

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

T-cell Lymphomas

Version 1.2017 — December 7, 2016

NCCN.org

Continue

* Andrew D. Zelenetz, MD, PhD/Chair † ‡
Memorial Sloan Kettering Cancer Center

* Leo I. Gordon, MD/Co-Vice Chair ‡ §
Robert H. Lurie Comprehensive Cancer
Center of Northwestern University

* William G. Wierda, MD, PhD/Co-Vice Chair † ‡
The University of Texas
MD Anderson Cancer Center

Jeremy S. Abramson, MD † ‡
Massachusetts General Hospital
Cancer Center

Ranjana H. Advani, MD †
Stanford Cancer Institute

C. Babis Andreadis, MD, MSCE † ‡
UCSF Helen Diller Family
Comprehensive Cancer Center

Nancy Bartlett, MD †
Siteman Cancer Center at Barnes-
Jewish Hospital and Washington
University School of Medicine

John C. Byrd, MD ‡ † §
The Ohio State University Comprehensive
Cancer Center - James Cancer Hospital
and Solove Research Institute

Paolo Caimi, MD † ‡
Case Comprehensive Cancer Center/University
Hospitals Seidman Cancer Center and
Cleveland Clinic Taussig Cancer Institute

Julie E. Chang, MD ‡
University of Wisconsin
Carbone Cancer Center

Mark W. Clemens, MD ○
The University of Texas
MD Anderson Cancer Center

Luis E. Fayad, MD † ‡ †
The University of Texas
MD Anderson Cancer Center

Richard I. Fisher, MD † ‡
Fox Chase Cancer Center

Martha J. Glenn, MD † ‡ † §
Huntsman Cancer Institute
at the University of Utah

Thomas M. Habermann, MD ‡ §
Mayo Clinic Cancer Center

Nancy Lee Harris, MD ≠
Massachusetts General Hospital Cancer Center

Francisco Hernandez-Ilizaliturri, MD †
Roswell Park Cancer Institute

Richard T. Hoppe, MD §
Stanford Cancer Institute

Steven M. Horwitz, MD † †
Memorial Sloan Kettering Cancer Center

Mark S. Kaminski, MD †
University of Michigan
Comprehensive Cancer Center

Christopher R. Kelsey, MD §
Duke Cancer Institute

Youn H. Kim, MD ∞ †
Stanford Cancer Institute

Susan Krivacic, MPAff ¥
Consultant

Ann S. LaCasce, MD †
Dana-Farber/Brigham and Women's
Cancer Center

Michael G Martin, MD †
St. Jude Children's Research Hospital/
University of Tennessee Health Science Center

Amitkumar Mehta MD † ‡ †
University of Alabama at Birmingham
Comprehensive Cancer Center

Auayporn Nademanee, MD † ‡ §
City of Hope Comprehensive Cancer Center

Sameer A. Patel, MD ○
Fox Chase Cancer Center

Pierluigi Porcu, MD † † †
The Ohio State University Comprehensive
Cancer Center - James Cancer Hospital
and Solove Research Institute

Oliver Press, MD, PhD † †
Fred Hutchinson Cancer Research Center/
Seattle Cancer Care Alliance

Rachel Rabinovitch, MD §
University of Colorado Cancer Center

Nishitha Reddy, MD ‡ §
Vanderbilt-Ingram Cancer Center

Erin Reid, MD ‡ §
UC San Diego Moores Cancer Center

Kenneth Roberts, MD §
Yale Cancer Center/Smilow Cancer Hospital

Ayman A. Saad, MD ‡ §
University of Alabama at Birmingham
Comprehensive Cancer Center

Erin D. Snyder, MD †
University of Alabama at Birmingham
Comprehensive Cancer Center

Lubomir Sokol, MD, PhD † ‡ † § §
Moffitt Cancer Center

Lode J. Swinnen, MB, ChB ‡ §
The Sidney Kimmel Comprehensive
Cancer Center at Johns Hopkins

Julie M. Vose, MD, MBA ‡ §
Fred & Pamela Buffett Cancer Center

Joachim Yahalom, MD §
Memorial Sloan Kettering Cancer Center

NCCN

Mary Dwyer, MS
Hema Sundar, PhD

Continue

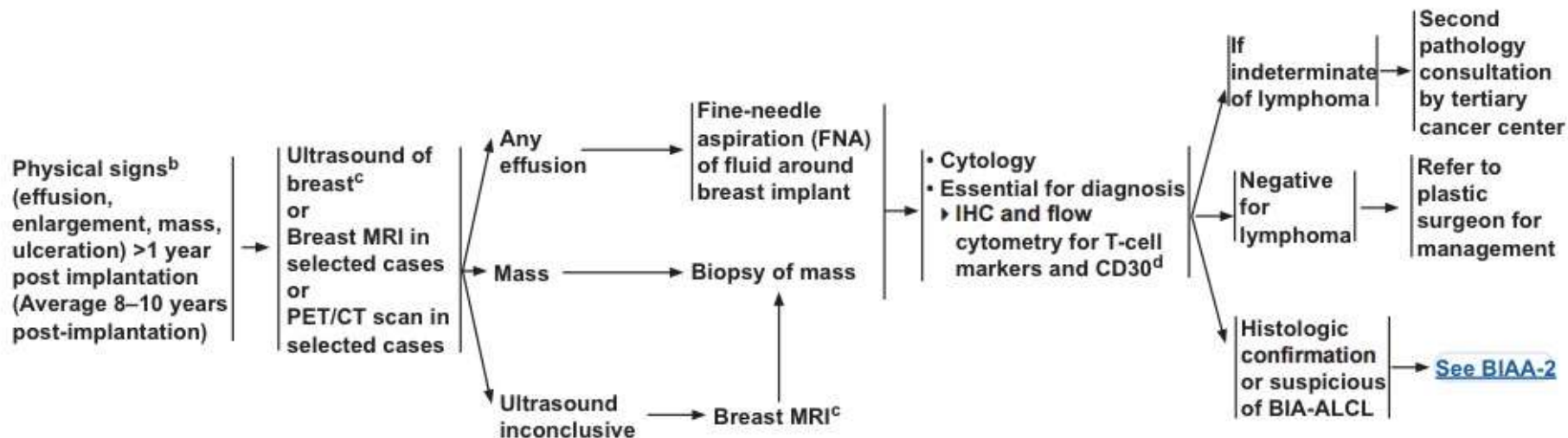
[NCCN Guidelines Panel Disclosures](#)

† Medical oncology	‡ Internal medicine
‡ Hematology/Hematology oncology	∞ Dermatology
§ Radiotherapy/Radiation oncology	○ Plastic surgery
ξ Bone marrow transplantation	¥ Patient advocacy
≠ Pathology	* Discussion Writing Committee Member

CLINICAL PRESENTATION^a

INITIAL WORKUP

PATHOLOGIC WORKUP



^aRare cases with parenchymal breast or nodal involvement may have an aggressive course more in line with systemic ALK-positive ALCL (See TCEL-3). Optimal treatment of these cases is not well defined and management should be individualized.

^bA majority of cases have been seen in textured implants (Miranda RN, et al. Breast implant-associated anaplastic large-cell lymphoma: long-term follow-up of 60 patients. J Clin Oncol 2014;32:114–120).

^cAdrada BE, et al. Breast implant-associated anaplastic large cell lymphoma: sensitivity, specificity, and findings of imaging studies in 44 patients. Breast Cancer Res Treat 2014;147:1–14.

^dMiranda RN, et al. Breast implant-associated anaplastic large-cell lymphoma: long-term follow-up of 60 patients. J Clin Oncol 2014;32:114–120.

Note: All recommendations are category 2A unless otherwise indicated.

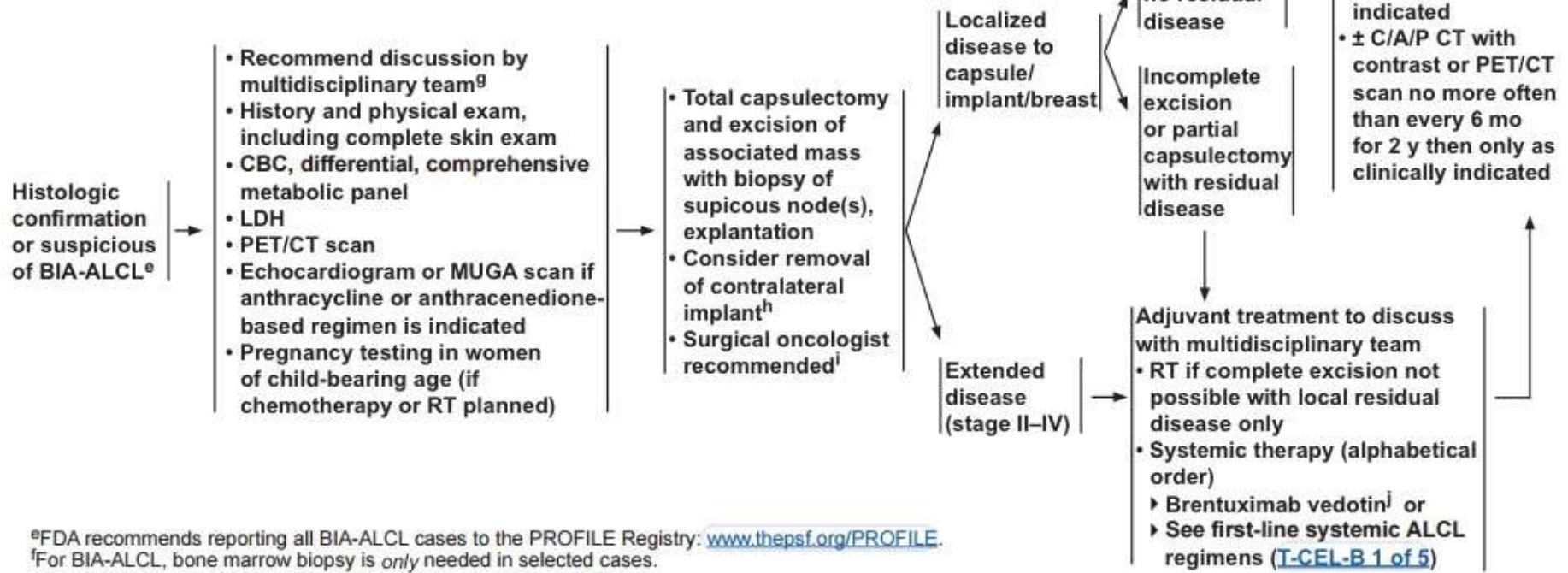
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

**LYMPHOMA WORKUP
AND STAGING^f**

TREATMENT

**ADJUVANT
TREATMENT**

FOLLOW-UP



^eFDA recommends reporting all BIA-ALCL cases to the PROFILE Registry: www.theptsf.org/PROFILE.

^fFor BIA-ALCL, bone marrow biopsy is *only* needed in selected cases.

^gEg, oncologist, surgical oncologist, plastic surgeon, hemepathologist.

^hIn approximately 4.6% of cases, lymphoma was found in the contralateral breast (Clemens MW, Medeiros LJ, Butler CE, et al. Complete surgical excision is essential for the management of patients with breast implant-associated anaplastic large-cell lymphoma. *J Clin Oncol* 2016; 34:160-168).

ⁱClemens MW, Medeiros LJ, Butler CE, et al. Complete surgical excision is essential for the management of patients with breast implant-associated anaplastic large-cell lymphoma. *J Clin Oncol* 2016; 34:160-168.

^jPro B, Advani R, Brice P, et al. Brentuximab vedotin (SGN-35) in patients with relapsed or refractory systemic anaplastic large-cell lymphoma: results of a phase II study. *J Clin Oncol* 2012;30:2190-2196. Pro B, Advani R, Brice P, et al. Four-year survival data from an ongoing pivotal phase 2 study of brentuximab vedotin in patients with relapsed or refractory systemic anaplastic large cell lymphoma [abstract]. *Blood* 2014 124:Abstract 3095.

Note: All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.