

Intraocular Lymphoma Fact Sheet

Cancer Type: Rare Eye Cancer (Subtype of Primary Central Nervous System Lymphoma)

Primary Site: Retina, vitreous, and/or optic nerve within the eye

Subtype: Usually Non-Hodgkin's Lymphoma (Diffuse Large B-cell Lymphoma)

Website Reference: OcularCancer.com

What is Intraocular Lymphoma?

Intraocular lymphoma (IOL) is a rare and aggressive eye cancer that develops in the lymphoid tissue within the eye, often affecting the retina and vitreous. It typically arises as a primary intraocular lymphoma (PIOL), but may also be secondary, spreading from systemic or central nervous system lymphoma.

It is considered a subset of **primary central nervous system lymphoma (PCNSL)** when confined to the eye and/or brain.

Key Facts:

- Prevalence: Extremely rare; exact incidence unknown, but ~1 case per million people annually
- Most Common Type: Diffuse Large B-Cell Lymphoma (DLBCL)
- Age of Onset: Typically affects individuals aged 50 70
- Laterality: Can be unilateral or bilateral (often becomes bilateral)

Causes & Risk Factors:

- No known definitive cause
- Increased risk in **immunocompromised individuals** (e.g., HIV/AIDS, post-transplant patients)
- Association with Epstein-Barr Virus (EBV) in some cases
- Most patients are otherwise immunocompetent

Signs and Symptoms:

- Painless, progressive vision loss (most common)
- Floaters or blurred vision
- Redness and inflammation
- Chronic uveitis that does not respond to steroids
- May mimic autoimmune or infectious eye diseases
- Vitreous haze or retinal infiltrates seen on exam

^⁰ Diagnosis:

- Often misdiagnosed as chronic uveitis
- Requires high suspicion and multiple tests:
 - o Dilated eye exam with slit lamp and fundus exam
 - Optical coherence tomography (OCT)
 - Fluorescein angiography

- Vitreous biopsy (gold standard)
- Cytology and immunohistochemistry
- Flow cytometry & PCR for gene rearrangements (clonality testing)
- MRI brain and lumbar puncture to assess CNS involvement

Types of Intraocular Lymphoma:

- 1. Primary Intraocular Lymphoma (PIOL):
 - Originates in the eye
 - o Often part of or progresses to Primary CNS Lymphoma
- 2. Secondary Intraocular Lymphoma:
 - o Spread from systemic lymphoma
 - Often involves uvea (choroid)

Treatment Options:

- Intravitreal chemotherapy:
 - Methotrexate or rituximab injections directly into the eye
- Systemic chemotherapy:
 - High-dose methotrexate-based regimens
 - o Rituximab for B-cell lymphoma
- Radiation therapy:
 - External beam radiation (especially if bilateral or recurrent)

- Autologous stem cell transplant:
 - In recurrent or CNS-involved disease
- CNS-directed treatment is often needed even if lymphoma appears confined to the eye

© Prognosis:

- **Prognosis varies** depending on spread to CNS and response to treatment
- **Median survival:** ~3 5 years in many studies with CNS involvement
- Better outcomes with early detection and CNS management
- Risk of **relapse** is high; requires ongoing surveillance

Follow-Up & Monitoring:

- Regular ophthalmic exams (OCT, fundus photography)
- Neurological monitoring and imaging
- Ongoing coordination with hematologist/oncologist
- Long-term surveillance for recurrence or CNS spread

Support & Resources:

- Lymphoma support organizations
- Rare cancer advocacy groups
- Ocular oncologists and uveitis specialists
- Mental health support for coping with vision loss or cognitive symptoms

★ Key Takeaways:

- Intraocular lymphoma is rare, serious, and often misdiagnosed.
- It mimics inflammation any **persistent or steroid-resistant uveitis** should raise suspicion.
- Diagnosis is challenging and requires specialized testing and multidisciplinary care.
- Early and aggressive treatment can preserve vision and extend life.
- Close monitoring is essential due to high recurrence and CNS involvement risk.
- For more information, support, and survivor stories, visit:
- OcularCancer.com A home for rare eye cancer awareness, education, and community.