Wessex Haematology NETWORK

HIGH-GRADE LYMPHOMA

Burkitt lymphoma: treatment algorithm

Age	Risk	Induction therapy
< 60 years	Low	R-CODOX-M ×3 or DA-EPOCH-RR (include CNS prophylaxis) ×2, then interim PET. If negative DA-EPOCH-RR ×1. If positive DA-EPOCH-R ×4 + IT
	High	R-CODOX-M/R-IVAC
≥ 60 years or co-morbidities	Low	DA-EPOCH-RR (include CNS prophylaxis) ×2, then interim PET. If negative DA-EPOCH-RR ×1. If positive DA-EPOCH-R ×4 + IT
	High	DA-EPOCH-R ×6 (bespoke therapy in those with CNS disease at presentation)
Frail	All	R-mini-CHOP or palliation

Low risk

Requires all criteria: normal LDH, ≤ 7 cm bulk, ECOG 1–2 and stage I/II

HIV

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

At diagnosis

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

Refractory or relapsed disease

- **Alternative regimens:** R-GDP, R-ICE
- Clinical trial
- **If second remission achieved:** consolidation with autologous or allogeneic transplant depending on circumstances