CANADIAN EVIDENCE-BASED GUIDELINE FOR THE Frontline Treatment of Diffuse Large B-Cell Lymphoma

LYMPHOMA CANADA

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Abstract

Diffuse Large B-Cell Lymphoma (DLBCL) is the most common subtype of Non-Hodgkin Lymphoma. Although this is an aggressive disease, most patients respond well to initial treatment. The standard frontline treatment is R-CHOP chemoimmunotherapy for six cycles, however factors such as stage and prognostic features or risk factors may determine if abbreviated therapy may be appropriate. Radiation therapy may be part of a planned treatment course usually as consolidation post-chemoimmunotherapy. Additional or alternative chemotherapy may need to be considered based on high-risk molecular features (presence of *MYC, BCL2* and/or *BCL6* rearrangement), central nervous system (CNS) involvement at diagnosis or if a patient is at high-risk of secondary CNS relapse. In Canada, no unified national guideline exists for the treatment of DLBCL, and the provincial guidelines in existence vary. An evidence-based national treatment guideline supported by Canadian hematologists is warranted to ensure a consistent and optimal approach for the frontline treatment of DLBCL patients. A group of experts from across Canada developed a national evidence-based treatment guideline to provide healthcare professionals with clear guideline and best practices for the management of frontline DLBCL. Results of the current provincial guidelines in existence are presented with consensus recommendations based on available evidence.

KEYWORDS

Diffuse Large B-Cell lymphoma, DLBCL, Treatment, Prognosis, Guidelines, R-CHOP.