

Oncology Clinical Pathways Peripheral T-Cell Lymphoma (PTCL)

July 2024 – V1.2024



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U.S. Department
of Veterans Affairs

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Peripheral T-Cell Lymphoma – 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 – Exposure to Ionizing Radiation

- Lymphomas, other than Hodgkin's disease

Vietnam Veterans – Agent Orange Exposure or Specified Locations

- Non-Hodgkin's lymphoma

Gulf War and Post 9/11 Veterans

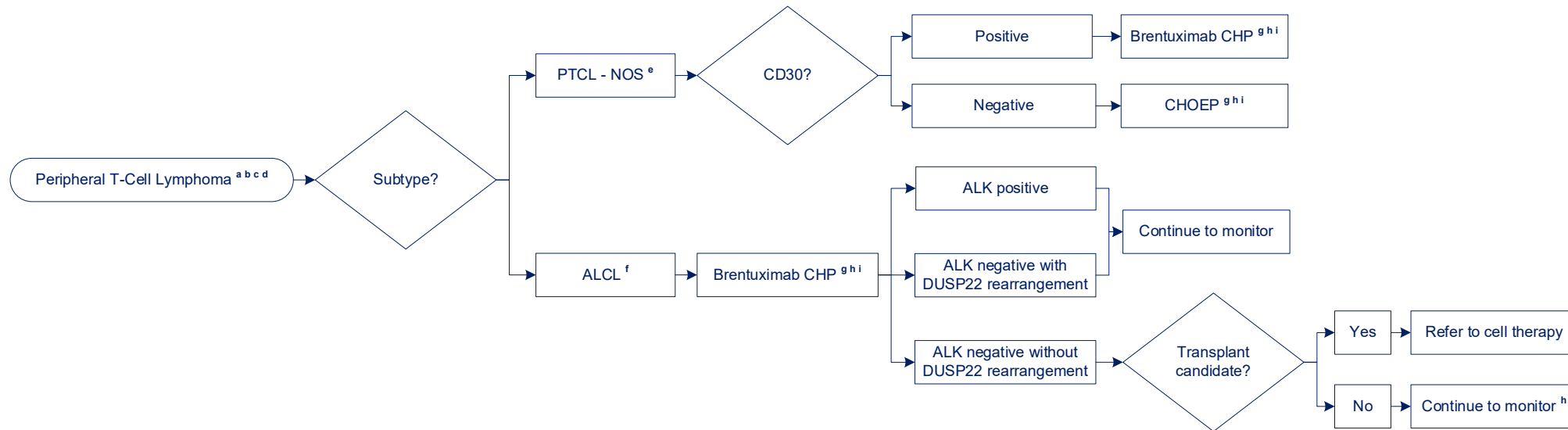
If the patient served on or after Sept. 11, 2001, in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, or Yemen or if the patient served in the *Southwest Asia theater of operations, or Somalia, on or after Aug. 2, 1990, specific conditions include:

- 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)

Peripheral T-Cell Lymphoma



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

^a **Blood Tests** include CBC, CMP, LDH, uric acid, Phos, Hep C Ab, Hep B sAg, Hep B sAb, Hep B cAb, HIV

^b **Cross Sectional Imaging** PET/CT recommended

^c **Cardiac Function** should be evaluated by echocardiogram or MUGA; good cardiac function defined as EF >50%; poor cardiac function defined as EF ≤ 50%

^e **Diagnosis of PTCL-NOS** includes excisional biopsy, flow cytometry, IHC (may include CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD25, CD30, CD56, EBER); clonality studies maybe helpful but not required; for challenging cases, consider heme path review

^f **Diagnosis of ALCL** includes excisional biopsy, flow cytometry, IHC (may include CD2, CD3, CD4, CD5, CD7, CD8, CD15, CD30, PAX5, CD45, ALK, granzyme B, TIA1); if ALK is negative, obtain FISH for DUSP22 rearrangement

^g **Interim Cross-Sectional Imaging** is helpful to confirm initial response

^h **Radiation** consolidation with radiation may be appropriate in patients with localized presentations

ⁱ **Supportive Care** empiric GCSF support should be used if age >65 years, cytopenias at diagnosis, bone marrow involvement; GCSF should be added if not already used if infections or febrile neutropenia occurs during therapy; anti-infection prophylaxis: VZV/HSV recommended; stimulant laxatives and anti-emetics recommended; consider inpatient monitoring and management for tumor lysis syndrome at cycle 1 in patients with high burden of disease, renal dysfunction, rapidly growing lymphoma; use allopurinol, intravenous fluids, and rasburicase as needed; consider inpatient monitoring for patients with intestinal involvement in cycle 1 due to risk of perforation; consider referral for fertility preservation for appropriate and interested patients; immunizations with pneumococcal and COVID vaccines recommended after chemotherapy; referral to Registered Dietitian for medical nutrition therapy

ALCL Anaplastic Large Cell Lymphoma

ALK Anaplastic Lymphoma Kinase

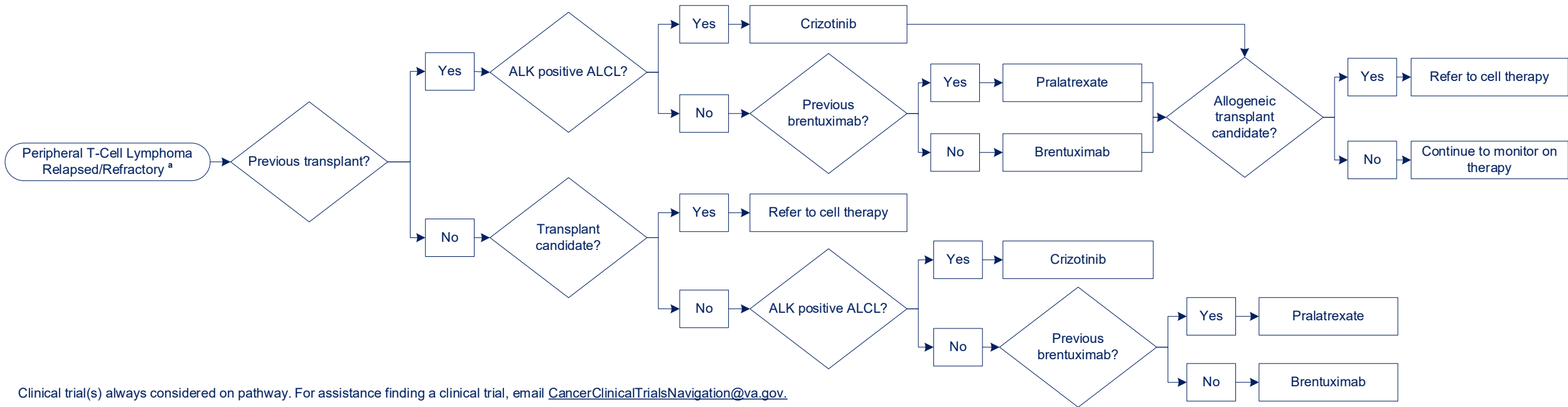
CHOEP Cyclophosphamide, Doxorubicin, Vincristine, Etoposide, Prednisone

CHP Cyclophosphamide, Doxorubicin, and Prednisone

IHC Immunohistochemistry

PTCL – NOS Peripheral T-Cell Lymphomas Not Otherwise Specified

Peripheral T-Cell Lymphoma Relapsed/Refractory



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^a **Radiation Therapy** may be considered as a palliative modality for symptomatic disease

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Peripheral T-Cell Lymphoma – Molecular Testing Table

Eligibility	Test Category	Test Type	Recommended Vendors	NPOP Coverage	Specimen Type
Peripheral T-Cell Lymphoma (PTCL), NOS	IHC or Flow Cytometry	Sufficient T-cell markers to confirm lineage and exclude specific entities	Local VA or locally contracted vendor	No	Bone Marrow Biopsy, Lymph Node Biopsy, Blood
	Molecular Testing*	Consider T-cell clonality if needed for diagnosis	Local VA or locally contracted vendor	No	Bone Marrow Biopsy, Lymph Node Biopsy, Blood

* If sample via bone marrow, molecular testing can be performed on non-decalcified clot section or subsequent peripheral blood sample