

Oncology Clinical Pathways

Primary CNS Lymphoma (CNS-DLBCL)

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U.S. Department
of Veterans Affairs

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Primary CNS Lymphoma (CNS-DLBCL) – Presumptive Conditions

VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific Veteran's military service. If a presumed condition is diagnosed in a Veteran within a certain group, they can be awarded disability compensation.

Atomic Veterans Exposed to Ionizing Radiation

- Cancer of the brain
- Lymphomas, other than Hodgkin's disease

Gulf War and Post 9/11 Veterans

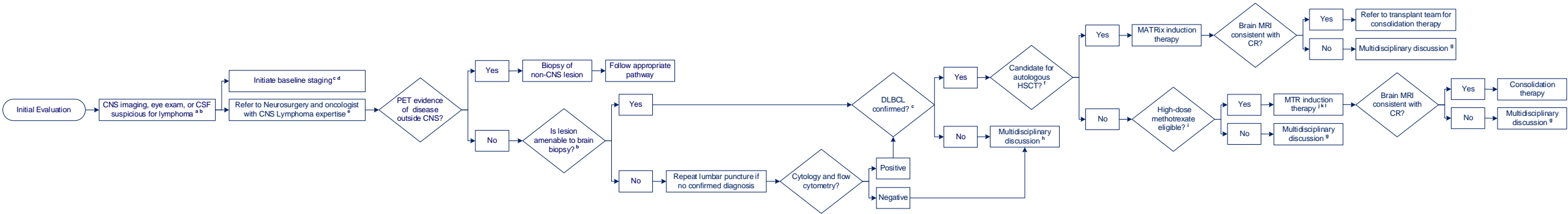
If the patient served on or after Sept. 11, 2001, in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, or Yemen or if you served in the *Southwest Asia theater of operations, or Somalia, on or after Aug. 2, 1990, specific conditions include:

- Brain cancer
- Lymphoma of any type

* The Southwest Asia theater of operations refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

For more information, please visit [U.S. Department of Veterans Affairs - Presumptive Disability Benefits \(va.gov\)](https://www.va.gov)

Primary CNS Lymphoma (CNS-DLBCL) – Initial Evaluation



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

- ^a **Imaging MRI** with and without contrast; CT with contrast if MRI contraindicated
 - ^b **CSF and/or Vitreous Cytology** and flow cytometry positive for large b-cell lymphoma may preclude need for brain biopsy
 - ^c **Baseline Staging** workup to include full body PET CT, eye exam with slit lamp, spinal MRI with and without contrast, CSF for cytology and flow cytometry (if not previously done), HIV and EBV status, Hepatitis B status, serum LDH, and testicular ultrasound in patients >60 years
 - ^d **Corticosteroids** will interfere with results of brain biopsy; recommend discontinuation if clinically feasible
 - ^e **CNS Lymphoma Oncology** expertise includes Neuro-oncology and malignant Hematology; National TeleOncology consult should be used if local expertise is unavailable
 - ^f **Referral for stem cell transplant** requires pre-transplant evaluation and review through TRACER
 - ^g **Multidisciplinary Discussion** including Radiation Oncology through local tumor board or National TeleOncology CNS Virtual Tumor Board; for patients with poor prognosis refer to Palliative Care
 - ^h **Multidisciplinary Discussion** through local tumor board or National TeleOncology CNS Virtual Tumor Board; for patients with poor prognosis refer to Palliative Care
 - ⁱ **Methotrexate Ineligibility** includes inability to tolerate aggressive hydration; unmanageable (can't be drained) third-spacing of fluids (e.g., pleural effusion, ascites); unmanageable drug-drug interactions (e.g., trimethoprim-sulfamethoxazole, proton-pump inhibitors, anti-inflammatory doses of aspirin, tyrosine kinase inhibitors); serum bilirubin >5 mg/dL; Cr CL < 30 mL/min, prior intolerance.
 - ^j **HBSAg or HBcAb Positive** patients should receive entecavir to prevent Hepatitis B reactivation
 - ^k **PCP Prophylaxis** is recommended for patients receiving high-dose methotrexate induction; inhaled pentamidine should be used if available
 - ^l **Patients** with cytopenias may need to omit temozolomide from induction regimen
- CR Complete Response
 DLBCL Diffuse Large B Cell Lymphoma
 EBV Epstein Barr Virus
 HSCT Hematopoietic Stem Cell Transplant
 MATRix Methotrexate with leucovorin rescue, Cytarabine, Thiotepe, Rituximab
 MTR Methotrexate with leucovorin rescue, Temozolomide, Rituximab