UCCH Universitäres Cancer Center Hamburg
UCCSH Universitäres Cancer Center Schleswig-Holstein

UCCH / UCCSH Pathway

Guideline
Peripheral T-cell lymphoma

Version Jan/2024

Guideline Peripheral T-cell lymphoma
Version 01, Jan/2024

according to the WHO classification V and the ICC 2022

Peripheral T-cell lymphoma board members

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Revised	
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Legend of Colours

= Therapeutic procedure

= Clinical or diagnostical condition

= Diagnostic procedure

= Clinical trial

= Supportive measure

= Referral

TB

= Tumorboard (including post tumorboard interaction with patient that follows the principles of shared decision-making)

Pathway: Peripheral T-cell lymphoma

Version Jan/2024
2.03.01 Anlage 46 UCCH
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Work up

Baseline:

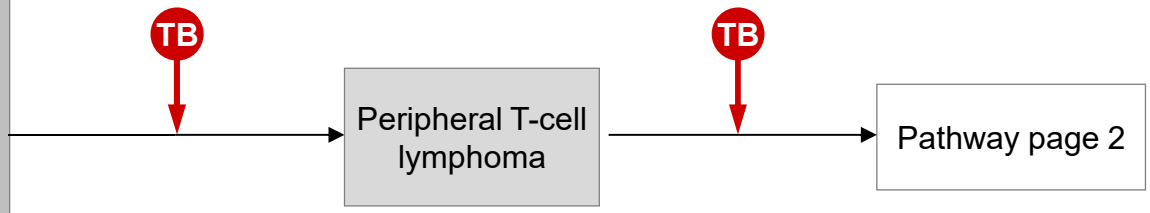
- History (incl. B-symptoms)
- Physical examination (incl. palpation of all lymph node areas, spleen and liver)
- Lab exam (including CBC with differential, LDH, uric acid, β-2 microglobulin, electrophoresis and serum immunoglobulins), autoantibody diagnostics in case of enteropathy/EATL
- Hepatitis B[1]/C; HIV serology
- EBV-PCR
- PET-CT
- Bone marrow aspirate & biopsy (including flow cytometry)
- Biopsy[2]

Facultative:

- ECG, Echocardiography and lung function test (pretreatment evaluation)
- Pregnancy testing, discussion of fertility issues and sperm banking
- Gastroscopy, colonoscopy
- Bone marrow cytogenetics
- Early HLA-Typing (in PTCL)

Supportive:

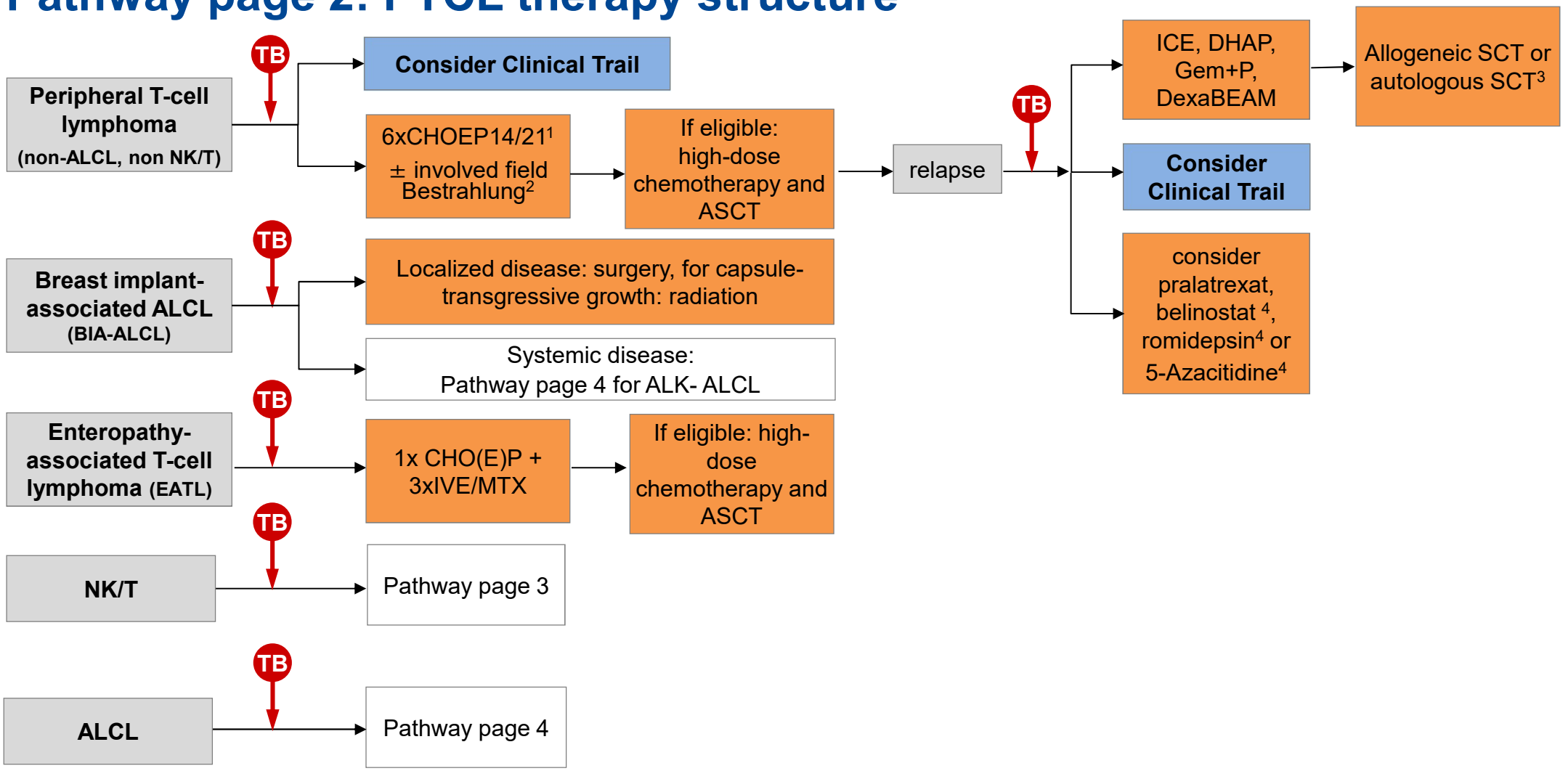
- Offer contact to self help group
- Offer psychooncological support



1 Hepatitis B testing is recommended because of the risk of reactivation with immunotherapy and chemotherapy. Antiviral prophylaxis is indicated in patients with positive Hepatitis B serology (HBs Ag positive) including occult carriers (HBs Ag negative and anti-core positive) in dependence of viral load.

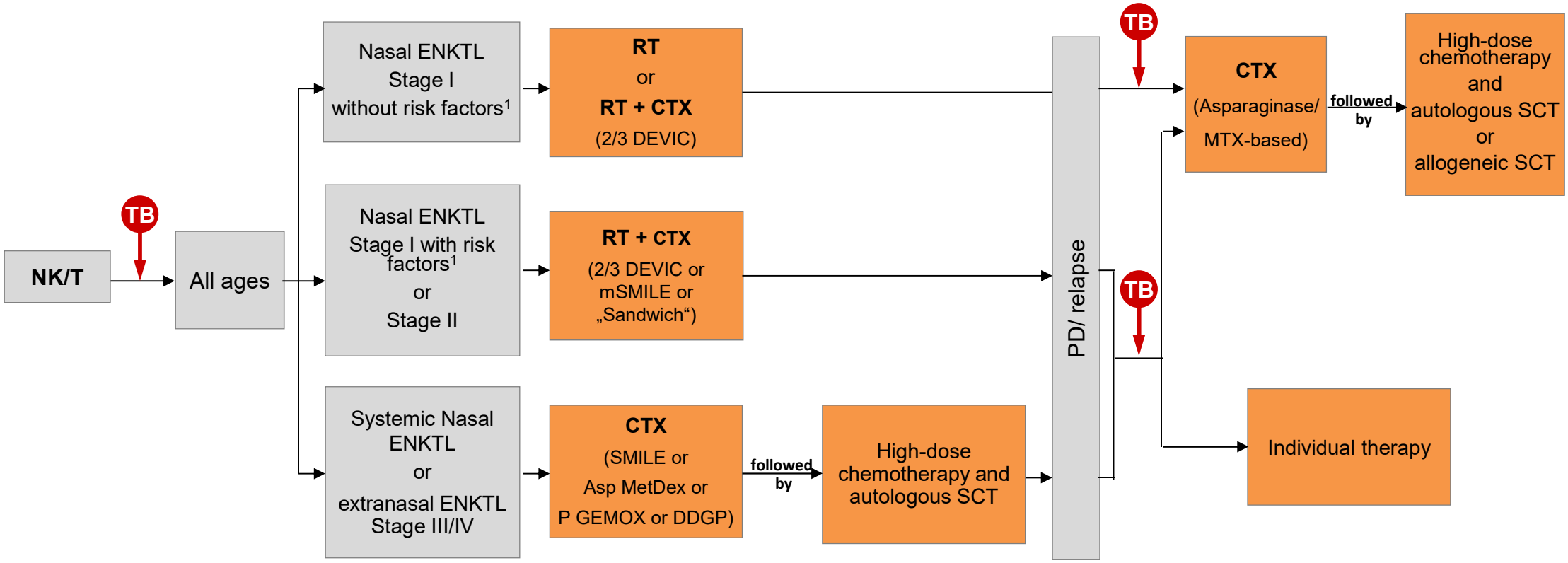
2 The histological report should give the diagnosis according to the World Health Organization WHO) and international consensus (ICC) classification. Fine needle aspirations are inappropiate for a reliable diagnosis. CD30 expression should be evaluated

Pathway page 2: PTCL therapy structure



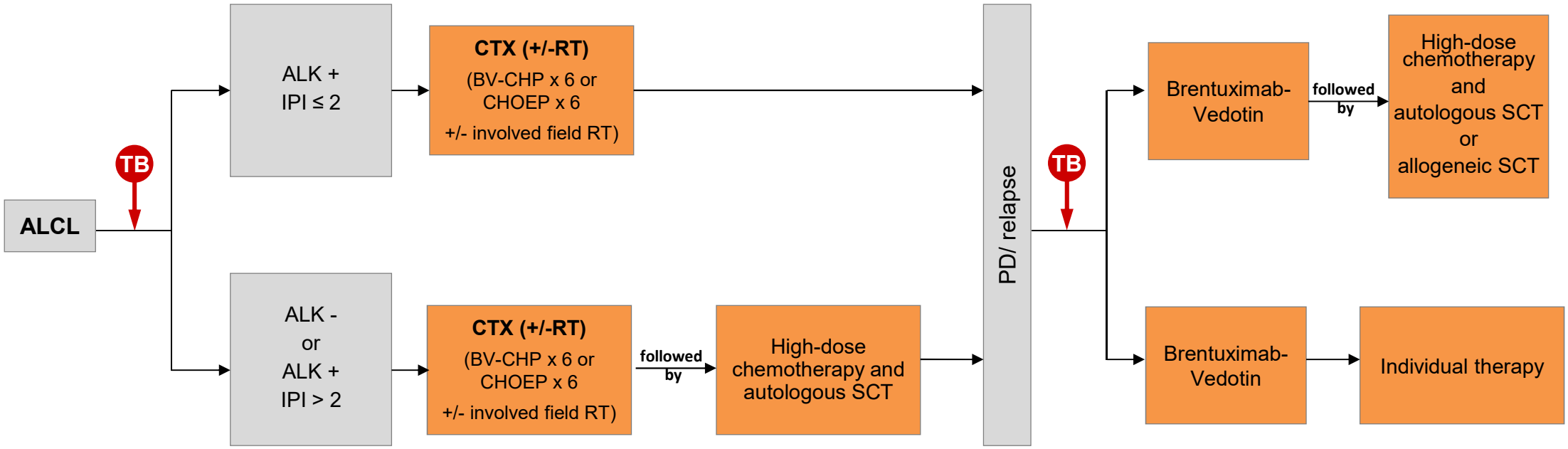
[1] Consider PET2 and if positive, switch to ICE/DHAP/GDP followed by allogeneic SCT (Petal data)
[2] Individual decision on a case-by-case basis, radiation possible during induction, prior and after ASCT
[3] Only in chemotherapy-sensitive cases when allogenic stem cell transplantation is not feasible
[4] especially in TFH-PTCL as either palliative treatment of bridge to allogeneic stem cell transplantation; currently no reimbursement by public health insurance and funding will require a special application

Pathway page 3: NK/T-cell lymphoma therapy structure



[1] Risk score Low risk: Ann Arbor stage I, keine Tumorinvasion ≤60 Jahre, keine erhöhte LDH, ECOG PS: 0-1;
According to: Yamaguchi M, Suzuki R, Oguchi M. Advances in the treatment of extranodal NK/T-cell lymphoma, nasal type. Blood. 2018;131(23):2528-2540

Pathway page 4: ALCL therapy structure



Page 5: Palliative care screening tool

Screening items			Points
1.	• Presence of metastatic or locally advanced cancer		**2**
2.	• ECOG score (functional status score, performance status)		**0-4**
3.	• Presence of one or more serious complications of advanced cancer usually associated with a prognosis of < 12 months (e.g. brain metastases, hypercalcemia, delirium, spinal cord compression, cachexia)		**1**
4.	• Presence of one or more serious comorbid diseases also associated with poor prognosis (e.g. moderate-severe COPD or CHF, dementia, AIDS, end stage renal failure end stage liver cirrhosis)		**1**
5.	• Presence of palliative care problems		**1**
	a.	• Symptoms uncontrolled by standard approaches	**1**
	b.	• Moderate to severe distress in patient or family, related to cancer diagnosis or therapy (personal targets and expectations, educational and informational requirements, cultural factors)	**1**
	c.	• Patient/family requests palliative care consult	**1**
	d.	• Team needs assistance with complex decision making or determing goals of care (benefit/side effects of treatment)	**1**
	e.	• Instable or deficient network especially for emergency situation or 24-h care	**1**

A total of > 5 points signalizes need for supportive palliative care

According to Glare et al. (2011); NCCN Clinical Practice guidelines in Oncology 2015