

Non Hodgkin Lymphoma Radiotherapy Decision Tree MALTHUS : Updated March 2013

<b>Non Hodgkin lymphoma</b>	Follicular B-cell and other low grade including marginal zone (45%)	Stage I/II (20%)	Radiotherapy 24 Gy/12# [1]					
		Stage III/IV (80%) RT only for palliation	No indication to treat (No bulk, no symptoms) 20%	Watch and wait	On progression RCVP ± radiotherapy (as below)			
			Indication to treat 80%	RCVP chemotherapy Possibly after surveillance [2]	Complete remission	No role for radiotherapy		
	Partial remission	Observe. No proven role for radiotherapy [2]. <b>Radiotherapy may have a palliative role</b>						
	Diffuse and Large B-cell (40%)	Stage I/II (20%)	Selected based on site and patient factors	R-CHOP (6-8 cycles) (30%)	No Radiotherapy – No good evidence of survival benefit [3,4,5,6].			
				R-CHOP (3 cycles) (70%)	Radiotherapy 30 Gy/15# [3,4,7]			
		Stage III/IV (80%)	R-CHOP 6-8 cycles [10]	End of treatment PET negative (80%)	No Radiotherapy – Weak evidence of benefit from radiotherapy in matched pair analyses [8,9].			
				PET positive at completion (20%)	Fit for autograft (70%)	Prove persistent disease by biopsy. No radiotherapy unless persists post autograft		
			Not fit for autograft (30%)		Radiotherapy 30 Gy/15# to PET positive residuum [11] [weak evidence]			
	Other aggressive lymphoma (e.g. T-cell, Burkitts, Mantle cell) (13%)	Stage I-IV RT only for palliation		Primary treatment with chemotherapy	End of treatment PET negative	Follow-up No radiotherapy		
					PET positive at completion	Fit for autograft	Prove persistent disease by biopsy. No radiotherapy unless persists post autograft	
						Not fit for autograft	<b>Radiotherapy may have a palliative role Est 2% of these patients overall</b>	
	CNS Lymphoma (2%)	De Angelis chemotherapy based on high dose Methotrexate [12,13,14,15] No routine role for whole brain radiotherapy in first-line treatment [13,15,16,17] (80%)		Indication for radiotherapy including poor response, incomplete chemotherapy (because of toxicity) or progressive disease. (50%)	Radiotherapy 45 Gy/30# to 55 Gy/31# [15,16,18] (Lower dose may be considered in those over 60 and reduced fractionation in those of poor performance status – poor evidence base).			
				No indication for radiotherapy or unfit (50%)	No radiotherapy.			
		Not fit for chemotherapy (20%)			Fit for radiotherapy (50%)	Radiotherapy 45 Gy/30# to 55 Gy/31# [15,16,18] (Lower dose may be considered in those over 60 and reduced fractionation in those of poor performance status – poor evidence base).		
Not fit for RT (50%)					No radiotherapy			

Clinical estimates are in **Red**

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