## B-Cell Lymphomas: Diffuse Large B-Cell Lymphoma

**Clinical Trials:** The NCCN recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced healthcare team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/ regimens. These regimens are only provided to supplement the latest treatment strategies. These Guidelines are a work in progress that may be refined as often as new significant data becomes available. The National Comprehensive Cancer Network Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment. The NCCN Guidelines® are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

**Note:** All recommendations are category 2A unless otherwise indicated.

### Primary Mediastinal Large B-Cell Lymphoma (PMBL)

#### First-Line Therapy

<table>
<thead>
<tr>
<th>REGIMEN</th>
<th>DOISING</th>
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</thead>
<tbody>
<tr>
<td>Dose-adjusted EPOCH-R (Etoposide + Prednisone + Vincristine + Cyclophosphamide + Doxorubicin) + Rituximab</td>
<td>Days 1-4 (Cycle 1): Etoposide 500mg/m² IV continuous infusion over 24 hours daily, followed by: Days 1-4 (Cycle 2 and beyond): Etoposide IV continuous infusion over 24 hours daily, with: Days 1-4 (Cycle 1): Vincristine 0.4mg/m² IV continuous infusion over 24 hours daily, with: Days 1-4 (Cycle 1): Doxorubicin 10mg/m² IV continuous infusion over 24 hours daily, followed by: Days 1-4 (Cycle 2 and beyond): Doxorubicin IV continuous infusion over 24 hours daily. Day 5 (Cycle 1): Cyclophosphamide 750mg/m² IV over 30 minutes, followed by: Day 5 (Cycle 2 and beyond): Cyclophosphamide IV over 30 minutes. Day 1: Rituximab 375mg/m² IV Days 1-5: Prednisone 60mg/m² orally twice daily. Repeat cycle every 3 weeks for 6 cycles.</td>
</tr>
</tbody>
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| RCHOP (Rituximab + Cyclophosphamide + Doxorubicin + Vincristine + Prednisone) +/- ISRT (Category 1) | Day 1: Cyclophosphamide 750 mg/m² IV over 30 minutes Day 1: Doxorubicin 50mg/m² IV push Day 1: Vincristine 1.4mg/m² (maximum 2 mg) IV over 5-10 minutes Day 1-5: Prednisone 100mg orally once daily Day 1: Rituximab 375mg/m² IV. Repeat cycle every 3 weeks for 6 cycles (followed by radiation). |

| RCHOP (Cyclophosphamide + Doxorubicin + Vincristine + Prednisone) + Rituximab followed by ICE (Ifosfamide + Carboplatin + Etoposide) | Day 1: Cyclophosphamide 1,000mg/m² IV over 30 minutes Day 1: Doxorubicin 50mg/m² IV push Day 1: Vincristine 1.4mg/m² (uncapped) IV over 5-10 minutes Days 1-5: Prednisone 100mg orally once daily Day 1: Rituximab 375mg/m² IV. Repeat cycle every 2 weeks for 4 cycles, followed by: Day 2: Ifosfamide 5,000mg/m² IV continuous infusion over 24 hours, with: Day 2: Mesna 5,000mg/m² IV continuous infusion over 24 hours Day 2: Carboplatin AUC 5 IV over 30 minutes Days 1-3: Etoposide 100mg/m² IV IV over 60 minutes daily. Repeat cycle every 2 week for 3 cycles |

| RCHOP (Cyclophosphamide + Doxorubicin + Vincristine + Prednisone) + Rituximab followed by ICE (Ifosfamide + Carboplatin + Etoposide) + Rituximab | Day 1: Cyclophosphamide 1,000mg/m² IV over 30 minutes Day 1: Doxorubicin 50mg/m² IV push Day 1: Vincristine 1.4mg/m² (uncapped) IV over 5-10 minutes Days 1-5: Prednisone 100mg orally daily Day 1: Rituximab 375mg/m² IV. Repeat cycle every 2 weeks for 4 cycles, followed by: Day 2: Ifosfamide 5,000mg/m² IV continuous infusion over 24 hours, with: Day 2: Mesna 5,000mg/m² IV continuous infusion over 24 hours Day 2: Carboplatin AUC 5 IV over 30 minutes Days 1-3: Etoposide 100mg/m² IV IV over 60 minutes daily Day 1: Rituximab 375mg/m² IV. Repeat cycle every 2 weeks for 3 cycles. |

### Relapsed/Refractory Therapy

| Pembrolizumab | Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks up to 2 years of therapy. OR Day 1: Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 6 weeks up to 2 years of therapy. |

| Nivolumab (Category 2B) | Day 1: Nivolumab 240mg IV over 30 minutes. Repeat cycle every 3 weeks. |

continued
### REGIMEN

#### Relapsed/Refractory Therapy (continued)

| Nivolumab + Brentuximab Vedotin (CD30-positive disease) (Category 2B) | Day 1: Brentuximab Vedotin 1.8mg/kg (maximum dosing weight is 100 kg) IV over 30 minutes, followed by:  
Day 3 (Cycle 1): Nivolumab 240mg IV over 30 minutes, followed by:  
Day 1 (Cycle 2 and beyond): Nivolumab 240mg IV over 30 minutes. Repeat cycle every 3 weeks. |

#### First-Line Therapy

##### Preferred Regimens

| RCHOP (Cyclophosphamide + Doxorubicin + Vincristine + Prednisone) + Rituximab (Category 1) | Day 1: Cyclophosphamide 750mg/m² IV over 30 minutes  
Day 1: Doxorubicin 50mg/m² IV push  
Day 1: Vincristine 1.4mg/m² (maximum 2mg) IV over 5-10 minutes  
Day 1-5: Prednisone 100mg orally daily  
Day 1: Rituximab 375mg/m² IV. Repeat cycle every 3 weeks for 3 cycles (stage I,II) nonbulky disease (<7.5 cm) followed by radiation or 6 cycles (stage I,II) nonbulky disease (<7.5 cm) or bulky disease (≥7.5 cm) with or without subsequent radiation or 6 cycles (stage III-IV) with interim restaging after 2-4 cycles. |

##### Other Recommended Regimens

| Dose-adjusted EPOCH (Etoposide + Prednisone + Vincristine + Cyclophosphamide + Doxorubicin) + Rituximab | Days 1-4 (Cycle 1): Etoposide 50mg/m² IV continuous infusion over 24 hours daily, followed by:  
Days 1-4 (Cycle 2 and beyond): Etoposide IV continuous infusion over 24 hours daily, with:  
Days 1-4: Vincristine 0.4mg/m² IV continuous infusion over 24 hours daily, with:  
Days 1-4 (Cycle 1): Doxorubicin 10mg/m² IV continuous infusion over 24 hours daily, followed by:  
Days 1-4 (Cycle 2 and beyond): Doxorubicin IV continuous infusion over 24 hours daily, with:  
Day 5 (Cycle 1): Cyclophosphamide 750mg/m² IV over 30 minutes, followed by:  
Day 5 (Cycle 2 and beyond): Cyclophosphamide IV over 30 minutes. Days 1-5: Prednisone 60mg/m² orally twice daily  
Day 1: Rituximab 375mg/m² IV. Repeat cycle every 3 weeks for 6 cycles. |

### Diffuse Large B-Cell Lymphoma

#### First-Line Therapy

##### Preferred Regimens

| RCDOP (Rituximab + Cyclophosphamide + Liposomal Doxorubicin + Vincristine + Prednisone) | Day 1: Cyclophosphamide 750mg/m² IV over 30 minutes  
Day 1: Liposomal Doxorubicin 30mg/m² IV over 60 minutes  
Day 1: Vincristine 1.4mg/m² (maximum 2 mg) IV over 5-10 minutes  
Day 1-5: Prednisone 100mg orally once daily  
Day 1: Rituximab 375 mg/m² IV. Repeat cycle every 3 weeks for 6 cycles. |

##### Other Recommended Regimens

| RCEOP (Rituximab + Cyclophosphamide + Etoposide + Vincristine + Prednisone) | Day 1: Cyclophosphamide 750 mg/m² IV over 30 minutes  
Day 1: Etoposide 50mg/m² IV over 60 minutes, followed by:  
Days 2-3: Etoposide 50mg/m² IV over 60 minutes daily, OR Day 1: Etoposide 50mg/m² IV over 60 minutes, followed by:  
Days 2-3: Etoposide 100mg/m² orally once daily.  
Day 1: Vincristine 1.4mg/m² (maximum 2 mg) IV over 5-10 minutes  
Day 1-5: Prednisone 100mg orally daily  
Day 1: Rituximab 375 mg/m² IV. Repeat cycle every 3 weeks for 6 cycles. |

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### First-Line Therapy for Poor Left Ventricular Function

<table>
<thead>
<tr>
<th>REGIMEN</th>
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</table>
| **RCEPP** (Rituximab + Cyclophosphamide + Etoposide + Prednisone + Procarbazine) | Days 1, 8: Cyclophosphamide 600mg/m² IV over 30 minutes  
Days 1-3: Etoposide 70mg/m² IV over 60 minutes daily  
Days 1-10: Procarbazine 60mg/m³ orally once daily  
Days 1-10: Prednisone 60mg/m³ orally once daily  
Day 1: Rituximab 375 mg/m² IV.  
Repeat cycle every 4 weeks for 6 cycles. |
| **RGCV (Rituximab + Gemcitabine + Cyclophosphamide + Vincristine + Prednisone)** | Days 1, 8 (Cycle 1): Gemcitabine 750mg/m² IV over 30 minutes, if tolerated, followed by:  
Days 1, 8 (Cycle 2): Gemcitabine 875mg/m² IV over 30 minutes, if tolerated, followed by:  
Days 1, 8 (Cycles 3-6): Gemcitabine 1,000mg/m² IV over 30 minutes  
Day 1: Cyclophosphamide 750mg/m² IV over 30 minutes  
Day 1: Vincristine 1.4mg/m² (maximum 2 mg) IV over 5-10 minutes  
Days 1-5: Prednisone 10mg orally daily  
Day 1: Rituximab 375mg/m² IV.  
Repeat cycle every 3 weeks for 6 cycles. |

### First-Line Therapy For Very Frail Patients and Patients >80 Years of Age With Comorbidities

<table>
<thead>
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| **RCDOP** (Rituximab + Cyclophosphamide + Liposomal Doxorubicin + Vincristine + Prednisone) | Day 1: Cyclophosphamide 750mg/m² IV over 30 minutes  
Day 1: Liposomal Doxorubicin 30mg/m² IV over 60 minutes  
Day 1: Vincristine 1.4mg/m² (maximum 2 mg) IV over 5-10 minutes  
Days 1-5: Prednisone 100mg orally daily  
Day 1: Rituximab 375mg/m² IV.  
Repeat cycle every 3 weeks for 6 cycles. |
| **RCEPP** (Rituximab + Cyclophosphamide + Etoposide + Prednisone + Procarbazine) | Days 1, 8: Cyclophosphamide 600mg/m² IV over 30 minutes  
Days 1-3: Etoposide 70mg/m² IV over 60 minutes daily  
Days 1-10: Procarbazine 60mg/m³ orally daily  
Days 1-10: Prednisone 60mg/m³ orally daily  
Day 1: Rituximab 375mg/m² IV.  
Repeat cycle every 4 weeks for 6 cycles. |
| **R-mini-CHOP** (Rituximab + Cyclophosphamide + Doxorubicin + Vincristine + Prednisone) | Day 1: Cyclophosphamide 400mg/m² IV over 30 minutes  
Day 1: Doxorubicin 25mg/m² IV push  
Day 1: Vincristine 1mg IV over 5-10 minutes  
Days 1-5: Prednisone 40mg/m³ orally daily  
Day 1: Rituximab 375mg/m² IV.  
Repeat cycle every 4 weeks for 6 cycles. |
| **RGCP (Rituximab + Gemcitabine + Cyclophosphamide + Vincristine + Prednisone)** | Days 1, 8 (Cycle 1): Gemcitabine 750mg/m² IV over 30 minutes, if tolerated followed by:  
Days 1, 8 (Cycle 2): Gemcitabine 875mg/m² IV over 30 minutes if tolerated, followed by:  
Days 1, 8 (Cycles 3-6): Gemcitabine 1,000mg/m² IV over 30 minutes  
Day 1: Cyclophosphamide 750mg/m² IV over 30 minutes  
Day 1: Vincristine 1.4mg/m² (maximum 2 mg) IV over 5-10 minutes  
Days 1-5: Prednisone 10mg orally daily  
Day 1: Rituximab 375mg/m² IV.  
Repeat cycle every 3 weeks for 6 cycles. |

### First-Line Consolidation (Optional)

<table>
<thead>
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| Lenalidomide Maintenance (Category 2B) | Days 1-21: Lenalidomide 25mg orally daily.  
Repeat cycle every 4 weeks for 2 years. |

### Concurrent Presentation With CNS Disease

- **Parenchymal Disease**
  - High-Dose Methotrexate on Day 15 of 3-week RCHOP cycle
  - Day 15 of each 3-week R-CHOP cycle: Methotrexate 3,000-3,500mg/m² IV over 4 hours  
  - Day 16: Leucovorin 25 mg IV over 15 minutes OR orally starting 24 hours from initiation of Methotrexate infusion and continuing every 6 hours (until methotrexate serum concentration is <0.05 micromol/L).

- **Leptomeningeal Disease**
  - IT Methotrexate + Cytarabine (CNS Prophylaxis)
  - Day 1: Cytarabine 50-100mg intrathecal, with:  
  - Day 1: Methotrexate 12-15mg intrathecal, with:  
  - Days 1-5: Prednisone 10mg orally daily  
  - Day 1: Rituximab 375mg/m² IV.  
  - Repeat cycle every 3 weeks for 6 cycles.

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**continued**
## B-Cell Lymphomas: Diffuse Large B-Cell Lymphoma

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Concurrent Presentation With CNS Disease (continued)</td>
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<tr>
<td>Leptomeningeal Disease (continued)</td>
<td>Dependent on chemotherapy regimen given and count recovery for 1-8 cycles. Day 1 on alternate cycles of chemotherapy regimen: Methotrexate 3,000-3,500mg/m² IV over 4 hours. Day 2 starting 24 hours from initiation of Methotrexate infusion and continuing every 6 hours (until methotrexate serum concentration is &lt;0.05 micromol/L): Leucovorin 25mg IV over 25 minutes or orally.</td>
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### Second-Line And Subsequent Therapy (Intention to Proceed To Transplant)

<table>
<thead>
<tr>
<th>Preferred Regimens</th>
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</thead>
<tbody>
<tr>
<td>DHAP (Dexamethasone + Cisplatin + Cytarabine)</td>
<td>Days 1-4: Dexamethasone 40mg orally OR IV daily Day 1: Cisplatin 100mg/m² IV continuous infusion over 24 hours Day 2: Cytarabine 2,000mg/m² (age ≤70 years) IV over 3 hours every 12 hours for 2 doses. OR: Day 2: Cytarabine 1,000mg/m² (age &gt;70 years) IV over 3 hours every 12 hours for 2 doses. Repeat cycle every 3 or 4 weeks for 6-10 cycles.</td>
</tr>
<tr>
<td>DHAP (Dexamethasone + Cisplatin + Cytarabine) + Rituximab</td>
<td>Day 1: Rituximab 375mg/m² IV Days 1-4: Dexamethasone 40mg orally OR IV daily Day 1: Cisplatin 100mg/m² IV continuous infusion over 24 hours Day 2: Cytarabine 2,000mg/m² (age ≤70 years) IV over 3 hours every 12 hours for 2 doses. OR: Day 2: Cytarabine 1,000mg/m² (age &gt;70 years) IV over 3 hours every 12 hours for 2 doses. Repeat cycle every 3 or 4 weeks for 6-10 cycles.</td>
</tr>
<tr>
<td>DHAX (Dexamethasone + Cytarabine + Oxaliplatin)</td>
<td>Days 1-4: Dexamethasone 40mg IV orally Day 2: Cytarabine 2,000mg/m² (age ≤70 years) IV over 3 hours every 12 hours for 2 doses. OR: Day 2: Cytarabine 1,000mg/m² (age &gt;70 years) IV over 3 hours every 12 hours for 2 doses Day 1: Oxaliplatin 130mg/m² IV over 2 hours. Repeat cycle every 3 weeks for 2-6 cycles.</td>
</tr>
<tr>
<td>DHAX (Dexamethasone + Cytarabine + Oxaliplatin) + Rituximab</td>
<td>Days 1-4: Dexamethasone 40mg IV orally Day 2: Cytarabine 2,000mg/m² (age ≤70 years) IV over 3 hours every 12 hours for 2 doses. OR: Day 2: Cytarabine 1,000mg/m² (age &gt;70 years) IV over 3 hours every 12 hours for 2 doses Day 1: Oxaliplatin 130mg/m² IV over 2 hours Day 1: Rituximab 375mg/m² IV. Repeat cycle every 3 weeks for 2-6 cycles.</td>
</tr>
<tr>
<td>Gemcitabine + Dexamethasone + Carboplatin</td>
<td>Days 1,8: Gemcitabine 1,000mg/m² IV over 30 minutes Days 1-4: Dexamethasone 40mg orally OR IV Day 1: Carboplatin AUC 5 IV over 30 minutes. Repeat cycle every 3 weeks for 4 cycles.</td>
</tr>
<tr>
<td>Gemcitabine + Dexamethasone + Carboplatin + Rituximab</td>
<td>Days 1,8: Gemcitabine 1,000mg/m² IV over 30 minutes Days 1-4: Dexamethasone 40mg orally OR IV Day 1: Carboplatin AUC 5 IV over 30 minutes. Day 1: Rituximab 375mg/m² IV. Repeat cycle every 3 weeks for 4 cycles.</td>
</tr>
<tr>
<td>GDP (Gemcitabine + Dexamethasone + Cisplatin)</td>
<td>Days 1,8: Gemcitabine 1,000mg/m² IV over 30 minutes Days 1-4: Dexamethasone 40mg orally OR IV Day 1: Cisplatin 75mg/m² IV over 60 minutes. Repeat cycle every 3 weeks for 6 cycles.</td>
</tr>
<tr>
<td>GDP (Gemcitabine + Dexamethasone + Cisplatin) + Rituximab</td>
<td>Days 1,8: Gemcitabine 1,000mg/m² IV over 30 minutes Days 1-4: Dexamethasone 40mg orally OR IV Day 1: Cisplatin 75mg/m² IV over 60 minutes. Day 1: Rituximab 375mg/m² IV. Repeat cycle every 3 weeks for 6 cycles.</td>
</tr>
<tr>
<td>ICE (Ifosfamide + Carboplatin + Etoposide)</td>
<td>Day 2: Ifosfamide 5,000mg/m² IV continuous infusion over 24 hours Day 2: Mesna 5,000mg/m² IV continuous infusion over 24 hours Day 2: Carboplatin AUC 5 IV over 30 minutes Days 1-3: Etoposide 100mg/m² IV over 60 minutes daily. Repeat cycle every 2 weeks for 3 cycles.</td>
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continued
# B-Cell Lymphomas: Diffuse Large B-Cell Lymphoma

**REGIMEN** | **DOSING**
---|---
**Second-Line And Subsequent Therapy (Intention to Proceed To Transplant)**

### Preferred Regimens (continued)

- **ICE (Ifosfamide + Carboplatin + Etoposide) + Rituximab**
  - **Days 1-3:** Etoposide 100mg/m² IV over 60 minutes
  - **Day 2:** Ifosfamide 5,000mg/m² IV continuous infusion over 24 hours
  - **Day 2:** Carboplatin AUC 5 IV over 30 minutes
  - **Day 1:** Rituximab 375mg/m² IV.
  - Repeat cycle every 2 weeks for 3 cycles.

### Other Recommended Regimens

- **ESHAP (Etoposide + Methylprednisolone + Cytarabine + Cisplatin)**
  - **Days 1-4:** Etoposide 40mg/m² IV over 60 minutes daily
  - **Days 1-5:** Methylprednisolone 50mg IV over 15 minutes daily
  - **Day 5:** Cytarabine 2,000mg/m² IV over 3 hours
  - **Days 1-4:** Cisplatin 25mg/m² IV continuous infusion over 24 hours daily
  - **Day 1:** Rituximab 375mg/m² IV.
  - Repeat cycle every 3 or 4 weeks for 6-8 cycles.

- **ESHAP (Etoposide + Methylprednisolone + Cytarabine + Cisplatin) + Rituximab**
  - **Days 1-4:** Etoposide 40mg/m² IV over 60 minutes daily
  - **Days 1-5:** Methylprednisolone 500mg IV over 15 minutes daily
  - **Day 5:** Cytarabine 2,000mg/m² IV over 3 hours
  - **Days 1-4:** Cisplatin 25mg/m² IV continuous infusion over 24 hours daily
  - **Day 1:** Rituximab 375mg/m² IV.
  - Repeat cycle every 3 or 4 weeks for 6-8 cycles.

- **GemOX (Gemcitabine + Oxaliplatin)**
  - **Day 1:** Gemcitabine 1,000mg/m² IV over 30 minutes
  - **Day 1:** Oxaliplatin 100mg/m² IV over 2 hours.
  - Repeat cycle every 2 weeks (preferred) for 6 cycles or every 3 weeks for 6 cycles.

- **GemOX (Gemcitabine + Oxaliplatin) + Rituximab**
  - **Day 1:** Gemcitabine 1,000mg/m² IV over 30 minutes
  - **Day 1:** Oxaliplatin 100mg/m² IV over 2 hours.
  - Repeat cycle every 2 weeks (preferred) for 6 cycles or every 3 weeks for 6 cycles.

- **MINE (Mesna + Ifosfamide + Mitoxantrone + Etoposide)**
  - **Days 1-3:** Mesna 400mg/m² IV over 15 minutes three times daily (before Ifosfamide, then at 4 and 8 hours from the start of each Ifosfamide dose)
  - **Days 1-3:** Ifosfamide 2,000mg/m² over 3 hours daily
  - **Day 1:** Mitoxantrone 8mg/m² IV over 30 minutes.
  - **Days 1-3:** Etoposide 100mg/m² IV over 60 minutes.
  - Repeat cycle every 3 weeks for 3 cycles.

### Second-Line and Subsequent Therapy (non-candidates for transplant)

- **Preferred Regimens**
  - **GemOX (Gemcitabine + Oxaliplatin)**
    - **Day 1:** Gemcitabine 1,000mg/m² IV over 30 minutes
    - **Day 1:** Oxaliplatin 100mg/m² IV over 2 hours.
    - Repeat cycle every 2 weeks (preferred) for 6 cycles or every 3 weeks for 6 cycles.

  - **GemOX (Gemcitabine + Oxaliplatin) + Rituximab**
    - **Day 1:** Gemcitabine 1,000mg/m² IV over 30 minutes
    - **Day 1:** Oxaliplatin 100mg/m² IV over 2 hours.
    - Repeat cycle every 2 weeks (preferred) for 6 cycles or every 3 weeks for 6 cycles.

  - **Polatuzumab Vedotin-piiq**
    - **Day 1:** Polatuzumab Vedotin-piiq 1.8mg/kg IV over 90 minutes
    - Repeat cycle every 3 weeks for 6 cycles.

  - **Polatuzumab Vedotin-piiq + Bendamustine + Rituximab**
    - **Days 1-2:** Bendamustine 90mg/m² IV over 10-60 minutes daily
    - **Day 1:** Polatuzumab Vedotin-piiq 1.8mg/kg IV over 90 minutes
    - **Day 1:** Rituximab 375mg/m² IV.
    - Repeat cycle every 3 weeks for 6 cycles.
## B-Cell Lymphomas: Diffuse Large B-Cell Lymphoma

### Diffuse Large B-Cell Lymphoma\(^1\) (continued)

<table>
<thead>
<tr>
<th>REGIMEN</th>
<th>DOSSING</th>
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<tbody>
<tr>
<td><strong>Second-Line and Subsequent Therapy (non-candidates for transplant)(^{1,4}) (continued)</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Polantuzumab Vedotin-piiq + Rituximab\(^{1,7,4,8,9}\) | Day 1: Polantuzumab Vedotin-piiq 1.8mg/kg IV over 90 minutes  
Day 1: Rituximab 375mg/m\(^2\) IV.  
Repeat cycle every 3 weeks for 6 cycles. |
| **Preferred Regimens** | |
| CEPP (Cyclophosphamide + Etoposide + Prednisone + Procarbazine)\(^{1,2,3,5}\) | Days 1,8: Cyclophosphamide 600mg/m\(^2\) IV over 30 minutes  
Days 1-3: Etoposide 70mg/m\(^2\) IV over 60 minutes daily  
Days 1-10: Prednisone 60mg/m\(^2\) orally daily  
Repeat cycle every 4 weeks for 6 cycles. |
| RCEPP (Rituximab + Cyclophosphamide + Etoposide + Prednisone + Procarbazine)\(^{1,2,3,5,6}\) | Days 1,8: Cyclophosphamide 600mg/m\(^2\) IV over 30 minutes  
Days 1-3: Etoposide 70mg/m\(^2\) IV over 60 minutes daily  
Days 1-10: Prednisone 60mg/m\(^2\) orally once daily  
Day 1: Rituximab 375 mg/m\(^2\) IV.  
Repeat cycle every 4 weeks for 6 cycles. |
| CEOP (Cyclophosphamide + Etoposide + Vincristine + Prednisone)\(^{1,7,8}\) | Day 1: Cyclophosphamide 750 mg/m\(^2\) IV over 30 minutes  
Day 1: Etoposide 50mg/m\(^2\) IV over 60 minutes, followed by:  
Days 2-3: Etoposide 50mg/m\(^2\) IV over 60 minutes daily, OR  
Day 1: Etoposide 50mg/m\(^2\) IV over 60 minutes, followed by:  
Days 2-3: Etoposide 100mg/m\(^2\) orally once daily.  
Day 1: Vincristine 1.4mg/m\(^2\) (maximum 2 mg) IV over 5-10 minutes  
Days 1-5: Prednisone 100mg orally daily.  
Repeat cycle every 3 weeks for 6 cycles. |
| RCEOP (Rituximab + Cyclophosphamide + Etoposide + Vincristine + Prednisone)\(^{1,2,3,5,6}\) | Day 1: Cyclophosphamide 750 mg/m\(^2\) IV over 30 minutes  
Day 1: Etoposide 50mg/m\(^2\) IV over 60 minutes, followed by:  
Days 2-3: Etoposide 50mg/m\(^2\) IV over 60 minutes daily, OR  
Day 1: Etoposide 50mg/m\(^2\) IV over 60 minutes, followed by:  
Days 2-3: Etoposide 100mg/m\(^2\) orally once daily.  
Day 1: Vincristine 1.4mg/m\(^2\) (maximum 2 mg) IV over 5-10 minutes  
Days 1-5: Prednisone 100mg orally daily.  
Day 1: Rituximab 375 mg/m\(^2\) IV.  
Repeat cycle every 3 weeks for 6 cycles. |
| Dose-adjusted EPOCH (Etoposide + Prednisone + Vincristine + Cyclophosphamide + Doxorubicin)\(^{1,2,3,5,6,9}\) | Days 1-4 (Cycle 1): Etoposide 50mg/m\(^2\) IV continuous infusion over 24 hours daily, followed by:  
Days 1-4 (Cycle 2 and beyond): Etoposide IV continuous infusion over 24 hours daily, with:  
Days 1-4 (Cycle 1): Vincristine 0.4mg/m\(^2\) IV continuous infusion over 24 hours daily, with:  
Days 1-4 (Cycle 1): Doxorubicin 10mg/m\(^2\) continuous infusion over 24 hours daily, followed by:  
Days 1-4 (Cycle 2 and beyond): Doxorubicin IV continuous infusion over 24 hours daily  
Day 5 (Cycle 1): Cyclophosphamide 750mg/m\(^2\) IV over 30 minutes, followed by:  
Day 5 (Cycle 2 and beyond): Cyclophosphamide IV over 30 minutes\(^a\)  
Days 1-5: Prednisone 60mg/m\(^2\) orally twice daily  
Repeat cycle every 3 weeks for 6 cycles. |
| Dose-adjusted EPOCH (Etoposide + Prednisone + Vincristine + Cyclophosphamide + Doxorubicin) + Rituximab\(^{1,2,3,5,6,9,10}\) | Days 1-4 (Cycle 1): Etoposide 50mg/m\(^2\) IV continuous infusion over 24 hours daily, followed by:  
Days 1-4 (Cycle 2 and beyond): Etoposide IV continuous infusion over 24 hours daily, with:  
Days 1-4: Vincristine 0.4mg/m\(^2\) IV continuous infusion over 24 hours daily, with:  
Days 1-4: (Cycle 1) Doxorubicin 10mg/m\(^2\) continuous infusion over 24 hours daily, followed by:  
Days 1-4: (Cycle 2 and beyond): Doxorubicin IV continuous infusion over 24 hours daily\(^a\)  
Day 5 (Cycle 1): Cyclophosphamide 750mg/m\(^2\) IV over 30 minutes, followed by:  
Day 5 (Cycle 2 and beyond): Cyclophosphamide IV over 30 minutes\(^a\)  
Days 1-5: Prednisone 60mg/m\(^2\) orally twice daily  
Day 1: Rituximab 375 mg/m\(^2\) IV.  
Repeat cycle every 3 weeks for 6 cycles. |
| Gemcitabine + Dexamethasone + Carboplatin\(^{13,14}\) | Days 1,8: Gemcitabine 1,000mg/m\(^2\) IV over 30 minutes  
Days 1-4: Dexamethasone 40mg orally OR IV  
Day 1: Carboplatin AUC 5 IV over 30 minutes.  
Repeat cycle every 3 weeks for 4 cycles. |

\(^a\): continued.
### Other Recommended Regimens (continued)

**Gemcitabine + Dexamethasone + Carboplatin + Rituximab**

- **Days 1,8:** Gemcitabine 1,000mg/m² IV over 30 minutes
- **Days 1-4:** Dexamethasone 40mg orally OR IV
- **Day 1:** Carboplatin AUC 5 IV over 30 minutes.
- **Day 1:** Rituximab 375mg/m² IV.

Repeat cycle every 3 weeks for 4 cycles.

**GDP (Gemcitabine + Dexamethasone + Cisplatin)**

- **Days 1,8:** Gemcitabine 1,000mg/m² IV over 30 minutes
- **Days 1-4:** Dexamethasone 40mg orally OR IV
- **Day 1:** Cisplatin 75mg/m² IV over 60 minutes.
- **Day 1:** Rituximab 375mg/m² IV.

Repeat cycle every 3 weeks for 6 cycles.

**GDP (Gemcitabine + Dexamethasone + Cisplatin) + Rituximab**

- **Days 1,8:** Gemcitabine 1,000mg/m² IV over 30 minutes
- **Days 1-4:** Dexamethasone 40mg orally OR IV
- **Day 1:** Cisplatin 75mg/m² IV over 60 minutes.
- **Day 1:** Rituximab 375mg/m² IV.

Repeat cycle every 3 weeks for a maximum of 6 cycles.

**Gemcitabine + Vinorelbine (Category 3)**

- **Days 1,8:** Gemcitabine 1,000mg/m² IV over 30 minutes
- **Days 1,8:** Vinorelbine 30mg/m² IV over 5-10 minutes.

Repeat cycle every 3 weeks for a maximum of 6 cycles.

**Gemcitabine + Vinorelbine + Rituximab (Category 3)**

- **Days 1,8:** Gemcitabine 1,000mg/m² IV over 30 minutes
- **Days 1,8:** Vinorelbine 30mg/m² IV over 5-10 minutes
- **Day 1:** Rituximab 375mg/m² IV.

Repeat cycle every 3 weeks for a maximum of 6 cycles.

**Rituximab**

- **Day 1:** Rituximab 375mg/m² IV.

Repeat cycle every week for 8 weeks.

**Tafasitamab-cxix + Lenalidomide**

- **Days 1,4,8,15,22 (Cycle 1):** Tafasitamab-cxix 12mg/kg IV, followed by:
- **Days 1,8,15,22 (Cycles 2-3):** Tafasitamab-cxix 12mg/kg IV, followed by:
- **Days 1,15 (Cycle 4 and beyond):** Tafasitamab-cxix 12mg/kg IV, with:
- **Days 1,15 (Cycles 1-12):** Lenalidomide 25mg orally daily.

Repeat cycle every 4 weeks, followed by:
- **Days 1,15:** Tafasitamab-cxix 12mg/kg IV.

Repeat cycle every 4 weeks.

### Useful In Certain Circumstances

**Brentuximab vedotin (for CD30-positive disease)**

- **Day 1:** Brentuximab vedotin 1.8mg/kg (maximum 180 mg) IV over 30 minutes.

Repeat cycle every 3 weeks.

**Bendamustine (Category 2B)**

- **Days 1-2:** Bendamustine 120mg/m² IV over 10-60 minutes.

Repeat cycle every 3 weeks for 6 cycles.

**Bendamustine + Rituximab (Category 2B)**

- **Days 1-2:** Bendamustine 120mg/m² IV over 10-60 minutes
- **Day 1:** Rituximab 375mg/m² IV.

Repeat cycle every 3 weeks for 6 cycles.

**Ibrutinib (non-GCB-like DLBCL)**

- **Days 1-28:** Ibrutinib 560mg orally daily.

Repeat cycle every 4 weeks.

**Lenalidomide (non-GCB-like DLBCL)**

- **Days 1-21:** Lenalidomide 25mg orally daily.

Repeat cycle every 4 weeks.

**Lenalidomide + Rituximab (non-GCB-like DLBCL)**

- **Days 1-21:** Lenalidomide 20mg orally daily
- **Days 1,8,15,22:** Rituximab 375mg/m² IV.

Administer for one 4-week cycle, followed by:
- **Days 1-21:** Lenalidomide 20mg orally daily.

Repeat cycle every 4 weeks.

### Consolidation After Alternate Second-Line Therapy

Allogeneic hematopoietic cell transplant (Nonmyeloablative or Myeloablative) for CR/PR following alternative second-line therapy.

### Third-Line And Subsequent Therapy (only after ≥2 lines of systemic therapy)

**Anti-CD19 CART-cell therapy (only after ≥2 prior chemoimmunotherapy regimens)**
- Axicabtagene ciloleucel
- Lisocabtagene maraleucel
- Tisagenlecleucel

CancerTherapyAdvisor.com
B-Cell Lymphomas: Diffuse Large B-Cell Lymphoma

**Diffuse Large B-Cell Lymphoma** (continued)

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<tr>
<td><strong>Third-Line And Subsequent Therapy (only after ≥2 lines of systemic therapy)</strong> (continued)</td>
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</table>

**Loncastuximab Tesirine**<sup>66,67,§,zz</sup>  
Day 1: Loncastuximab Tesirine-Ipyl 0.15 mg/kg IV over 30 minutes.  
Repeat cycle every 3 weeks for 2 cycles, followed by:  
Day 1: Loncastuximab tesirine-Ipyl 0.075 mg/kg IV over 30 minutes.  
Repeat cycle every 3 weeks.

**Selinexor** (only after ≥2 lines of systemic therapy, including patients with disease progression after transplant or CAR-T therapy)<sup>68,69,dd</sup>  
Days 1,3,8,10,15,17,22,24: Selinexor 60mg orally.  
Repeat cycle for 4 weeks.

**High-Grade B-Cell Lymphomas with Translocations of MYC and BCL2 and/or BCL6** (Double-/Triple-Hit Lymphoma)<sup>2</sup>

**Dose-adjusted EPOCH-R** (Etoposide + Prednisone + Vincristine + Cyclophosphamide + Doxorubicin) + Rituximab<sup>7,8,g,4,gg</sup>  
Days 1-4 (Cycle 1): Etoposide 50mg/m² IV continuous infusion over 24 hours daily, followed by:  
Days 1-4 (Cycle 2 and beyond): Etoposide IV continuous infusion over 24 hours daily, with:  
Days 1-4 (Cycle 1): Vincristine 0.4mg/m² IV daily  
Days 1-4 (Cycle 2 and beyond): Doxorubicin IV continuous infusion over 24 hours daily  
Days 5 (Cycle 1): Cyclophosphamide 750mg/m² IV over 30 minutes, followed by:  
Days 5 (Cycle 2 and beyond): Cyclophosphamide IV over 30 minutes  
Days 1: Rituximab 375mg/m² IV  
Days 1-5: Prednisone 60mg/m² orally twice daily.  
Repeat cycle every 3 weeks for 6 cycles.

**R-HyperCVAD** (Rituximab + Cyclophosphamide + Vincristine + Doxorubicin, + Dexamethasone) alternating with High-dose Methotrexate and Cytarabine<sup>5-7,70,71,b-g,p,u</sup>  
**Cycle A**  
Days 1-3: Cyclophosphamide 300mg/m² IV over 3 hours every 12 hours for 6 doses  
Days 1-3: Mesna 600mg/m² IV continuous infusion starting 1 hour before the first dose of Cyclophosphamide and completing 12 hours after the last dose of Cyclophosphamide  
Days 4,11-14: Dexamethasone 40mg IV OR orally  
Day 1: Rituximab 375mg/m² IV  
Repeat cycle every 3 weeks for 4 cycles (A1, A2, A3 and A4), alternating with Cycle B course.  
**Cycle B**  
Day 1: Methotrexate 200mg/m² IV over 2 hours, followed by:  
Day 1: Methotrexate 800mg/m² IV over 22 hours  
12 hours after completion of Methotrexate Infusion: Leucovorin 50mg IV over 15 minutes OR orally, followed by:  
Every 6 hours for at least 8 doses (until Methotrexate serum concentration is <0.5micromol/L): Leucovorin 15mg IV over 15 minutes OR orally  
Days 2-3: Cytarabine (age ≤60 years) 3.00mg/m² IV over 3 hours every 12 hours for 4 doses OR  
Days 2-3: Cytarabine (age >60 years) 1.000mg/m² IV over 3 hours every 12 hours for 4 doses  
Day 1: Rituximab 375mg/m² IV  
Repeat cycle every 3 weeks for 4 cycles (B1, B2, B3, B4), alternating with Cycle A course for a total of 8 cycles (A1, A2, B1, A2, B2, A3, B3, A4, B4).

**R-CODOX-M/R-IVAC** (Rituximab-Cyclophosphamide + Vincristine + Doxorubicin with Methotrexate/Ifosfamide + Etoposide + Cytarabine)<sup>5-7,27,4,gg</sup>  
**Cycle A**  
Days 1-2: Cyclophosphamide 800mg/m² IV over 30 minutes daily  
Days 1,15: Vincristine 1.4mg/m² (maximum 2mg) IV over 5-10 minutes.  
Day 1: Doxorubicin 50mg/m² IV push  
Day 15: Methotrexate 3.000mg/m² IV over 4 hours.  
Day 11: Leucovorin 200mg/m² IV over 15 minutes starting 24 hours from the initiation of Methotrexate infusion, followed by:  
Leucovorin 15mg/m² IV over 15 minutes OR orally every 6 hours (until Methotrexate serum concentration is <0.5micromol/L)  
Day 1: Rituximab 375mg/m² IV  
Days 1,3: Cytarabine 50mg intrathecal.  
Day 1: Methotrexate 12mg intrathecal  
Repeat cycle every 4 weeks (or when post-nadir ANC is ≥1000 cells/mm²) for 2 cycles (A1, A2) alternating with Cycle B.
## B-Cell Lymphomas: Diffuse Large B-Cell Lymphoma

### High-Grade B-Cell Lymphomas with Translocations of MYC and BCL2 and/or BCL6 (Double-/Triple-Hit Lymphoma)

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<tr>
<td>R-CODOX-M/R-IVAC (Rituximab-Cyclophosphamide + Vincristine + Doxorubicin with Methotrexate/Ifosfamide + Etoposide + Cytarabine)</td>
<td><strong>Cycle B</strong>&lt;br&gt;Days 1-5: Ifosfamide 1,500mg/m² IV over 3 hours daily, with: Days 1-5: Mesna 500mg/m² IV over 15 minutes three times daily (before Ifosfamide, then at 4 and 8 hours from start of each Ifosfamide dose) Days 1-5: Etoposide 60mg/m² IV over 60 minutes daily Days 1-2: Cytarabine 2,000mg/m² IV over 3 hours every 12 hours for 4 doses Day 1: Rituximab 375mg/m² IV Day 5: Methotrexate 12 mg intrathecal. Repeat cycle every 4 weeks (or when post-nadir ANC is ≥1000 cells/mm³) for 2 cycles (B1, B2) alternating with Cycle A for a total of 4 cycles (A1, B1, A2, B2).</td>
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<tr>
<td>R-HyperCVAD (Rituximab + Cyclophosphamide + Vincristine + Cyclophosphamide + Doxorubicin) + Dose-adjusted EPOCH-R (Etoposide + Prednisone + Doxorubicin + Vincristine + Prednisone) + Rituximab</td>
<td><strong>Cycle A</strong>&lt;br&gt;Days 1-3: Cyclophosphamide 300mg/m² IV over 3 hours every 12 hours for 6 doses Days 1-3: Mesna 600mg/m² IV continuous infusion over 24 hours starting 1 hour before the first dose of Cyclophosphamide and completing 12 hours after the last dose of Cyclophosphamide Days 4.11: Vincristine 1.4mg/m² (maximum 2mg) IV over 5-10 minutes Day 4: Doxorubicin 50mg/m² IV push Days 1-4,11-14: Dexamethasone 40mg IV OR orally Day 1: Rituximab 375mg/m² IV. Repeat cycle every 3 weeks for 4 cycles (A1, A2, A3 and A4), alternating with Cycle B course. <strong>Cycle B</strong>&lt;br&gt;Day 1: Methotrexate 200mg/m² IV over 2 hours, followed by: Day 1: Methotrexate 800mg/m² IV over 22 hours 12 hours after completion of Methotrexate Infusion: Leucovorin 50mg IV over 15 minutes OR orally, followed by: Every 5 hours for at least 8 doses (until Methotrexate serum concentration is &lt;0.5micromol/L): Leucovorin 15mg IV over 15 minutes OR orally Days 2-3: Cytarabine (age ≤60 years) 3,000mg/m² IV over 3 hours every 12 hours for 4 doses OR Days 2-3: Cytarabine (age &gt;60 years) 1,000mg/m² IV over 3 hours every 12 hours for 4 doses Day 1: Rituximab 375mg/m² IV. Repeat cycle every 3 weeks for 4 cycles (B1, B2, B3, B4), alternating with Cycle A course for a total of 8 cycles (A1, B1, A2, B2, A3, B3, A4, B4).</td>
</tr>
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<td>R-CODOX-M/R-IVAC (Rituximab-Cyclophosphamide + Vincristine + Doxorubicin with Methotrexate/Ifosfamide + Etoposide + Cytarabine)</td>
<td><strong>Cycle A</strong>&lt;br&gt;Days 1-2: Cyclophosphamide 800mg/m² IV over 30 minutes daily Days 1.15: Vincristine 1.4mg/m² (maximum 2mg) IV over 5-10 minutes. Day 1: Doxorubicin 50mg/m² IV push Day 15: Methotrexate 3,000mg/m² IV over 4 hours. Day 11: Leucovorin 200mg/m² IV over 15 minutes starting 24 hours from the initiation of Methotrexate infusion, followed by: Leucovorin 15mg/m² IV every 15 minutes OR orally every 6 hours (until Methotrexate serum concentration is &lt;0.05micromol/L) Day 1: Rituximab 375mg/m² IV Days 1-3: Cytarabine 50mg intrathecal. Day 1: Methotrexate 12mg intrathecal. Repeat cycle every 4 weeks (or when post-nadir ANC is ≥1000 cells/mm³) for 2 cycles (A1, A2) alternating with Cycle B.</td>
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B-Cell Lymphomas: Diffuse Large B-Cell Lymphoma (continued)

High-Grade B-Cell Lymphomas, NOS

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<td>R-CODOX-M/R-IVAC (Rituximab-Cyclophosphamide + Vincristine + Doxorubicin with Methotrexate/Ifosfamide + Etoposide + Cytarabine) (continued)</td>
<td>Cycle B&lt;br&gt;Days 1-5: Ifosfamide 1,500mg/m² IV over 3 hours daily, with: Days 1-5: Mesna 500mg/m² IV over 15 minutes three times daily (before ifosfamide, then at 4 and 8 hours from start of each ifosfamide dose) Days 1-5: Etoposide 60mg/m² IV over 60 minutes daily Days 1-2: Cytarabine 2,000mg/m² IV over 3 hours every 12 hours for 4 doses Day 1: Rituximab 375mg/m² IV Day 5: Methotrexate 12 mg intrathecal. Repeat cycle every 4 weeks (or when post-nadir ANC is ≥1000 cells/mm³) for 2 cycles (B1, B2) alternating with Cycle A for a total of 4 cycles (A1, B1, A2, B2).</td>
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- Dosing for cycle 2 and beyond based on absolute neutrophil count and platelet nadir measurements during the previous cycle.
- Oral hydration is strongly encouraged with Cyclophosphamide; poorly hydrated patients may need supplemental IV hydration. Patients should attain combined oral and IV hydration of 2,000-3,000 mL/day on day of chemotherapy.
- Supportive care includes myeloid growth factor support with filgrastim or pegfilgrastim.
- Rituximab and hyaluronidase human for subcutaneous injection may be substituted for Rituximab in patients who have received one full dose of a Rituximab product by intravenous route.
- If additional anthracycline is administered after a full course of therapy, careful monitoring is essential. Dexrazoxane may be added as a cardioprotectant.
- Rituximab should be included as second-line therapy if there is a relapse after a reasonable remission (>6 months); however, short-course chemotherapy + RT for stage I-II disease is practiced at NCCN Member Institutions. If upward dose adjustment is necessary, Doxorubicin should be maintained at base dose and not increased.
- Oral hydration is required pre- and post-administration of high-dose Methotrexate.
- Concurrent high-dose Methotrexate with dose adjusted EPOCH can result in unacceptable toxicities.
- If additional anthracycline is administered after a full course of therapy, careful monitoring is essential. Dextrazoxane may be added as a cardioprotectant.
- Rituximab should be included as second-line therapy if there is a relapse after a reasonable remission (>6 months); however, Rituximab should often be omitted in patients with primary refractory disease.
- Hydration with supplemental electrolytes is required pre-and post-administration of Cisplatin.
- This regimen may be associated with a risk of tumor lysis syndrome with the first cycle. Tumor lysis prophylaxis and/or treatment may be indicated.
- For Polatuzumab Vedotin-piiq: Premedication for infusion reactions is required. The recommended dosing is: diphenhydramine 12.5-50mg IV OR oral 30-60 minutes pre-Polatuzumab Vedotin-piiq AND acetaminophen 650mg orally 30-60 minutes pre-Polatuzumab Vedotin-piiq. Premedication for Polatuzumab Vedotin-piiq may be omitted if already premedicated for Rituximab within the chemotherapy regimen.
- Bendamustine, Rituximab, and Polatuzumab Vedotin-piiq is indicated for the treatment of adults with relapsed or refractory DLBCL or HGBL with translocations of MYC and BCL2, or BCL6.
- For Tafasitamab-cxix: Premedication for infusion reaction is required. The recommended dosing is: Famotidine 20mg IV or orally (or equivalent H2 blocker) 30 minutes pre-Tafasitamab-cxix AND H1 antagonist (diphenhydramine 25-50mg IV or orally 30-60 minutes pre-Tafasitamab-cxix AND acetaminophen 650-1000mg orally 30-60 minutes pre-Tafasitamab-cxix AND or plauocetocidoids may be considered 30 minutes pre-Tafasitamab-cxix. For patients not experiencing infusion-related reactions during the first 3 infusions, premedication is option for subsequent infusions.
- It is unclear whether Tafasitamab or Loncastuximab Tesirine or if any other CD-19 directed therapy would have a negative impact on the efficacy of subsequent anti-CD19 CAR-T cell therapy.
- This agent has multiple drug-drug interactions.
- Tisagenlecleucel is not FDA-approved for relapsed/refractory primary mediastinal large B-cell lymphoma.
- For Loncastuximab Tesirine-lpio: premedication with dexamethasone for fluid retention is required. Dexamethasone 4mg orally or IV twice daily for 3 days beginning the day before administration. If dexamethasone administration does not begin the day before, dexamethasone should begin at least 2 hours prior to administration.
- Selinexor is FDA approved only for DLBCL and transformed follicular lymphoma.
- While the standard of care has not been established, the following induction regimens have been used at NCCN Member Institutions.
- Potentially toxic regimen; performance status and comorbidities should be considered.
- There may be an increased risk of CNS events in selected cases (4-6 factors according to prognostic model to assess risk of CNS disease, HIV-associated lymphoma, testicular lymphoma, high-grade B-cell lymphomas (HGBLs) with translocations of MYC and BCL2 and/or BCL6, Double/Triple Hit Lymphoma, HGBLs not otherwise specified, Primary cutaneous DLBCL, leg type, stage IE DLBCL of the breast, or kidney or adrenal involvement). CNS prophylaxis can be considered (4-8 doses of intrathecal methotrexate and/or cytarabine, or high-dose systemic methotrexate) during or after the course of treatment.

References

References (continued)

B-Cell Lymphomas: Diffuse Large B-Cell Lymphoma

References (continued)


51. Sehn LH, Herrera AF, Matasar MJ, et al. Polatuzumab vedotin (POLA) plus bendamustine (B) with rituximab (+) or obinutuzumab (G) in relapsed/refractory (R/R) diffuse large B-cell lymphoma (DLBCL): updated results of a phase (PH) IB/II study [abstract]. Blood. 2018;132(suppl 1):1683.


