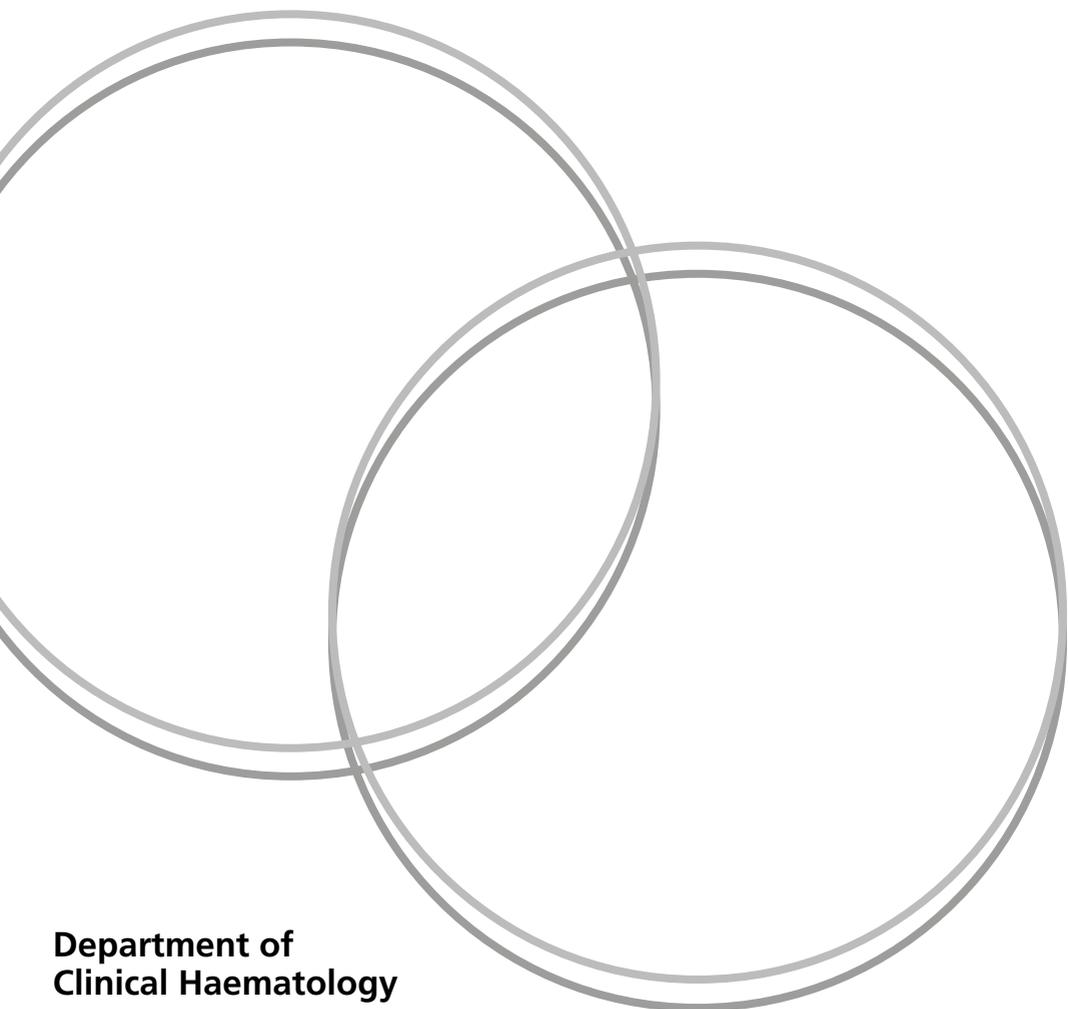




Oxford University Hospitals
NHS Foundation Trust

High-count Monoclonal B-cell Lymphocytosis (MBL)

Information for patients



Department of
Clinical Haematology

You are receiving this leaflet because your blood test shows a blood condition called MBL. You have been referred to the Haematology Department for future management of this condition.

This document explains what high-count Monoclonal B-cell Lymphocytosis (MBL) is and how it is diagnosed and managed.

What is high-count monoclonal B-cell lymphocytosis (MBL)?

High-count monoclonal B-cell lymphocytosis (MBL) is a benign (non-cancerous) condition of the blood.

MBL is suspected when your blood test shows a higher than normal level of abnormal white blood cells. It is often found when people have a routine blood test for something else. The laboratory will run further tests to confirm if it is MBL.

The abnormal white blood cells do not work properly. However, people with MBL do not have any symptoms.

The abnormal white blood cells are the same as the cells of Chronic Lymphocytic Leukaemia (CLL). CLL is a common form of slow growing blood cancer. CLL is the most common type of leukaemia in adults. It often needs no treatment.

Having MBL is not the same as having CLL. However, a small proportion of people with MBL will develop CLL in the future.

What is the link between CLL and high-count MBL?

The abnormal cells of MBL are the same as the abnormal cells of Chronic Lymphocytic Leukaemia (CLL). However, people with MBL **do not have CLL**.

You have MBL when abnormal CLL cells are at very low levels.

You have CLL if these abnormal CLL cells go above a certain level.

Not all people with MBL go on to get CLL. There is a **1.4 %** chance of MBL progressing to CLL that needs treatment. This means that out of 1000 people with MBL, only 14 people will develop CLL in one year.

Ongoing research will help doctors to understand more about what makes high-count MBL progress to CLL. Research into the genetics of MBL may provide clues in identifying which people are most at risk of progression. This will enable them to be monitored more closely. Please ask your medical team if you would like to know more about this research.

How is MBL managed?

- You will have a routine blood test (full blood count), once every 6 - 12 months. This measures the number of each type of cell in the blood: red cells, white cells and platelets.
- You will have an annual physical examination by your GP looking for swollen glands and enlarged liver or spleen.
- It is recommended that you have the annual flu vaccine. You should avoid live vaccine such as the shingles vaccine.

Are there any other risks for people with MBL?

MBL and infections

Lymphocytes are part of your body's immune system, which is a network of cells, tissues and organs that protect your body against infections. Lymphocytes produce antibodies. Antibodies are proteins produced in the blood that fight infections. Because MBL affects your lymphocytes, your body's ability to produce antibodies is reduced. This means you might get infections that are more severe and last longer. Compared to the general population, people with MBL are three times more likely to develop infections.

MBL and other cancers

One research study suggests that people with high-count MBL might be more likely to get cancer of the breast, lung, and gastrointestinal tract. People with MBL might be twice as likely to get these cancers compared to the general population. You are strongly encouraged to take part in routine government screening program for cancer screening.

Is there a way to tell if MBL has progressed to CLL?

You will have regular blood tests to check the levels of CLL cells in your blood. This will tell us whether the MBL has changed.

There are also symptoms of CLL. These include:

- swollen lymph glands
- drenching night sweats
- fast and significant weight loss without trying
- high temperature without any other signs of infections
- repeated infections
- extreme tiredness (fatigue) and/or weakness.

It is not yet clear why only **a small minority** of patients progress to CLL needing therapy. Unfortunately, when high-count MBL is diagnosed, no definitive test exists that shows who will progress to CLL and who will remain stable long-term.

Appointment enquiries

If you have questions about MBL or your next clinic appointment, please email the following address:

orh-tr.clinicalhaematology@nhs.net

Further Information

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

Written by Dr Chloe Tang with input from members of the Oxford Blood Group.
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