

Contrast MRI suspicious of CNS lymphoma

Avoid corticosteroids unless clinical emergency/deterioration

Is there a history of lymphoma

- Urgent lymphoma / haematology review (ideally by clinician with experience in managing CNSL)
 - Consider 'shared care' or takeover if high radiological suspicion

MANDATORY (WITHIN 48HRS OF MRI BRAIN)

Bloods:

- FBC, UE, LFT, LDH, Igs, Hep/HIV

Imaging:

- Contrast CT NTAP or PET-CT if can be done in 24-48hrs
 - Testicular USS in males
- Slit lamp examination (don't delay biopsy if no ocular symptoms and not available immediately)

- Fit for systemic therapy or WBRT and no evidence of systemic malignancy?

d/w neurosurgery and proceed to biopsy

- If no evidence of systemic recurrence and relapse within 2 years, consider empirical treatment for SCNSL.
- If relapse after 2 years and fit for therapy (esp CAR-T) discuss at lymphoma MDT and consider biopsy

CONSIDER

- CSF examination if clinical or radiological suspicion of meningeal disease
- Bone marrow biopsy if suspicion of occult marrow disease (e.g. cytopenias, immunoparesis, paraprotein)
- PET-CT if not already done and available quickly

Best supportive care