



I'm not robot



Open

Structurally unresectable locoregional recurrent persistent disease or distant metastases, disease not amenable to RAJ therapy*	Indole-refractory (see below)	Indole-refractory (see below)
	Indole-refractory (see below)	
Indole-refractory (see below)	Indole-refractory (see below)	Indole-refractory (see below)
	Indole-refractory (see below)	

*See Principles of TSH Suppression (TSH-A).
†See Principles of Molecular Analysis in T-cell Lymphomas (T-MP-A).

NCCN GUIDELINES FOR PATIENTS 2019

Follicular Lymphoma

NON-HODGKIN'S LYMPHOMA SERIES

Presented with support from LYMPHOMA RESEARCH FOUNDATION

NCCN Guidelines Version 1.2020 Breast Implant-Associated ALCL

CLINICAL PRESENTATION^a
Physical signs^b (effusion, enlargement, mass, ulceration) >1 year post-implantation (Average 7-9 years post-implantation)

INITIAL WORKUP^c
Ultrasound of breast or Breast MRI in selected cases or PET/CT scan^d in selected cases

PATHOLOGIC WORKUP^e

ESSENTIAL:
Cytology with cell block preparation^f
IHC and/or flow cytometry^g for CD2, CD3, CD4, CD5, CD7, CD8, CD30, CD45, and ALK^h

USEFUL UNDER CERTAIN CIRCUMSTANCES:
If there is solid mass associated with the implant, biopsy (excisional or incisional or core needle) may be required for diagnosis

Second pathology consultation by tertiary cancer center

Negative for lymphoma → Refer to plastic surgeon for management

Indeterminate of lymphoma → Refer to plastic surgeon for management

Histologic confirmation or suspicion of BIA-ALCLⁱ → See BIAA-2

See References on BIAA-A

RELAPSED AND REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA

ADDITIONAL THERAPY

Response to therapy: Complete response, Partial response, No response or progression disease

CONSOLIDATION/ADDITIONAL THERAPY

High-dose therapy with autologous stem cell rescue (HDT/ASCT) or ASCT

See NCCN Guidelines for Patients: Diffuse Large B-cell Lymphoma (DLBCL), version 2.2019

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