

NON-HODGKIN LYMPHOMA TREATMENT REGIMENS: Follicular Lymphoma (Grade 1–2) (Part 1 of 3)

Clinical Trials: The NCCN recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced healthcare team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/regimens. These regimens are only provided to supplement the latest treatment strategies.

These Guidelines are a work in progress that may be refined as often as new significant data becomes available. The NCCN Guidelines® are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

First-line Therapy¹

Note: All recommendations are Category 2A unless otherwise indicated.

REGIMEN	DOSING
Bendamustine + rituximab (category 1)²	Day 1: Rituximab 375mg/m ² IV Days 1 and 2: Bendamustine 90mg/m ² IV over 30–60 minutes. Repeat every 4 weeks for 6 cycles.
RCHOP (category 1)^{3,4}	Day 0: Rituximab 375mg/m ² IV Day 1: Cyclophosphamide 750mg/m ² IV, doxorubicin 50mg/m ² IV, and vincristine 1.4mg/m ² IV (max 2mg) Days 1–5: Prednisone 100mg/m ² PO. Repeat every 3 weeks for 6 to 8 cycles.
RCVP (category 1)^{5,6}	Day 1: Rituximab 375mg/m ² IV, cyclophosphamide 750mg/m ² IV, and vincristine 1.4mg/m ² IV (max 2mg) Days 1–5: Prednisone 40mg/m ² PO. Repeat every 21 days for a max of 8 cycles.
Rituximab^{7,8}	Day 1: Rituximab 375mg/m ² IV. Repeat every 7 days for 4 cycles.

First-line Therapy for Elderly or Infirm (if none of the above are expected to be tolerable)¹

Radioimmunotherapy⁹	90Yttrium-ibritumomab-tixetan 15 MBq/kg (0.4 mCi/kg) single dose.
Rituximab (preferred)^{7,8}	Day 1: Rituximab IV 375mg/m ² . Repeat every 7 days for 4 cycles.
Single agent alkylator + rituximab¹⁰	<ul style="list-style-type: none"> • Chlorambucil 0.1mg/kg/die for 45 days then on days 1–15, monthly for 4 months • Rituximab 375mg/m² weekly for 4 doses, then monthly for 4 infusions.

First-line Consolidation or Extended Dosing (optional)¹

Radioimmunotherapy (category 1)^{11–13}	After induction with chemotherapy or chemoimmunotherapy: Days –7 and 0: Rituximab 250mg/m ² followed by Day 0: 90Yttrium-ibritumomab-tixetan 14.9 MBq/kg (max 1184 MBq).
Rituximab maintenance (category 1)¹⁴	Day 1: Rituximab 375mg/m ² IV. Repeat every 8 weeks for 12 cycles for patients initially presenting with high tumor burden.
Rituximab¹⁵	If initially treated with single-agent rituximab, consolidate with rituximab 375mg/m ² one dose every 8 weeks for 4 doses.

Second-line and Subsequent Therapy¹

Chemoimmunotherapy	As indicated under first-line therapy
FCMR (category 1)¹⁶	Day 0: Rituximab 375mg/m ² IV Day 1: Mitoxantrone 8mg/m ² IV Days 1–3: Fludarabine 25mg/m ² IV and cyclophosphamide 200mg/m ² IV infusion over 4 hours. Repeat every 4 weeks for 4 cycles.
Fludarabine + rituximab¹⁷	Days 1–5: Fludarabine 25mg/m ² ; repeat every 28 days for 6 cycles and Rituximab 375mg/m ² IV 4 days apart in weeks 1 and 26 and single infusions 72 hours before fludarabine infusions 2, 4, and 6.
Lenalidomide + rituximab^{18,19}	Days 1–21: Lenalidomide 25mg PO; repeat every 28 days for 52 weeks Days 1, 8, 15 and 22: Rituximab 375mg/m ² .

continued

NON-HODGKIN LYMPHOMA TREATMENT REGIMENS: Follicular Lymphoma (Grade 1–2) (Part 2 of 3)

Second-line and Subsequent Therapy¹ (continued)

REGIMEN	DOSING
Radioimmunotherapy (category 1) ^{20,21}	Days 1 and 8: Rituximab 250mg/m ² IV Day 8: 90Yttrium-ibritumomab-tixetan 0.4 mCi/kg [15 MBq/kg (max 32 mCi [1.2 GBq])] immediately following second rituximab infusion.
Rituximab ^{22,23}	Days 1, 8, 15, and 22: Rituximab 375mg/m ² IV.
RFND ²⁴	Days 1, 8, 15, and 22 (induction): Rituximab 375mg/m ² IV Days 1–3: Fludarabine 25mg/m ² IV and mitoxantrone 10mg/m ² IV for cycles 2–5 Days 1–5: Dexamethasone 20g/m ² IV/PO. Repeat every 28 days for 5 cycles.

Second-line Consolidation or Extended Dosing¹

High-dose therapy with autologous stem cell rescue

Allogeneic stem cell transplant for highly selected patients

Rituximab maintenance (category 1) ^{25,26}	Rituximab 375mg/m ² one dose every 12 weeks for 2 years.
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NON-HODGKIN LYMPHOMA TREATMENT REGIMENS: Follicular Lymphoma (Grade 1–2) (Part 3 of 3)

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(Revised 7/2014)

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