

Burkitt Lymphoma – Treatment Algorithm

Age	Risk	Induction therapy
<60 years	Low	R-CODOx-M x3 or DA-EPOCH-RR (include CNS prophylaxis) x2 iPET. If negative DA-EPOCH-RR x1. If positive DA-EPOCH-R x4 + IT
	High	R-CODOx-M/R-IVAX
≥60 years Or co-morbidities	Low	DA-EPOCH-RR (include CNS prophylaxis) x2 iPET. If negative DA-EPOCH-RR x1. If positive DA-EPOCH-R x4 + IT
	High	DA-EPOCH-Rx 6 (bespoke therapy in those with CNS disease at presentation)
Frail	All	R-miniCHOP or palliation

Low risk requires all criteria: normal LDH, ≤7cm bulk, ECOG 1-2 and stage I/II

Manage patients who are HIV positive as those who are negative
Employ ART and rituximab. Liaise closely with HIV team

Assess ATLS risk and prevention strategies, consider prephase if bulk, renal impairment, co-morbidity
No need to wait for PET. BM remains essential as does assessment of CNS
HIV and hepatitis virology for all patients
Consider brain MRI at diagnosis if neurological symptoms

Refractory/relapsed disease

Alternative regimens: R-GDP, R-ICE
Clinical trial

Response consolidation if achieve second remission
Auto/allo depending on circumstances