Malignant Lymphoma

Kurzzusammenfassung: Malignant lymphomas are heterogeneous in terms of biology, presentation, treatment and prognosis. The classification was last updated by the WHO in 2016. Hodgkin lymphomas (HL) are categorized into classical HL and the nodular, lymphocyte-predominant variant. In non-Hodgkin’s lymphoma (NHL) the differentiation of aggressive (high-grade) from indolent (low-grade) entities of B- or T-cell origin is clinically important. Mainly arising in the lymph nodes, lymphomas can also primarily develop from or secondarily spread into other tissues (e.g. stomach, liver, skin, CNS). Bone marrow infiltration is often accompanied with leukemic disease. For the description of dissemination the Ann Arbor system is commonly used, which includes four different stages depending on the number and location of involved sites.

Chemotherapy, monoclonal antibodies and radiotherapy represent the backbone of lymphoma treatment. The majority of patients with HL as well as aggressive B-cell lymphomas (BCL) can be cured and treatment has to be initiated immediately after diagnosis. Chemoimmunotherapy has only palliative intention in stage III/IV indolent BCL, therefore a watch-and-see strategy is recommended in asymptomatic low tumor burden patients. In contrast, a combination of radiotherapy and monoclonal antibodies is used in early stages of indolent BCL and exert also curative potential. Chemotherapy followed by radiotherapy is standard of care in patients with early and intermediate stages of HL.

Radiotherapy is also used to eradicate residual disease in advanced cases of HL and aggressive lymphomas. In relapsed or refractory diseases autologous or allogeneic stem cell transplantation can be offered. More recently, a number of small molecules was introduced which exert cytotoxicity via inhibition of intracellular pathways. A lot of clinical trials are ongoing to further improve outcome in these diseases.

Lernziele:
- classification of malignant lymphomas
- treatment strategies
- recent developments

CT findings you should know

Staging with CT, PET-CT, PET-MR
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