

MDAnderson AIDS-Related B-Cell Lymphomas

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Note: Consider Clinical Trials as treatment options for eligible patients.

DIAGNOSIS

- Hematopathology review of all slides with at least one tumor paraffin block. Rebiopsy if consult material is non-diagnostic.
- Adequate immunophenotyping to confirm diagnosis
- Paraffin panel: CD3, CD10, CD20, CD45 (LCA), BCL2, BCL6, Ki-67, CD 138, kappa/lambda light chains, HHV8
- Flow cytometry immunophenotyping (optional if paraffin IHC has been performed): kappa/lambda light chains, CD3, CD5, CD10, CD19, CD20, CD45
- In situ hybridization: EBER

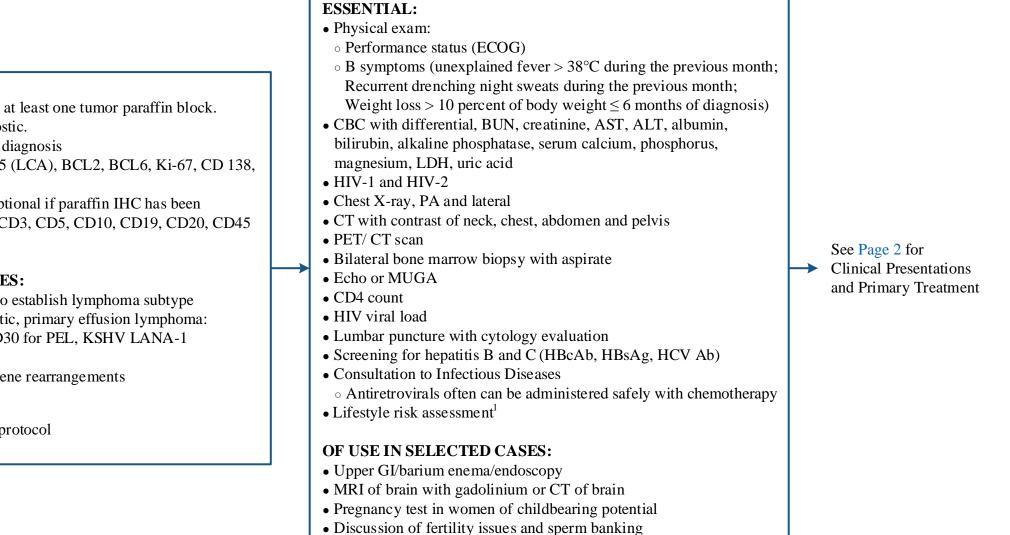
OF USE IN CERTAIN CIRCUMSTANCES:

- Additional immunohistochemical studies to establish lymphoma subtype
- Diffuse large B-cell, Burkitt, plasmablastic, primary effusion lymphoma: CD10, BCL2, Ki-67, BCL6, CD138, CD30 for PEL, KSHV LANA-1
- Molecular genetic analysis • FISH to detect MYC, BCL2 and BCL6 gene rearrangements

STRONGLY RECOMMENDED:

- FNA or core biopsy for tissue banking by protocol
- Perform gene mutation panel if available

INITIAL EVALUATION



¹See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

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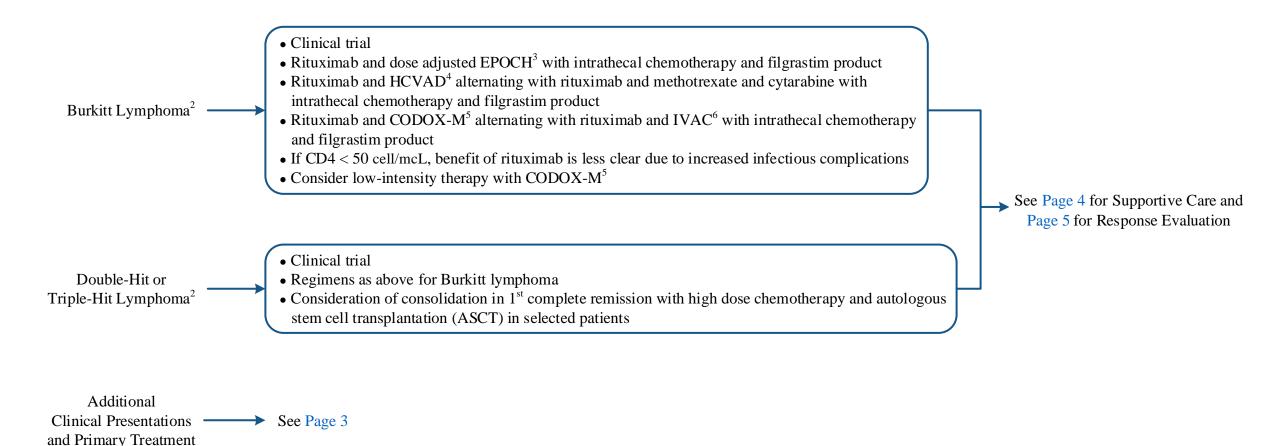
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CLINICAL PRESENTATION

PRIMARY TREATMENT¹



¹ Continue anti-retroviral therapy (ART) throughout treatment

- ² CHOP: cyclophosphamide, doxorubicin, vincristine, and prednisone is not adequate therapy
- ³ EPOCH: etoposide, prednisone, vincristine, cyclophosphamide, and doxorubicin
- ⁴ HCVAD: cyclophosphamide, vincristine, doxorubicin, and dexamethasone
- ⁵ CODOX-M: cyclophosphamide, vincristine, doxorubicin, and high-dose methotrexate
- ⁶ IVAC: ifosfamide, etoposide, and high-dose cytarabine

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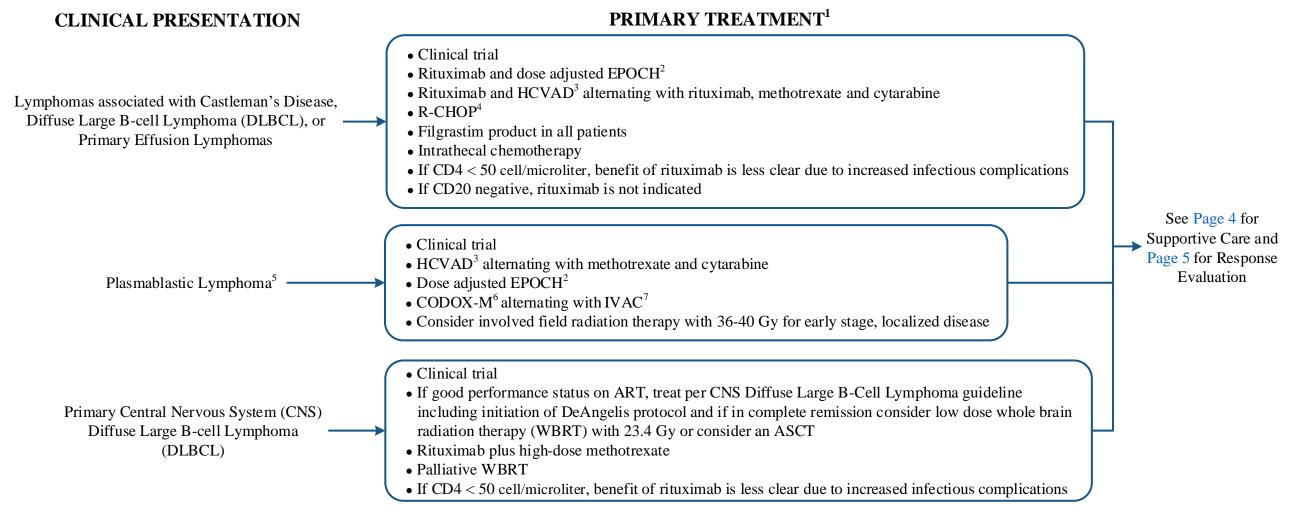
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¹ Continue anti-retroviral therapy (ART) throughout treatment

² EPOCH: etoposide, prednisone, vincristine, cyclophosphamide and doxorubicin

³ HCVAD: cyclophosphamide, mesna, doxorubicin, and vincristine

⁴ R-CHOP: rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone

⁵ CHOP: cyclophosphamide, doxorubicin, vincristine, and prednisone is not adequate therapy

⁶ CODOX-M: cyclophosphamide, vincristine, doxorubicin, high-dose methotrexate and leucovorin

⁷ IVAC: ifosfamide, etoposide, and cytarabine

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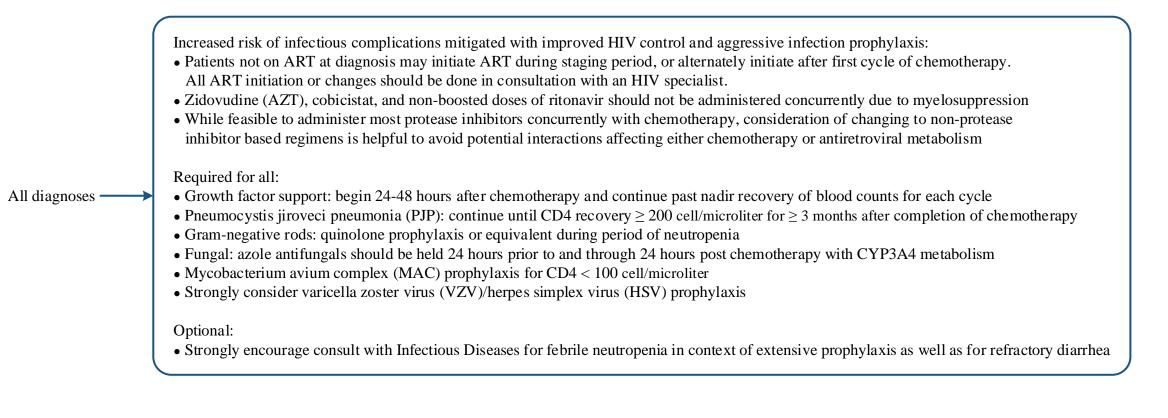
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SUPPORTIVE CARE



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• Clinical trial

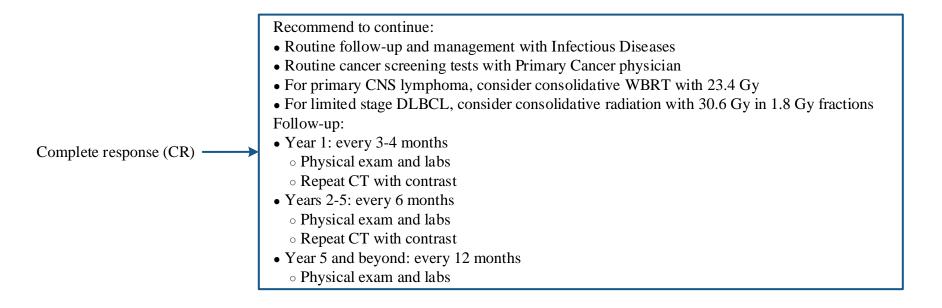
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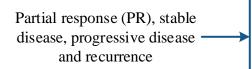
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RESPONSE EVALUATION





- Consider non-overlapping chemotherapy option per DLBCL guidelines • Consider high dose chemotherapy plus ASCT for patients who enter into second remission with good performance status and well controlled concomitant medical issues
- Patients with CNS lymphoma who have already received high-dose methotrexate can be
- considered for WBRT (23.4-30 Gy with or without boost to gross disease) or temozolomide

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DEVELOPMENT CREDITS

This practice algorithm is based on majority expert opinion of the Lymphoma Center Faculty at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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