**What is diffuse large B-cell lymphoma (DLBCL)?**

- Lymphoma is a cancer of white blood cells called lymphocytes that are within the lymphatic system. This system transports fluids to the bloodstream and fights germs. DLBCL is a cancer of B-cells that are from within or have been released by germinal centers of lymphatic organs.

**Do I have DLBCL?**

- Tissue from the tumor will likely be removed with an incisional or excisional biopsy. A doctor will test the tissue to look for a pattern of proteins on the cells’ surface that is common to DLBCL.

**What health care do I need before treatment?**

- A medical history that includes questions about symptoms of DLBCL
- An exam of your body to look for signs of disease and to rate your ability to do activities
- Blood tests to count blood cells, assess levels of chemicals, and check for viruses
- PET/CT with or without diagnostic CT to look inside your body for cancer sites
- Removal of bone, marrow, and spinal fluid, if needed, to test for cancer
- Ratings of the outlook (prognosis) of the cancer to plan treatment
- A heart test if you will be taking certain cancer treatments
- Talk to a fertility specialist if you may want to have babies after treatment
- A pregnancy test if you are a woman who can have babies since some treatments can harm unborn babies

This NCCN QUICK GUIDE™ sheet summarizes key points from the complete *NCCN Guidelines for Patients*: *Diffuse Large B-cell Lymphoma*. These guidelines explain which tests and treatments are recommended by experts in cancer. To view and download the guidelines, visit NCCN.org/patients or, to order printed copies, visit Amazon.com.
## What options do NCCN experts recommend?

### Stage I and II treatment

- Stage I and II cancers are often treated with 6 cycles of chemotherapy and rituximab followed by radiation therapy. **R-CHOP is the preferred treatment if you are healthy enough.** If you can’t take R-CHOP, other options are R-COPP, R-CDOP, DA-EPOCH with rituximab, R-CEOP, R-GCVP, and R-mini-CHOP. **42**

- A second option is to treat the cancer with only chemotherapy and rituximab. **42**

- Small cancers may be fully treated with only 3 cycles of chemotherapy and rituximab followed by radiation therapy. **44**

### Stage III and IV treatment

- Stage III and IV cancers are often treated with 6 cycles of chemotherapy and rituximab. **R-CHOP is the preferred treatment if you are healthy enough.** If you can’t take R-CHOP, other options are R-COPP, R-CDOP, DA-EPOCH with rituximab, R-CEOP, R-GCVP, and R-mini-CHOP. **46**

- If 6 cycles of treatment works, you may be further treated with radiation therapy or a blood stem cell transplant. **46**

- Besides chemotherapy and rituximab, another option is to join a clinical trial. **46**

### Refractory or relapsed cancer

- Chemotherapy with or without rituximab followed by a blood stem cell transplant may be an option. **48**

- If you can’t have a blood stem cell transplant, treatment options include joining a clinical trial, drug treatment, radiation therapy, or best supportive care. **Options for drug treatment include chemotherapy with or without rituximab, brentuximab vedotin, lenalidomide with or without rituximab, and rituximab alone.** **48**

## How do I decide between options?

- Ask your doctors many questions. Also, you could get a second opinion, attend support groups, and compare pros and cons. **53**