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

UCCH / UCCSH Pathway

Guideline
Burkitt-Lymphoma

Version Jan/2024

Guideline Burkitt-Lymphoma
Version 01, Jan/2024
according to WHO classification 2016

Burkitt-Lymphoma board members

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Legend of Colours

= Therapeutic procedure

= Clinical or diagnostical condition

= Diagnostic procedure

= Clinical trial

= Supportive measure

= Referral

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

Pathway: Burkitt-Lymphoma

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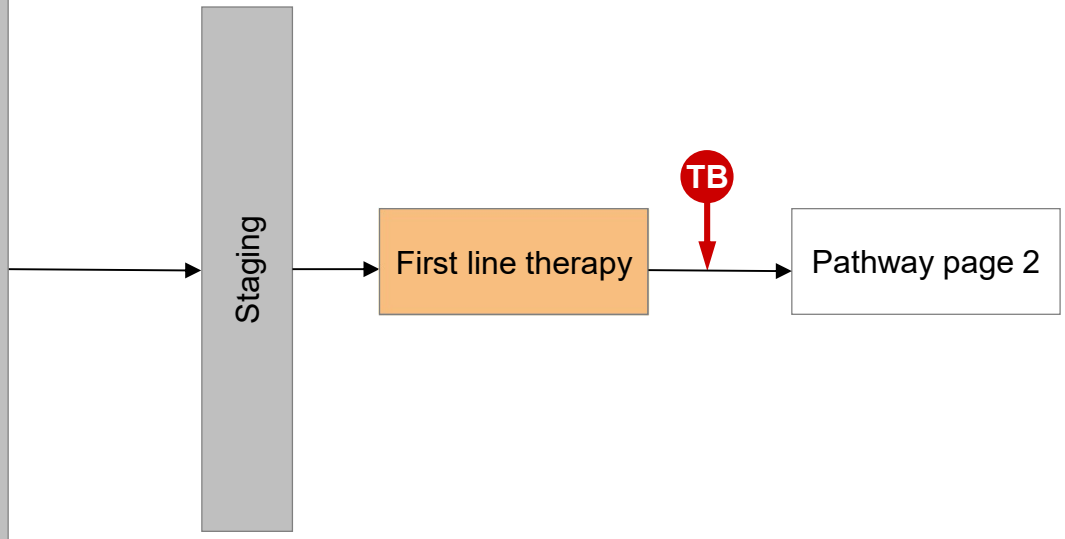
Work up

Baseline:

- History (incl. B-symptoms)
- Physical examination (incl. palpation of all lymph node areas, spleen and liver)
- Lab exam (including CBC with differential, LDH, comprehensive metabolic panel and liver function test)
- Hepatitis B/C; HIV serology
- Biopsy[1] and histopathological report[2] including testing for t(8;14), t(2;8) or t(8;22)
- Bone marrow aspirate and biopsy
- PET-CT scan[3], (CT of neck, chest, abdominal and pelvis if no PET-CT available)
- Lumbar punture is recommended
- ECG, Echocardiography and lung function test (pretreatment evaluation)
- Pregnancy testing, discussion of fertility issues and sperm banking
- BL-IPI (BL-international prognostic index)

- Supportive:
  - Offer contact to self help group
  - Offer psychooncological support

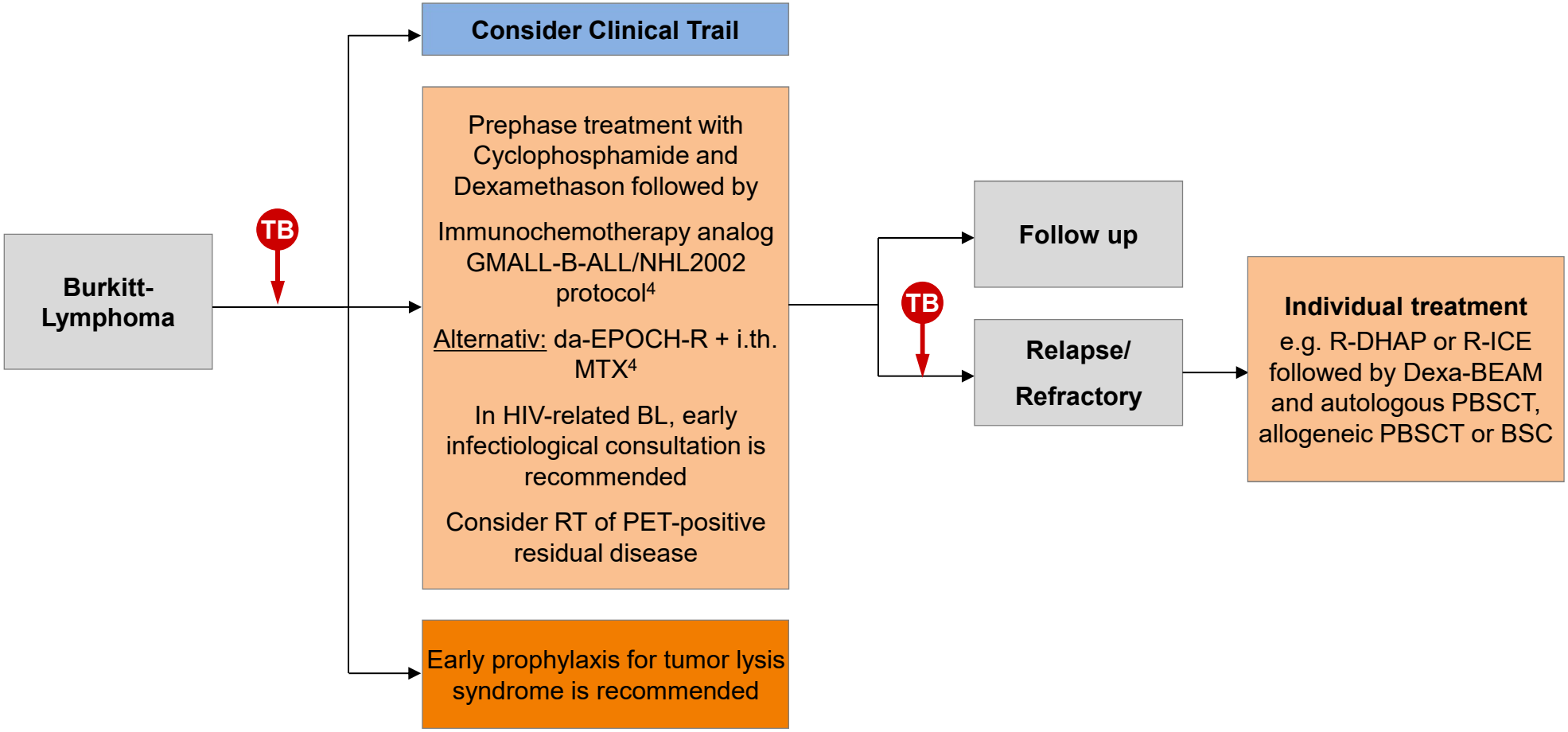


1 Lymphnode biopsy (or a biopsy from another organ with suspected affection). Fine needle aspirations are inappropiate for a reliable diagnosis.

2 The histological report should give the diagnosis according to the World Health Organization classification. Consider validation of findings by hemato- or cytopathological reference histology

3 Consider additional biopsy of PET positive extranodal findings, particularly if the results are possibly affecting disease stage

Pathway page 2: First line therapy



[4] A Treatment delay should be avoided. Treatment for Burkitt lymphoma should contain intensive CNS-prophylaxis.

Pathway page 3: Final staging and Follow up

Final staging

Final staging should be carried out after completion of treatment (physical examination, laboratory analyses and contrast enhanced CT are mandatory. PET should be carried out at final staging for response assessment in lymphoma whenever this diagnostic tool is available)

Follow up

Please Refer to PW DLBCL

Page 4: 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