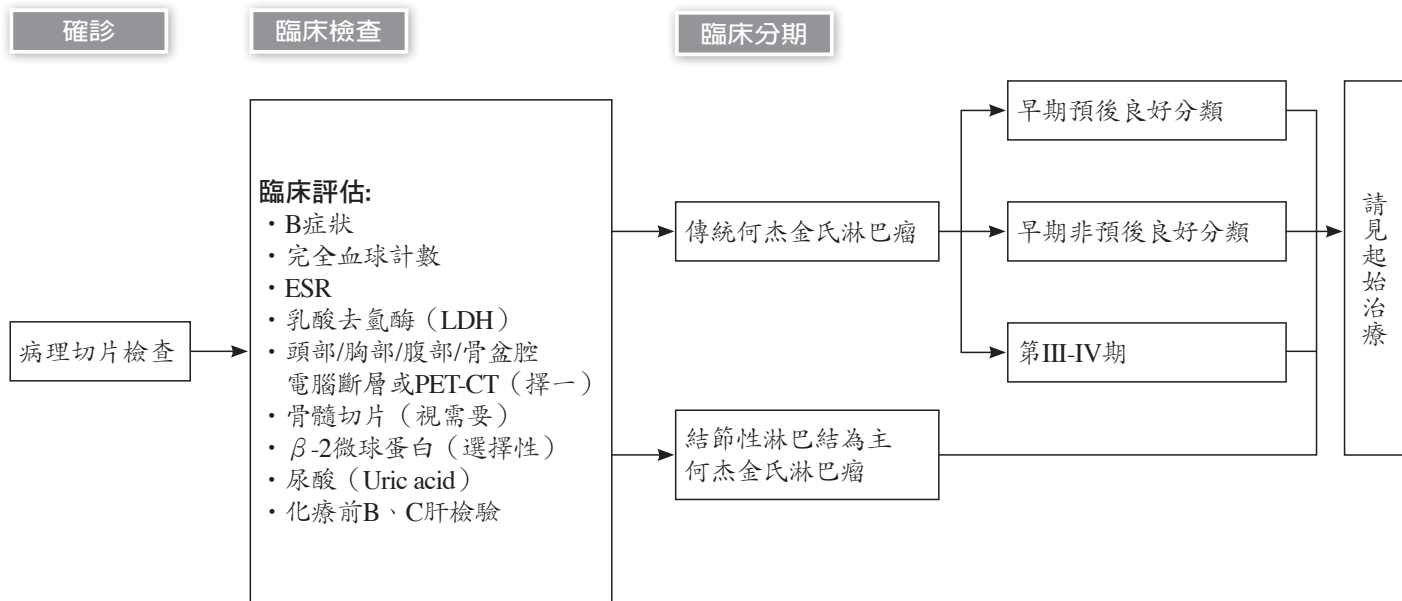
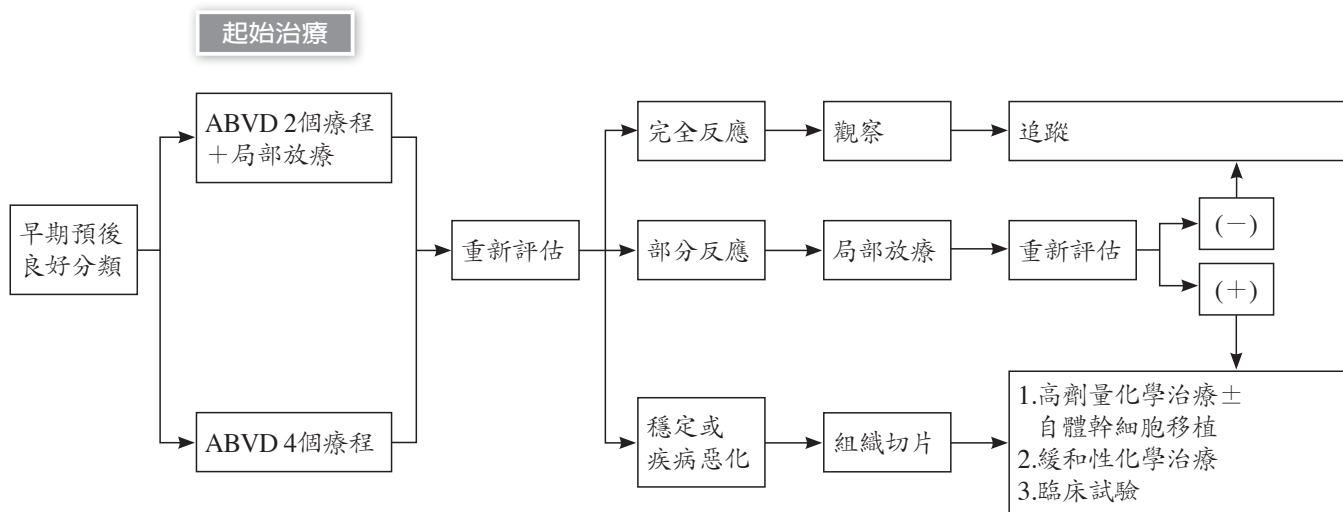


《 淋巴瘤診療指引共識—何杰金氏症 (Hodgkin lymphoma) -1 》



1. B symptoms : fever, night sweating, body weight loss.
2. 預後不良因子 : ESR>50, B symptoms, Nodal sites >3, bulky tumor(>10) or large mediastinum lesion(MMR>0.33).
3. Clinical trial is always an option of treatment.

《臨床分期：傳統何杰金氏淋巴瘤》



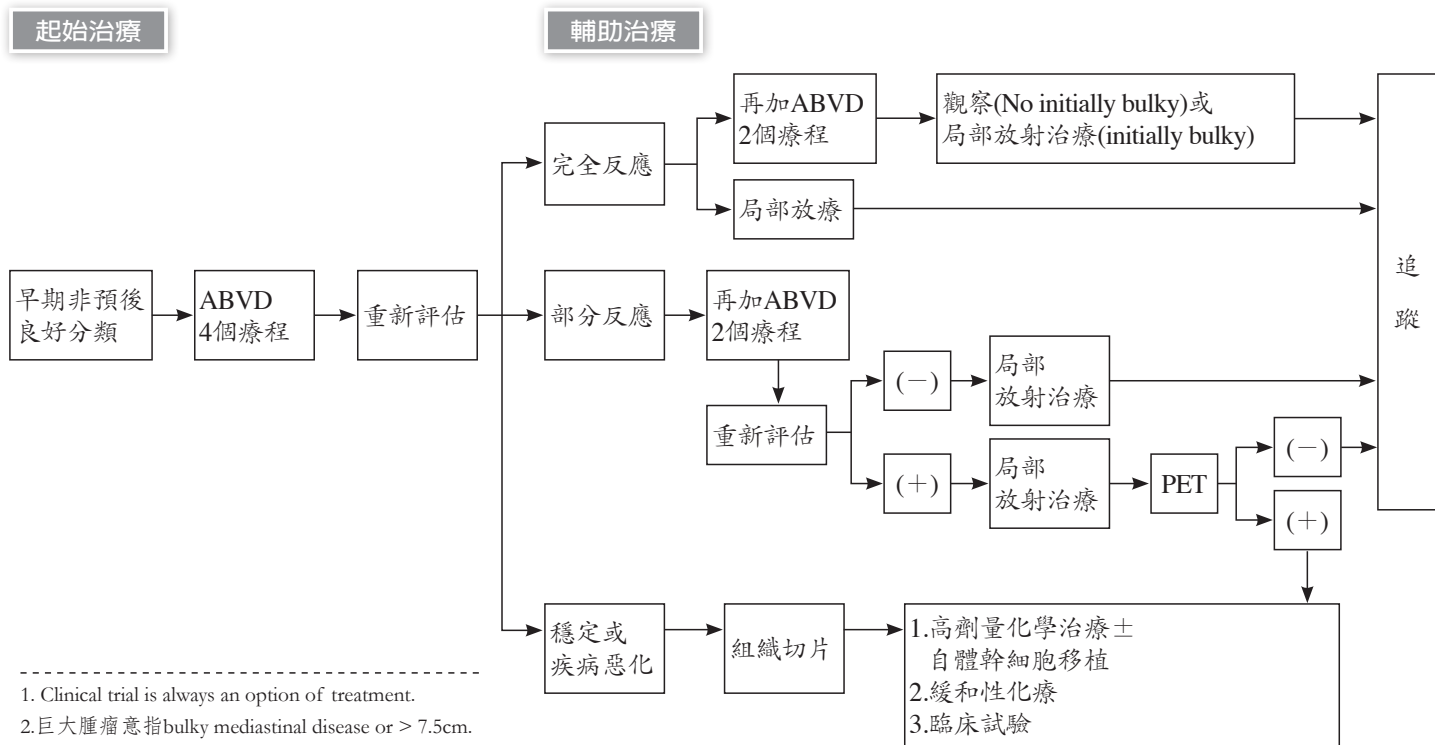
1. Clinical trial is always an option of treatment.

2. Rituximab may be added electively (self-paid) if CD 20 is positive in IHC stain.

3. 早期預後良好定義: 1. Age < 50 y/o 2. ESR normal 3. Stage I~II 4. No B symptoms 5. No bulky disease

《淋巴瘤診療共識—何杰金氏症(Hodgkin lymphoma) -3》

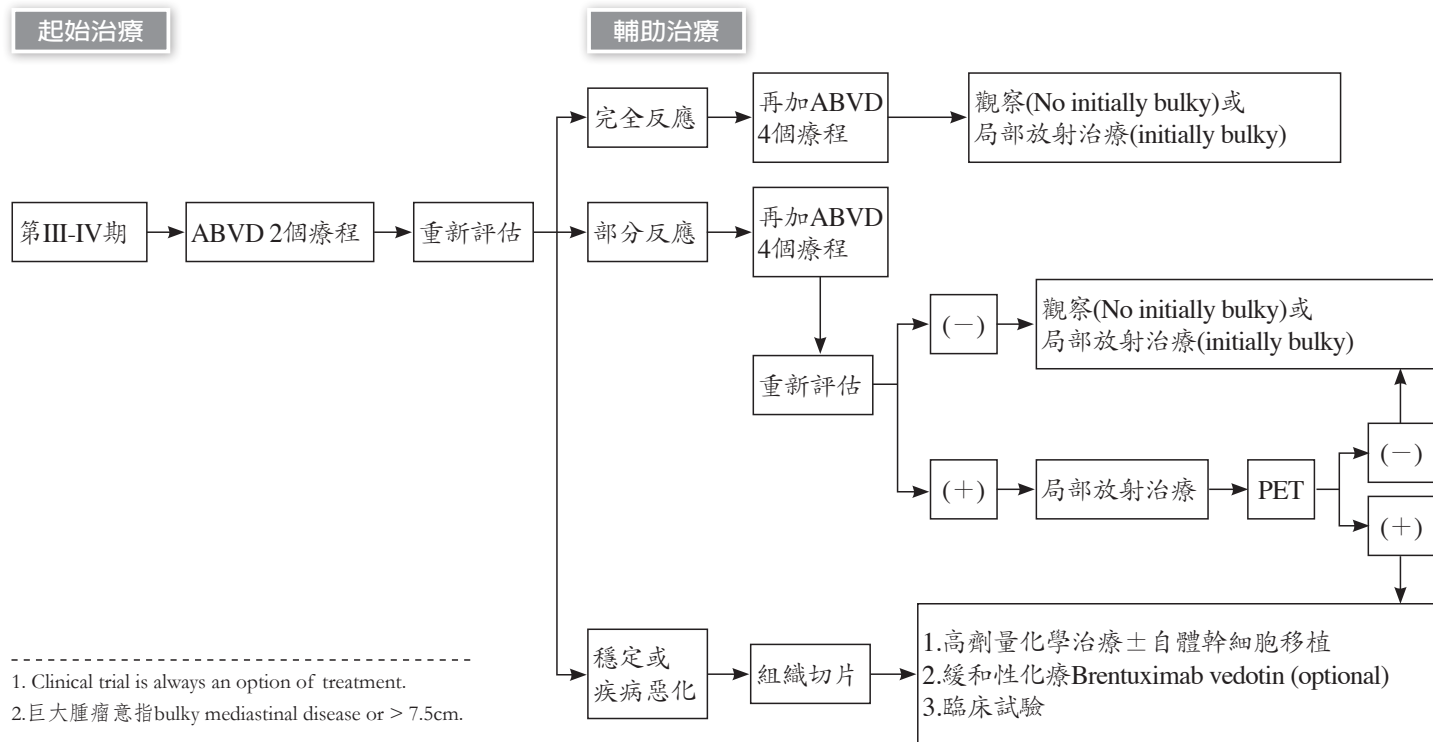
《臨床分期：傳統何杰金氏淋巴瘤》



1. Clinical trial is always an option of treatment.
2. 巨大腫瘤意指bulky mediastinal disease or > 7.5cm.

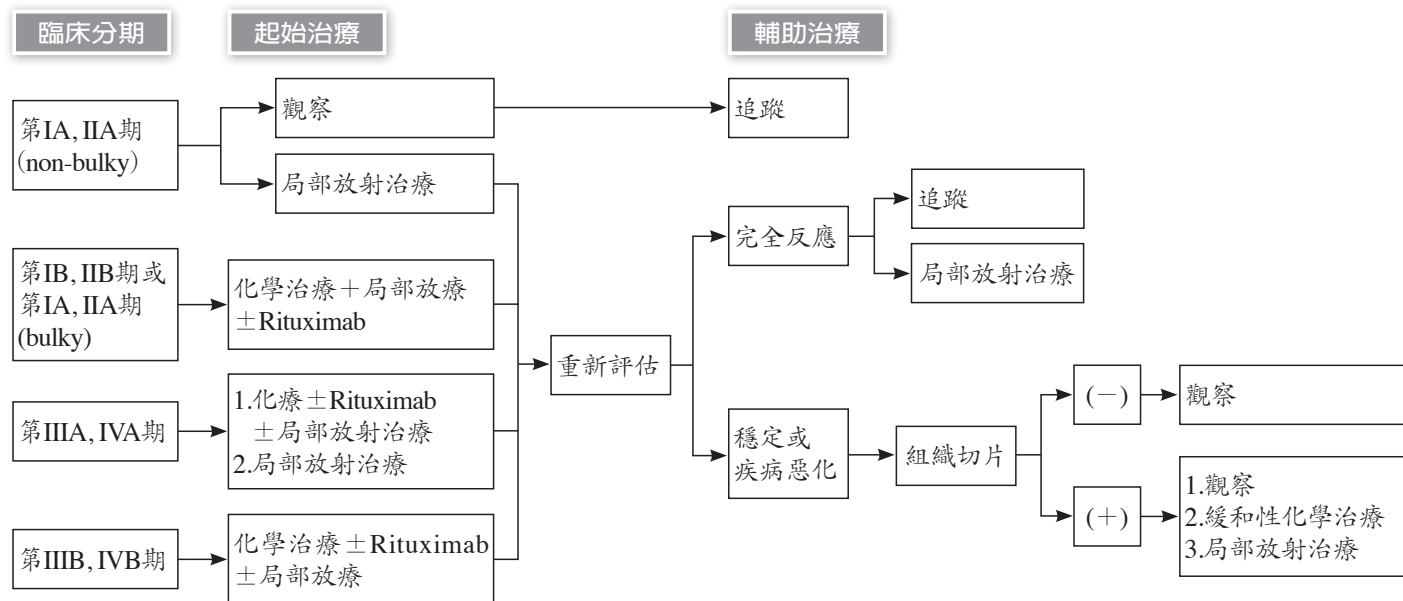
《淋巴瘤診療共識—何杰金氏症 (Hodgkin lymphoma) -4 》

《臨床分期：傳統何杰金氏淋巴瘤》

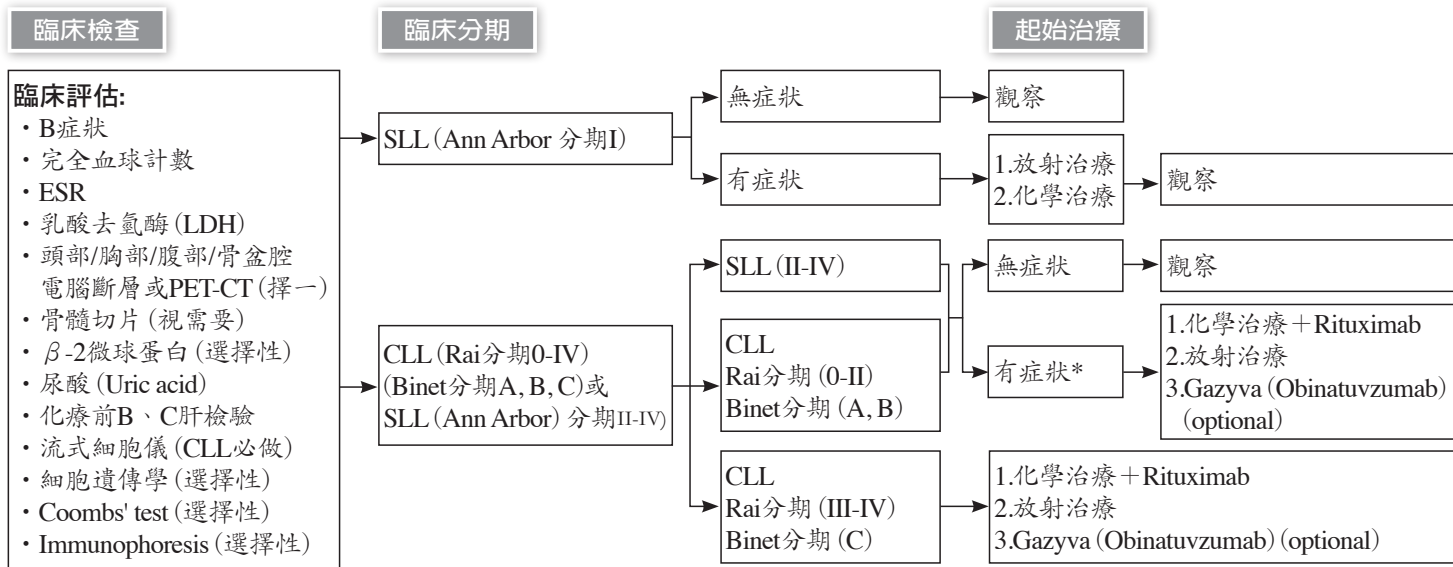


《淋巴瘤診療共識—何杰金氏症 (Hodgkin lymphoma) -5 》

《臨床分期：結節性淋巴結為主何杰金氏淋巴瘤》

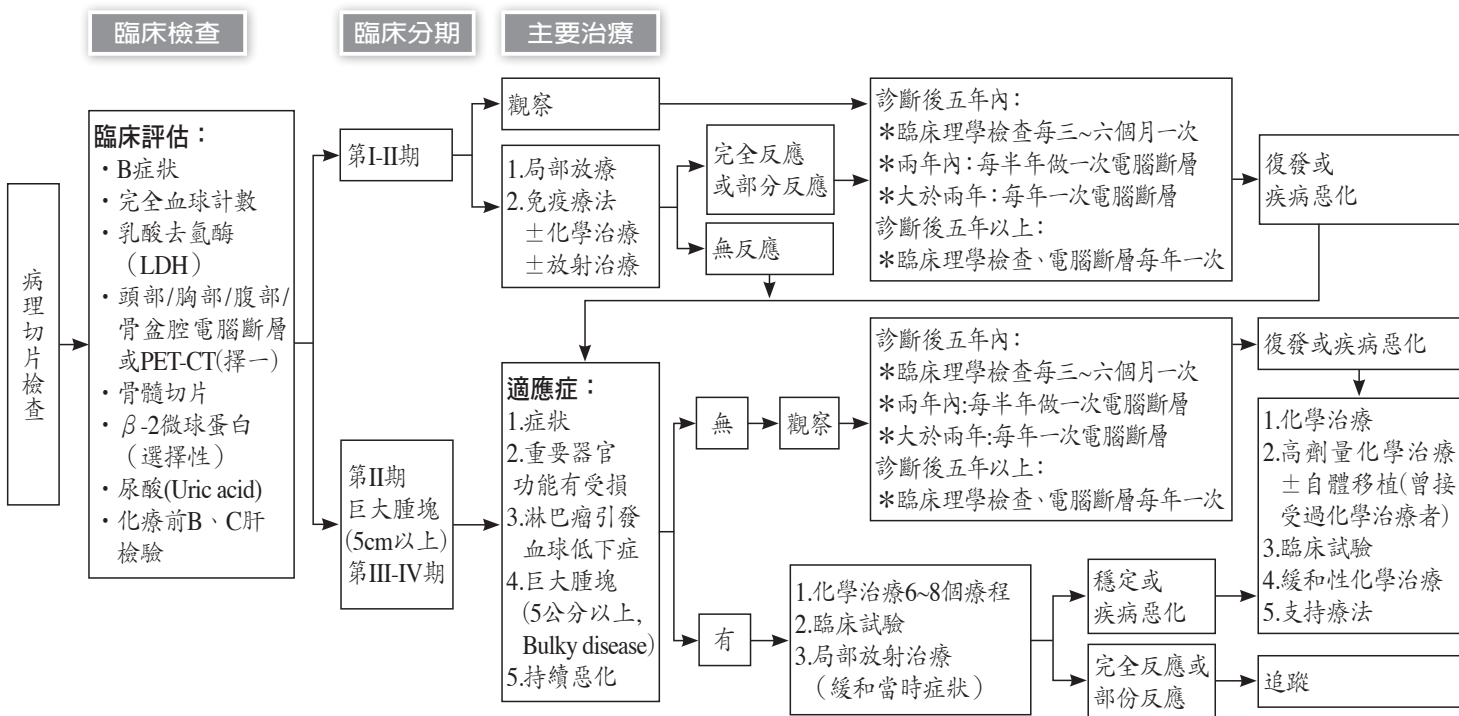


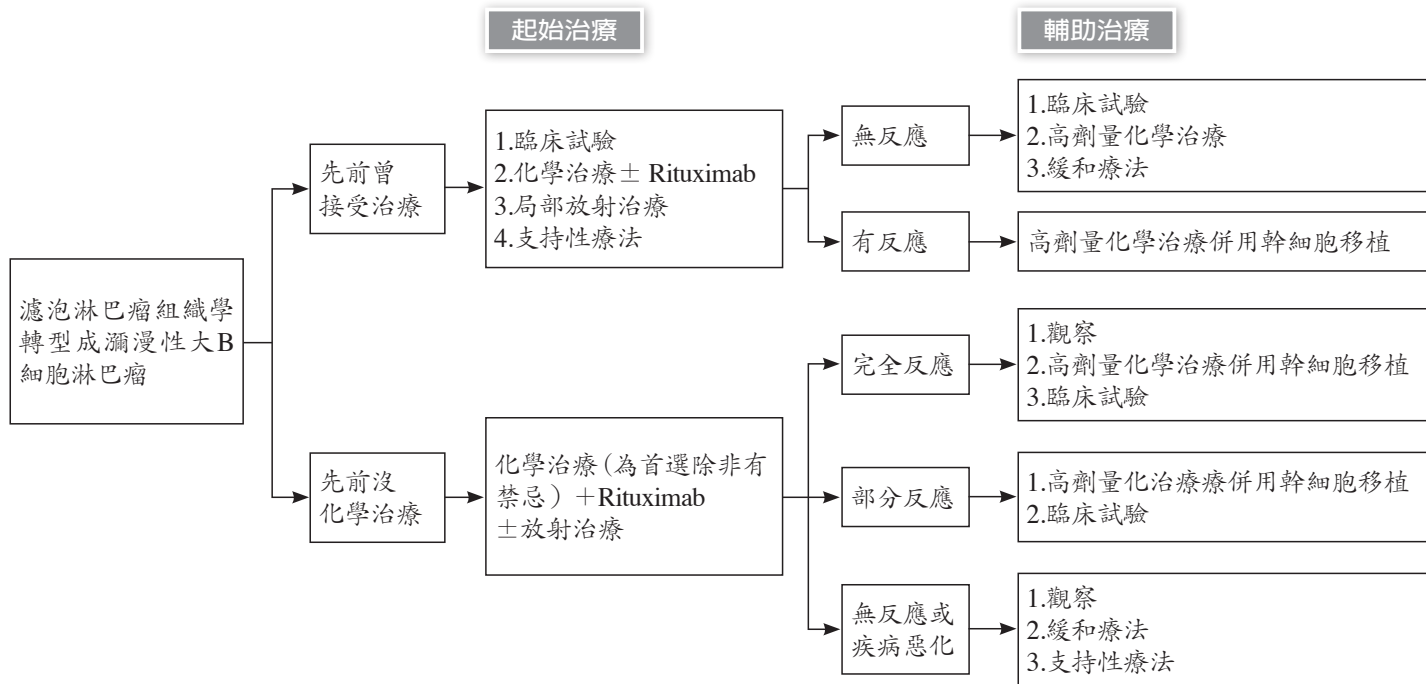
*Clinical trial is always an option of treatment.



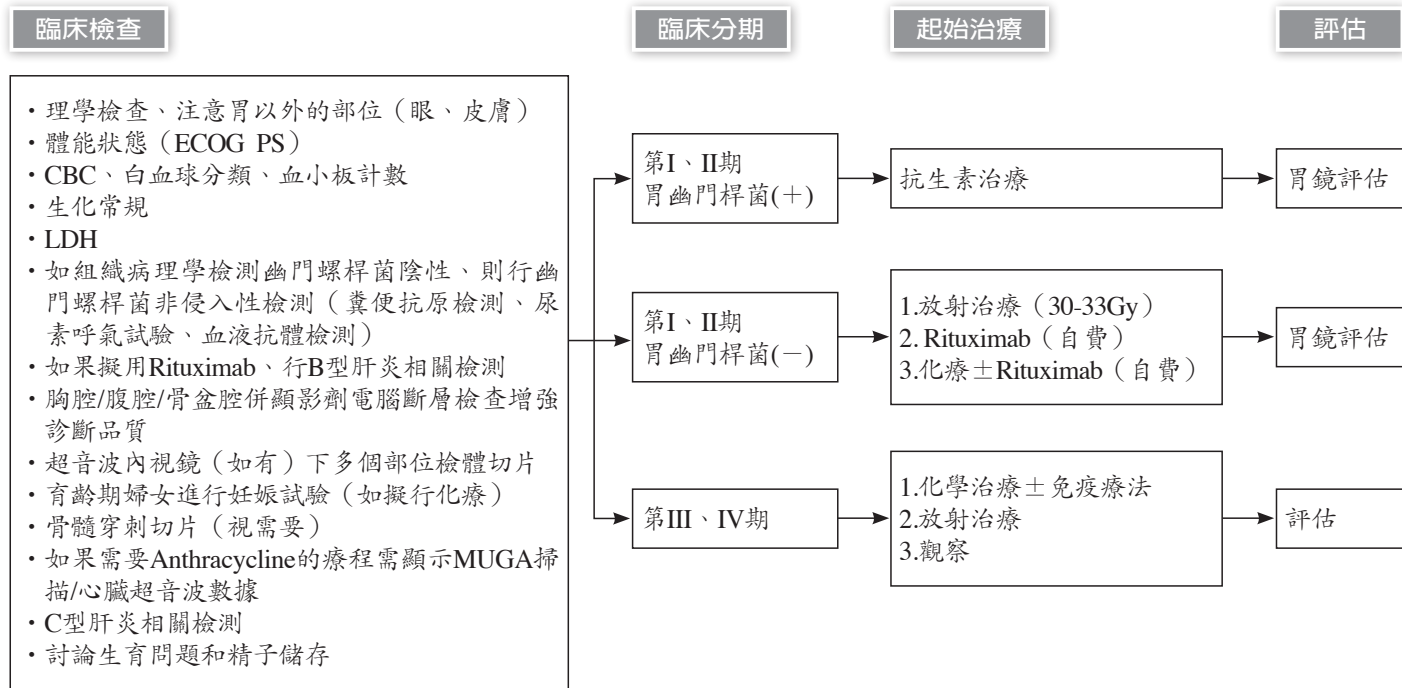
- Clinical trial is always an option of treatment.
- 評估有以下症狀* :
 1.Fatigue(severe) 2. Night sweats 3. Weight loss 4. Fever without infection
- * Threatened end-organ function
- * Progressive bulky disease(spleen>6cm below costal margin, lymph nodes>10cm)
- * Progressive anemia
- * Progressive thrombocytopenia
- Gazyva(Obinatuzumab)(optional)-waiting for drug

《淋巴瘤診療共識—濾泡淋巴瘤(Follicular Lymphoma)》



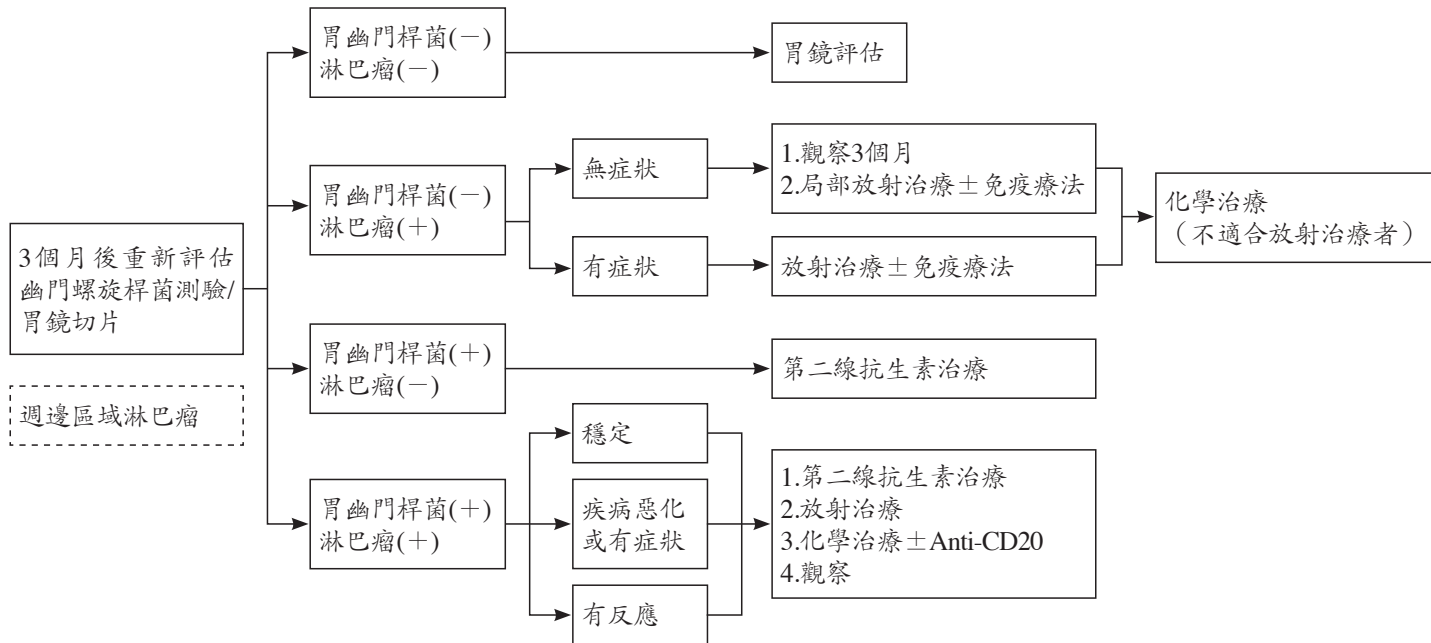


《 淋巴癌診療共識—胃黏膜淋巴組織相關淋巴瘤 (Gastric MALT lymphoma) -1 》



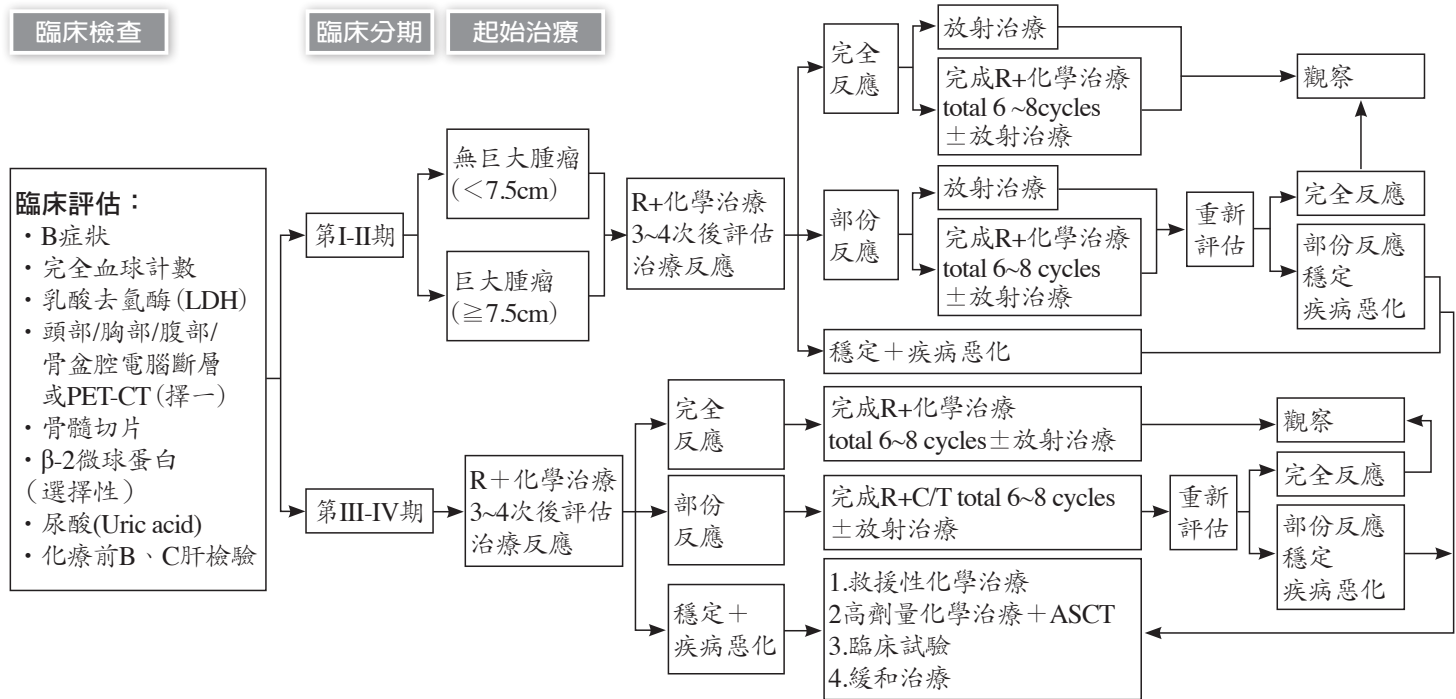
• Clinical trial is always an option of treatment.

抗生素使用後



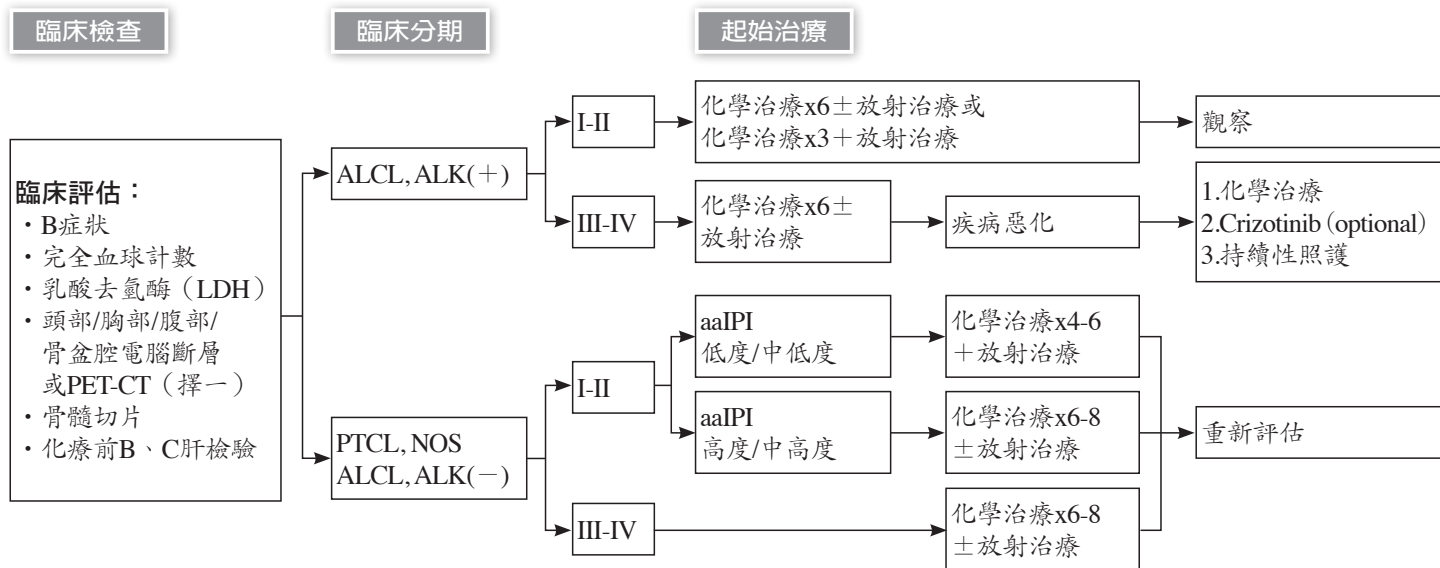
• Clinical trial is always an option of treatment.

《 淋巴癌診療共識—瀰漫性大B細胞淋巴瘤/濾泡性淋巴瘤Gr.III (DLBCL/FL Gr.III) 》



*Rituximab持續性治療每三個月施打一次，持續2年，僅適用於濾泡性淋巴瘤 (Gr. I-II)

• Clinical trial is always an option of treatment.



1.Clinical trial is always an option of treatment.

2.Treatment with diffuse large B cell lymphoma without rituximab.

3.aaIPI：年齡調整國際預後指數

《參考文獻》

1. NCCN clinical practice guidelines in oncology-Hodgkin Lymphoma. version 2.2015.
2. NCCN clinical practice guidelines in oncology-Non-Hodgkin's Lymphomas. Version 2.2015.
3. WHO classification of tumours of haematopoietic and lymphoid tissues. In: Swerdlow SH, Campo E, Harris NL, et al., eds (ed 4). Lyon, France: IARC; 2008.
4. Cheson BD, Fisher RI, Barrington SF, et al. Recommendations for initial evaluation, staging, and response assessment of Hodgkin and non-Hodgkin lymphoma: the Lugano classification. *J Clin Oncol* 2014;32:3059-3068.
5. Meyer R, Gospodarowicz M, Connors J, et al. ABVD alone versus radiation-based therapy in limited-stage Hodgkin's lymphoma. *N Engl J Med* 2012;366:399-408.
6. Radford J, et al. Involved field radiotherapy versus no further treatment in patients with clinical stages IA and IIA Hodgkin Lymphoma and a negative PET scan after 3 cycles of ABVD. Results of the UK NCRI RAPID Trial [abstract]. *Blood* 2012; 120:Abstract 547.
7. Fernández de Larrea C, Martínez C, et al. Salvage chemotherapy with alternating MINE- ESHAP regimen in relapsed or refractory Hodgkin's lymphoma followed by autologous stem cell transplantation. *Ann Oncol* 2010;21(6):1211-1216.
8. Fischer K, Cramer P, Busch R, et al. Bendamustine in combination with rituximab for previously untreated patients with chronic lymphocytic leukemia: A multicenter phase II trial of the German Chronic Lymphocytic Leukemia Study Group. *J Clin Oncol* 2012;30:3209-3216. Knauf WU, Lissichkov T, Aldaoud A, et al. Phase III randomized study of bendamustine
9. Flinn IW, van der Jagt R, Kahl BS, et al. Open-label, randomized, noninferiority study of bendamustine-rituximab or R-CHOP/R-CVP in first-line treatment of advanced indolent NHL or MCL: the BRIGHT study. *Blood* 2014;123:2944-2952.
10. Rummel MJ, Niederle N, Maschmeyer G, et al. Bendamustine plus rituximab versus CHOP plus rituximab as first-line treatment for patients with indolent and mantle-cell lymphomas: an open-label, multicentre, randomised, phase 3 non-inferiority trial. *Lancet* 2013;381:1203-1210. Flinn IW, van der Jagt R, Kahl BS, et al. Open-label, randomized, noninferiority study of bendamustine-rituximab or R-CHOP/R-CVP in first-line treatment of advanced indolent NHL or MCL: the BRIGHT

- study. *Blood* 2014;123:2944-2952.
11. Salles GA, Seymour JF, Offner F, et al. Rituximab maintenance for 2 years in patients with high tumour burden follicular lymphoma responding to rituximab plus chemotherapy (PRIMA): A phase 3, randomised controlled trial. *The Lancet* 2011;377:42-51.
 12. Feugier P, Van Hoof A, Sebban C, et al. Long-term results of the R-CHOP study in the treatment of elderly patients with diffuse large B-cell lymphoma: a study by the Groupe d'Etude des Lymphomes de l'Adulte. *J Clin Oncol* 2005;23:4117-4126.
 13. Weidmann E, Kim SZ, Rost A, et al. Bendamustine is effective in relapsed or refractory aggressive non-Hodgkin's lymphoma. *Ann Oncol* 2002;13:1285-1289.
 14. Salles GA, Seymour JF, Offner F, et al. Rituximab maintenance for 2 years in patients with high tumour burden follicular lymphoma responding to rituximab plus chemotherapy (PRIMA): A phase 3, randomised controlled trial. *The Lancet* 2011;377:42-51.
 15. Eichhorst B, Fink AM, Busch R, et al. Frontline chemoimmunotherapy with fludarabine (F), cyclophosphamide (C), and rituximab (R) (FCR) shows superior efficacy in comparison to bendamustine (B) and rituximab (BR) in previously untreated and physically fit patients (pts) with advanced chronic lymphocytic leukemia (CLL): Final analysis of an international, randomized study of the German CLL Study Group (GCLLSG) (CLL10 Study)[abstract]. *Blood* 2014;124:Abstract 19.
 16. Eichhorst B, Fink AM, Busch R, et al. Frontline chemoimmunotherapy with fludarabine (F), cyclophosphamide (C), and rituximab (R) (FCR) shows superior efficacy in comparison to bendamustine (B) and rituximab (BR) in previously untreated and physically fit patients (pts) with advanced chronic lymphocytic leukemia (CLL): Final analysis of an international, randomized study of the German CLL Study Group (GCLLSG) (CLL10 Study)[abstract]. *Blood* 2014;124:Abstract 19.
 17. Coiffier B, Thieblemont C, Van Den Neste E, et al. Long-term outcome of patients in the LNH-98.5 trial, the first randomized study comparing rituximab-CHOP to standard CHOP chemotherapy in DLBCL patients: a study by the Groupe d'Etudes des Lymphomes de l'Adulte. *Blood* 2010;116:2040-2045.
 18. Salles G, Seymour JF, Feugier P, et al. Updated 6 year follow-up of the PRIMA study confirms the benefit of 2-year rituximab maintenance in follicular lymphoma patients responding to frontline immunochemotherapy [abstract]. *Blood*

2013;122:Abstract 509.

19. Cunningham D, Hawkes EA, Jack A, et al. Rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisolone in patients with newly diagnosed diffuse large B-cell non-Hodgkin lymphoma: a phase 3 comparison of dose intensification with 14-day versus 21-day cycles. *Lancet* 2013;381:1817-1826.
20. Gisselbrecht C, Glass B, Mounier N, et al. Salvage regimens with autologous transplantation for relapsed large B-cell lymphoma in the rituximab era. *J Clin Oncol* 2010;28:4184-4190.