

Patient information factsheet

Monoclonal B-cell lymphocytosis

We have given you this factsheet because a recent blood test has shown that you have a condition called monoclonal B-cell lymphocytosis (MBL). It explains what MBL is and what this diagnosis means for you. We hope it helps to answer some of the questions you may have. If you have any further questions or concerns, please speak to the relevant member of your healthcare team using the details at the end of this factsheet.

What is monoclonal B-cell lymphocytosis (MBL)?

MBL is a condition in which the body produces an increased number of abnormal B-cells (also known as B-lymphocytes).

B-cells are a type of white blood cell that make antibodies to help the body fight infection. When you have an infection, your body normally produces an increased number of B-cells to help fight it. These B-cells should all be very different from one another (known as 'polyclonal') to help your body fight against various types of infection.

In someone with MBL, the body produces an increased number of identical B-cells (copies of one B-cell) without a specific cause. This build-up of identical cells is known as a 'monoclonal population of cells' and these do not function in the same way as normal B-cells.

There are two types of MBL:

- **High-count MBL (HC-MBL)** – This is where there is more than 500, but less than 5,000, abnormal monoclonal B-cells in a microlitre of blood.
- **Low-count MBL (LC-MBL)** – This is where there is less than 500 abnormal monoclonal B-cells in a microlitre of blood.

The type of MBL you have will be based on the number of abnormal monoclonal B-cells in your blood.

What causes MBL?

It is currently unknown what causes MBL.

Some research studies suggest that:

- the condition may be the result of a previous viral infection.
- there may be an inherited genetic predisposition (an increased chance or likelihood of developing a disease based on the presence of one or more genetic variants and/or a family history) in some cases.

However, more research is still needed to fully understand what causes MBL.

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Who is at risk of developing MBL?

The probability of developing MBL increases with age, and it is more common in men. It is rare for people younger than 40 years old to develop MBL.

In the UK, MBL can be found in:

- more than 3% of people over 40 years old
- up to 10% of people over 60 years old

MBL is also more common in people who have a family history of a condition called chronic lymphocytic leukaemia or 'CLL' (a rare type of cancer that affects the blood).

Is MBL a cancer?

MBL is **not** a cancer. However, in a very small percentage of people with HC-MBL (1 to 2% per year), the condition can change into a cancerous condition called chronic lymphocytic leukaemia (CLL) over time. Please note that this is rare and most people with MBL live a normal life, and their condition does not turn into a cancerous condition that needs treatment.

LC-MBL appears to be an age-related condition that develops slowly as a person gets older and their immune system naturally gets weaker rather than a condition that eventually progresses to cancer.

What are the symptoms of MBL?

People with MBL do not have any symptoms.

How is MBL diagnosed?

Where MBL doesn't usually cause any symptoms, it is typically only discovered when blood tests are performed for other medical reasons and a higher-than-normal number of B-cells are found in the blood. To confirm the diagnosis of MBL, your healthcare team will have requested an additional special blood test called a 'flow cytometry' to identify if the B-cells are monoclonal (identical).

How is MBL treated?

No treatment is necessary for MBL. However, some people may need monitoring.

- **If you have HC-MBL**, you will need to have a blood test each year to monitor your B-cell count and to check for any changes that indicate your HC-MBL has progressed into CLL.
- **If you have LC-MBL**, you will not usually need any monitoring, as there is little risk of progression to CLL.

Your doctor will discuss whether you need any monitoring and will arrange any necessary tests.

What can I do to help myself?

People with MBL have a slightly increased risk of cancer in general, especially skin cancers. It is important that you:

- contact your general practitioner (GP) as soon as possible if you notice any changes to your skin
- take up any offers of cancer screening.

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People with MBL may have a slightly higher risk of infection compared to those who do not have MBL. This is because some of their B-cells do not fight infection. It is recommended that you stay up to date with age-appropriate vaccinations if you have MBL. If you would like more information about vaccinations, please contact your GP.

When should I seek medical help?

Contact your GP if you experience any of the following symptoms:

- persistent fatigue (extreme tiredness)
- shortness of breath during normal physical activity
- anaemia (decreased red blood cell count)
- enlarged lymph nodes (small, bean-shaped glands that help your body fight infection)
- a fever (a high temperature of 38°C or above)
- frequent infections
- unexplained weight loss
- drenching night sweats
- a feeling of fullness in your tummy or fullness after eating a small amount of food (this could indicate an enlarged spleen or liver)

Contact us

If you have any further questions or concerns, please contact your GP or our lymphoid clinical nurse specialist (CNS) team if you are under our care.

Lymphoid clinical nurse specialist (CNS) team

Telephone: **023 8120 8892** (Monday to Friday, 9am to 5pm)

Useful links

CLL Support Association – ‘About CLL, SLL and MBL’

www.cllsupport.org.uk/information-support/about-cll

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit www.uhs.nhs.uk/additionalsupport

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