Non-Hodgkin lymphoma (NHL) encompasses a diverse group of lymphoid neoplasms that vary greatly in clinical behavior, morphologic appearance, cellular origin, responsiveness to treatment, and curability (Rosenthal & Eyre, 1995). The most common hematologic cancer, NHL is also the sixth leading cause of cancer death and the second fastest-growing cancer in the United States. The American Cancer Society (ACS) estimated that 54,370 new cases will be diagnosed in the United States in 2004, resulting in 19,410 deaths. Since the early 1970s, the incidence for NHL has nearly doubled, rising at a rate of 4% per year or 50% during the past 15 years, which is one of the largest increases for any cancer group (ACS, 2004).

Low-grade lymphomas represent 20%–30% of NHL cases, with a median survival of 7.5–9 years (Rosenthal & Eyre, 1995). Low-grade lymphomas include follicular center cell lymphoma, B-cell chronic lymphocytic leukemia or small lymphocytic lymphoma, lymphoplasmacytoid lymphoma, mantle cell lymphoma, and marginal zone lymphoma (Harris et al., 1994). Approximately 90% of patients present with stage III or IV disease with generalized lymphadenopathy and bone marrow involvement (Rosenthal & Eyre). Despite widespread tumor involvement, low-grade lymphoma often is clinically indolent and patients frequently are asymptomatic for years.

**Current Treatment Options**

NHL treatment varies widely by histology, stage of disease, age, and physiologic status of the patient. Treatment approaches range from supportive to curative. Current options include watch and wait, chemotherapy, radiotherapy, hematopoietic stem cell transplant, and biologic therapy such as monoclonal antibodies (MAbs). The optimal treatment approach for NHL...