

T-cell lymphoma Classification	Treatment	Outcomes	Other options/ Second line
Peripheral T-cell lymphoma (unspecified)	• CHOP • Autologous SCT (if available) in 1st remission	• 50% CR, 30% 5year OS	• Etoposide sometimes used (poor outcome data)
Angioimmunoblastic T-cell lymphoma (AITL)	• CHOP +/- Autologous SCT (if available) in 1st remission • If elderly: low dose cyclophos/etoposide/ prednisolone	• 5yr PFS with CHOP alone 13%	• Etoposide can be added in young/ high risk patients but increased toxicity • Possible role of BV if CD30+ve (ECHELON-3 awaited) • Relapse: allogenic SCT (if option abroad) • Relapse/ palliation: HDAC inhibitors (if available) may be used
Anaplastic large cell lymphoma (ALCL)	• CHP-BV Brentuximab (if available) or • CHOP • ALK-ve: Autologous SCT (if available) in 1st remission	• ECHELON-2 Trial evidence for CHP-BV (3yr PFS 51% Vs 43% CHOP)	• BV-CHEP (addition of etoposide) more toxic- possible role in young/ high risk patients
Adult T-cell leukaemia/ lymphoma	• Acute leuk/ non bulky: 1st:Zidovudine + interferon	• Responses not durable	• Excellent flow diagram in Cook et al (Reference below)

	2nd: Chemo e.g. CHO(M)P (M = methotrexate) • Lymphoma or bulky: Chemo CHO(M)P +/- INF/ZVD • Chronic: ZVD/INF		• Consider intrathecal prophylaxis
T-PLL	• Alemtuzumab (if available) • CHOP	• Very poor outcomes with CHOP • Poor OS	
T-LGL	• Weekly low dose methotrexate for neutropenia • Low dose methotrexate/ cyclophosphamide for anaemia		• CsA • Steroids • Purines/ alemtuzumab
Nasal Extranodal NK/T cell lymphoma	• Local disease: High dose radiotherapy (50-60Gy) + adjunct chemo • Systemic disease options: SMILE regimen +/- radiotherapy (intensive) or less aggressive approaches*: DeVIC VIDL (P)-GEMOX AspaMetDex Mini-SMILE	• 5 year overall survival 50%	• Consider using regimens listed in first line that have not previously been used e.g. radiotherapy-VIDL or AspaMetDex

Nasal/ Extranodal NK/T cell lymphoma Regimens

***DeVIC:** dexamethasone 40 mg/day intravenously (IV) on days 1 to 3, etoposide 67 mg/m² IV over 2 hours on days 1 to 3, ifosfamide 1 g/m² IV over 3 hours on days 1 to 3, and carboplatin 200 mg/m² IV over 30 minutes on day 1

VIDL: etoposide 100 mg/m² IV on days 1 to 3, ifosfamide 1200 mg/m² IV on days 1 to 3, dexamethasone 40 mg days 1 to 3, and L-asparaginase 4000 international units [IU]/m² every other day from days 8 to 20,

(P)-GEMOX pegaspargase 2500 IU/m² IM on day 1, gemcitabine 1250 mg/m² IV on day 1, oxaliplatin 85 mg/m² IV on day 1, every two weeks

AspaMetDex: L-asparaginase, methotrexate, dexamethasone

Mini-SMILE: methotrexate 2 g/m² IV over 6 hours on day 1, leucovorin 15 mg x 4 IV or orally on days 2 to 4, ifosfamide 1500 mg/m² IV on days 2 to 4, mesna 300 mg/m² x 3 IV on days 2 to 4, dexamethasone 40 mg/day IV or orally on days 2 to 4, etoposide 100 mg/m² IV on days 2 to 4, and pegaspargase 1500 to 2500 IU/m² intramuscularly [IM] or IV on day 8

Useful Sources

PTCL-NOS: Henry S, Ngy MD, Frontline Management of Nodal Peripheral T-cell lymphomas, ASOC, Volume 23 https://doi.org/10.1200/EDBK_390334

AITL: Moskowitz A, Practical Treatment Approach of Angio-immunoblastic T-cell lymphomas, ASOC, Volume 15 <https://doi.org/10.1200/JOP.18.00511>

ATL/L: Cook L, Phillip A, How I treat Adult T cell leukaemia/ lymphoma; Blood; Jan 2021 <https://doi.org/10.1182/blood.2019004045>

T-PLL: Colon Ramos A, Tarekegn K, Aujla A, Garcia de de Jesus K, Gupta S. T-Cell Prolymphocytic Leukemia: An Overview of Current and Future Approaches. *Cureus*. 2021 Feb 9;13(2):e13237. doi: 10.7759/cureus.13237. PMID: 33728186; PMCID: PMC7948687.

T-LGL: Thierry Lamy, Thomas P. Loughran; How I treat LGL leukemia. *Blood* 2011; 117 (10): 2764–2774.
doi: <https://doi.org/10.1182/blood-2010-07-296962>

Nasal NK/T: Tse, E., Zhao, WL., Xiong, J. *et al.* How we treat NK/T-cell lymphomas. *J Hematol Oncol* **15**, 74 (2022).
<https://doi.org/10.1186/s13045-022-01293-5>