Waldenstrom macroglobulinemia (WM)

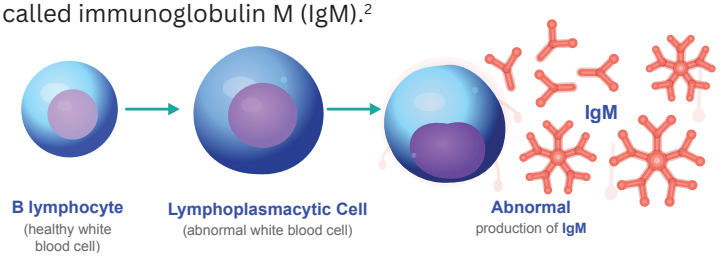
GUIDE FOR NEWLY DIAGNOSED PATIENTS

What is WM?

Waldenstrom macroglobulinemia, also known as lymphoplasmacytic lymphoma, is a rare type of bone marrow cancer affecting 3-4 people per million per year[1]

In WM, healthy white blood cells transform into abnormal cells that build-up in the bone marrow and can also grow in the lymph nodes, spleen, and rarely other organs.[1,2]

These abnormal cells produce large amounts of a protein called immunoglobulin M (IgM).[2]



The cancer cells crowd out healthy cells that the body needs to function properly, while excess IgM may thicken the blood.[1]

Treatment

If you are not experiencing any symptoms, you might not need treatment:

Absence of Symptoms[3,4]
No treatment but regular blood tests to monitor disease

Appearance of Symptoms[3,4]
Low blood cell counts, high tumor load, high levels of abnormal IgM protein might indicate the need for treatment

If you experience side effects, consult your doctor for management advice. You may also seek a second opinion on your diagnosis and treatment.

Life Expectancy

15-20
Year Expected Lifespan

- Studies show a median survival of about 10–12 years[1], but thanks to modern treatments, many people with WM now live well beyond this—often 15–20 years or more.
- As newer, safer, and more effective treatments become available life expectancy is **projected to increase**[1]

WM Symptoms

Some people with WM experience symptoms caused by abnormal cancer cells and/or IgM proteins, while others can be asymptomatic for a long time.[1]

Symptoms[1]

- **Fatigue, numbness or tingling, night sweats, and weakness**
- **Anemia,** caused by abnormal white blood cells crowding out healthy red blood cells
- **Enlarged spleen or lymph nodes,** caused by the build-up of abnormal white blood cells
- **Bleeding from the nose, gums, or changes in vision** caused by hyperviscosity, an excess of IgM that thickens the blood
- Rarer symptoms, caused by excess IgM protein, include **organ damage** and other forms of anemia

WM diagnosis

- **Bone marrow biopsy** to check for abnormal cells[1]
- **Blood tests** to check quantity of blood cells and IgM protein[1]

First-Line Therapy

Therapy should begin if you start exhibiting symptoms, regardless of your IgM levels. Selection of treatment should be tailored depending on the mutation status on MYD88 and CXCR4[4].

Two main types of first-line therapy used to treat WM:

- Targeted Therapy: These drugs find and attack specific molecules or proteins within cancer cells to block their growth and survival.
- Immunochemotherapy: Chemotherapy stops cancer cells from dividing, while immunotherapy helps the immune system identify and destroy cancer cells.

Further Treatment

If WM returns or doesn't respond to treatment, options are available:[4]

Front-Line Retreatment
Any treatment not previously used before is available

OR

Clinical Trials
New medications being studied & developed

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[a] The treatments discussed in this poster may not be available in all countries. Availability of specific treatments is subject to local regulations and healthcare policies.

IgM, immunoglobulin M; mAb, monoclonal antibodies; WM, Waldenstrom macroglobulinemia 1. Bibas M, et al. *Mediterr J Hematol Infect Dis.* 2024;16(1):e2024061; 2. Kaseb H, et al. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; January 2025. Available from: Accessed: 26 March 2025; 3. Gertz MA. *Am J Hematol.* 2023 Feb;98(2):348-358; 4. Bibas M, et al. *Mediterr J Hematol Infect Dis.* 2025;17(1):e2025015.