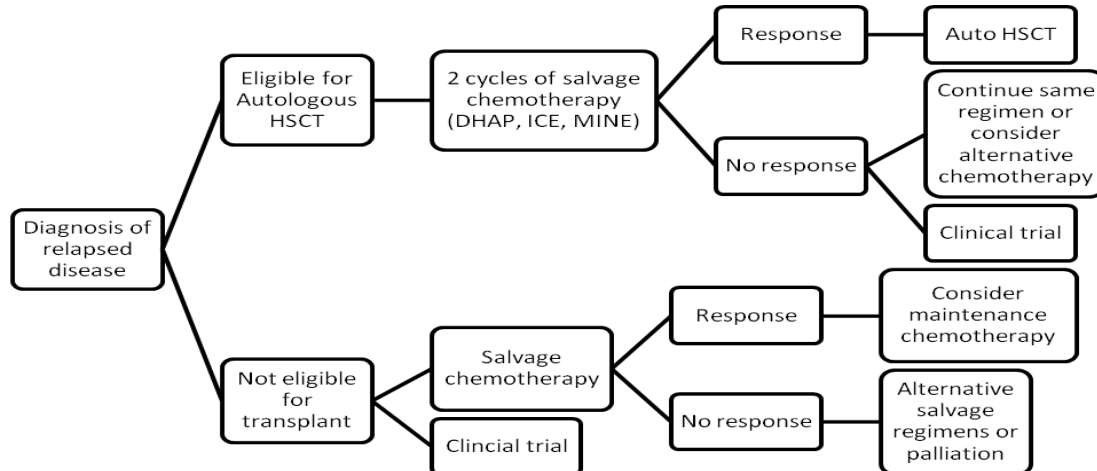


Relapsed Lymphoma

Histopathological examination is mandatory in the evaluation of relapsed disease.

Management strategy: A suggested algorithm is as follows



Chemotherapy regimens for potential candidates for stem cell therapy: Platinum compound based regimens have been associated with good responses and lower levels of myelotoxicity and are widely used for salvage chemotherapy in potential transplant candidates. These include:-

- **DHAP (dexamethasone, cisplatin, cytarabine) ± rituximab**
- **ESHAP (etoposide, methylprednisolone, cytarabine, cisplatin) ± rituximab**
- **GDP (gemcitabine, dexamethasone, cisplatin) ± rituximab**
- **ICE (ifosfamide, carboplatin, etoposide) ± rituximab**
- **MINE (mesna, ifosfamide, mitoxantrone, etoposide) ± rituximab**
- **daEPOCH**

NOTE:

1. Additional anthracyclines must be used after careful monitoring of the cardiac status.
2. Disease status should be evaluated with imaging studies and clinical assessment after two to three cycles, following which autologous HSCT should be carried out.

Hematopoietic Stem Cell Transplantation (HSCT): Commonly used conditioning regimens used in autologous HSCT include

- **BCNU, cyclophosphamide, cytosine arabinoside and melphalan (BEAM)**
- **R-BEAM in B Cell NHL**

- **Lomustine (CCNU), cytarabine (Ara-C), cyclophosphamide, etoposide (LACE)**

Allogenic Stem Cell Transplantation

Allogeneic HSCT may be considered in younger patients with stem cell mobilisation failure or relapse after autologous HSCT that are able to tolerate high dose chemotherapy a second time.

Chemotherapy regimens in patients who are not candidates for stem cell therapy

- Clinical trial
- **CEPP/PEP C** (cyclophosphamide, etoposide, prednisone, procarbazine) ± rituximab
- **da-EPOCH** ± rituximab
- **GDP** ± rituximab
- **Lenalidomide** ± rituximab
- **Newer Molecules (compassionate access or if affordable)**

FOLLOW UP

Patients should be followed up every 3 to 4 monthly for the first 2 years, followed by 6 monthly for the next 3 year and then annually. The following format shall be followed:

- 1) Accurate history,
- 2) Careful physical examination,
- 3) Hematological investigation- CBC, ESR, LDH
- 4) Documentation of side effects: late effects of treatment,
- 5) Documentation of 2nd primary,

Surveillance PET scan has no role in the patient follow up as of date and must be used judiciously.