

Produced November 2010

Next revision due November 2012

## Understanding lymphoma – what is the difference between ‘remission’ and ‘cure’?

This is one of the questions that people with lymphoma ask most frequently. A useful starting point is to know that there are different types of remission after treatment for lymphoma. There are quite a few short-hand names for these different types of remission and you might hear these abbreviations used or see them written down, so we will include the common ones here.

A ‘partial remission’ (PR) is where more than half of the disease has melted away and a ‘good partial remission’ (GPR) is where three-quarters of the tumour has disappeared. A ‘very good partial remission’ (vGPR) is an unofficial term for when there has been almost complete disappearance of the tumour (or tumours) but where there is still a tiny amount left.

A ‘complete remission’ (CR) is where no disease is detectable when all reasonable attempts have been made to assess the sites that were originally involved. Sometimes the radiologists can’t be completely sure on a scan if there is complete remission so they call this ‘?CR’ or ‘CR(u)’, where the ‘u’ stands for ‘unconfirmed’. If this is the case a repeat scan is done a few weeks or months later, with the patient still off treatment. If there is no change in the scan this becomes a ‘confirmed complete remission’ (CCR).

Halfway through your treatment you might have some tests, such as a scan, to assess your response to the treatment. This is especially likely if you are taking part in certain clinical trials. You would usually be assessed to see if you are in remission a few weeks after your treatment is finished.

If you have a low-grade non-Hodgkin lymphoma, when treatment is needed it is usually continued until you have achieved something called a ‘best response’. This means as good a response as it is possible to get with the treatment used, whether this is a partial response or a complete response. At this point the disease is often ‘quiet’ and you feel well again.

No further treatment is needed because this situation can last a long time, often years. Some patients with low-grade non-Hodgkin lymphoma who had fairly localised disease and who are in complete remission after treatment won’t ever relapse. It is also possible (though we don’t really know for sure) that very occasionally patients with low-grade non-Hodgkin lymphoma with widespread disease who go into complete remission might also never relapse.



When treating the higher grade conditions, Hodgkin lymphoma and high-grade non-Hodgkin lymphoma, doctors are always aiming for a complete remission. Nowadays most people with these higher grade conditions will stay in remission if they achieved a complete remission with their initial treatment (ie their disease will never return). If the initial response to treatment is a partial remission or if the disease relapses later on, your doctors will most probably recommend further treatment, which will once again be aiming at achieving complete remission.

In most medical circles 'cure' is regarded as something you only know about long afterwards – ie did the disease ever return? The problem with this definition is that it tends to mean that you always feel a bit uncertain about whether or not the disease has really gone for good. If you are in complete remission, then maybe a more useful way of thinking about being 'cured' is in terms of being 'healed'. If you feel well and restored to good health and your chances of relapse are beginning to approach your chances of having any other illnesses or accidents that can happen to anyone, then you might quite rightly feel that you are 'cured' of your lymphoma. And if you feel you are cured, then you most probably are.

### **Acknowledgement**

We are grateful to Dr Paul Revell, consultant haematologist at Stafford General Hospital, for writing this article.

### **About our publications:**

The Lymphoma Association is committed to the provision of high quality information for people with lymphoma, their families and friends. We produce our information in accordance with nationally recognised guidelines. These include the DISCERN tool for information about treatments, the NHS Toolkit for producing patient information, and the Campaign for Plain English guidelines.

Our publications are written by experienced medical writers, in close collaboration with medical advisors with expertise in the appropriate field. Textbooks and professional journals are consulted to ensure that information is as up to date as possible. References are provided where they have been used. Some publications are written by professionals themselves, acting on guidance provided by the Lymphoma Association. Our publications are reviewed every two years and updated as necessary.

Our publications are reviewed by a panel of volunteers with experience of lymphoma. Publications are also reviewed by members of the Lymphoma Association helpline team, who have many years collective experience of supporting those with lymphoma.

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