

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

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 provided only 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 + vincristine 1.4mg/m ² IV (max 2mg) Days 1–5: Prednisone 100mg/m ² orally. 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 + vincristine 1.4mg/m ² IV (max 2mg) Days 1–5: Prednisone 40mg/m ² orally. 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.
Lenalidomide + rituximab (Category 3)^{9,10}	Days 1–21: Lenalidomide 20mg orally, plus Cycle 1: Days 1, 8, 15, and 22: Rituximab 375mg/m ² IV Cycles 4, 6, 8, and 10: Day 1: Rituximab 375mg/m ² IV. Repeat cycle every 28 days for 12 cycles.

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

Radioimmunotherapy (Category 2B)¹¹	90Yttrium-ibritumomab-tiuxetan 15 MBq/kg (0.4 mCi/kg) single dose.
Rituximab (preferred)^{7,8}	Day 1: Rituximab 375mg/m ² IV. Repeat every 7 days for 4 cycles.
Single agent alkylator ± rituximab¹²	<ul style="list-style-type: none"> • Chlorambucil 0.1mg/kg/day 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^{13–15}	After induction with chemotherapy or chemoimmunotherapy: Days –7 and 0: Rituximab 250mg/m ² followed by Day 0: 90Yttrium-ibritumomab-tiuxetan 14.9 MBq/kg (max 1184 MBq).
Rituximab maintenance (Category 1)¹⁶	Day 1: Rituximab 375mg/m ² IV. Repeat every 8 weeks for 12 cycles for patients initially presenting with high tumor burden.
Rituximab¹⁷	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
Fludarabine + rituximab¹⁸	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^{19,20}	Days 1–21: Lenalidomide 25mg orally; repeat every 28 days for 52 weeks, ± Days 1, 8, 15 and 22: Rituximab 375mg/m ² IV.
Radioimmunotherapy (Category 1)^{21,22}	Days 1 and 8: Rituximab 250mg/m ² IV Day 8: 90Yttrium-ibritumomab-tiuxetan 0.4 mCi/kg [15 MBq/kg (max 32 mCi [1.2 GBq])] immediately following second rituximab infusion.
Rituximab^{23,24}	Days 1, 8, 15, and 22: Rituximab 375mg/m ² IV.
RFND²⁵	Days 1, 8, 15, and 22 (induction): Rituximab 375mg/m ² IV Days 1–3: Fludarabine 25mg/m ² IV + mitoxantrone 10mg/m ² IV for cycles 2–5 Days 1–5: Dexamethasone 20g/m ² IV or orally. Repeat every 28 days for 5 cycles.
Idelalisib²⁶	Idelalisib 150mg orally twice daily.

continued

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

Second-line Consolidation or Extended Dosing¹

REGIMEN	DOSING
High-dose therapy with autologous stem cell rescue	
Allogeneic stem cell transplant for highly selected patients	
Rituximab maintenance (Category 1; optional) ^{27,28}	Rituximab 375mg/m ² IV one dose every 12 weeks for 2 years.
Obinutuzumab maintenance for rituximab-refractory disease (Category 2B) ²⁹	Obinutuzumab 1g IV every 8 weeks for a total of 12 doses.

References

- Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Non-Hodgkin's Lymphomas V3.2016. Available at: <http://www.nccn.org/> Accessed August 30, 2015.
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