

Waldenström's Macroglobulinemia (WM)

What is Waldenström's Macroglobulinemia? ¹⁻⁶

Waldenström's macroglobulinemia (WM), pronounced 'val-den-strem', is named after Swedish physician Jan Gosta Waldenström, who first discovered the disease.

It is a slow-growing and rare type of blood cancer that most commonly originates from B cells, a type of white blood cell.



B cells are part of the immune system and play an important role in fighting infection in the body.

B-cell malignancies, such as WM, are the result of defective B cells. WM begins with a malignant change to the B cell late in its development so that it continues to reproduce more malignant B cells. The result is an overproduction by the abnormal B cells of a protein called monoclonal immunoglobulin M antibody (IgM).

The buildup of IgM can lead to many of the symptoms of WM, including excess bleeding, problems with vision, and nervous system problems.

WM cancer cells grow mainly in the bone marrow, where they can crowd out normal blood cells. This can lead to: low levels of red blood cells (anemia); low numbers of white blood cells, which makes it hard for the body to fight infection; and low numbers of platelets, which can increase the risk for bleeding.

WM cells can also grow in organs like the liver and spleen, causing these organs to swell and leading to abdominal pain.

Signs and Symptoms ³⁻⁸

Possible signs of WM may include:



Excessive sweating at night, recurring fevers



Unintentional weight loss



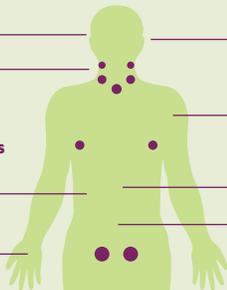
Anemia, which may cause tiredness, weakness, and shortness of breath

Vision problems

Nervous system problems caused by poor circulation, including headache, confusion, and dizziness

Infections

Numbness



Abnormal bleeding (including frequent or severe nosebleeds)

Cryoglobulinemia (abnormal proteins in the blood)

Abdominal pain

Swollen abdomen and swollen lymph nodes

Prevalence and Patients ³⁻⁹



WM is almost 2x as common in men as it is in women

In the United States, there are approximately 1,000-1,500 new cases each year

The median age at diagnosis is 60-70 years of age

Median overall survival rate is 5-11 years

Diagnosis ³⁻⁷

Several exams and tests may be used to help diagnose WM:



Physical examination



Blood tests



Imaging tests



Biopsy

Staging and Prognosis ³⁻⁶

The International Prognostic Scoring System for WM (IPSSWM) is used to help predict the prognosis for patients with WM.



This system divides patients into low, intermediate, or high risk groups, and accounts for factors that may predict worse outcomes, such as:

- Older age
- Low hemoglobin levels
- Low platelet count
- Elevated IgM levels
- High beta-2-microglobulin

Treatment ³⁻⁸

Current options for WM vary depending on the patient's prognosis, age and general health.

Treatments and outcomes have improved in recent years and new regimens and combinations are currently being studied for WM.

Treatments can include:



Chemotherapy



Biologic therapy



Plasmapheresis



Stem cell transplant therapy



Immunomodulating agents



Novel therapies



Oral oncology agents

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References

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