

Appendix 30 - MANTLE CELL LYMPHOMA

Approved settings/ treatment line	Protocols	Drugs in abbreviation	Evidence level
1 st line Aggressive	RDHA + (Cisplatin or Carboplatin or Oxaliplatin)	Rituximab, Dexamethasone, Cytarabine, Platinum agent	Category 2A, Preferred
	NORDIC Regimen.	Rituximab, doxorubicin, vincristine, cyclophosphamide, cytarabine, filgrastim, MESNA	Category 2A, Preferred
	Alternating RCHOP/ RDHAP.	Rituximab, Cyclophosphamide, Doxorubicin, Prednisone, Cytarabine, Cisplatin, Dexamethasone	Category 2A, Preferred
	Hyper-CVAD	cyclophosphamide, vincristine, doxorubicin, dexamethasone, filgrastim, methotrexate, calcium leucovorin, cytarabine, MESNA	Category 2A, Preferred
	Bendamustine + Rituximab.		Category 2B
Maintenance after aggressive therapy	Rituximab Single agent for 3 years		Category 1
1 st Line less aggressive	Bendamustine + Rituximab		Category 2A, Preferred
	Lenalidomide + Rituximab		Category 2A, Preferred
	VR-CAP	Cyclophosphamide, doxorubicin, prednisone, bortezomib	Category 2A, Preferred
	RCHOP	Rituximab, cyclophosphamide, Doxorubicin, Prednisone	Category 2A, Preferred
	Modified Rituximab + Hyper-CVAD	cyclophosphamide, vincristine, doxorubicin, dexamethasone, filgrastim, methotrexate, calcium leucovorin, cytarabine, MESNA	Category 2A
	RBAC500 Regimen		Category 2A
Maintenance after less aggressive therapy	Rituximab		Category 1, used after RCHOP or for 2-5 years after Modified rituximab+ Hyper CVAD
2 nd line, Short response to prior therapy	Ibrutinib ± Rituximab		Category 2A, preferred
	Lenalidomide ± Rituximab		Category 2A, preferred

Approved settings/ treatment line	Protocols	Drugs in abbreviation	Evidence level
2 nd line, Partial response to prior therapy	Bendamustine ± Rituximab		Category 2A, preferred
	Lenalidomide ± Rituximab		Category 2A, preferred
	Bortezomib ± Rituximab		Category 2A, preferred
	VR-CAP	Cyclophosphamide, doxorubicin, prednisone, bortezomib	Category 2A, preferred
	RCHOP	Rituximab, cyclophosphamide, Doxorubicin, Prednisone	Category 2A, preferred
2 nd line, Extended response to prior therapy	Ibrutinib ± Rituximab		Category 2A, preferred
	Lenalidomide ± Rituximab		Category 2A, preferred
	Bendamustine ± Rituximab		Category 2A, preferred
	Bortezomib ± Rituximab		Category 2A, preferred
	VR-CAP	Cyclophosphamide, doxorubicin, prednisone, bortezomib	Category 2B
	RCHOP	Rituximab, cyclophosphamide, Doxorubicin, Prednisone	Category 2B
	Bedamustine, Bortezomib and Rituximab		Category 2B