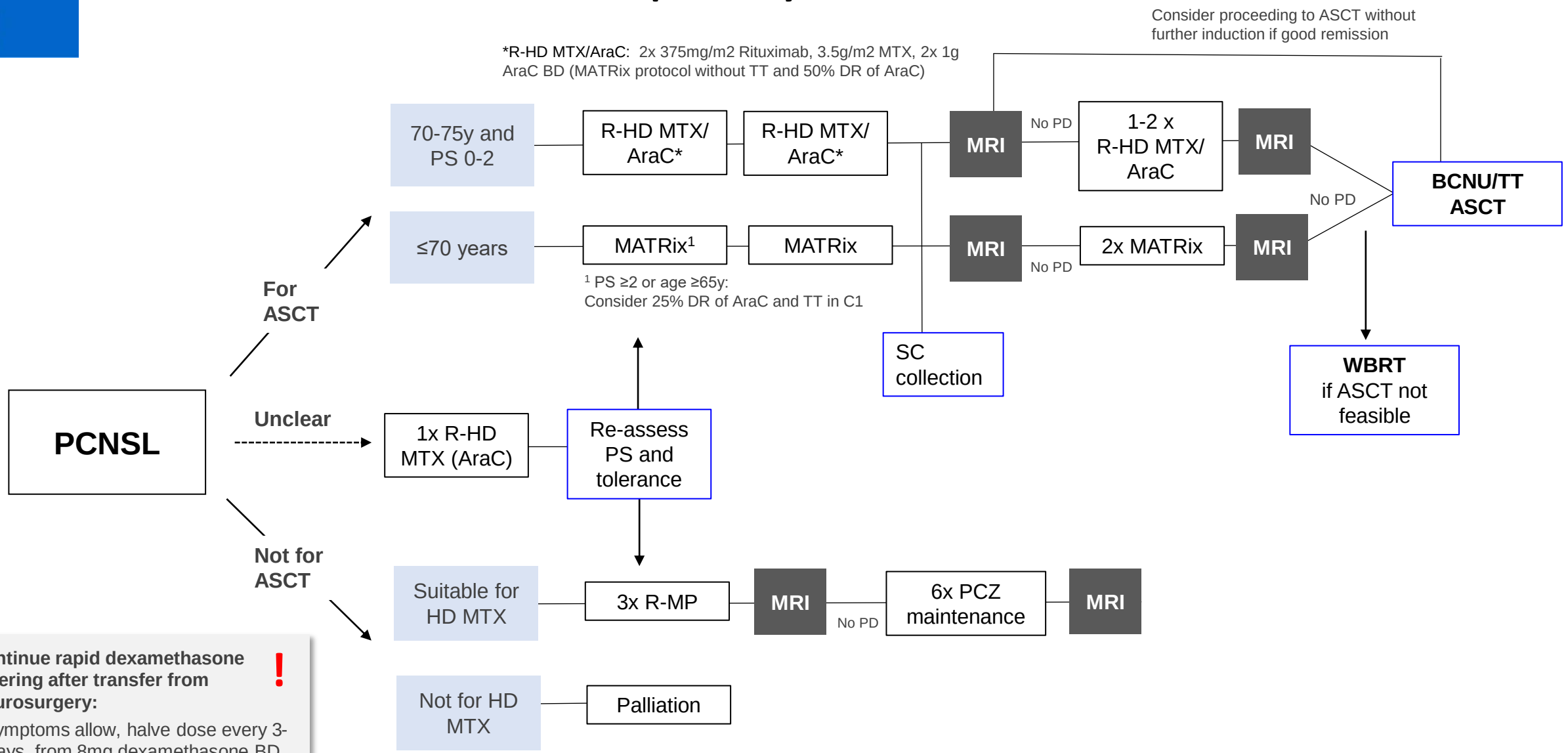
KCH PCNSL front-line treatment pathway



Continue rapid dexamethasone tapering after transfer from Neurosurgery: !

If symptoms allow, halve dose every 3-5 days, from 8mg dexamethasone BD to 1mg OD.

Patients should be off steroids before starting cycle 2.

PCNSL - assessments

Baseline investigations:

- ❑ EPR orderset “new lymphoma”: Virology, LDH, ect.
- ❑ Echo as indicated
- ❑ NM GFR, PICC line
- ❑ MRI brain (usually performed)
- ❑ MRI whole spine
- ❑ CT NTAP (usually performed), *if not*: PET scan
- ❑ BMAT (unless PET scan done)
- ❑ Testicular USS
- ❑ Ophthalmology review (EPR referral)
- ❑ Neurophsychological assessment (EPR referral)
- ❑ CSF incl. protein (biochem.) and immunophenotyping

Remember:

- ❑ All patients to start on PJP prophylaxis with pentamidine until end of HD-MTX based treatment
- ❑ Repeat NM GFR after cycle 2
- ❑ Patients starting MATRix: contact BMT coordinator team for SC harvest off cycle 2
- ❑ Remember to dose reduce Thiotepa/AraC according to neutrophil/plt nadir of previous cycle
- ❑ Once remission confirmed on MRI: taper of Levetiracetam according to Neurology advice.