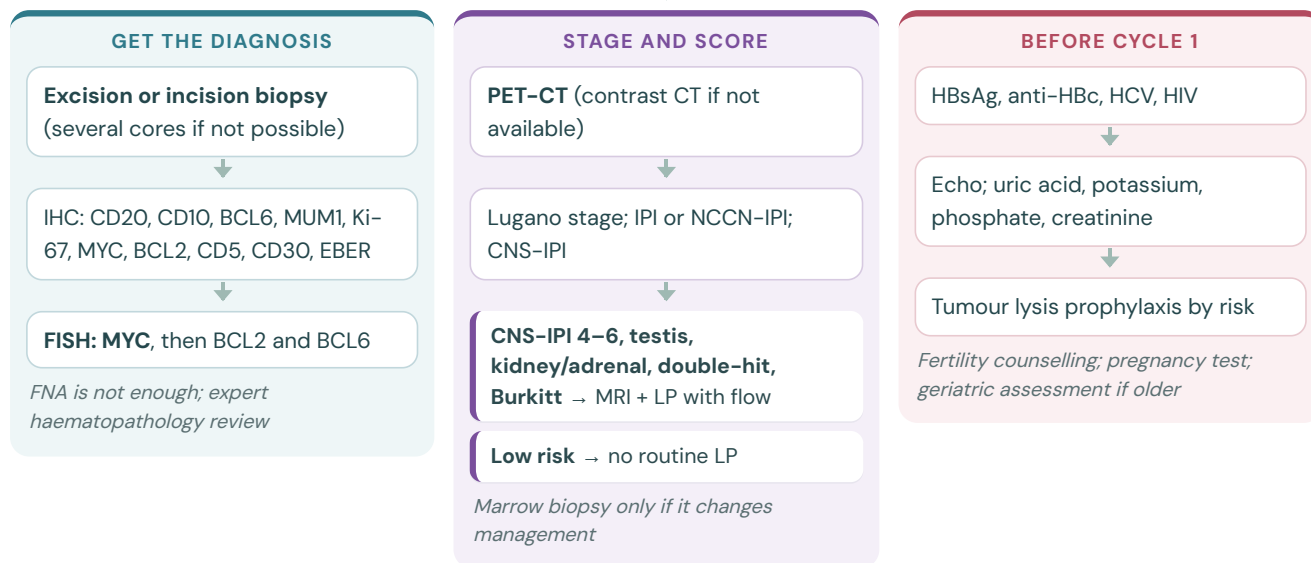


Aggressive B-cell Lymphomas: Suspected aggressive B-cell lymphoma: to a diagnosis and a plan

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist

Rapidly growing node or mass, B symptoms or a high LDH → urgent biopsy before steroids → treat emergencies (SVC, cord, airway, lysis) in parallel

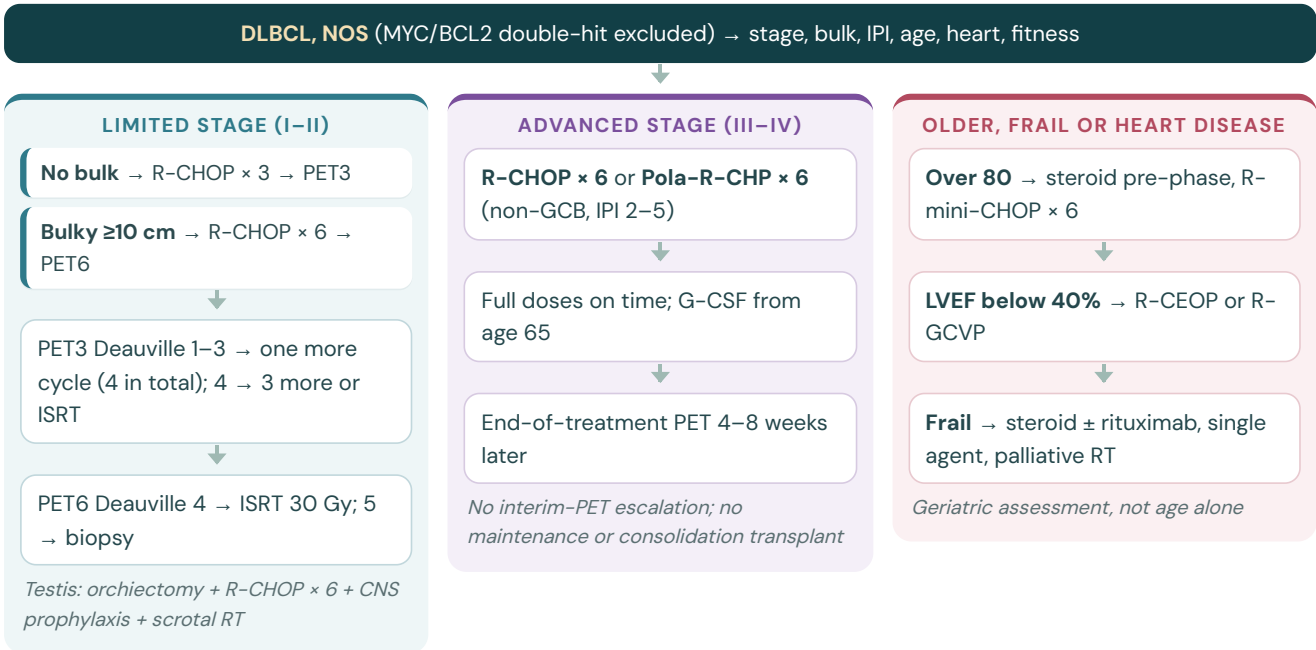


All patients: discuss in a lymphoma multidisciplinary team · start within days · steroid pre-phase for frail or very symptomatic patients · vaccines before treatment.

Aggressive B-cell Lymphomas: DLBCL first line by stage and fitness

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Hemato-Oncologist



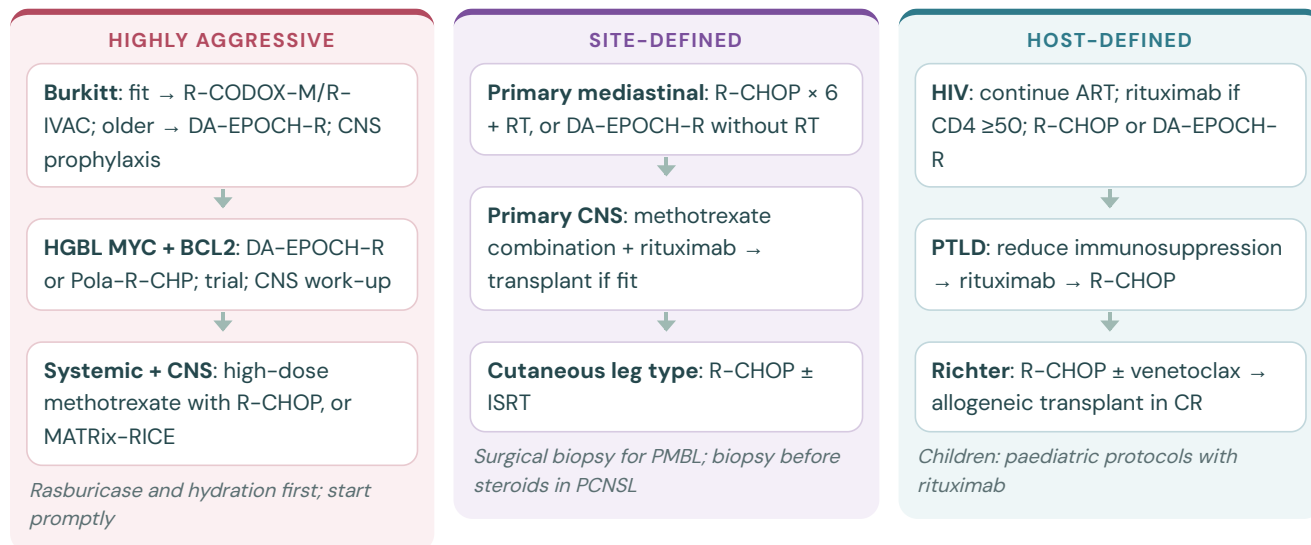
All patients: CNS prophylaxis for testicular disease, case by case for CNS-IPI 4-6 · Deauville 4-5 at the end → biopsy before calling it refractory · RT for selected residual or skeletal sites.

Aggressive B-cell Lymphomas: Special entities and settings

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist

Pathology or history points away from DLBCL, NOS → treat the entity, not only the stage



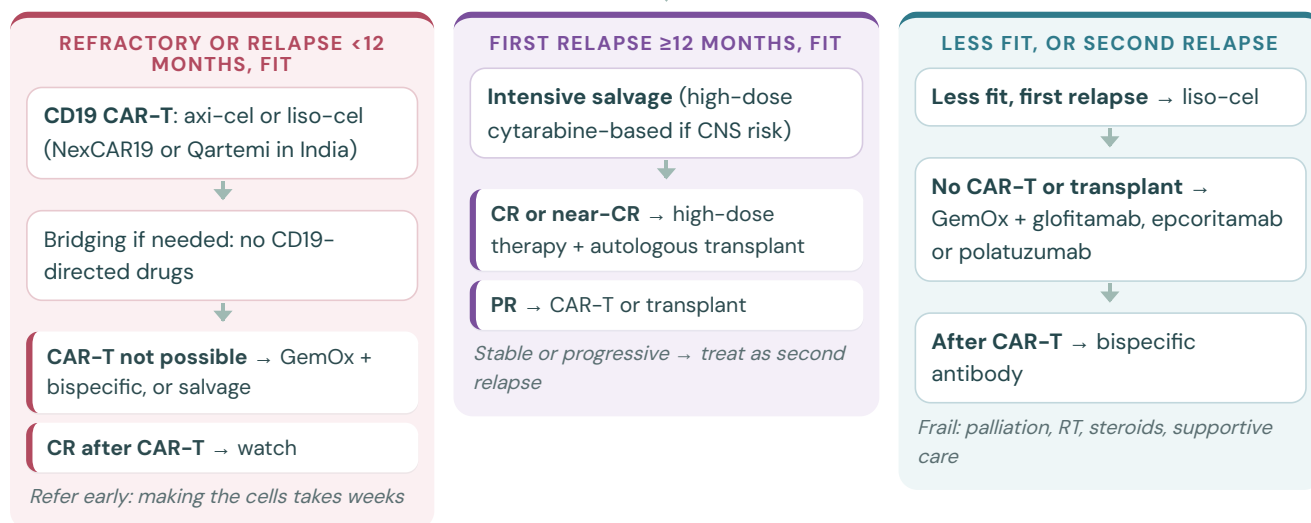
All: expert haematopathology · HIV test for every aggressive lymphoma · fertility counselling before intensive regimens.

Aggressive B-cell Lymphomas: Relapsed or refractory large B-cell lymphoma

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New mass, rising LDH or a Deauville 4–5 residue → biopsy (exclude infection, inflammation, a second cancer; check CD19)
→ PET, fitness



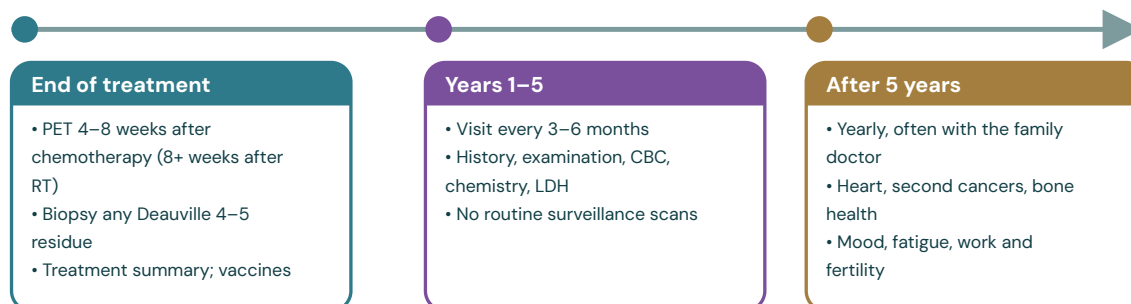
All: clinical trial where available · CRS and ICANS plan before CAR-T or bispecifics · infection prophylaxis and immunoglobulin replacement as needed · discuss cost and scheme cover early.

Aggressive B-cell Lymphomas: Follow-up and survivorship plan

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A simple follow-up rhythm after treatment of aggressive B-cell lymphoma



Two-thirds of relapses present before a scheduled visit and fewer than 2% are found by a scan alone: teach patients what to report. Burkitt: CBC, chemistry and LDH every 3–4 months in year 1, 6-monthly in year 2, then yearly (most relapses come in year 1).

A simple follow-up rhythm, adapted from the UpToDate advanced-stage DLBCL, Burkitt treatment and NHL survivorship reviews. Individualise by age, entity and treatment received.

Help the treatment work

- Start within days of the biopsy result
- Keep every cycle on time and at full dose
- Hepatitis B tablets if prescribed: never stop early
- Drink plenty of water in the first week
- Keep the written treatment summary

Red flags to report

- Fever of 38 °C or chills: same day
- Little urine, cramps or confusion in week 1
- Severe headache, double vision, weakness
- Breathlessness or ankle swelling
- Yellow eyes or dark urine

Do not forget

- PET 4–8 weeks after the last cycle
- Visits 3–6-monthly for 5 years; no routine scans
- Heart check and blood pressure for life
- Vaccines; no live vaccines for 6 months
- Report new lumps or fevers early

When relapses happen: mostly in the first two years

The first two years

- Most relapses happen now; about 20% relapse after a complete response
- Primary refractory disease shows up at the end-of-treatment PET

Event-free at 24 months

- Overall survival then matches that of the general population (EFS24)
- Visits can space out; focus shifts to late effects

Late relapse (after 5 years)

- Uncommon; may be an indolent lymphoma or a new clone
- Always biopsy: treatment differs

A relapse is not the end: CAR-T, transplant and bispecific antibodies cure or control a real share of patients.

When relapses happen (Thompson 2014; Maurer 2014; Larouche 2010 as quoted in the UpToDate advanced-stage review).