



Appendix 31 - MARGINAL ZONE LYMPHOMA

Approved settings/ treatment line	Protocols	Drugs in abbreviation	Evidence level
1st line	Bendamustine + Rituximab.		Category 2A, Preferred
	CHOP + Rituximab.	Cyclophosphamide, Doxorubicin, Vincristine, Prednisone	Category 2A, Preferred
	CVP + Rituximab.	Cyclophosphamide, Vincristine, Prednisone	Category 2A, Preferred
	Lenalidomide + Rituximab.		Category 2B
	Rituximab 4 doses.		Category 2A, Preferred for SMZL, Accepted for Nodal MZL & extra-nodal MALT.
	Lenalidomide + Obinutuzumab		Category 2B
1st line, Elderly	Rituximab for 4 doses.		Category 2A, Preferred
	Cyclophosphamide ± Rituximab		Category 2A
	Chlorambucil ± Rituximab		Category 2A
1st line consolidation (optional)	Rituximab every 12 weeks for 2 years.		Category 2A
2nd line	Bendamustine + Rituximab or obinutuzumab.		Category 2A Preferred, Not if prior treatment with Bendamustine
	CHOP + Rituximab.	Cyclophosphamide, Doxorubicin, Vincristine, Prednisone	Category 2A Preferred
	CVP + Rituximab.	Cyclophosphamide, Vincristine, Prednisone	Category 2A Preferred
	Lenalidomide + Rituximab.		Category 2A Preferred, For Nodal MZL & Extra- nodal MALT
	Rituximab		In case of longer remission duration
	Ibrutinib		Category 2A Preferred
2ND line, Elderly	Rituximab for 4 doses.		Category 2A, Preferred
	Lenalidomide + Rituximab		Category 2A, Preferred
	Ibrutinib		Category 2A, Preferred
	Cyclophosphamide ± Rituximab		Category 2A
	Chlorambucil ± Rituximab		Category 2A
2nd line Consolidation (optional)	Obinutuzumab every 8 weeks for 12 doses		Category 2A, Preferred in case of Rituximab+ Bendamustine refractory disease