

NON-HODGKIN LYMPHOMA TREATMENT REGIMENS: Primary Cutaneous B-Cell Lymphoma (Part 1 of 2)

The selection, dosing, and administration of anticancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anticancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. The cancer treatment regimens below may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

REGIMEN	DOSING
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Primary cutaneous marginal zone or follicular center B-cell lymphoma: Initial Therapy

Solitary/Regional T1-2

Treatment consists of local radiotherapy (preferred), or excision, or observation.^{1,2}

Generalized Disease, skin only, T3

Rituximab (Rituxan) ^{1,2,3}	375mg/m ² IV once weekly for 4–8 weeks.
TOPICALS	
Rituximab stem solution ^{1,2,3}	Rituximab stem solution 3mL (10mg/mL) injected into the stigmatizing nodules 3 times per week. Treat up to 6 months.
OR	OR
Mechlorethamine (Mustargen) 0.02% aqueous solution ⁴	Mechlorethamine 0.02% aqueous solution applied topically once daily for 15 days.
OR	OR
Clobetasol propionate (Temovate) 0.05% cream ⁴	Clobetasol propionate 0.05% cream applied topically once daily for 15 days.
OR	OR
Intralesional Triamcinolone (Aristospan; Kenalog) ⁵	Intralesional Triamcinolone 20mg/mL injected into the lesions once monthly until lesions are gone or no further improvement is noted.
OR	OR
Bexarotene (Targretin) 1% gel ⁵	Bexarotene 1% gel applied topically twice daily until lesions disappear. Continue on an as-needed basis thereafter.
OR	OR
Imiquimod (Aldara) 5% cream ⁶	Imiquimod 5% cream applied topically 3 times per week for 8–52 weeks; may increase to daily application.
OR	OR
PALLIATIVE CHEMOTHERAPY	
Chlorambucil (Leukeran) ± rituximab ^{1,7}	Chlorambucil 4–10mg IV over a median period of 16 weeks (range, 8–23 weeks) ± rituximab 375mg/m ² once weekly.
OR	OR
R-CVP (cyclophosphamide [Cytosan] + vincristine [Oncovin] + prednisone) ± rituximab ^{1,8}	Cycle 1 Day 1: Cyclophosphamide 750mg/m ² IV + vincristine 1.4mg/m ² IV (max dose 2mg). Days 1–5: Prednisone 40mg/m ² daily, orally. Day 1: Rituximab 375mg/m ² IV. Repeat cycle every 3 weeks for maximum of 8 cycles.

Primary Cutaneous Diffuse Large B-Cell Lymphoma, Leg type: Initial Therapy

Solitary/Regional, T1-2

Local RT alone or clinical trial may also be considered.¹

R-CHOP (rituximab + cyclophosphamide + doxorubicin [Adriamycin] + vincristine + prednisone) + local RT ^{1,9–11}	Cycle 1 Day 1: Rituximab 375mg/m ² IV. Day 2: Cyclophosphamide 750mg/m ² IV + doxorubicin 50mg/m ² IV + vincristine 1.4mg/m ² IV (max dose 2mg). Days 2–6: Prednisone 100mg/day orally. Repeat cycle every 3 weeks for 6–8 cycles.
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Generalized Disease, skin only

Clinical trial may also be considered.¹

R-CHOP (rituximab + cyclophosphamide + doxorubicin + vincristine + prednisone) ± local RT ^{1,9–11}	Cycle 1 Day 1: Rituximab 375mg/m ² IV. Day 2: Cyclophosphamide 750mg/m ² IV + doxorubicin 50mg/m ² IV + vincristine 1.4mg/m ² IV (max dose 2mg), plus Days 2–6: Prednisone 100mg/day orally. Repeat cycle every 3 weeks for 6–8 cycles.
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NON-HODGKIN LYMPHOMA TREATMENT REGIMENS: Primary Cutaneous B-Cell Lymphoma (Part 2 of 2)

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(Created 07/2012)
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