. B-cell lymphomas can be **high-grade** or **low-grade**.

In adults, the most common types of NHL are **diffuse large B-cell lymphoma** (DLBCL, a high-grade B-cell lymphoma) and **follicular lymphoma** (a low-grade B-cell lymphoma). In children, the most common type is **Burkitt lymphoma** (a high-grade B-cell lymphoma).

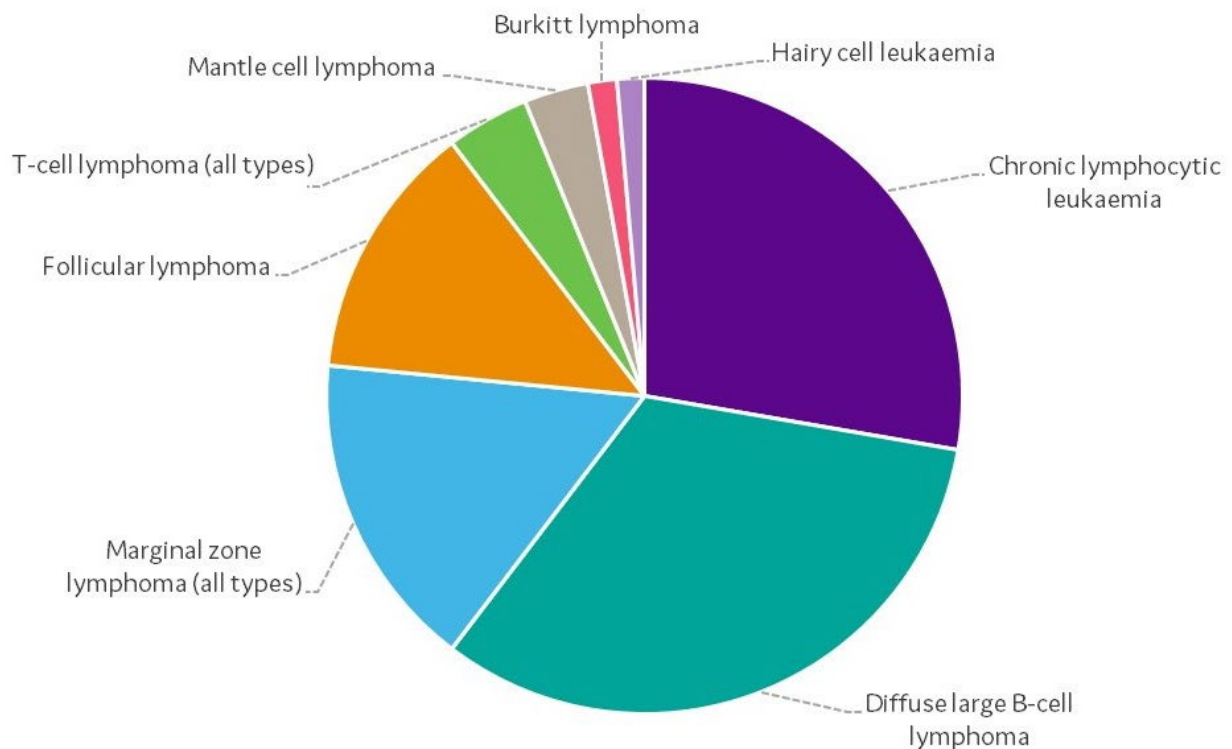


Figure: Annual diagnoses of common non-Hodgkin lymphomas by type (all age groups)

We have more information about the most common types of NHL as separate pages on our website. Most are also covered in our [booklets](#) on high-grade or low-grade NHL.

High-grade non-Hodgkin lymphoma

Some types of NHL grow faster than others. NHL is called 'high grade' when the lymphoma cells are dividing quickly. This can be seen when the cells are looked at under a microscope.

You may hear high-grade types of NHL called 'aggressive' lymphomas. This might sound alarming, but many types of high-grade NHL respond very well to treatment. Most people with high-grade lymphomas are treated successfully and stay in remission (no evidence of lymphoma) for a long time. Your prognosis (outlook) depends on many factors, including what type of lymphoma you have, the [stage](#) of your lymphoma (which parts of your body are affected) and your general health.

There are many different types of high-grade NHL. Some of them are listed below. They can develop from B cells or T cells.

High-grade B-cell non-Hodgkin lymphomas

- **diffuse large B-cell lymphoma (DLBCL)** including rare sub-types such as:
 - **intravascular large B-cell lymphoma**
 - **primary mediastinal large B-cell lymphoma (PMBL)**
 - **primary cutaneous diffuse large B-cell lymphoma, leg-type**
 - **Burkitt lymphoma**
 - **mantle cell lymphoma** (although this can be variable and sometimes behaves more like a low-grade lymphoma)
 - **primary central nervous system lymphoma (primary CNS lymphoma).**
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High-grade T-cell non-Hodgkin lymphomas

- **anaplastic large cell lymphoma (ALCL)**
 - **angiimmunoblastic T-cell lymphoma (AITL)**
 - **enteropathy-associated T-cell lymphoma (EATL)**
 - **adult T-cell leukaemia/lymphoma (ATLL)**
 - **extranodal NK/T-cell lymphoma (nasal-type)**
 - **hepatosplenic T-cell lymphoma**
 - **peripheral T-cell lymphoma not otherwise specified (PTCL-NOS)**
 - **Sézary syndrome.**
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Lymphoblastic lymphoma is a rare form of high-grade NHL that develops from immature lymphocytes. It can develop from B cells or T cells. It typically affects younger people. It is very similar to acute lymphoblastic leukaemia (ALL) and is treated in the same way. Leukaemia Care provides [more detailed information about ALL](#).

Low-grade non-Hodgkin lymphoma

Non-Hodgkin lymphoma is called 'low grade' or 'indolent' when the lymphoma cells are dividing slowly. Low-grade non-Hodgkin lymphoma can develop over a long period of time and is often at an advanced **stage** by the time it is diagnosed.

Early-stage low-grade NHL (usually **stage 1** and rarely **stage 2**) may be successfully treated and stay in remission for a long time. Advanced-stage low-grade NHL (usually **stage 3** and **stage 4**) is difficult to cure but it can often be controlled.

Some people with low-grade NHL don't need treatment straightaway but are monitored until treatment is needed. This approach is called **active monitoring or watch and wait**. For some of these people, antibody therapy called **rituximab** may delay the need for treatment.

Most low-grade NHLs are chronic (long-lasting). They flare up and need treatment from time-to-time. This is sometimes known as a 'relapsing and remitting' course, as you may have periods when your lymphoma is in remission and periods when it **relapses** (comes back) and needs more treatment. People with low-grade NHL often go for long periods when they feel well and don't need treatment.

There are many different types of low-grade NHL. Some of them are listed below. Most types of low-grade NHL develop from B cells but some low-grade **cutaneous (skin) lymphomas** develop from T cells.

Low-grade B-cell non-Hodgkin lymphomas

- **follicular lymphoma** (usually low-grade, although **grade 3B follicular lymphoma** can behave, and is treated, more like a high-grade lymphoma)
 - **chronic lymphocytic leukaemia (CLL)/small lymphocytic lymphoma (SLL)**
 - **lymphoplasmacytic lymphoma (Waldenström's macroglobulinaemia)**
 - marginal zone lymphomas:
 - **gastric and non-gastric mucosa-associated lymphoid tissue (MALT) lymphoma**
 - **splenic marginal zone lymphoma**
 - **nodal marginal zone lymphoma**
 - **hairy cell leukaemia**
 - **primary cutaneous follicle centre lymphoma.**
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Low-grade T-cell non-Hodgkin lymphomas

Most **skin lymphomas** are low-grade T-cell lymphomas. They include:

- **mycosis fungoides**
 - **primary cutaneous CD30-positive lymphoproliferative disorders**, such as primary cutaneous anaplastic large-cell lymphoma and lymphomatoid papulosis
 - **rarer types of T-cell skin lymphoma.**
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We have separate information about the topics in **bold font**. Please get in touch if you'd like to request copies or if you would like further information about any aspect of lymphoma. Phone **0808 808 5555** or email information@lymphoma-action.org.uk.

References

The full list of references for this page is available on our website. Alternatively, email publications@lymphoma-action.org.uk or call 01296 619409 if you would like a copy.

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