WHAT PATIENTS NEED TO KNOW

Have you or a loved one been diagnosed with non-Hodgkin lymphoma? Non-Hodgkin lymphoma is one of the most common cancers in the United States, with nearly 80,000 new diagnoses estimated for 2026.[1] Both patients diagnosed with non-Hodgkin lymphoma and their families may have many questions about their disease and the potential treatment options available to them. This Frequently Asked Questions document aims to provide answers to some of the most commonly asked questions, including background information on non-Hodgkin lymphoma and the use of CAR T-cell therapy among eligible patients.

Frequently Asked Questions

Question	Answer
Are all types of non-Hodgkin lymphoma aggressive?	No, not all forms of lymphoma are classified as aggressive. Some forms, like follicular lymphoma, spread slowly and are known as indolent lymphomas. Other subtypes of lymphoma, like diffuse large B-cell lymphoma, are considered aggressive and grow much more quickly. However, all types of non-Hodgkin lymphoma can grow and spread to various regions of the body if not treated in a timely manner.[2]
What is the survival outlook for patients with relapsed/refractory non-Hodgkin lymphoma?	Based on data from the National Cancer Institute (NCI), the overall 5-year relative survival for patients with non-Hodgkin lymphoma is 74.3%. However, the survival rate decreases with more advanced stages of disease. For patients diagnosed with earlier-stage disease, the 5-year survival rate is 87.6% (Stage I) and 79.7% (Stage II). For patients with more advanced disease, the 5-year survival rate is 74% (Stage III) and 63.6% (Stage IV). These figures are reflective of the larger population of patients with non-Hodgkin lymphoma in the United States, across all subtypes and various lines of treatment, and are not predictive of individual outcomes; outcomes should always be carefully discussed with a clinician on a case-by-case basis.[3]
What kinds of tests do I need for my doctor to determine what stage of disease I have and which treatment I should receive?	Your doctor may perform a biopsy to confirm whether you have non-Hodgkin lymphoma and a bone marrow aspiration to determine the stage of the disease. Your biopsy and fluid samples may also be analyzed through immunohistochemistry (IHC) and chromosomal tests to determine the type of non-Hodgkin lymphoma you have, as well as any biomarkers or genetic mutations that may make you eligible for certain therapies. Depending on the type of non-Hodgkin lymphoma you have, your doctor might also order a lumbar puncture, to determine if your disease has reached your brain. Imaging technologies (including chest X-rays, computed tomography [CT] scans, magnetic resonance imaging [MRI], ultrasounds, positron emission tomography [PET] scans, and bone scans) can provide views of your lymph nodes and other organs and allow doctors to stage your disease. Heart and lung function tests may also provide your doctor with information about whether certain treatments for lymphoma might potentially impact your heart and lungs.[4]
What treatment options are available for patients with non-Hodgkin lymphoma?	Therapies that are currently available for patients with non-Hodgkin lymphoma include radiation therapy, chemotherapy, immunotherapy (such as immunomodulators and CAR T-cell therapy), targeted therapies (such as monoclonal antibodies, proteasome inhibitors, kinase inhibitors, histone methyltransferase inhibitors, and B-cell lymphoma-2 [BCL-2] inhibitors), among others.[5]

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My doctor has mentioned I may be a candidate for CAR T-cell therapy, but what is it?	CAR T-cell therapy is a type of treatment created from a patient's own immune cells that can be used to help combat their relapsed/refractory non-Hodgkin lymphoma.[6] Immune cells known as T cells are collected from a patient's blood, sent to a specialized laboratory to be genetically engineered to recognize a protein associated with non-Hodgkin lymphoma cancer cells (CD19), and are eventually infused back into the patient. Once inside the patient's body, CAR T-cells target and attack B cells that express the CD19 protein on their surface in an effort to kill the patient's cancer cells.[7]
How long does CAR T-cell treatment take?	The whole process, from collecting patients' blood to treating them with the CAR T-cells, takes approximately 3-5 weeks.[8] The FDA requires patients treated with CD19-directed CAR T-cells to be monitored for at least 2 weeks, with daily monitoring for at least 1 week, and recommends that patients remain close to their CAR T-cell treatment facilities for at least 2 weeks.[9]
Are there side effects associated with CAR T-cell therapy?	Yes, several types of side effects, or adverse events, are associated with CAR T-cell therapy. Some of these adverse events, including cytokine release syndrome and immune effector cell–associated neurotoxicity syndrome, can occur within a few days of receiving treatment, and often resolve within a couple of weeks. Other adverse events may develop in the months following CAR T-cell treatment and include B-cell aplasia, hypogammaglobulinemia, delayed cytopenias, late neurologic toxicities, and secondary malignancies. Oncologists are familiar with the side effects that can occur after CAR T-cell therapy and may use preventive strategies to avoid side effects. They also have protocols for how to treat side effects that do occur. Therefore, it is important to alert your treating and/or referring physician about any symptoms you might be experiencing, including fevers, higher heart rate, chills, tremors, dizziness, delirium, confusion, agitation, seizures, or other symptoms that just make you feel unwell, as they may indicate that you are experiencing a side effect from the medication.[10]
Are there any resources available to help me navigate CAR T-cell treatment?	There are many resources available to help patients and caregivers who may be navigating the logistical, financial, and medical aspects of CAR T-cell therapy. The American Cancer Society can help patients obtain transportation to their treatment center, provide lodging assistance, and offer educational support.[11] Your treatment center may also provide specific patient and caregiver support programs as well. Be sure to ask your CAR T-cell doctor(s) about additional resources the center may offer.

BCL-2, B-cell lymphoma-2; CAR, chimeric antigen receptor; CD19, cluster of differentiation 19; CT, computed tomography; FDA, US Food and Drug Administration; IHC, immunohistochemistry; MRI, magnetic resonance imaging; NCI, National Cancer Institute; NHL, non-Hodgkin lymphoma; PET, positron emission tomography.

1. American Cancer Society. All About Cancer: Key Statistics for Non-Hodgkin Lymphoma. Last updated January 13, 2026. Accessed July 24, 2026. https://www.cancer.org/cancer/types/non-hodgkin-lymphoma/about/key-statistics.html#:~:text=Non%2DHodgkin%20lymphoma%20(NHL),will%20be%20diagnosed%20with%20NHL; 2. American Cancer Society. All About Cancer: What Is Non-Hodgkin Lymphoma? Last updated February 15, 2024. Accessed July 24, 2026. https://www.cancer.org/cancer/types/non-hodgkin-lymphoma/about/what-is-non-hodgkin-lymphoma.html; 3. National Cancer Institute (NCI) Surveillance, Epidemiology, and End Results (SEER) Program. Cancer Stat Facts: Non-Hodgkin Lymphoma. Accessed July 24, 2026. https://seer.cancer.gov/statfacts/html/nhl.html; 4. American Cancer Society. All About Cancer: Tests for Non-Hodgkin Lymhoma. Last updated February 15, 2024. Accessed July 24, 2026. https://www.cancer.org/cancer/types/non-hodgkin-lymphoma/detection-diagnosis-staging/how-diagnosed.html; 5. PDQ® Adult Treatment Editorial Board. Non-Hodgkin Lymphoma Treatment (PDQ®)—Patient Version. Bethesda, MD: National Cancer Institute. Updated August 22, 2024. https://www.cancer.gov/types/lymphoma/patient/adult-nhl-treatment-pdq. Accessed July 24, 2026; 6. Sheikh S, et al. *Biomedicines*. 2022;10(8):1960; 7. Feins S, et al. *Am J Hematol.* 2019;94(S1):S3-S9; 8. NCI. About Cancer: CAR T-Cells: Engineering Patients' Immune Cells to Treat Their Cancers. Last updated February 26, 2025. Accessed July 24, 2026. https://www.cancer.gov/about-cancer/treatment/research/car-t-cells#:~:text=These%20expanded%20cells%20are%20the,about%203%20to%205%20weeks; 9. US Food and Drug Administration. FDA Safety Communication: FDA Eliminates Risk Evaluation and Mitigation Strategies (REMS) for Autologous Chimeric Antigen Receptor (CAR) T cell Immunotherapies. Released June 26, 2025. Accessed July 24, 2026. https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/fda-eliminates-risk-evaluation-and-mitigation-strategies-rems-autologous-chimeric-antigen-receptor; 10. Adkins S. *J Adv Pract Oncol.* 2019;10(suppl 3):21-28; 11. American Cancer Society. Education Materials for Your Patients. Accessed July 24, 2026. https://www.cancer.org/health-care-professionals/patient-education-materials-for-professionals.html.