

ARE LUMPS IN THE NECK CANCER?

SOME of us may have lumps in our neck which are persistent yet painless. On top of that, we may also experience weight loss, lethargy and/or fever which can't be explained.

If that is the case, one possibility is lymphoma – a cancer of the immune or lymphatic system (which includes the lymph nodes and bone marrow), explains haematologist Dr Mohd Haris Fadzillah Abdul Rahman.

But there's no need to panic just yet. Most people who have such symptoms are usually diagnosed by GPs (general practitioners) as having infections such as pneumonia or tuberculosis and treated with antibiotics.

But if the signs persist even after antibiotics, then the patient should go to a hospital because there is a possibility of lymphoma, advises Dr Haris, who is consultant physician and haematologist at Subang Jaya Medical Centre in Selangor, and vice president of the Malaysian Society of Haematology.

Lymphoma is the fourth most common form of cancer in Malaysia, after breast, colon and lung cancers. There are some 5,800 cases per year, or 5.1% of total cancers in the country.

The best way to diagnose it is through a biopsy – to take a small amount of tissue from the affected lymph node for testing.

“Biopsies are done at hospitals. It's a day care procedure done with local anaesthetic. Many turn out not to be lymphoma. But for the few that are, the consequences of missing a diagnosis can be life changing,” says Dr Haris, who was trained in the United Kingdom and has been practising as a haematologist for 20 years in Malaysia.

Unlike “solid cancers” in the

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breast or colon, lymphoma involves the more “fluid” inter-linked lymphatic system. This means that it can spread more easily, so it's important to diagnose the disease earlier.

There are two main kinds of lymphoma, namely Hodgkin's and non-Hodgkin's. The five-year survival rate for Hodgkin's lymphoma is better at 94% (before it has spread) and 82% (after spreading).

However, the five-year survival rate for some forms of non-Hodg-



Lumps in the neck may be caused by infections and treated with antibiotics. If the lumps don't go away, get them checked by a specialist.

kin's lymphoma can be as low as 57% after it has spread.

Some factors which increase risks of lymphoma include infections of HIV-AIDS, Epstein-Barr virus and helicobacter pylori bacteria (a common cause of peptic ulcers).

Alcohol, tobacco and chemical pollution have not been proven to trigger this type of cancer.

As for treatments, Dr Haris says that if the lymphoma is detected early and still in a limited area (localised), then surgery and radio-

therapy can be done.

However, as lymphomas have a tendency to spread, the most common treatment is a combination of two therapies. This is where cancer cells are marked and weakened by immunotherapy and then destroyed by chemotherapy.

Dr Haris assures that one major past side effect of chemotherapy – nausea and inability to eat food – can usually be prevented with medicine nowadays.

But a second common side effect

– hair loss – is “a bit *susah* (difficult)” to prevent. However, it will usually only be temporary.

To determine which treatment is applied, a PET (positron emission tomography) scan will be done. This involves injecting a safe radioactive tracer to see exactly where the lymphoma has spread. (A PET scan is different from a CT scan.)

“Seek treatment early, as there is a big difference between early and late stage lymphoma,” advises Dr Haris.