

Follicular Lymphoma (short version)

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

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1 Summary

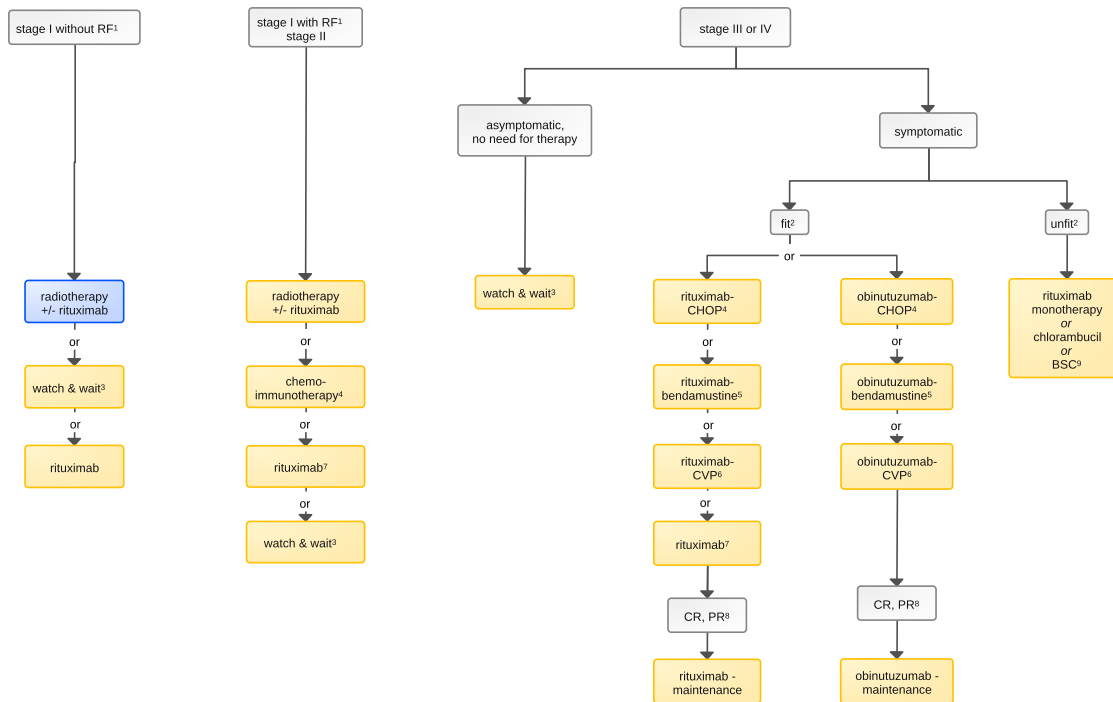
Follicular lymphoma is the most common indolent lymphoma. The WHO distinguishes between different grades. Follicular lymphoma grades 1-3A belong to the indolent, grade 3B to the aggressive lymphomas. Most common, clonal, genetic aberration is a balanced translocation t(14;18) with overexpression of BCL2 protein. This translocation is characteristic of follicular lymphoma but is not specific.

The clinical picture is characterized by a slowly progressive lymphadenopathy. It may persist for a long time without further clinical symptoms. The clinical course is highly variable. Survival times range from a few years to over two decades. Approximately 20% of patients have a more aggressive course with progression within 24 months of diagnosis. The vast majority of patients with follicular lymphoma are diagnosed at an advanced stage of disease. The Follicular Lymphoma International Prognostic Index (FLIPI) allows the differentiation of three groups with different prognosis.

Therapy is stage-dependent. In stage I (and localized stage II), irradiation of the affected lymph node regions has a curative claim. Drug therapy is initiated in the advanced stages when clinical symptoms are present. Remission rates of $\geq 80\%$ are achieved with the combination of chemotherapy and an anti-CD20 antibody.

2 Therapy

Figure 1: First-line therapy of follicular lymphoma.



Legend:

— curative treatment intent; — non-curative treatment intent;

¹ RF - risk factors (LK \geq 5-7 cm)

² AZ - general condition;

³ watch & wait - wait-and-see behavior under regular observation;

⁴ Induction chemotherapy: see induction chemotherapies stage III/IV

⁵ cave: increased risk of opportunistic infections;

⁶ CVP - cyclophosphamide / vincristine / prednisone;

⁷ Rituximab monotherapy is a therapeutic alternative for patients who have a low tumor burden or who cannot tolerate immunochemotherapy.

⁸ CR - complete remission, PR - partial remission;

⁹ BSC - Best Supportive Care

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16 Disclosures

Conflicts of interest can be found in the [full German version of the guideline](#).