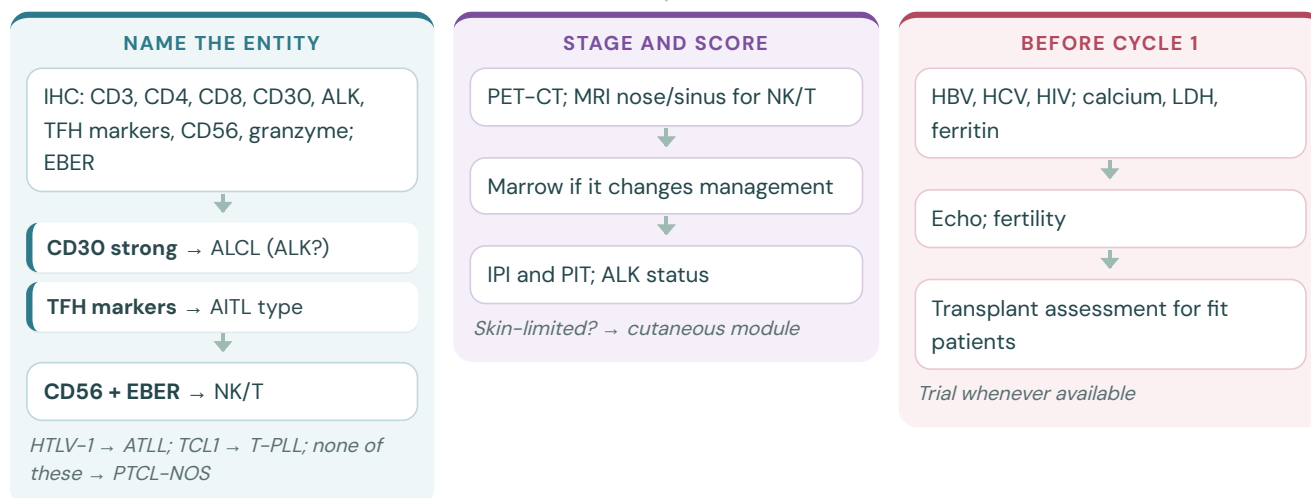


T-cell Lymphomas: Suspected T-cell lymphoma: to an entity and a plan

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist
& Hemato-Oncologist

Nodes with fever, rash or itching; a necrotic nasal mass; or abnormal T cells in blood → excision or deep biopsy before steroids; HLH screen if febrile and cytopenic

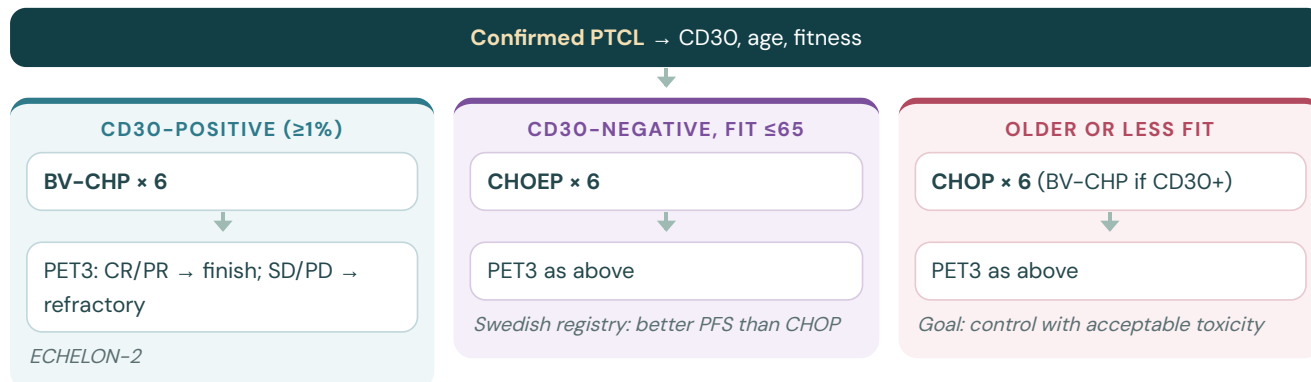


All: expert haematopathology · CD30 reported on every case · plan the end-of-treatment decision at the start.

T-cell Lymphomas: PTCL-NOS, AITL and EATL: first line

Dr. Haritha Chiramana

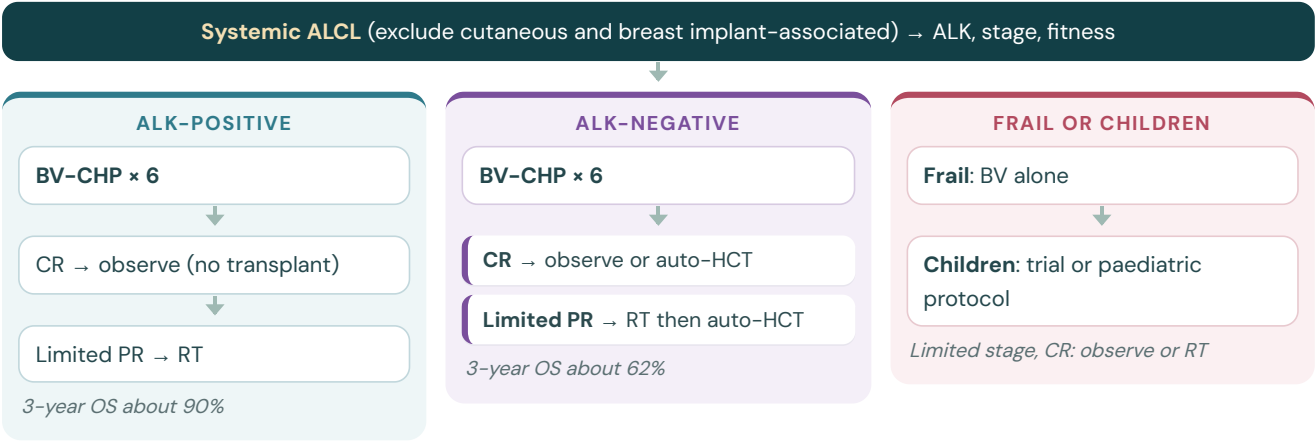
MD, DM · Senior Medical Oncologist &
Hemato-Oncologist



End of treatment: stage I favourable → RT · fit, CR → observe or auto-HCT · single residual site → RT then auto-HCT · extensive residual → refractory pathway.

T-cell Lymphomas: Systemic ALCL by ALK status

Dr. Haritha Chiramana
MD, DM · Senior Medical Oncologist & Hemato-Oncologist



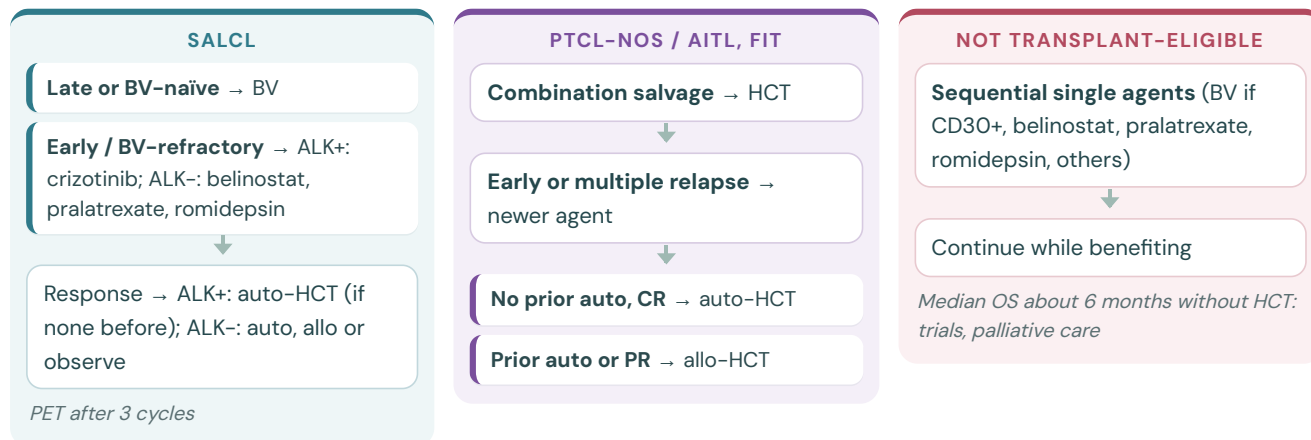
All: interim PET after 3–4 cycles · extensive PR or progression → relapsed/refractory pathway.

T-cell Lymphomas: Relapsed or refractory PTCL and ALCL

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist

Suspected relapse → biopsy (histology may change) → PET → transplant plan



All: clinical trial first · infection prophylaxis and vaccines · early palliative care alongside treatment.

T-cell Lymphomas: Extranodal NK/T-cell lymphoma

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist

NK/T-cell lymphoma confirmed (EBER+) → endoscopy, PET-CT, marrow, plasma EBV DNA → stage and fitness

LOCALISED (IE / CONTIGUOUS IIE)

CMT: concurrent CRT (DeVIC or cisplatin → VIDL) or sandwich (m-SMILE, P-GEMOX + RT)

CR → observe

Less than CR → HCT

Less fit: RT alone or GDP/MGAD + RT

ADVANCED OR NON-NASAL

Asparaginase-based: m-SMILE, DDGP or P-GEMOX

CR or PR → HCT

Less fit: GDP ± RT to bulky sites

RELAPSED OR REFRACTORY

Salvage before transplant

Auto-HCT planned → PD-1 antibody

Allo-HCT planned → asparaginase-based if not recent

Transplant is the only proven cure

All: no anthracycline-based regimens · response by endoscopy, PET-CT and EBV DNA · experienced centre and trials.

T-cell Lymphomas: Follow-up and survivorship plan

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist

A simple follow-up rhythm after treatment of T-cell lymphoma



Report fever, sweats, new lumps, rash, nasal bleeding or blockage (NK/T), confusion or thirst (high calcium in ATLL) the same week.

A simple follow-up rhythm, adapted from the UpToDate PTCL and sALCL treatment reviews. Individualise.

Help the treatment work

- Keep every cycle on time
- Report tingling or numbness (BV)
- 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
- Confusion, thirst, constipation (calcium)
- Nose bleeding or blockage again
- New lumps, rash or sweats
- Diarrhoea or abdominal pain

Do not forget

- PET after the last cycle
- Visits every 3 months for 2 years
- Transplant plan discussed early
- Non-live vaccines only
- Family HTLV-1 testing in ATLL

When relapses happen: early and often in most PTCLs

First year

- Most relapses of PTCL-NOS, AITL and ALK- ALCL
- Primary refractory disease shows on interim or end PET

ALK+ ALCL

- Fewer relapses; many cured with chemotherapy
- Relapse still curable with BV, ALK inhibitors and transplant

Later

- Late relapse: biopsy (may be a different lymphoma)
- Transplant offers the main chance of long control

Plan the transplant pathway at diagnosis for fit patients: relapse leaves little time.

When relapses happen (UpToDate PTCL-NOS, initial and relapsed PTCL and sALCL reviews).