NICE National Institute for Health and Care Excellence

NICE Pathways

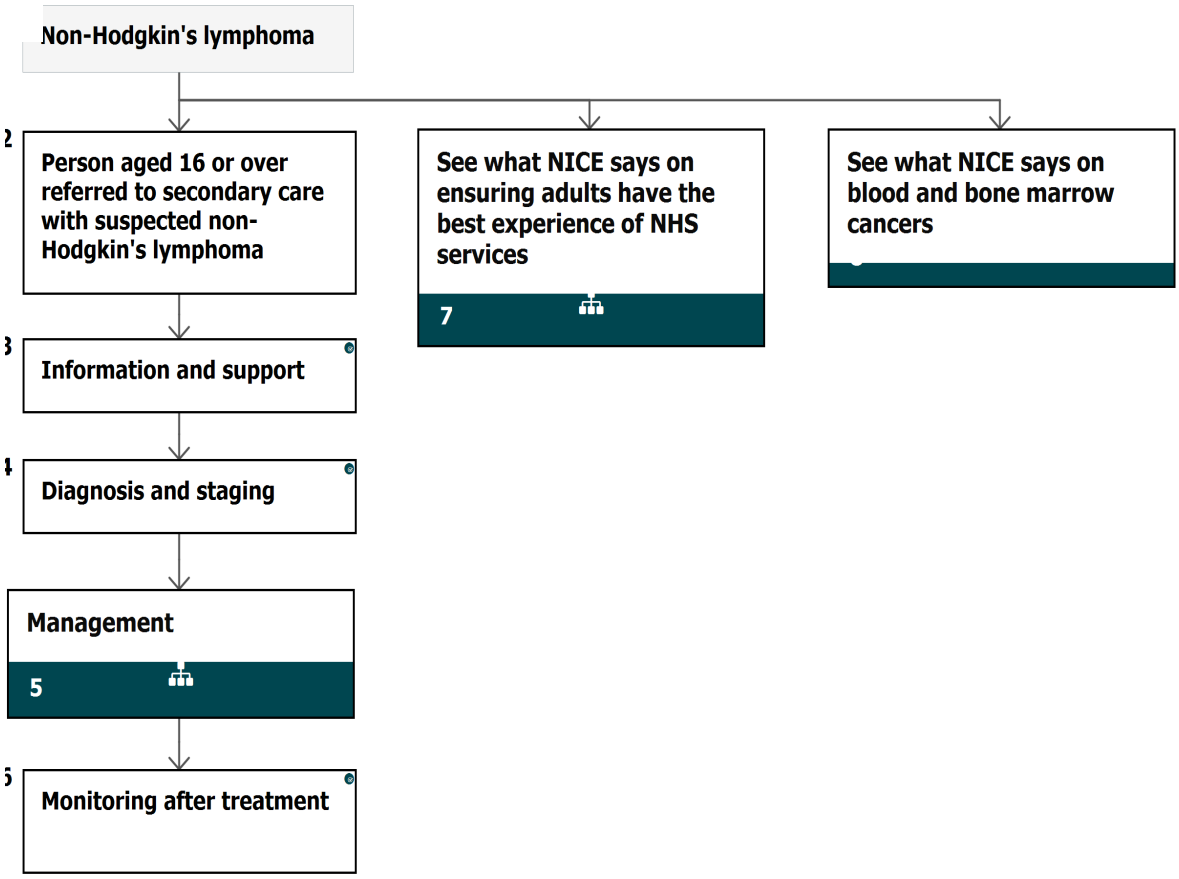
Non-Hodgkin's lymphoma overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/non-hodgkins-lymphoma
NICE Pathway last updated: 12 March 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Non-Hodgkin's lymphoma

No additional information

2 Person aged 16 or over referred to secondary care with suspected non-Hodgkin's lymphoma

See what NICE says on recognition and referral from primary to secondary care for suspected haematological cancers.

3 Information and support

To help people with non-Hodgkin's lymphoma (and their family members or carers as appropriate) to make decisions about care, follow NICE's recommendations on patient experience in adult NHS services, haematological cancers: improving outcomes, patient care in improving supportive and palliative care for adults with cancer and end of life care for people with life-limiting conditions. Pay particular attention to the following areas:

- establishing the best way of communicating with the person
- timing and format of information
- information about treatment, including benefits, short-term risks and late effects
- financial support and benefit advice
- fertility issues (see cryopreservation to preserve fertility in people diagnosed with cancer)
- sexual function
- support groups
- access to wellbeing services and psychological support.

NICE has written information for the public on non-Hodgkin's lymphoma: diagnosis and management.

Give people with non-Hodgkin's lymphoma (and their family members or carers as appropriate) detailed information about the nature and purpose of diagnostic and staging tests, including:

- bone marrow biopsies
- central line insertion
- core and excision biopsies

- CT and PET-CT scans
- lumbar punctures.

If 'watch and wait' (observation without therapy) is suggested for a person with non-Hodgkin's lymphoma:

- explain to them (and their family members or carers as appropriate) about what this involves and why it is being advised
- address any increased anxiety that results from this approach.

Explain to people with low-grade non-Hodgkin's lymphoma about the possibility of transformation to high-grade lymphoma, taking into account the person's needs and preferences. Involve family members or carers as appropriate.

Ensure that people with non-Hodgkin's lymphoma have:

- a named key worker at diagnosis and during treatment **and**
- contact details for the specialist team after treatment.

Discuss exercise and lifestyle with people with non-Hodgkin's lymphoma from diagnosis onwards.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. End-of-treatment summary plan

4 Diagnosis and staging

Type of biopsy

Consider an excision biopsy as the first diagnostic procedure for people with suspected non-Hodgkin's lymphoma at first presentation.

In people with suspected non-Hodgkin's lymphoma for whom the risk of a surgical procedure outweighs the potential benefits of an excision biopsy, consider a needle core biopsy procedure. Take the maximum number of cores of the largest possible calibre.

For people with suspected non-Hodgkin's lymphoma in whom a diagnosis is not possible after a

needle core biopsy procedure, offer an excision biopsy (if surgically feasible) in preference to a second needle core biopsy procedure.

Pathology departments should ensure that tissue is conserved when handling needle core biopsies, so that further analysis can be carried out if needed.

Diagnosing B-cell lymphomas: gene testing strategies

Consider using FISH to identify a *MYC* rearrangement in all people newly presenting with histologically high-grade B-cell lymphoma.

If a *MYC* rearrangement is found, use FISH to identify the immunoglobulin partner and the presence of *BCL2* and *BCL6* rearrangements.

Stratifying high-grade B-cell lymphomas using laboratory techniques

Do not use immunohistochemistry to assess the prognostic value associated with cell of origin in people with diffuse large B-cell lymphoma.

Interpret FISH results (*MYC*, *BCL2* and *BCL6* rearrangements) in the context of other prognostic factors (particularly the person's age and International Prognostic Index).

Explain FISH results and their potential prognostic value to people with B-cell lymphoma.

Confirming staging using fluorodeoxyglucose-positron emission tomography-CT

Offer FDG-PET-CT imaging to confirm staging for people diagnosed with:

- stage I diffuse large B-cell lymphoma by clinical and CT criteria
- stage I or localised stage II follicular lymphoma if disease is thought to be encompassable within a radiotherapy field
- stage I or II Burkitt lymphoma with other low-risk features.

For people diagnosed with other subtypes or stages of non-Hodgkin's lymphoma not listed in the previous recommendation, consider FDG-PET-CT imaging to confirm staging if the results will alter management.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

2. Staging using FDG-PET-CT

5 Management

See Non-Hodgkin's lymphoma / Managing non-Hodgkin's lymphoma

6 Monitoring after treatment

Provide end-of-treatment summaries for people with non-Hodgkin's lymphoma (and their GPs). Discuss these with the person, highlighting personal and general risk factors, including late effects related to their lymphoma subtype and/or its treatment.

Provide information to people with non-Hodgkin's lymphoma when they complete treatment about how to recognise possible relapse and late effects of treatment.

At 3 years after a person with non-Hodgkin's lymphoma completes a course of treatment, consider moving surveillance of late effects of treatment to nurse-led or GP-led services.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. End-of-treatment summary plan

7 See what NICE says on ensuring adults have the best experience of NHS services

See patient experience in adult NHS services

8 See what NICE says on blood and bone marrow cancers

See blood and bone marrow cancers

Why we made the recommendations on obinutuzumab

Current first-line treatment for symptomatic advanced follicular lymphoma is induction therapy with rituximab plus chemotherapy, followed by maintenance treatment with rituximab when there has been a response to induction therapy.

The main evidence on the effectiveness and safety of obinutuzumab is from an ongoing clinical trial. It shows that obinutuzumab plus chemotherapy followed by obinutuzumab maintenance treatment delays disease progression more than current treatment. However, it also shows that undesirable side effects are more common with obinutuzumab than with rituximab. There are not enough data to know with certainty whether obinutuzumab increases life expectancy.

The company's revised economic analyses focuses on higher-risk subgroups. Obinutuzumab costs more than branded rituximab and even more than the biosimilar versions of rituximab. However, using the preferred assumptions and the discounted prices for obinutuzumab and rituximab, the cost-effectiveness estimate for obinutuzumab plus chemotherapy followed by obinutuzumab maintenance treatment, compared with rituximab plus chemotherapy followed by rituximab maintenance treatment, is lower than £30,000 per quality-adjusted life year gained. Therefore, obinutuzumab is recommended as an option for untreated advanced follicular lymphoma in patients at higher risk.

For more information see the committee discussion in the NICE technology appraisal guidance on obinutuzumab for untreated advanced follicular lymphoma.

Glossary

CHOP

cyclophosphamide, doxorubicin, vincristine and prednisolone

CVP

cyclophosphamide, vincristine and prednisolone

FISH

fluorescence *in situ* hybridisation

FDG-PET-CT

fluorodeoxyglucose-positron emission tomography-CT

H. pylori

Helicobacter pylori

MALT

mucosa-associated lymphoid tissue

PET-CT

positron emission tomography-CT

Sources

Non-Hodgkin's lymphoma: diagnosis and management (2016) NICE guideline NG52

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline

should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.