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Diffuse large B-cell lymphoma (short version)

Recommendations from the society for diagnosis and therapy of haematological and oncological diseases

DGHO DEUTSCHE GESELLSCHAFT FÜR HÄMATOLOGIE UND MEDIZINISCHE ONKOLOGIE

ÖGHO Österreichische Gesellschaft für Hämatologie & Medizinische Onkologie

SSMO SSOM SGMO

SGH+SSH

Publisher

DGHO Deutsche Gesellschaft für Hämatologie und
Medizinische Onkologie e.V.
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Source

www.onkopedia-guidelines.info

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Date of document: July 2022

Compliance rules:

- Guideline
- Conflict of interests

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1 Summary

Diffuse large B-cell lymphoma is the most common neoplasm of the lymphatic system. It originates from mature B cells and rapidly leads to death if left untreated. Rapidly progressive lymph node enlargement and/or extranodal manifestations as well as general symptoms (B-symptoms) are characteristic.

The individual prognosis can be estimated using the International Prognostic Index.

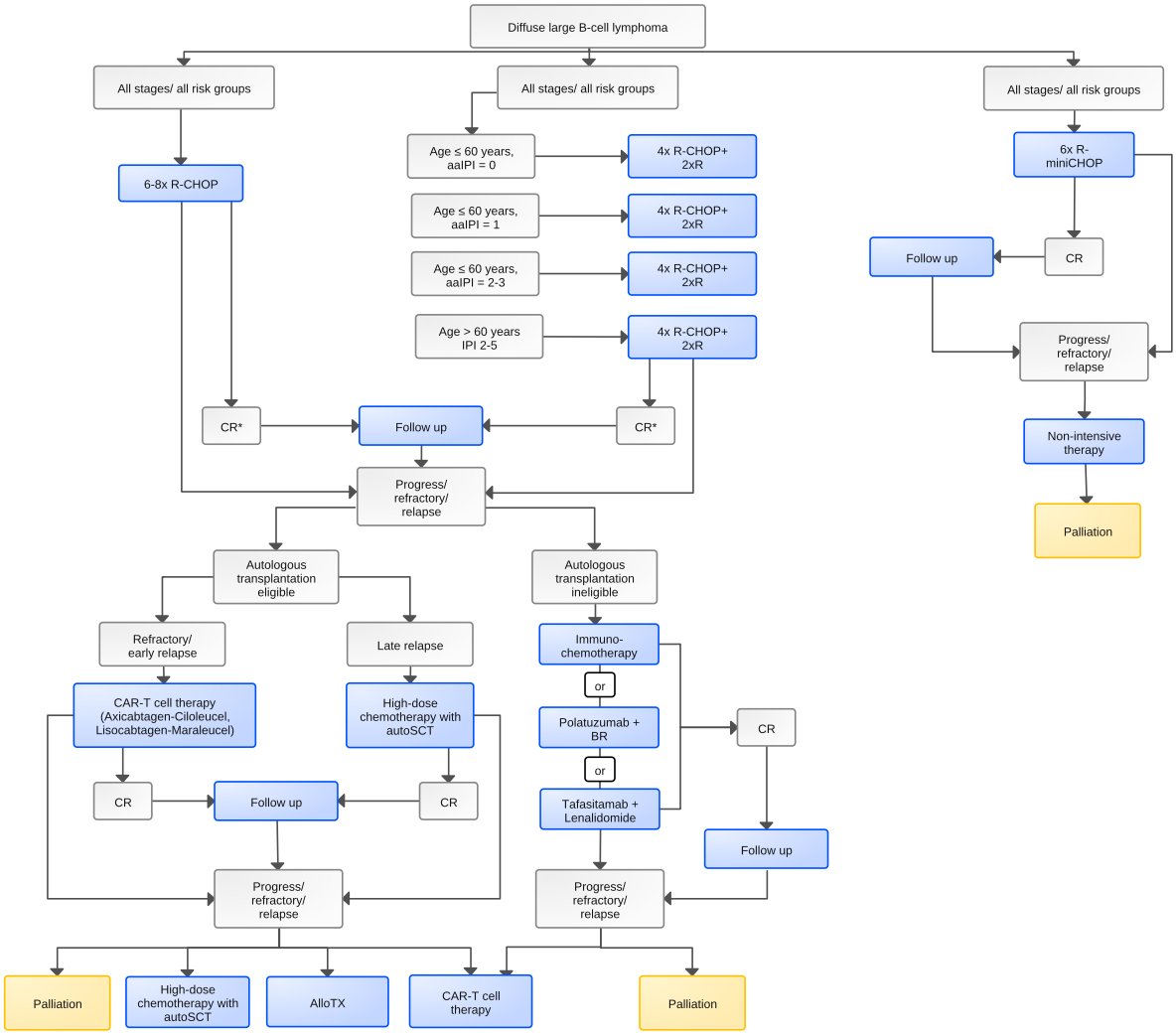
The therapeutic goal is curative. First-line therapy consists of 6-8 cycles of the R-CHOP protocol or, depending on the risk profile, R-CHOP-like protocols. In early stages in the absence of risk factors, a reduction of treatment cycles is possible. The role of radiation has not been definitively determined. Other unresolved issues such as prognosis- or response-driven therapy, the value of more intensive treatment protocols, or the efficacy of new agents are the subject of prospective clinical trials.

The cure rate of patients with diffuse large B-cell lymphoma is approximately 60-70%.

2 Therapy

The current treatment algorithm is depicted in Figure 1.

Figure 1: Treatment algorithm in patients with diffuse large B-cell lymphoma



Legend:

curative treatment intent; non-curative treatment intent;

** Involved site radiotherapy should be considered for circumscribed PET positive residual lymphoma.*

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16 Disclosures

Conflicts of interest can be found in the full German version of the guideline.